A Phenomenological Study Examining the Experiences of Counselors Working with Grief and Death in Early Childhood

by

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Abstract

The phenomenological study explores the lived experiences of counselors completed grief work with clients in early childhood that have experienced a grief loss. Semi-structured interviews were completed with participants currently licensed and with several years of clinical experience working with this population and presenting problem. Using a transcendental phenomenological approach, the research sought to understand the previously unknown phenomenon of counselors working within this specialized age group. Nine counselors completed the interview process, and through inductive coding, five themes emerged including: (1) Layered Grief and Dyadic Work, (2) Death Discomfort, (3) Sculpting Developmental Understanding, (4) "Sitting in the Fire/Rain," and (5) Weight of the Work. Implications for counselors and counselor education and relevance of research findings are discussed.

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Chapter 1: Introduction and Literature Review

Introduction

The topic of childhood grief, and the existence of a cognitive capacity to understand death, has long been debated. Until recent years, the literature was inconsistent on if children could understand death as a concept or if children even experienced grief as an emotional or cognitive process (Biank & Werner-Lin, 2011; Brinkmann, 2020; Cohen et al., 2002; Kranzler et al., 1990). The ability to both understand and work through grief within the early developmental ages of childhood has been controversial, but it is now believed that children are not only capable of navigating bereavement in early childhood but should be supported through that process by the securely attached adults in their lives (Brinkmann, 2020; Shapiro et al., 2014; Stuber & Mesrkhani, 2001). To best help bereaved children navigate a healthy bereavement process and avoid unresolved grief, the adults that work with children must be prepared to talk with children about death at an early developmental age (Brinkmann, 2020; Shapiro et al., 2014).

Childhood bereavement includes the same processing and grief tasks of adulthood. However, children are at a developmentally different cognitive and emotional level than their adult counterparts, making the grieving process more difficult for them (Aspinall, 1996; Biank & Werner-Lin, 2011; Cohen & Mannarino, 2011). In previous years, it was believed that the grieving process could only happen once a child reached adulthood. Therefore, any loss within childhood would have to go unresolved until cognitive maturity was reached (Schultz, 1999). We now know that children rely on social scaffolding and learning from those around them to process the loss when they do not understand what to do or how to feel following a death (Brinkmann, 2020; Cohen et al., 2002). Therefore, providing children with the ability to discuss and understand the loss will help to prevent this unresolved grief experience.

To alleviate confusion and unnecessary trauma due to unresolved grief, caregivers and other adults in the child's life are tasked to provide education and guidance on death and the grieving process for the child (Cohen & Mannarino, 2011; Kaufman & Kaufman, 2006; Shapiro et al., 2014). In alignment with Vygotsky's (1934, 1962, 1978) theory of social learning, children learn appropriate cognitive and emotional responses from the adults and more developed individuals within their families, systems, and cultures. Research shows that children that experience grief early in life rely heavily on the social scaffolding and the response of adults around them to model what grief should look like (Brinkmann, 2020). Research also points to the importance of strong attachment and calm communication within the scaffolding process as a supportive factor to reduce the risks associate with unresolved childhood grief (Shapiro et al., 2014).

When children are not able to understand death following a loss and do not experience the social scaffolding to process the loss, they will often experience emotional dysregulation, behavior issues, and even traumatic responses to the death (Biank & Werner-Lin, 2011; Cohen et al., 2002). This unresolved grief has been shown to lead to lower grades, failure in school, an increase in mood disorders, self-harm, an increase in suicidal ideation, and lower social functioning across the lifespan (Berg et al., 2014; Berg et al., 2016; Carr et al., 2020; Cohen et al., 2002; Cohen & Mannarino, 2011; Crockatt, 2006; Ferow, 2019). Children that are not guided through the grief process, especially in early childhood, face significant risk to their future health, functioning, and wellbeing.

To successfully move through developmental milestones and the grieving process simultaneously, children must understand death in an honest and calm way that is developmentally appropriate for them. Rather than avoiding the topic of death, avoiding

reminders of the loss, or using alternative methods to talk about death, clear and calm communication that explains the permanence of death allows for successful navigation of the mourning process in early childhood (Karydi, 2018; Shapiro et al., 2004; Stuber & Mesrkhani, 2001). However, majority of the research surrounding childhood bereavement is centered on retroactive studies with individuals that experience grief in childhood, and a consistent limitation found in the literature is the lack of research that uses data from the grief process while still in early childhood (Brinkmann, 2020; Karydi, 2018; Mesrkhani, 2001). While this is an understandable flaw given the protections placed on children in research and potential harm regarding the topic, the field lacks specific details of the experiences and clear strategies that counseling professionals can use to improve their grief work with early childhood populations.

In addition, as children grow and mature in their cognitive and emotional processes, they will have a better understanding of the concept of death and their loss with time passing. The process of growing into a greater understanding of death and loss means that adults in the child's life must be prepared to return to the conversation of death and continually provide a safe and calm attachment for the child to questions and better understand their own bereavement process (Biank & Werner-Lin, 2011; Brinkmann, 2020). While it is known that all of this work is important in childhood grief, there is a gap in the research around effective grief work in the early childhood years ages birth to five years old. Understanding the experiences of counselors that work with clients in this age range, presenting with grief and death loss, begins to inform best practices on how to approach this work that is vital to a child's continued wellbeing.

Literature Review

Early Childhood Development

Children in the early childhood developmental age of birth through five years are at a vastly different developmental stage than majority of the clients that counselor education programs prepare students to counsel. It is important, in working with these clients, that counselors recognize the differences in developmental understanding, symptomology, and techniques that can be employed in the counseling room. In the case of clients in early childhood, their language becomes play, imagination, and expressive techniques rather than the extensive verbal language of typical talk therapy (Eckhoff & Urbach, 2008). In preparing to work with any presenting problem at this age, but especially with grief, it is fundamental that the practitioner has a strong understanding of development and theories of development to best serve and create progress for the youngest clients (Shapiro, 2001).

Social Development Theory

According to Vygotsky's (1934, 1962, 1978) theory of social learning, children learn and develop cognitively through a social and cultural lens. Children are curious and actively involved in their own learning process, but they are reliant on the adults within the culture around them to develop cognitive thought and language. In his theory of childhood development, Vygotsky (1934) placed importance on the role of language in the cognitive development of the child as cognitive development is directly connected to the internalization of language. Vygotsky (1978) argued that learning happens when a child can understand a concept or task from another induvial that is older and more developed, what he called the more knowledgeable other (MKO). While the MKO in a child's life is often thought of as a parent or teacher, the MKO can be any person or entity with more knowledge or experience that the child learns from. Vygotsky (1978) differentiated when a child can learn independently from when a child needs the careful guidance of an MKO as the Zone of Proximal Development (ZPD). Within the ZPD, children learn from

the language, actions, and skills of the MKO in order to further develop their own cognitive functioning.

For children at an early developmental level, their first experience with death and grief would be a previously unknown event. Their learning about death and loss is connected to their interactions with MKOs that have more experience with the subject within their culture. For children that are experiencing a loss, particularly the loss of someone close to them, the MKO may be a parent, teacher, or counselor. According to Vygotsky's social development theory, the language and modeling that happens within a therapy session may have a significant impact not only on the child's learning about death but also on their greater cognitive development. This social development, similar to the social scaffolding discussed by Brinkmann (2020), allows clients in the early childhood years to understand the death and grief process in a developmentally and culturally appropriate way and avoid the negative mental health outcomes of unresolved grief.

Early Childhood Conceptualizations of Death

Previously, it was believed that children had to reach a particular biological age or achieve a specific developmental age to be able to understand the concept of death and be able to process grief appropriately. However, a growing body of research supports the fact that children in younger developmental ages are able to understand some or all of the concepts of death (Childers & Wimmer, 1971; Hoffman & Strauss, 1985; Slaughter & Lyons, 2003). Research surrounding grief in children has broken down the understanding of death into multiple measurable concepts. Hoffman and Strauss (1985) developed a measure to understand early childhood concepts of death with the subconcepts including cessation, inevitability, irreversibility, universality, and causality. When tested with children ages three to seven years of

age, not only did they find the measure reliable, but they also found that children across all ages were able to understand some concepts of death. Children that were older had a stronger cognitive understanding across all subconcepts, but all children were able to grasp the same concepts. It was additionally found that children more quickly associated death understanding with external cessation of movement and bodily functions before internal cessation of dreams and thinking (Hoffman & Strauss, 1985).

Research with children as young as three years of age and as old as ten years of age has continued to validate that children in early childhood developmental ages are able to understand some concepts of death. Research has included both verbal understanding of death and research that has examined understanding of death through art, abstract, and expressive techniques fitting the children's developmental level of language (Childers & Wimmer, 1971; Wong, 2019). It has been found that death education creates a greater conceptual understanding of death. This education includes content on the biological body in connection with being alive and living functions of the body, concepts of death and the meaning behind death, and education on grief and the emotions of death (Lee et al., 2009; Slaughter & Lyons, 2003; Zogza & Papamichael, 2000).

One particularly important study conducted by Kranzler et al. (1990) that supports the use of education and therapeutic interventions found that death understanding was strongly connected to emotions, with different emotions expressed for gender and age differences across the early childhood population. Furthermore, it was found that children that understood their emotions through emotional identification and regulation work were better able to not only understand but process death (Kranzler et al., 1990). Finally, it has been found that the understanding and processing of death in early childhood connects deeply with culture, religion,

systemic values, and any work with grief in this developmental age should be individualized and appropriate to that child's intersectionality of identities as with adults (Lee et al., 2009; Slaughter & Lyons, 2003; Wong, 2019).

All of this research supports the concept that children, even below the age of five, are able to understand death and could benefit from grief work and counseling to developmentally process the grief they are experiencing. While this research supports the developmentally appropriate work of grief with children in early childhood, it is important to note that this body of research primarily resides within the fields of education and medicine to support educational measures for the early childhood classroom or hospital setting. Continued research must be conducted within the counseling and mental health fields to better understand how counselors can not only work with this developmental age but help these children and families process grief and understand death.

Early Childhood Experiences of Grief

Death is a reality of life, and it is also a reality of childhood. As exposure to instances of death through media has increased, so has the knowledge of death in early childhood. It cannot be ignored that children often have some encounter with death even before they reach a developmental age where the concept and permanence of death are easily understandable (Aspinall, 1996; Biank & Werner-Lin, 2011). Exposure to death can be significant for children whether the death occurs to someone known or unknown, family, friend, or animal. While we have attempted to normalize grief and identify models of how individuals move through grief, it is important to acknowledge that experiences with death and grief are highly individualized, mainly due to the meaning associated with that loss (Breen & O'Connor, 2007). All exposures to death in early childhood should be taken seriously by the adults surrounding the child and

processed with the same care and communication for each child that has been exposed to the talk of death (Kaufman & Kaufman, 2006). Kaufman and Kaufman (2006) helped establish that for children in the fast-paced development of early childhood, death as a concept and reality of the loss must be explained in clear and educational language with the space to express and process emotional reactions to both the death and growing understanding of what that death means. However, this case analysis focused on one child, age 7, and the application of these findings remains unstudied in early childhood developmental ranges (Kaufman & Kaufman, 2006).

Grief Theory

At this time, there are no known evidence-based treatments or theories of grief work for young children, and especially children in the early childhood age range. What is available through the literature are several conceptual pieces, books, and chapters that focus on activities, lessons, or advice primarily for the parent or educator encountering grief with their young child. In addition to the literature available around grief in early childhood, there is one preliminary analysis that has begun to explore the phenomenon of learning to grieve and the tasks involved for young children (Brinkmann, 2020).

In considering the literature on education and specific activities for grief in young children, one foundational article exists for children three and younger. In their research, Norris-Shortle, Young, and Williams (1993) discuss the realities of a child three and under facing and understanding the death of a young one. The authors discuss the continued relationship with the lost loved one to avoid a sense of abandonment out of confusion from a child of that developmental age. It is also suggested to avoid any euphemism or confusing language around death as this developmental age struggles to understand the finality and permanence of death (Norris-Shortle et al., 1993). Literature that focuses on older children, ages three to ten, offers the

same information on the importance of continued attachment and relationships with the person or animal lost. Additionally, the majority of the conceptual articles available offer activities using expressive techniques and play to assist the child in remembering and connecting with the loved one, understanding the concepts of death more thoroughly, and expressing primary and secondary emotions related to grief at an appropriate developmental level (Lehman et al., 2001; Wass, 1991; Wheeler, 2021; Willis, 2002).

The activities that are offered in the literature often involve standalone activities and highlight remembrance and alternatives to holiday activities in a group or school setting for children that have lost a loved one (Lehmann et al., 2001). It must be emphasized, however, that this literature is almost entirely conceptual or involves retroactive case studies as research around counselors and work with this population is almost entirely unavailable. It is also important to note that the literature around grief work and techniques in this age range also highlights children in early childhood as forgotten grievers own (Griffith, 2003; Liatsos, 2003). This research points to the incorrect belief that children either couldn't understand death or did not need to go through a grieving process as a reason their grief went unacknowledged, and they were left in silence as they processed the loss on their own (Griffith, 2003; Liatsos, 2003).

In the research begun by Brinkmann (2020), a preliminary analysis of the normative phenomenon of childhood grief is examined through retroactive experiences of grief in childhood. The grief accounts examined range from ages seven to fourteen, and the research offers three themes for the analysis of the accounts. First, initial encounters with death and grief in childhood don't just involve the dead and the bereaved; there is scaffolding, learning, and attachment in the processing that must involve outside sources in order to learn what to do with the emotions. Second, the accounts have a theme of confusion not just around the concepts of

death but also what to do with the grief. Third, grief is often not a pure emotion, and the accounts often involve several emotions including anger, guilt, and shame (Brinkmann, 2020). This initial research into creating an understanding of the phenomenon of grief in childhood reinforces what is known from other helping felids and emphasizes the need for a better understanding and continued research around how counselors can effectively work with young children in grief.

Attachment and the Grief Process

Alongside the communication and social scaffolding that helps a child understand the loss that has taken place, counselors must also acknowledge the role of attachment in the grief process. Existing grief theories that address the grief process in childhood years highlight the grief process as one of the entire family system that must take place together to create appropriate meaning making and cultural value within the understanding of the death (Shapiro, 2001). Not only is a remembrance and continued attachment to the loved one lost important for remembrance and meaning making, but a strong attachment to the remaining caregiver becomes vital to the processing of grief and social learning that must occur in the early childhood developmental years (Field, 2006; Ippen et al., 2014; Shapiro, 2008). The involvement of the living caregiver or other important members of the family system not only provides a social scaffolding that is consistent with family and cultural norms, but this involvement strengthens attachment with remaining caregivers, which has been proven to lead to a reduction in negative mental health outcomes for children (Ippen et al., 2014; Shapiro et al., 2014)

Additionally, communication around remembrance and continued connection with the person lost can benefit children as they continue to grow and emotionally develop in the absence of that figure. This connection allows for the continued understanding of death while maintaining a sense of connection and belonging with the individual that was lost (Karydi, 2018). Especially

in the case of parental or familial losses, children that are able to talk about memories, hear stories, and maintain a connection through the close and supportive relationships of adults around them are able to master the grief tasks to continually process their bereavement at new developmental stages (Biank & Werner-Lin, 2011). This task of educating and supporting falls primarily on the adults in the child's life, and it is necessary for the adults to maintain clear and open communication around death and bereavement with children to build strong attachment and resilience needed to avoid significant risk factors (Brinkmann, 2020; Cohen & Mannarino, 2011; Shapiro et al., 2014).

When a young child experiences a significant loss of a family member, close friend, or even family pet, they not only experience the typical tasks of grief that adults experience, but they are also thrown into these tasks during a period of rapid development. Early childhood is a time in the lifespan when cognitive and emotional processes are being learned and mastered quickly, but an unexpected life change, like bereavement, has the potential to disrupt typical development. A child that experiences loss at a time when they are not emotionally or cognitively developed enough to understand the concept of death, may react in substantial emotional and behavioral ways to the loss and reminders of the loss (Biank & Werner – Lin, 2011; Brinkmann, 2020; Karydi, 2018; Kaufman & Kaufman, 2006; Kranzler et al., 1990; Shultz, 1999).

Unresolved Grief

Research focused on grief and death in early childhood is largely conducted with individuals that experience the phenomenon and the impacts in adolescents or adulthood (Brinkmann, 2020). The gap in time between the event and the data collected has indicated numerous negative impacts of experiencing a loss in early childhood, particularly with an

attachment figure or other primary caregiver in a child's life. Current literature communicates a multitude of negative outcomes individuals face after a loss in early childhood, whether it has been treated or not. Children who experience a loss show poorer grades in school, lower graduation rates, and more behavioral problems are reported in the classroom (Berg et al., 2014; Cohen et al., 2002; Cohen & Mannarino, 2011). Individuals that experienced a loss in early childhood are also more likely to develop a diagnosable psychological disorder, show higher rates of depression and anxiety, and are more likely to experience suicidal ideation and engage in non-suicidal self-harming behaviors (Berg et al., 2016; Carr et al., 2020; Clarke et al., 2013). Furthermore, individuals that experience a loss in early childhood report delayed developmental milestones, struggles with emotional regulations, and difficulty forming secure attachments and relationships in later childhood into adulthood (Cohen et al., 2002). Individuals that experience loss in early childhood are impacted by the loss and bereavement process across their entire lifespan (Brinkmann, 2020; Crockatt, 2006; Ferow, 2019). While the literature is clear on the multiple negative impacts unresolved grief can lead to, there is still a gap in the literature informing counselors how to treat individuals in early childhood to prevent these potential negative outcomes (Brinkmann, 2020).

Counselors and Early Childhood Clients

There is evidence to support that counselors working with children in early childhood developmental years can be effective (Dillman et al., 2021; Koivunen et al., 2017; Lemberger-Truelove et al., 2018; Lieberman & Knorr, 2007). However, it cannot be ignored that the majority of the research around mental health and emotional needs of zero to five year olds are conducted in and applied to educational or medical settings. There is support for mental health training and education for teachers in early childhood educational settings (Boyer, 2016; Davis et

al., 2020; Koivunen et al., 2017). However, counselors working with this age group in any capacity have largely been under-researched. If children within that developmental age are referred to counseling services, they are often referred for a significant trauma or traumas resulting in significant changes in behavior or are receiving counseling services through a partnership between researchers and their educational or childcare settings (Dillman et al., 2021; Lemberger-Truelove et al., 2018; Lieberman & Knorr, 2007; Ryan et al., 2017).

Counselor Self-Efficacy

When it comes to counselor training and working with grief and bereavement, research shows that counselors do not feel adequately trained in specific skills and techniques to work with children and grief in the counseling room (Breen, 2010; Dunphy & Schniering, 2009; Hunt, 2007; Ober et al., 2012; Shapiro & Charest, 2020). Beyond a lack of research on counselors and working with grief and bereavement, counselors working with children of any age and grief is even more limited (Blueford et al., 2021; Shapiro & Charest, 2020). Given the lack of research concerning counselors working with clients in early childhood, a broader understanding of counselors working with children and grief, in general, was examined. First, when it came to grief work specifically, Bat-Or and Garti (2019) were some of the first researchers to examine practitioners' experiences of treatment with bereaved clients. The researchers examined the use of art therapy techniques from the perspective of eight art therapists in Israel but noted that the therapist working across child, adolescents, and adult populations limited the phenomenological information gathered. The researchers offered the focus on therapists' experiences with specific populations as an area of further research (Bat-Or & Garti, 2019).

In the only currently published research that looked specifically at practitioner self-efficacy related to work with children and families, Shapiro and Charest (2020) found that

practitioners felt the greatest self-efficacy when they were trained in evidence-based treatments (EBT) and working in supportive environments. Additionally, they found that practitioners that were licensed, primarily counselors and social workers, felt greater self-efficacy with training and practice compared to laypersons working in settings with these populations (Shapiro & Charest, 2020). A specific limitation of this study was the measures for self-efficacy were made to measure self-efficacy of EBTs only, therefore any research in areas that do not have current EBTs cannot be explored for self-efficacy. This helps explain the gap in research on self-efficacy around grief in early childhood as there are yet to be any established theories or EBTs to address grief with this population.

Furthermore, as noted in the research, stigma around talking about death with children and seeking mental health services, in general, has significantly limited the research (Koivunen et al., 2017). Many of the existing studies focusing on mental health services and grief in childhood have been conducted at bereavement camps, with research conducted via observation of group therapy activities. Current literature points to the difficulty of studying children and stigma around talking about children and death as a reason for a significant lack of research (Buckner & Norris, 2013; Clute, 2017; Salinas, 2021). While the professional organization and the training process for counselors specialized in working with clients in early childhood continues to grow, there is a significant lack of resources, training, policy, and support for mental health services within the early childhood age ranges (Buss et al., 2015; Nelson & Mann, 2011; Waliski et al., 2012). This research will not only explore the gaps in research and practical application of grief work with ages zero to five, but the research will further identify experiences of counselors working within the emerging field of infant and early childhood mental health to support needed growth and identification of effective counseling practices with this population.

Definition of Terms

Throughout the current literature on counseling children and grief work, many terms are used across a variety of contexts. In this study, the follow key terms have been identified:

Early Childhood: the developmental stage occurring from birth to five-years-old (Field, 2006; Ippen et al., 2014; Lieberman & Knorr, 2007; Shapiro, 2008)

Grief: the process of mourning a significant loss by death (Shapiro, 2001; Salinas, 2021)

Counseling: the work between a client and clinician with an educational background in counseling and a professional counseling license appropriate for their state (Blueford et al., 2021; Giordano et al., 2021; Ober et al., 2012)

Statement of the Problem

Current literature reflects the ways experiencing a death in early childhood can impact an individual throughout their development and across the entire lifespan. Literature indicates that unresolved childhood grief is particularly harmful as the child continues to develop emotionally, socially, and intellectually. All areas of development are impacted by not only the death but the lack of appropriate bereavement for the loss (Berg et al., 2014; Berg et al., 2016; Carr et al., 2020; Cohen et al., 2002; Cohen & Mannarino, 2011; Crockatt, 2006; Ferow, 2019). However, recent literature indicates the importance of children, even those in early childhood, completing a grieving process like older children, adolescents, and adults are expected to after a death. Therefore, it is important that counselors understand how to best work with grieving clients in early childhood to prevent unresolved grief or lifelong negative impacts. (Brinkmann, 2020; Ferow, 2019).

Importance of Study

Counselors working with children in early childhood must be prepared to talk about and treat grief related to death in early childhood. While the literature on what happens if this process is not completed appropriately is abundant, there is a significant lack of research on the language and techniques mental health professionals can use with both a child and caregiver to help the child understand the death and complete a developmentally appropriate grief process. Better understanding the experiences of counselors that work with this population and grief will help the literature grow to include the techniques, language, and lived experiences within the counseling room that can create an appropriate and effective grief process for children in the early childhood age range.

Purpose of Study

It has been pointed out that more research beyond quantitative work centered around predominantly white, adult, North American populations is particularly important to expanding the literature and understanding of grief as a highly individualized process and practice (Bat-Or & Garti, 2019; Breen & O'Connor, 2007). Counselors do not feel prepared to work with children in early childhood and grief. The research consistently focuses on retroactive studies and does not focus on early childhood, which is vital to understand in order to inform counselors of best practices (Breen, 2010; Dunphy & Schniering, 2009; Hunt, 2007; Ober et al., 2012; Shapiro & Charest, 2020). This research study aimed to explore the experiences of counselors working with clients in early childhood, and particularly the work of assisting children in navigating the grief processes at an early developmental age. The primary research question of this study was: What are the experiences of counselors around discussing death loss with children ages 0-5? In order to best capture the essence of the experience in this under researched population and topic, a semi-structure interview protocol was created in the traditions of transcendental phenomenology

(Creswell, 2014; Giordano et al., 2021; Moustakas, 1994). The questions created aimed to capture the experiences of these licensed counselors as well as the context or situations that influence their work with grief in early childhood.

Chapter 2: Research Methods

Description and Rationale for Qualitative Design

This research study explores the experiences of counselors who have experiences in grief work with clients in early childhood. The research aimed to better understand their experiences of creating language, engaging in communication, and gathering resources used to help those clients effectively at their developmental level. There is a clear need for further research into the practices of counselors working with clients in the early childhood age range of zero to five (Brinkmann, 2020; Ippen et al., 2014; Shapiro, 2008). Due to the small size of the field and lack of previous research into grief work with this age range, we must first understand what is being experienced by counselors working with these fields and how they are experiencing this work. This in-depth understanding of lived experiences of the counselors currently working in the field aligns with qualitative research designs and specifically phenomenology (Creswell, 2014; Giorgi, 2009).

Phenomenology

Within qualitative research, phenomenology looks to understand a particular phenomenon within the lived experience of participants (Creswell, 2014). The participants that have personally experienced the topic of inquiry are able to provide rich data of their own perceptions that, when combined with the experiences of others, provides an understanding and creates some meaning of the lived phenomena (Moustakas, 1994). Phenomenology was the most appropriate approach for this research as it did not aim to understand cause and effect but rather to gather an in-depth understanding of the experiences of counselors working with grief in the early childhood populations. Current literature has not explored the experiences of counselors that have worked with clients effectively in this population and given the small size of the field

and those trained within it, gathering the lived experiences of those working within the field and searching for more universal themes within their lived experiences provided a foundation for further research and effective practice being introduced to the field. As the phenomenological approach attempts to explore the lived experiences of a specific group and identify greater themes within the data gathered, this was the best approach to begin understanding this part of the counseling field (Creswell, 2014; Creswell, 2017; Moustakas, 1994).

Transcendental Phenomenology

Following the original works of Husserl (1931), transcendental phenomenology aims to push aside any preconceived notions or ideas around the data collection and examine the commonalities and universal experiences of the lived experiences. Unlike interpretive phenomenology, that looks to find meaning or examine contextual factors of the experiences analyzed, this approach attempts to find the themes and commonalities to understand a lesser-known part of an experience without any additional layers of interpretation or application of existing literature to the experiences. Transcendental phenomenology looks to find the essence of a new or lesser-known experience without biases or preconceived ideas clouding the understanding of the experience (Matua & Van Der Wal, 2015; Moustakas, 1994). This approach to phenomenology aligned with the gap left by the literature regarding counselors' work in this specialty area and with this population. As this is a little-known experience in the counseling field, first, we must explore the previous lesser-known part of the counseling experience. This methodology allows the foundational understanding of the lived experiences and commonalities between those experiences to become known for further research to build upon it. The approach described also aligns with the researchers' paradigmatic commitments in order to create

knowledge through the participants' own language, expressions, and through their own lens of meaning-making (Creswell, 2014; Moustakas, 1994).

Paradigmatic Commitments

In any qualitative research, it is important for the validity of the inquiry to establish and understand the researcher's paradigmatic commitments (Tracy, 2010). The researcher's epistemological view is social constructivist, meaning the researcher believes that knowledge is co-produced through the understanding of participants' experiences gathered within the communication that takes place in the semi-structured interview process (Creswell, 2014; Creswell, 2017). Both participant and researcher are active participants in the creating and recording of knowledge to be presented to the reader. The researcher also holds the ontology that the participant is the expert and holder of the phenomenon of their experience. Knowledge gathered from that experience for the purposes of this inquiry was co-created in the interview process, and the participants had the chance to check that the research was presenting he co-created knowledge effectively to audiences. Finally, the researcher's axiology in approaching this inquiry was that there is value in understanding the lived experiences of counselors working with clients in early childhood who experience grief (Creswell 2017). The co-created meaning and understanding created through this phenomenological inquiry may help to inform practice, education, and allow for the best service to clients.

Epoché

In alignment with both the researcher's paradigmatic commitments and the tradition of transcendental phenomenology, the data came solely from the participants lived experiences, and the researcher was tasked with setting aside their previous knowledge, personal experiences, and preconceived judgments via epoché or bracketing (Giorgi et al., 2017; Moustakas, 1994). From

the social constructivist framework, trust and knowledge are co-created and cannot happen entirely in a vacuum, so the importance of credibility and trustworthiness becomes more important to the research outcomes produced by it (Tracy, 2010). To best achieve epoché, the researcher engaged in several practices to ensure rigorous methods of ensuring trustworthiness and credibility of findings (Creswell, 2014; Tracy, 2010). Following the guidelines presented in Tracy's (2010) "big-tent" criteria, the researcher started with engaging in relexify, or the exploration of personal beliefs, biases, and inclinations prior to the research process and maintained reflexive practice through reflexive journaling to understand and remove subjective biases that might interfere with the collection and analysis of data (Berg, 2012). In addition to the reflexive journal to understand reflections and personal reactions throughout the process, the researcher maintained a separate audit trail throughout the project to log research decisions and activities (Creswell, 2014).

In addition to these personal logs and internal checkpoints throughout the research process, the researcher used external checkpoints to maintain a rigorous commitment to trustworthiness as well. First, the researcher utilized triangulations, or the use of multiple vantage points, reviewers, or methods to support the validity of findings in qualitative inquiry (Creswell, 2014; Patton, 1990). The researcher selected a peer auditor that was familiar with the field of counseling, grief work, and the qualitative traditions of the research to serve as an external auditor of research decisions, interpretations, and ability to engage in bracketing work.

Finally, as this research focused heavily on the exploration of a previously under researched experience in the counseling field with the intention of creating knowledge through the participants' language and personal experiences with the phenomenon, the researcher engaged in both thick description and member-checking to ensure participants voices and

experiences were portrayed correctly through their language and lens. The use of thick description, or the detailed presentation of not just words but context and co-created knowledge to the audience, allowed the participants' voices and experiences to be more accurately portrayed to an audience. This thick description included descriptions of the interview and interpretation process to help the audience experience emotions, reactions, and greater context for the reader (Schwandt, 2015). Member-checking occurred at the end of the data analysis process in order to ensure that the researcher's personal bias, despite best efforts to bracket, had not misinterpreted the experiences of the participants. The presentation of data, use of thick description, and themes created from the participants was made available to all participants prior to publication, so the researcher was able to present the data gathered as accurately as possible to the experience of the participants selected.

Reflexivity Statement

I approached this study as an Associate Licensed Therapist that has received certification and training in trauma-focused therapies, including an evidence-based treatment for trauma ages zero to five called Child Parent Psychotherapy (CPP). In addition, I am currently engaged in coursework towards a certificate in Infant and Early Childhood Mental Health Counseling that will allow me to pursue endorsement as a practitioner and supervisor within this field upon completion. Given my clinical background, I must recognize that I shared experiences with many of the participants involved in this study, and all measures of epoché were vital to the work completed. This professional positionality, while providing closeness to the participants and a need for additional rigor in reflexivity, also drives me to not only build the foundational research through understanding these experiences but to continue to fill gaps in research around experiences of counselors working within the field of infant and early childhood mental health.

More evidence-based understanding and treatment for children within the zero to five age range is needed including and how we use this research to better inform counselor training in education programs and in the field.

Procedures

Participant Selection

Participants were identified through purposeful sampling to fit the criteria of a licensed counselor that works with children within the early childhood developmental years (0-5 years old) that have experienced grief and death (Patton, 1990). This study aimed to gather insight from licensed counselors with experiences working with grief and death in early childhood. The study explored the phenomenon of speaking with children about their experiences with grief and the procedures they may use to help clients in early childhood understand and cope with bereavement in a healthy way. Participants met the following criteria: (1) Age 18 or older; (2) currently working in a clinical setting provided professional counseling services to clients; (3) holds a professional license in counseling and at least two years of experience; (4) as a part of counseling work, working with children in early childhood (0 to 5) that have experienced grief or death; and (5) willing to participate in an audio-recorded interview of data collection purposes.

Participant Recruitment

This research utilized purposeful sampling of licensed counselors that have experience counseling clients in early childhood development and work with issues of grief within that population. This purposeful sampling allowed for the selection of participants that could provide rich data that led to saturation and a greater understanding of the phenomenon examined by the inquiry (Patton, 1990). Furthermore, this research used snowball sampling to both recruit from an initial sample of individuals that met the criteria of the proposed population and forwarded

invitations and recruitment materials to other potential participants that met the same criteria. The snowballing method not only served to build on the participants involved in the interview process to reach saturation but snowballing within research serves the purpose of merging groups within the greater population that have naturally grouped together over a common interest or bond. In the case of this research, snowballing served to identify an initial group of qualified and respected counselors that met the proposed criteria and identified further counselors that were respected or connected professionals ensuring an information-rich sampling (Noy, 2008). Sampling began with contacts within hospice, grief centers, and other induvial and group practices that specialize in grief counseling. Additionally, listservs and professional organization pages for specialty training and certification in trauma or closely related fields of counseling were used to recruit and invite participants to the study. Recruitment occurred through email and text posts with IRB approved material sent out nationwide.

Data Collection

Following approval from the Auburn University Institution Review Board (IRB) and identification of participants that met the established criteria through a screening and demographic survey (Appendix C), data was collected through a semi-structured interview process lasting approximately 45 to 60 minutes. The process of creating the semi-structured interview protocol (Appendix D) followed transcendental phenomenology traditions of identifying questions that would lead to a rich discussion of experiences and illuminate the phenomena. The questions created were grounded in Vygotsky's (1934, 1962, 1978) social learning theory as an understand of how these experiences are driven by the developmental age being researched. A total of 11 questions and subquestions were created to best elicit the essence of the experiences of licensed counselors in their work with grief and early childhood (Creswell,

2014; Giordano et al., 2021; Moustakas, 1994). The questions in the interview protocol were written by the researcher to better understand multiple parts of the experience working with grief in early childhood, and aim to explore the primary research question of this study is: What are the experiences of counselors around discussing death loss with children ages 0-5? All questions were written and examined for bias or leading of participants. Data was collected in face-to-face interviews conducted via Zoom. All interviews were audio recorded and transcribed verbatim by the researcher.

Participants completed a screening and demographic survey (Appendix C) that was stored on a password-protected computer and remained separate from recording transcriptions at all times, so data collected remained de-identified. As a part of the interview protocol, participants were given informed consent in the introduction and given an information letter (Appendix B) with details of the IRB approval, confidentiality, and ability to withdraw data before de-identification. Participants were given the option to select their own pseudonyms. The goal of most qualitative research is to reach saturation, the point at which no new themes develop, so determining a sample size prior to analysis was difficult to determine and potentially undermines the theoretical foundations of the phenomenological inquiry (Sim et al., 2018; Schwandt, 2015). However, for the purposes of this inquiry, and with respect to the transcendental phenomenological inquiry and snowballing methods used, the researcher strived to collect a minimum of 10 interviews with counselors in the field (Giorgi, 2009; Noy, 2008). In total, nine counselors were interviewed. In order to better ensure saturation, an incentive was provided to participants that complete all portions of the interview process.

Data Analysis

Data collected from recorded interviews was transcribed and de-identified prior to the beginning of data analysis for each interview. Data was coded inductively to allow themes to emerge from within the lived experiences and communication of those experiences to the researcher, and aligning with the lack of current theory or research on this phenomenon, analysis was conducted from a top-down approach (Creswell, 2014; Schwandt, 2015). While the researcher hoped to bracket preconceived notions or biases, the researcher was grounded by Vygotsky's (1934, 1962, 1978) social learning theory as an understanding of the developmental age being researched. In accordance with the transcendental phenomenological research design, Moustakas (1994) offers a set of procedures for effective data analysis. The first stage of data analysis began with the identification of significant statements in the interview transcripts and the generation of themes within the participants' language (Creswell, 2014; Moustakas, 1994). These significant statements were organized into groups with thematic similarities to both organize the data into clusters, begin to identify repetition and shared experiences, and identify the most salient themes from the data (Creswell, 2014; Moustakas, 1994). These descriptions were used to develop the structure of the phenomenon and includes the rich description of language and context of experiences in phenomenological reduction (Moustakas, 1994). Throughout each pass of data analysis and coding of themes, the researcher met regularly with the peer auditor to examine any biases and issues of reflexivity that arose as a part of the coding process.

Once data was coded, themes emerged, and the themes and experiences were identified for the commonalities and significant statements that are universal, creating the structural descriptions of the "how" of the phenomenon could begin. This process took place through imaginative variation and identification of the essential essences of the phenomenon (Husserl,

1931, Moustakas, 1994). This process occurred through understanding the individual and group structural description of how the phenomenon occurs and the greater context of the experiences described by participants. At this stage, the researcher utilized the data and themes that emerged to search for universal structures of the phenomenon and results in a written understanding of how the phenomenon exists and how the participants have lived experiences within the phenomenon being examined (Moustakas, 1994). At the completion of all inductive coding, the themes, statements, structures, and researcher understanding of the phenomenon were offered to participants for a final member-check to understand if the lived experiences of participants was accurately reflected in the themes and universal structures identified by the research (Creswell, 2014).

Chapter 3: Findings

Participant Descriptions

During this research, nine licensed professional counselors completed interviews about their experiences working with clients in early childhood, specifically addressing their experiences with clients in the zero to five age range who had experienced a death loss. These participants were located across the United States and had a variety of training backgrounds and experiences. The following is a brief description of each participant, including their clinical background and experiences identified during their interview. In addition, Table 1 *(Participant Demographics)* is included with further information on each participant.

Natalie is a 50-year-old Hispanic/Latinx female with 24 years of practice as a professional counselor and infant mental health consultant. She has experiences in community mental health, counselor education, and private practice as a part of her infant mental health work.

Samantha is a 39-year-old White/Caucasian female that practices as a licensed professional counselor, certified thanatologist, and infant mental health mentor. She specializes in working with children with trauma, grief, loss, and anxiety in an outpatient setting for the last 15 years.

Rebecca is a 60-year-old White/Caucasian female who holds a professional counseling license in two states at the time of her interview. Rebecca has a background in inpatient and outpatient settings but currently works in a hospital with group and individual counseling for early childhood clients that have lost a parent or caregiver. Rebecca reports a high rate of drug use, violent death, and foster care involvement with the majority of her clients.

Danielle is a, 34-year-old White/Caucasian female, licensed professional counselor and board-certified art therapist. Danielle has past experience working with hospice care but currently works in private practice. She has worked exclusively with grief within the early childhood population and estimates that working over 50 total cases within this population.

Francis is a 34-year-old Hispanic/Latinx male that holds a professional counseling license in two states. He primarily works in private practice with previous clinical experiences in an acute hospital and residential treatment facility setting. He has worked with 12 clients in the early childhood age range, with ten of those experiencing a death loss.

Luna is a 59-year-old Hispanic/Latinx female currently working in a mental health agency setting within a home visiting early intervention program. Luna specializes in working within the early childhood age range with trauma, behavioral issues, and family counseling.

Tasha is a 40-year-old White/Caucasian female working in private practice as a licensed professional counselor and board-certified registered art therapist. She also currently serves on the board for a nonprofit specializing in helping grieving children. She estimates that she has worked with over 100 children in early childhood, with at least 30 cases involving a death loss.

Amelia is a 42-year-old White/Caucasian female working in community behavioral health as an outpatient and home visiting clinician for rural and indigenous populations. She has received training and certifications in various evidence-based treatments, including child parent psychotherapy, trauma-focused play therapy, child-centered play therapy, for which she received her early childhood mental health endorsement.

Allison is a 40-year-old White/Caucasian female licensed professional counselor working in private practice at the time of her interview. After beginning her career in an agency specializing in children's grief work in group and camp settings, Allison works primarily with

grief. Allison works primarily with children and families in a community with a largely poor and

indigenous population.

Table 1

Participant Demographics

Pseudonym	Age	Gender	Race/ Ethnicity	Years of Practice	License(s)/ Certificate(s)	Current Work Setting	Number of Early Childhood Clients	Number of those clients with a death loss
Natalie	50	Female	Hispanic/ Latinx	24	PCPC, IMHC	Counseling Center	Over 400	40%
Samantha	39	Female	White/ Caucasian	15	LPC, CT, IMH-E	Outpatient	Hundreds	25%
Rebecca	60	Female	White/ Caucasian	25	LMHC, LPCC	Clinical Hospital	Hundreds	Dozens
Danielle	34	Female	White/ Caucasian	12	LPC, ART-BC	Private Practice	Over 50	All
Francis	34	Male	Hispanic/ Latinx	9	LPC	Hospital & Private Practice	12	10
Luna	59	Female	Hispanic/ Latinx	6	LMHC	Agency	50	7
Tasha	40	Female	White/ Caucasian	15	LPC, ART-BC	Private Practice	Over 100	30
Amelia	42	Female	White/ Caucasian	14	LPC-S, MAC, CDC 1, ECMH-E(R)	Community Behavioral Health	24+	5
Allison	40	Female	White/ Caucasian	7	LPC	Private Practice	20+	7

Themes

Each of the counselors selected to participate in this study completed an interview lasting

between 30 to 60 minutes with questions aimed to capture the experiences of these licensed

counselors and the context or situations that influence their work with grief in early childhood. The interviews conducted and data analysis were completed to answer the primary research question of this study: What are the experiences of counselors around discussing death loss with children ages 0-5? The coding, subthemes, and themes identified from the transcriptions, interview notes, and researcher's personal logs were discussed and verified with the peer auditor throughout the coding process, and with participants, once final themes emerged (Creswell, 2014; Moustakas, 1994; Patton, 1990). Through the completed inductive coding process, five themes emerged to understand the essence of these counselors' experiences working with clients in early childhood who have experienced a death loss. The five identified themes are: (1) Layered Grief and Dyadic Work, (2) Death Discomfort, (3) Sculpting Developmental Understanding, (4) "Sitting in the Fire/Rain," and (5) Weight of the Work.

Layered Grief and Dyadic Work

The first theme that emerged from the data was the idea that in these cases, even when the identified client is a young child, most clinicians are working within a system with layers of grief and focusing on dyadic work with the remaining caregiver(s). This process can prove to be both difficult and rewarding in working with an entire family unit experiencing this grief together. Luna specifically called this "parallel grief" in her interview identifying the challenges of not only working with the child that is experiencing grief, but an entire family unit. Similarly, Amelia acknowledged in discussing the challenges in her work that when it came to the entire family grief, "the parent's ability to hold space for the child's experience really has made a big difference in how we how we actually engage in in the therapy process." Even in situations where the child client is placed in foster care, without a direct familial connection to the death loss, Rebecca experienced similar experiences in the counseling room. For example, in

describing a session where she, a foster mother, and a case worker were trying to tell a child their mother died, she described the foster mom "jumping in" and exclaiming, "your mommy went to Jesus." She further detailed:

> Obviously, I think this foster mom was really uncomfortable with her own whatever, she wasn't willing to let the process happen. And I think in that situation, I could have done a better job with the worker and the mom, or foster mom, and said "hey this is going to take some time you know, like, let us have our process." But I didn't anticipate she was going to be so uncomfortable.

This similar understanding of the other adults in the counseling space being able to handle the work with the child was described by eight of the nine participants using words like "activation" by Amelia, "regulation" and "co-regulation" by Natalie, and "stress management" by Danielle all to describe the management of not only the child's grief and emotions but also the caregiver(s) and parent(s) in the room experiencing their own process.

Despite the challenges in working with multiple grief processes in the counseling room, all participants agreed that some involvement with the caregivers was necessary for this age range. Samantha stated that "attachment really lends itself to grief and loss work" with all nine participants suggesting that "building relationship," "securing attachment," or making sure an adult "understood" the child was essential to "safety" and "healing." Natalie points out that for her, "it's important for parents and for kids to know that parents are witnessing, at minimum. Sometimes it's more work than other times to help the parent tolerate those intense feelings." She recalled one of the first times she encountered a reaction for a caregiver in session. She was working with an 18-month-old whose mother was murdered, and she remained alone with the

body for one to two days. She was placed in her maternal aunt's custody. Natalie described the following about the start of treatment:

> She would play out the abuse and she started playing out what we are pretty sure was sexual abuse. I would look at the aunt to kind of check and see how she was doing, or to pull her into the play, and the aunt was asleep in the chair. And it confused the bejesus out of me. And then my supervisor at the time was like 'she's checked out, she can't handle this, she's checked out.'

This type of disengagement described by Natalie was common across all participants with an acknowledgment that being unable to manage this led to concerns for treatment progression. Amelia described in session, when parents could not tolerate watching the play or hearing the narrative, that the child would begin "caretaking for the parents." Luna described a mother struggling to even bring the child to treatment. When discussing this difficulty in treatment, Luna stated, "she missed a lot of appointments and again she's having her parallel grief going on." Again, describing the parallel grief and the complicated emotions this can cause, Luna described a case where a grandmother took in her daughter's children after her unexpected death. She described one session where the grandmother became frustrated with the children's behavior:

> Grandmother said "you don't know how lucky, you are, that I took you. Like don't feel sorry for yourself" and... It can, it can be tough, because you know, like in that case the grandmother was handling trying to manage her own grief. You know she lost her child too, you know.

The counselors who experienced these moments described trying to pay more attention in the room and provide psychoeducation and make plans to better prepare the caregivers for the work.

Allison describes, before starting any intervention, "I would like talk about it with the caregiver first. So that we, we had a plan because you know, it can be dysregulating for them to if they don't know what to expect." Danielle discussed extensively how her work starts with preparing the parent and continued psychoeducation for them throughout the process because:

> And it is tolerating those questions and being able to use that language over and over and over and over again, because it obviously just comes up so many times. And I think that can be really hard and triggering for parents too. Because they're just making dinner, and you know, for once not falling apart and then all of a sudden their kids asking you know "Can Daddy throw the football with me later?"

She also goes on to describe creating community and finding support for the caregiver:

> Especially if a spouse has just died, and now suddenly everything is on you. You've got to figure out how to pay the bills. You know, take care of whatever and still be this you know reservoir of peace and patience, for your child when they need something. Like that's not going to happen, so I will often yeah kind of talk about who are your people.

Many of the counselors described preparing parents for what will happen in session and what could happen outside of session. This became particularly important within this layered grief as Francis described the inability to recognize the difference in grief processes as "the trap," and Tasha stated, "I've had a family member of a client who expected their grief journey to be the exact same." Education for the parents on what is developmentally expected at this age and what they could see from their child becomes crucial within this layered grief. Danielle, Tashsa, and Luna all described experiences of the child being "in and out" of the grief, which caregivers don't always expect. It became an imperative to help the caregiver understand that the child might not react with only expected emotions of grief like being upset, sad, or angry, and even if

the child did experience these emotions, they might move between a variety of emotions quickly. Additionally, preparing caregivers that things might feel "better" for the child. Tasha points out to parents that for a child, "life is a little bit easier, the parents were home more," and sometimes the child is "more worried about what's for dinner." Danielle further explained:

> Especially if there's been an illness, and my background is mostly in hospice where there's been an illness, we talked about how the crisis is often. kind of over when the person dies. Because there's not hospice coming in and out of their house, there's not hospitalizations, there's not this waking up in the middle of the night panic, I don't know who's going to pick you up from school, I have to go to this appointment.

Tasha hoped in her work to help parents understand the developmentally appropriate way that children in this age group react:

> Understand that if they come across like egocentric, or like they're you know they're not concerned, and they're not thinking about the death. Like they might be like okay dad died, but where's my pizza you know, and so understanding that's totally normal. That they're thinking about how this impacts their day, and how can they still see their friends tomorrow, and you know how it impacts their current moment really. And that it might seem like they're not thoughtful but it's this developmentally appropriate.

These "traditionally positive reactions" can confuse the adults experiencing different emotions in their grief process. Amelia and Tasha both use a "before, during, and after intervention" to help understand the child's process and demonstrate these reactions to caregivers so they can understand the child's reactions as well.

Danielle also describes doing a lot of prep work with caregivers around development regression and behavior "I want to point out the developmental regression piece that we often

see. It also is hugely, I think, stressful for parents, especially at this age when there's so much pressure that, you know, hitting milestones" and "I think preparing people, and I mean it's hard. It's like suddenly you're up, you know, washing sheets in the middle of the night on top of everything else that you have to do. I definitely feel like another like loss or another step backwards." Samantha acknowledges in this layered grief process that "the kids are open, the parents can be resistant, and I wish that families would get in earlier right. They wait until they start seeing the behavioral stuff that comes with it." Helping to educate and "normalize," as Danielle states, can help ease this transition for parents.

While this layered aspect of the grief within early childhood work can create difficulties in the counseling space, all nine participants described helping a family collectively as some of the most rewarding parts of their work. Samantha stated by the end of her treatment, she likes to create meaning and shared experiences through games with the entire family. She described her process in making games, "I have a few games that I've specifically made that like kind of do a memory walk. It's like candy land, or you roll the dice, and you go [to] so many spaces, and it has you recall memories when we're working together as a family." When asked what was most rewarding for her, Tasha stated, "helping an entire family heal and remember their loved one and be able to honor the loved one and talk about it in a healthy way I find is very rewarding." Allison summarized the entire process of working within this layered grief by describing what she found rewarding:

> Because the loss can also be like a really isolating experience and so, even though, they're like they're together all the time, because the kids are so little, they're like very far apart. And you know, seeing them connect with each other and maybe a grieve together instead of separately

Death Discomfort

The second theme that emerged from the data was death discomfort and how this cultural and individual discomfort shows up for the counselors and families working in early childhood. In acknowledging this discomfort in himself and those around him, Francis states, "I think about ways that we look at death as a society and ways that we will like put death in hospitals and graveyards and like we keep them away from us right," and in describing how he acknowledges his own death anxiety in the room, he pointed out "I feel like we all have this thing as humans that kind of put this knee jerk or startle reaction that we get when we talk about death." These same ideas were reflected across all nine participants in the work that they were doing with children in early childhood.

Luna described beginning to work with a new client, and when she first arrived, she found out "they had literally not told him that the mom was dead. They didn't know how, they didn't know if it was the right thing to do, and the poor little kid was kept waiting for mom to come home." Similarly, in Rebecca's work primarily with foster children, she has found the social workers uncomfortable when informing the child of a parent's death. She described, "so my experience has been that a lot of times if the parent has passed away, the workers that are working with them from the state often ask me to tell the child." Danielle explained why she thought this reaction happened so often:

The reason I care about that, and I'm sad and start crying right away, is because I know that they're not going to be here in the future. They're not going to come back. I'm anticipating all of the losses looking into the future. I'm connecting it to other life experiences about how life isn't fair. I'm thinking about my own mortality. I'm in an existential moment. That is not going to happen to my three-year-old. You know her

process is very different in her brain, so people react as though their child is going to, you know, go into this existential spin the way that they are, that you know I would, but they don't. They just, they need the information.

This discomfort around death is not only reserved for the caregivers or other adults in the child's life. Frequently, this can come up within the clinician as well, affecting the work they are trying to do. Natalie described that in the beginning of her work with this population, "I remember feeling a little gun shy about bringing things up and thinking that my timing was wrong or intervention wasn't worded correctly or something like that." Amelia expressed difficulty in working with death and grief after experiencing loss in her personal life:

 I noticed in myself that it was such a barrier because I would just freeze, and I couldn't find the words to say. I couldn't even do something as simple as like validate a client experience because I was so paralyzed in my own thought every time it was my own activation every time it came up.

This discomfort with death and the topic of grief goes beyond the individual or personal level. Most of the participants pointed out the cultural nature of this death discomfort. Samantha acknowledges that the grief work she has done has been difficult because "we like to avoid it like the plague, you know." Rebecca also provides insight into why death discomfort exists "I think it's one of those situations, death, where there's such a trend kind of a feeling of out of control, and I think that our culture is so geared for like it's control control control." Luna also acknowledges a cultural piece to death discomfort by saying "I just feel that in this country, we don't do a good job explaining death or accepting death period. Even when you're, you know 50 or 70, much less to children." In order to address this cultural piece of death anxiety, many of the

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counselors acknowledged facing it head-on. Danielle described her process with caregivers as the following:

> Oh, I also encourage parents to think about their own language and where that comes from. And also their own, I mean really I think about everything right, their own approach to death. How afraid are they at the idea of dying? Is it something that was talked about when they were growing up?

Similarly, Francis described that it is helpful "to actually kind of explore your profile of death anxiety right. A lot of personal work that can actually make you really comfortable in the room." All other participants acknowledged that addressing death discomfort in a culturally appropriate way and exploring the family's values on death was an important part of their process.

This death discomfort is important to acknowledge and address because it often leads to an inability to openly explore grief with young children if the adults are uncomfortable with the topic. Danielle acknowledged a fear of death in adults that we translate to children stating, "so people I think in their fear of not wanting to scare the child create fear or it doesn't need to be there necessarily." She continues on to explain:

> I think the instinct for parents, and of course, I'm bringing this back to something clinical, but the instinct for parents is to protect their child. But I think the worldview that this is just maybe the first time they're encountering this, that they are going to experience change and loss and grief the rest of their lives [is helpful]. So helping them kind of see it in that light, and just kind of reframing that this is an opportunity for them to model how they are going to get through hard things in their in their lives

Allison acknowledges that this movement away from death discomfort can be difficult:

Sometimes the kids are ready for more information than the caregiver feels able to

provide, and so you know being sensitive to that. But also, like reassuring that it's okay

for them to know. And that they need to know. Like they need, they need a real

explanation. Like they need facts about what happens, and if they don't have those, then

they're going to make up their own story. Which has definitely happened.

Danielle explained that in working through the process:

At some point you're going to have to feel this. You are going to have to just do it. You're

going to have to just jump in. It's going to be messy, it's not going to be perfect, but your

child doesn't need you to be perfect. They just need to be present.

In the end, Amelia reflected what most of the counselors acknowledged, it's important around

death anxiety for everyone involved to "really be able to be mindful of what's my stuff versus

their stuff."

Sculpting Developmental Understanding

The third theme that emerged in this research was sculpting developmental

understanding. This theme became very important not only because of the developmental age of

the clients these counselors' work with but also because of the discussed hesitancies in session

and cultural aspect around the first two themes. Repeatedly, the counselors that were interviewed

reinforced that understanding, and creating that understanding at a developmentally appropriate

level, was imperative to any grief work in early childhood. Rebecca explains this idea well when

she stated "you know, my language with a child is really different, in that, I really stick to the

nuts and bolts," she continues to explain with specific case examples:

So I prefer to say, you know, 'mommy had a sickness and her body stopped working. It's

not a sickness you're going to get' or 'grandpa had a sickness and his body stop working.'

We usually go from more of a mechanical place, at least I do. That the body stopped working. Sometimes you know the body is very, very ill or sick, and there's nothing, you know I always make sure the child knows, that there isn't anything they did."

Samantha explained the way she uses language with this population by stating:

Well, the language is very plain because it's a little, right? So it's death, dead, dying, deceased. Well, you don't even use deceased right, so it's pretty plain that way. Very simple. And I, you know that so that kind of stuff, is where I'm at because I'm not wordy in my work with children, they never understand that, so I will encourage families to do the same.

Danielle agreed with this sentiment that it is "simple, clear, age-appropriate language" and that she works with the parents "providing words like 'death is when a body doesn't work anymore, and it doesn't see, and it doesn't hear, and it doesn't touch. It doesn't feel hurt. It doesn't feel pain.' And really being very concrete, especially when we're just talking about preschoolers so with this age group."

This clear and concrete language becomes vital with this age range because of the "confusion around it and confusion about the foreverness of death," as Tasha put it. Francis also acknowledged specifically that "the concept of permanence or like our mortality pretty much does escape them." Some ways to assist with this understanding of "death as an abstract concept" came in the way of books like *When Dinosaurs Die* suggested by Natalie or in exploring "life cycles around us all the time," as Danielle states it. Similarly, Francis discussed using a book titled *Life Cycles* depicting the birth to death cycle of many living things. Also, Luna suggested a nature walk to look for dead bugs, leaves, or other items to explore the concept of death.

Along with these ideas of clear and concrete language for understanding, many of the participants emphasized that the use of metaphor, euphemism, and other "gentle language" to make death less scary can be confusing for children in this age range. Francis emphasized that he is on the lookout for those phrases that might be confusing for young children at this developmental level when he stated, "I'm really sensitive to like common phrases or pejorative terms like 'passing on' or 'passed.'" Luna provided a case example of why metaphor and euphemism can be difficult to understand when working with grief at this developmental stage. She explained working with a four-year-old and arriving at the home visit in the story below:

> He was upset, and I'm like what's going on, and he said "well mommy is getting wet."
> And I said "what." and he said "mommy's getting wet". And I said "well why are you
> saying that you," know what, "what makes you say that?" And he said well you know
> "Daddy told me that mommy's up in the sky. And now it's raining, so mommy's getting
> wet." So yeah just little things like that, where you have to think "okay, how can I explain
> it?" To this child again, at this stage of development, it is a hard concept to grasp, and the
> things we say to kids like mommy's in the sky now, like they take it as literal you know.

Within that same understanding, Allison expressed her concerns and conflict with this type of language from both a developmental and cultural awareness:

> I think, like euphemistic language or like highly symbolic language metaphorical
> language, that can be interpreted very broadly, it's hard for little kids. Like you know
> passing away, or what are some things people say, like no longer with us. You know. I
> mean that's a fine line because I think metaphors can be, they can be really, I don't know.
> Like, that's how humans like understanding things. Through metaphor, and not just like
> technical details and facts, but when there's, I think, when the purpose of the language or

the metaphor is to evade the real truth of the situation, you know, kids are affected by that. So there has to be some grounding information that can be repeated over and over again along with the story, like the cultural story, or the metaphor about. Like the story of what happened.

In helping craft language and understanding for a child five and under, Samantha explains an important topic around metaphor and euphemism involving how we craft understanding around religion and cultural beliefs that came up repeatedly across all interviews. Samantha explains that she wants to hold the family's cultural language around death and dying but the developmental understanding also becomes important because, "that finality, it has to be there." Natalie also acknowledged that she likes to incorporate the family's cultural background while acknowledging that, "I mean I think that's a hard one for little kids because this whole concept of death and heaven and all of that is so abstract." In addition to these abstract ideas, culture also brought about the need for acknowledgment and understanding that some deaths are spoken about in a different way culturally. Francis explained this concept around the cultural language when he said:

> I think some other type of language that I can be kind of sensitive to is, like, assessing or judging like the appropriateness of death. So this is something where I get it. Where I worked with clients, whose parents have died accidentally, and that's very different than the clients, whose parents, for example, have died of suicide, right? So there's like other thing about death that we kind of appraise. We appraise the manner of it, like the motivate, you know what I mean. Those types of things.

In a case example, Natalie demonstrated a similar concern around respecting the language a mother wanted to use and develop language for her son to explain that his father died by suicide. She explained:

> I had several sessions with her on developing a narrative to explain to her son about what happened, and she didn't want to use the words committed suicide. So she chose the word "sick in the head," which I wasn't thrilled about. But that's where mom was at, and so we had to clarify kind of like "it's not like sick like you have a cold," and so that language was interesting to work around.

Danielle acknowledges that working through language that works with this developmental age while respecting the family's wishes is most important:

> I encourage parents to feel, like to use language that also feels right to them. So, I think it's a balance of supplying them with some options, things that could be helpful, but especially when it comes to things like afterlife or things like you know higher power, like allowing them to kind of think through and use the words that are comfortable for them.

"Sitting in the Fire/Rain"

The fourth theme identified has to do with the nature of grief work in general and especially the experiences of these counselors in doing it with children five and under. The researcher has borrowed the language from two participants describing their overall experience with this type of work to identify this theme. First, Rebecca described the work in the room with these children with this description: "I pictured myself sitting in a fire with someone. You know, we're both just sitting there cross-legged in a fire. And it's their fire, it's not my fire, but I get to be a part of." Similarly, in describing her overall experiences working through grief with

children, Tasha stated, "I call it sitting in the rain." Both of these statements seemed to sum up the essence of an experience described in part by all the counselors that were interviewed and centered around the lack of ability to "fix" or "solve" grief in any structured way.

Natalie described this theme in detail around some of the struggles she had with the work, initially stating, "I find grief to be one of the hardest things for me, in particular, to work with. It's not fixable in the sense of you know you have treatment goals." She described working through supervision and consultation to establish what she called a "holding environment" for these children and their caregivers. While not an early childhood case, it is important to acknowledge her experience with initially embracing the "being with and not doing" type of work. She describes the process as first understanding the holding environment:

> I had a family, a long time ago, this wasn't early childhood work, but there was a mom that I was working with whose husband died in a bus accident, and that's where I first started to recognize that grief work is a lot about holding. And not working towards a treatment goal... Just the level of sadness that this mom had that losing her husband. They were undocumented. Like the helplessness that she had, and everything, and I just remember processing that with my supervisor at the time. And he's like "you just have to hold them like that's all you can do is hold them." So, I think grief work has helped me to really provide a holding environment for families.

Natalie highlights with this case story a theme that resonated throughout all of the counselors that were interviewed. Francis described a similar awakening for him, stating when he first started, he wanted to "come in with a cape on and save the day," be he had to learn to use that enthusiasm properly. Then, he goes in more depth explaining:

I think sometimes when it comes to death and dying, counselors want to solve.
Counselors want to set a goal to where you know your treatment plan is "you've come in with grief and we're done when you're out of the grief" right? And I think that we can theoretically start complicating what it means to live with my grief right, rather than work through grief.

Amelia explains a similar experience in saying, "You know there's that natural inclination to want to help someone feel better. And to really resist the like, to the kind of the jump in and let's save them let's save them from their own their own experience here." She continued to describe this struggle in grief work with this age by stating she had to:

Resist that need to like "what's the magical thing that you can say to someone in these in these difficult situations?" and just being present. Like I always remind myself in these moments you don't have to do anything. You just have to be there, and you just have to be authentic and genuine.

Rebecca calls the process of grief counseling in early childhood an "organic process" and repeatedly emphasized respecting the pace of the child. Samantha similarly acknowledged the need for pacing when she said, "some parents are well-meaning and wanting to continue to just jump into it, and I'm like 'we're just going to pace this.'" Overall, this theme of not rushing the process and allowing the child to lead through play, expressive techniques, and games was a theme that carried across this work. Allison was able to sum up the essence of her experience with this idea when she explained:

I think like kids and caregivers, they will kind of like in some way like tell you what they need. You know, like that will emerge in the treatment. Like what direction it needs to go in, and what pace they need to go at, and what they need from you. Like you show up

with all this knowledge and tools and stuff, and then they tell you like, which pieces of that they need. Because that was another thing that first came to mind, don't be overly focused on like following a certain pathway or like formula or telling them how they experience the loss, you know. Because you'll lose your way really quickly, I think.

Weight of the Work

The final theme that emerged from these counselors' experiences with grief work in early childhood centered around feelings of burnout, intensity, and an acknowledgment that this is hard and heavy work for all counselors. In talking about the struggles of working with infants and children in early childhood with grief issues, Natalie said, "this is hard stuff we work with," and Luna admitted, "sometimes it was for me not to cry." Francis acknowledged that it sometimes felt like being "in a horror movie" in his setting in particular to hear these stories from children so small. He explained further, "it was, it was tough talking to children about some of the most gruesome things that I've heard described right and so. Sometimes, as a counselor, like that's hard, right? It's hard to hear. It's hard to like sit with that." In response to the question about what was challenging, Natalie responded by saying, "definitely the intensity. And the intensity feels different for grief than it does for trauma, which has its own grief piece to it, but it feels different."

When it came to the idea of why it felt so heavy, many participants stated it went beyond just the emotional intensity of the work. Danielle was able to explain:

This is something that feels very… like there is a good amount of education and knowledge, I think that you need to do this. So, I think you know consulting with other people, like obviously. When I started, the biggest help was just other clinicians, I could call other people to reach out to.

Similarly, both Francis and Amelia acknowledged the "lack of education" on both grief work and children within this developmental timeframe as a source of low confidence and feelings of inadequacy when they first entered the field. Rebecca also expressed the sentiment that she would "give her first 100 clients their money back" because she was not prepared to do this work with additional training, education, and experience. Across eight of the nine interviews, counselors pointed to "mentorship," "consultation," "supervision," and "reflective consultation" as the most important things for clinicians to utilize in this work because of the heaviness and the lack of understanding from typical counselor education programs.

It must also be acknowledged that several participants acknowledged systemic issues that contributed to the weight of this work in particular. Samantha acknowledged during her interview that this field is still emerging as a needed counseling service, so clients have struggled to find space in her state, and clinicians that can accept these clients have become overburdened. She further explained:

> We're gaining ground, but our reimbursement on insurance is not the same. It's quite a nightmare. Our Medicaid funding system is a joke. We do have a robust early intervention program to the state, but they're not getting referred to therapists. They're getting referred to like speech, OT. You don't qualify on grief and loss.

Allison also reflected within her state she is currently "not able to find a referral or even get an idea on a timeline." Amelia reflected on similar struggles with both lack of funding and lack of clinicians able and willing to do the work within her state. In acknowledging that she was "frozen" and "unable" to do this grief work for years without working through her own grief, it was a constant debate on whether to take these cases or leave families without anyone. She explained, "Like I was the only person traveling to that community every two weeks to offer

behavioral health services, and so I really had to weigh out whenever grief and loss issues came up." In a similar way, Luna discussed the pressure of being a bilingual, Spanish speak counselor in a low SES community. She stated she was unsure "how long I can do this" because "I get a lot of really, really sad cases of you know. People that are really under-resourced, and I have all sorts of socioeconomic struggles on top of whatever their emotional traumas. And you know, that that's 100% of my caseload."

It cannot be ignored that this work takes a heavy toll on the counselors who do it, which is not helped by systematic problems contributing to a small and overburdened field. However, it should be acknowledged, that even in talking about the weight of the work and the burnout rate, all of these counselors expressed how rewarding the work was and how much they enjoyed it. Natalie summed up this theme, and that feeling, by stating, "For me what's nice is I'm actually kind of proud of myself when I can survive some of those sessions that are really hard. Like I said it for me it's the hardest work, so, if I can do that successfully I feel proud of myself."

Summary

This chapter described this research's findings to better answer the primary research question: What are the experiences of counselors around discussing death loss with children ages 0-5? The nine counselors' rich lived experiences helped identify the five overall themes presented here, including (1) Layered Grief and Dyadic Work, (2) Death Discomfort, (3) Sculpting Developmental Understanding, (4) "Sitting in the Fire/Rain," and (5) Weight of the Work. Participants' experiences described within this chapter identified the work within the counseling room and outside of it when working with children in early childhood, their families, and a death loss. Additionally, their rich explanations provided details of not only the work they described in managing multiple grief processes, discussing death anxiety, and creating

understanding for their youngest clients, but also highlighted the organic and unstructured nature

of this work as well as the challenges faced by the few within the field completing this work.

Chapter 4: Discussion

The findings of this research study have begun to illuminate the rich lived experiences of counselors working in the small and still under-researched field of infant and early childhood mental health. Unfortunately, when it comes to working with this population around issues of death or loss, there is even more stigma and a lack of research (Buckner & Norris, 2013; Clute, 2017; Salinas, 2021). This research study was designed to begin the process of exploring this previously unresearched phenomenon of the experiences of counselors working within this field and answer the primary research question of this study: What are the experiences of counselors around discussing death loss with children ages 0-5? In order to answer this question, a semi-structured interview of 11questions grounded in Vygotsky's (1934, 1962, 1978) social learning theory and following the traditions of transcendental phenomenology was created (Matua & Van Der Wal, 2015; Moustakas, 1994). Through the completed inductive coding process, five themes emerged to understand the essence of these counselors' experiences working with clients in early childhood who have experienced a death loss. The five identified themes are (1) Layered Grief and Dyadic Work, (2) Death Discomfort, (3) Sculpting Developmental Understanding, (4) "Sitting in the Fire/Rain," and (5) Weight of the Work. This chapter will discuss those research findings, implications for the field of counselor education, limitations of the present study, and recommendations for future research.

Discussion of Research Findings

Current literature on grief and childhood counseling demonstrates a significant gap in understanding the work of counselors treating clients in early childhood developmental years despite an understanding that experiencing a death in early childhood can impact an individual throughout their development and across the entire lifespan. Literature indicates that unresolved

childhood grief is particularly harmful as the child continues to develop emotionally, socially, and intellectually. All areas of development are impacted by not only the death but the lack of appropriate bereavement for the loss (Berg et al., 2014; Berg et al., 2016; Carr et al., 2020; Cohen et al., 2002; Cohen & Mannarino, 2011; Crockatt, 2006; Ferow, 2019). Furthermore, the little research that does exist for younger children, in general, is predominantly quantitative work centered around white, adult, North American populations that are surveyed several years or decades after they have experienced a death loss (Bat-Or & Garti, 2019; Breen & O'Connor, 2007; Breen, 2010; Dunphy & Schniering, 2009; Hunt, 2007; Ober et al., 2012; Shapiro & Charest, 2020). This research aimed to fill the current gap in the research by better understanding the lived experiences of counselors working within the infant and early childhood field with clients who have experienced a death loss.

Layered Grief and Dyadic Work

Across all nine interviews conducted, all participants point to their experiences with grief counseling in early childhood involving the identified client and the parent(s) or caregiver(s). All the participants acknowledged that this dyadic nature of the work is vital for this developmental stage as a safe adult must be there to create safety and attachment, echoing previous literature addressing the need for a caregiver with a secure attachment being important to this process (Bringkman, 2020; Cohen & Mannarino, 2011; Kaufman & Kaufman, 2006; Shapiro et al., 2014). The ability to involve the parent within the work, while important, can also provide challenges in the counselor's experiences. Eight of the nine participants acknowledged that managing parent activation and regulation in session becomes an important part of their time in the counseling space. In contrast, the ninth participant, Francis, acknowledged that he attempts to use his adult voice to "translate" between the adult and child to manage this dyadic process.

In acknowledging both the importance of the "secure attachment" and "building relationships" between the child and caregiver that has been acknowledged in the literature, Natalie stated, "it's important for parents and for kids to know that parents are witnessing, at minimum. Sometimes it's more work than other times to help the parent tolerate those intense feelings." This again reflects the importance of dyadic work with this developmental age but adds new nuance to the lived experiences of counselors working with this specific population group (Kaufman & Kaufman, 2006). This research provided new insights into the challenges of creating secure attachment and providing family or dyadic work with children in early childhood after a death.

The participants highlighted the psychoeducation and parent/caregiver preparation that must take place to successfully move forward with this work. Tasha was able to highlight these experiences well when she stated, "I've had a family member of a client who expected their grief journey to be the exact same." This research has provided greater insight into the need for education within the dyad about what grief looks like developmentally as families navigate the process of moving through this theme of layered grief. Danielle's more detailed description provides rich insight into this experience:

> Especially if there's been an illness, and my background is mostly in hospice where there's been an illness, we talked about how the crisis is often. kind of over when the person dies. Because there's not hospice coming in and out of their house, there's not hospitalizations, there's not this waking up in the middle of the night panic, I don't know who's going to pick you up from school, I have to go to this appointment.

For children in early childhood, grief work is important to understand the concept of death, the finality of it especially, as pointed out by Norris-Shortle, Young, and Williams (1993), however,

this work also has to incorporate helping parents understand what to expect as they experience their own grief. It is the counselors' jobs, as all nine participants pointed out, to manage this layered grief in session to support dyadic work but also to prepare parents for the realities of lack of understanding, developmental regression, and a grief process from young children that does not match that of adults.

Death Discomfort

The second theme that emerged from the data, death discomfort, was not surprising to find, given that one of the assumptions made for the existing research gap is a stigma associated with talking to children about death (Buckner & Norris, 2013; Clute, 2017; Koivunen et al., 2017; Salinas, 2021). It has also been noted in the literature that death anxiety can impact treatment, especially when the focus is on death, dying, and grief (Altmaier, 2011; Kirchberg, 1998). This theme of death discomfort was layered across all the other themes in how adults in the counseling space were activated or unable to acknowledge the death in cases demonstrated by Rebecca, Francis, Natalie, Amelia, and Danielle. It also showed up in all nine interviews as interfering with crafting language and understanding for early childhood clients, influencing the pacing of the sessions, and impacting how "heavy" the work felt for each of these counselors living it.

With death discomfort specifically, Rebecca demonstrated how this had an impact on treatment when she explained, "the workers that are working with them [the clients] from the state often ask me to tell the child." Danielle, Luna, and Natalie also experienced cases where the caregivers did not tell the child their loved one had died. Beyond death discomfort impacting the "instinct for parents is to protect their child," as Danielle described, this overarching death

discomfort also impacts the culture within which counselors doing this work conduct their sessions.

In exploring their experience with death anxiety in their work, many of the participants pointed to a cultural death anxiety that overarches the individual or family experiences. For example, both Natalie and Amelia were able to explore their own death anxiety and the discomfort they felt around death when beginning this work. Similarly, Rebecca and Francis pointed out the need for "control, control, control" (Rebecca) and keeping death "separate" from society as fueling their own explorations of their death anxiety. Danielle also addressed this need to explore death anxiety with the families when she said:

> Oh, I also encourage parents to think about their own language and where that comes
> from. And also their own, I mean really I think about everything right, their own
> approach to death. How afraid are they at the idea of dying? Is it something that was
> talked about when they were growing up?

This became an important new finding within this theme not previously discussed in the research. The need to explore death discomfort as well as the cultural and generational place it came from was identified as key to moving towards healing by Danielle, Rebecca, Francis, and Amelia. Danielle summarized this conflict between death discomfort, the culture around death, and meeting the needs of the child that have been identified in the existing research when she said:

> The reason I care about that, and I'm sad and start crying right away, is because I know
> that they're not going to be here in the future. They're not going to come back. I'm
> anticipating all of the losses looking into the future. I'm connecting it to other life
> experiences about how life isn't fair. I'm thinking about my own mortality. I'm in an

existential moment. That is not going to happen to my three-year-old. You know her

process is very different in her brain, so people react as though their child is going to, you

know, go into this existential spin the way that they are, that you know I would, but they

don't. They just, they need the information.

The theme of death discomfort led to a more thorough understanding of the need to manage and

acknowledge this in session and highlighted a new finding that Danielle articulated so well. The

need to understand and balance our adult learned discomfort with death when approaching the

developmental context of this work with children in early childhood.

Sculpting Developmental Understanding

The theme of sculpting developmental understanding again aligns well with existing

literature for children beyond the early childhood developmental stage and the limited literature

around death education with younger children (Childers & Wimmer, 1971; Hoffman & Strauss,

1985; Slaughter & Lyons, 2003; Wong, 2019). All nine participants agreed that creating

understanding for the child was an important part of their process with every client they saw in

this population. It was particularly important for all of the participants when it came to the

language used in session. Rebecca described her approach as she would "stick to the nuts and

bolts," explaining the mechanics and facts around the cessation of bodily movements and sensing

with aligns with the work of Hoffman and Strauss (1985). Both Samantha and Danielle

expressed similar sentiments by stating the language is "very plain" and "simple, clear, age-

appropriate," respectively. Seven total participants dove further into this need for

developmentally appropriate language by acknowledging the "abstract" concepts of death, and

the language we use around grief can be incredibly confusing for young children.

All participants described their experiences with euphemistic language as potentially detrimental to the client. Still, they all also held a steadfast belief in respecting the language of the caregiver, the child, and the culture through which their language flowed. While this is a new idea within the literature, it is important to note this cultural grounding and learning reflects the idea of Vygotsky's (1934, 1962, 1978) theory of social learning. One of the participants, Allison, summarized this conflict between death discomfort and meeting the needs of the child that have been identified in the existing research when she said:

> I think, like euphemistic language or like highly symbolic language metaphorical language, that can be interpreted very broadly, it's hard for little kids. Like you know passing away, or what are some things people say, like no longer with us. You know. I mean that's a fine line because I think metaphors can be, they can be really, I don't know. Like, that's how humans like understanding things. Through metaphor, and not just like technical details and facts, but when there's, I think, when the purpose of the language or the metaphor is to evade the real truth of the situation, you know, kids are affected by that. So there has to be some grounding information that can be repeated over and over again along with the story, like the cultural story, or the metaphor about. Like the story of what happened.

This need for balance between culture, human nature, and death anxiety within early childhood work and discussions of grief is a new introduction to the existing literature because the dichotomy of avoiding confusing language but respecting cultural understanding is a unique but salient experience described by these participants.

"Sitting in the Fire/Rain"

With a name borrowed from Rebecca and Natasha's interviews, this theme is centered entirely around embracing unique pacing, lack of structure, and a movement towards an "end goal" by each of these counselors in their work. In the current research, only one study by Brinkmann (2020) has begun to touch on any grief theory for working with children. While Brinkmann (2020) began to address the open-ended nature of the emotions experienced in session, the current research is among the first emphasize the importance of client-led pace and lack of structure within this unique counseling work. Rebecca described this process as "an organic process" that should not be rushed or forced. Francis was able to articulate this new finding more thoroughly when he said:

> I think sometimes when it comes to death and dying, counselors want to solve. Counselors want to set a goal to where you know your treatment plan is "you've come in with grief and we're done when you're out of the grief" right? And I think that we can theoretically start complicating what it means to live with me grief right, rather than work through grief.

> Seven of the nine participants acknowledged a pressure, externally and internally, to "fix," "solve," or "save the day." However, with grief work in early childhood, the counseling process focuses more on repetition, understanding, and allowing the child specifically to create the pace. While this idea within grief treatment is a relatively new one, the current research reflects similar ideas in the unstructured and expressive interventions it suggests for this population (Childers & Wimmer, 1971; Eckhoff & Urbach, 2008; Wong, 2019). According to the counselors' experiences within this study, it is important to release the notion that early childhood clients need to move through treatment goals or hit milestones within treatment. Rather, these counselors identified the work of creating understanding and allowing the child to

have the freedom to create a narrative, feel and express their emotions without judgment, and have the space to explore a typically brand new experience of grief for the first time.

Weight of the Work

The final theme that emerged from the current research was entirely centered around the counselors' responses to working with grief and early childhood. All nine counselors interviewed identified the idea that this type of work has a greater "heaviness" to it. While the idea of counselor burnout, including causes, protective factors, and implications, has been well documented, the understanding of a specific type of heaviness around grief work with children has not been acknowledged in the literature (Allan et al., 2019; Hardiman & Simmonds, 2013; Thompson et al., 2014). The lived experiences of these counselors have highlighted a specific type of work with increased intensity, emotionality, and burnout felt by all nine of the counselors interviewed.

Luna not only highlighted the impact of the work on her personally with statements like "it was hard for me not to cry" and uncertainty around "how long I can do this" but she also pointed to a significant factor in the weight of the work brought up by many of the participants. Luna highlighted that as a bilingual counselor in a poor, primarily Spanish-speaking community, her entire caseload consisted of clients in early childhood with high trauma who were under-resourced. This put a significant burden on her to continue accepting these clients, despite the high burnout rate. Additionally, Amelia reflected heavily on feeling unable to do this work due to her own personal loss but feeling obligated to continue seeing children with grief in the indigenous communities she served because she was the "only person traveling to that community every two weeks to offer behavioral health services."

This idea of being pushed past their limits was not unfamiliar to other participants as they acknowledged systemic issues with this population having enough providers and funding to meet the need presented. Four of the nine participants acknowledged that they felt obligated to continue this work to meet the need presented within their communities. While all of the participants acknowledged the weight and burden felt within their experiences of this work, every single participant also articulated the rewarding feeling they have from this work by calling it "an honor" and "a privilege" to stating they are "proud of themselves" or feel they have "a purpose" when they are able to complete treatment with a child that has experienced a death loss.

Implications for Counselors and Counselor Education

The current study provides valuable implications for counselors and counselor education as it begins to explore a new phenomenon within the counseling field of research. The nine participants that shared their rich lived experiences in this research have just started to identify what working with clients in early childhood around issues of grief and death loss is like for counselors. It is important to understand these five themes identified and the greater experiences of counselors working with this unique population to better educate counselors-in-training who wish to work within the field of infant and early childhood mental health. During their interviews, both Francis and Amelia pointed to the need for greater understanding, training, and education around working not only working with children this young but also with grief work.

At the time of this research, CACREP (2016) standards do not require any specific curriculum on early childhood populations or grief counseling. Francis, who has experience working within CACREP accredited programs, pointed out this gap with the following quote:

I guess, the only thing I would add is that perhaps there should be more in our curriculum about it that's direct and deliberate. I've taught child and adolescent counseling courses that included like a like a talk on this right. Like we talked about it, but I don't know that's sufficient, and I think, maybe that's one thing. I'll say is a lot of my experience came outside of my education and if that's a significant observation for sure.

In a similar way, Amelia reflected on the possible need for policy changes to CACREP standards to include grief education within counseling curriculum. Amelia was able to identify that more room for elective courses within this subject could be an acceptable alternative or, perhaps more appropriate, an understanding that grief and death should be included across several courses by programs that see a need. Amelia highlighted this need as she felt it necessary to attend several trainings at a high personal cost before feeling confident in her work within this field. In addition to changes within curriculum, policy changes to managed care and within agencies to cover counseling work with this developmental age, particularly around grief, would be appropriate to both acknowledge the need for the specialized work and grow the field further. These changes would provide more competent counselors into the field and more readily provide services as preventative measures rather than as seeing children after negative impacts have occurred, as all the participants acknowledged.

Across all nine interviews, an emphasis on the need for training, competence, and supervision in the field was expressed. All nine counselors pointed to seeking out additional trainings, mentors, or supervisors to better understand and implement work with this developmental age. Additionally, it cannot be ignored that the theming around the weight of the work becomes an important point for practicing counselors completing this work. Understanding burnout within the counseling filed at large is emphasized, but more understanding on the

warning signs and management of burnout within this specialized field is needed (Allan et al., 2019; Hardiman & Simmonds, 2013; Thompson et al., 2014). In order to incorporate more training, a sense of competence, and greater feelings of support into counselors completing this hard work, it must be acknowledged that more research within the field is required.

At the time of this study, no other research has examined the work of counselors working within this unique population and presenting problem. This research has begun to explore the lived experiences of counselors doing this work. Still, a greater understanding of this phenomenon is required to incorporate more education into counselor curriculum programs. It cannot be ignored that this research, and the themes that emerged from it, continue to reinforce the need to explore death anxiety, family and dyad work, and management of burnout with counselors doing this work. While this research focused on the lived experiences of the counselors themselves, the participants provided many valuable resources that they used in their sessions. These could not all be incorporated into the findings and discussion of their experiences, so a full list of participant resources has been compiled under Appendix E for educational and informational purposes.

Limitations

Due to the small participant size and the nature of the exploration of the lived experiences of the nine participants, the information gleaned from this study is not generalizable to all counselors working in this field and is not replicable. However, it is important to note that generalizability, or transferability of findings or meanings, can be achieved in qualitative research (Tracy, 2010). Experiential knowledge gathered from this specific group of participants can help frame future discussions and research on the topic as a result. Additionally, despite rigorous methods taken to uphold trustworthiness and utilize triangulation within this study, it

cannot be ignored that the positionality and life experiences of the researcher impacted the findings in some way. Additionally, it should be noted that the sample pool showed low diversity within race/ethnicity and gender, with the participant pool consisting entirely of white/Caucasian or Hispanic/Latinx individuals and eight females. It is possible that with more or more diverse participants, the lived experiences explored in this study would lead to different emerging themes. Finally, it is important to note that this research focused entirely on licensed professional counselors, while the pool of practitioners working in infant and early childhood mental health goes beyond just those professionals. Of the 35 responses received on the screener survey for this research, 17 were social workers, 4 were licensed marriage family therapists, and 3 were clinical psychologists. Given the finding that counselor programs do not provide education on this population or presenting problem, and the additional training and experience majority of the participants sought out beyond their counseling education and license, it would be important to recruit additional professional to get a more detailed understanding of the phenomenon explored in this study.

Recommendations for Future Research

Continued research into the currently explored phenomenon is vital to the work counselors and other professionals are doing within the field of infant and early childhood mental health. This research begins to fill the gap in knowledge. It would be important to expand the current research beyond just individuals working under a license in counseling to all trained professionals completing this work. Additionally, a more detailed understanding of the processes and techniques used within the counseling room is important to growing the limited field acknowledged by participants in this study. This could take place through research directly involving the child client and their caregivers, including experimental and non-experimental

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studies. As acknowledged in the purpose of this study, it is vital that counselors and counselor educators continue research to understand grief in the early childhood population and while the clients are within that developmental stage rather than retroactively discussing their experiences in late childhood and adolescence.

Conclusion

This research study was conducted to better understand the lived experiences of counselors working with clients in early childhood who experienced a death loss. Nine licensed professional counselors shared their experiences, both personal and professional, through semi-structured interviews with the researcher. These rich descriptions of their lives in the counseling room and outside of it helped to identify five themes of the explored phenomenon: (1) Layered Grief and Dyadic Work, (2) Death Discomfort, (3) Sculpting Developmental Understanding, (4) "Sitting in the Fire/Rain," and (5) Weight of the Work. Through the sharing of their lived experiences, these nine participants have begun to shed light on a previously unexplored corner of the field and start the process of better understanding how to help our youngest clients with experiences of death, dying, and grief.

Chapter 5: Manuscript

The topic of childhood grief, and the existence of a cognitive capacity to understand death, has long been debated. Until recent years, the literature was inconsistent on if children could understand death as a concept or if children even experienced grief as an emotional or cognitive process (Brinkmann, 2020; Cohen et al., 2002). The ability to both understand and work through grief within the early developmental ages of childhood has been controversial, but it is now believed that children are not only capable of navigating bereavement in early childhood but should be supported through that process by the securely attached adults in their lives (Brinkmann, 2020; Shapiro et al., 2014). Childhood bereavement includes the same processing and grief tasks of adulthood. However, children are at a developmentally different cognitive and emotional level than their adult counterparts, making the grieving process more difficult for them (Cohen & Mannarino, 2011). Understanding the process of helping children through healthy bereavement is an important next step for mental health practitioners.

Early Childhood Conceptualizations of Death

Previously, it was believed that children had to reach a particular biological age or achieve a specific developmental age to be able to understand the concept of death and be able to process grief appropriately. However, a growing body of research supports the fact that children in younger developmental ages are able to understand some or all of the concepts of death (Slaughter & Lyons, 2003). Research has included both verbal understanding of death and research that has examined understanding of death through art, abstract, and expressive techniques fitting the children's developmental level of language (Childers & Wimmer, 1971; Wong, 2019). It has been found that death education including content on the biological body in connection with being alive and living functions of the body, concepts of death and the meaning

behind death, and education on grief and the emotions of death has created some understanding (Lee et al., 2009; Slaughter & Lyons, 2003; Zogza & Papamichael, 2000). Finally, it has been found that the understanding and processing of death in early childhood connects deeply with culture, religion, systemic values, and any work with grief in this developmental age should be individualized and appropriate to that child's intersectionality of identities as with adults (Lee et al., 2009; Slaughter & Lyons, 2003; Wong, 2019).

Social Development Theory

According to Vygotsky's (1934, 1962, 1978) theory of social learning, children learn and develop cognitively through a social and cultural lens. In his theory of childhood development, Vygotsky (1934) placed importance on the role of language in the cognitive development of the child as cognitive development is directly connected to the internalization of language. Vygotsky (1978) argued that learning happens when a child can understand a concept or task from another induvial that is older and more developed, what he called the more knowledgeable other (MKO). For children at an early developmental level, their first experience with death and grief would be a previously unknown event. Their learning about death and loss is connected to their interactions with MKOs that have more experience with the subject within their culture. This social development, similar to the social scaffolding also discussed by Brinkmann (2020), allows clients in the early childhood years to understand the death and grief process in a developmentally and culturally appropriate way and avoid the negative mental health outcomes of unresolved grief.

Early Childhood Experiences of Grief

Alongside the communication and social scaffolding that helps a child understand the loss that has taken place, counselors must also acknowledge the role of attachment in the grief

process. This connection allows for the continued understanding of death while maintaining a sense of connection and belonging with the individual that was lost (Karydi, 2018). This task of educating and supporting falls primarily on the adults in the child's life, and it is necessary for the adults to maintain clear and open communication around death and bereavement with children to build strong attachment and resilience needed to avoid significant risk factors (Brinkmann, 2020; Cohen & Mannarino, 2011; Shapiro et al., 2014).

Current literature communicates a multitude of negative outcomes individuals face after a loss in early childhood, whether it has been treated or not. Children who experience a loss show poorer grades in school, lower graduation rates, and more behavioral problems are reported in the classroom (Cohen et al., 2002; Cohen & Mannarino, 2011). Individuals that experienced a loss in early childhood are also more likely to develop a diagnosable psychological disorder, show higher rates of depression and anxiety, and are more likely to experience suicidal ideation and engage in non-suicidal self-harming behaviors (Berg et al., 2016; Carr et al., 2020; Clarke et al., 2013). Furthermore, individuals that experience a loss in early childhood report delayed developmental milestones, struggles with emotional regulations, and difficulty forming secure attachments and relationships in later childhood into adulthood (Cohen et al., 2002). While the literature is clear on the multiple negative impacts unresolved grief can lead to, there is still a gap in the literature informing counselors how to treat individuals in early childhood to prevent these potential negative outcomes (Brinkmann, 2020).

Counselors and Early Childhood Clients

There is evidence to support that counselors working with children in early childhood developmental years can be effective (Koivunen et al., 2017; Lemberger-Truelove et al., 2018). However, it cannot be ignored that the majority of the research around mental health and

emotional needs of zero to five year olds are conducted in and applied to educational or medical settings. When it comes to counselor training and working with grief and bereavement, research shows that counselors do not feel adequately trained in specific skills and techniques to work with children and grief in the counseling room (Breen, 2010; Ober et al., 2012; Shapiro & Charest, 2020).

Furthermore, as noted in the research, stigma around talking about death with children and seeking mental health services, in general, has significantly limited the research (Koivunen et al., 2017). Many of the existing studies focusing on mental health services and grief in childhood have been conducted at bereavement camps, with research conducted via observation of group therapy activities. Current literature points to the difficulty of studying children and stigma around talking about children and death as a reason for a significant lack of research (Clute, 2017; Salinas, 2021).

Methods

This research study aimed to explore the experiences of counselors working with clients in early childhood, and particularly the work of assisting children in navigating the grief processes at an early developmental age. The primary research question of this study was: What are the experiences of counselors around discussing death-loss with children ages 0-5? In order to best capture the essence of the experience in this under researched population and topic, a semi-structure interview protocol was created in the traditions of transcendental phenomenology (Creswell, 2017; Giordano et al., 2021; Moustakas, 1994) and grounded in Vygotsky's (1934, 1962, 1978). Transcendental phenomenology looks to find the essence of a new or lesser-known experience without biases or preconceived ideas clouding the understanding of the experience (Moustakas, 1994). This approach to phenomenology aligned with the gap left by the literature

regarding counselors' work in this specialty area and with this population. As this is a little-known experience in the counseling field, first, we must explore the previous lesser-known part of the counseling experience. The questions created aimed to capture the experiences of these licensed counselors as well as the context or situations that influence their work with grief in early childhood . This in-depth understanding of lived experiences of the counselors currently working in the field aligns with qualitative research designs and specifically phenomenology (Creswell, 2017; Giorgi, 2009).

Procedures

Participant Recruitment and Selection

Participants were identified through purposeful sampling to fit the criteria of a licensed counselor that works with children within the early childhood developmental years (0-5 years old) that have experienced grief and death (Patton, 1990). Participants met the following criteria: (1) Age 18 or older; (2) currently working in a clinical setting provided professional counseling services to clients; (3) holds a professional license in counseling and at least two years of experience; (4) as a part of counseling work, working with children in early childhood (0 to 5) that have experienced grief or death; and (5) willing to participate in an audio-recorded interview of data collection purposes. Furthermore, this research used snowball sampling to both recruit from an initial sample of individuals that met the criteria of the proposed population and forwarded invitations and recruitment materials to other potential participants that met the same criteria. In the case of this research, snowballing served to identify an initial group of qualified and respected counselors that met the proposed criteria and identified further counselors that were respected or connected professionals ensuring an information-rich sampling (Noy, 2008). Sampling began with contacts within hospice, grief centers, and other induvial and group

practices that specialize in grief counseling. Additionally, listservs and professional organization pages for specialty training and certification in trauma or closely related fields of counseling were used to recruit and invite participants to the study. Recruitment occurred through email and text posts with IRB approved material sent out nationwide.

Data Collection

Data was collected through a semi-structured interview process lasting approximately 30 to 60 minutes. A total of 11 questions and subquestions were created to best elicit the essence of the experiences of licensed counselors in their work with grief and early childhood (Creswell, 2017; Giordano et al., 2021; Moustakas, 1994). The questions in the interview protocol were written by the researcher to better understand multiple parts of the experience working with grief in early childhood, and aim to explore the primary research question of this study is: What are the experiences of counselors around discussing death-loss with children ages 0-5? All questions were written and examined for bias or leading of participants. Data was collected in face-to-face interviews conducted via Zoom. All interviews were audio recorded and transcribed verbatim by the researcher. In total, nine professionally licensed counselors were interviewed. All interview questions are available in Manuscript Table 1.

Manuscript Table 1

Semi-Structure Interview Questions

1. What is your clinical background and experiences?
2. What does your process typically look like when working through grief and death with clients in early childhood (ages 0-5)?
3. What has influenced your experiences working with clients in early childhood that have experienced death?
4. What language do you use to create understanding for these clients and families?
5. What have you found to be effective with this population and their families?
6. What have you found rewarding in your work with this population and this presenting problem?

7. What challenges have you faced working with this population and this presenting problem?
8. Have you encountered conversations or language that was detrimental while working with this population?
9. What specific resources or information do you typically use when working with death-loss in this population?
10. What do you think is most important or valuable for practitioners to know when treating children with a death-loss?
11. Is there anything more you would like to add about your experiences?

Data Analysis

Data was coded inductively to allow themes to emerge from within the lived experiences and communication of those experiences to the researcher, and aligning with the lack of current theory or research on this phenomenon, analysis was conducted from a top-down approach (Creswell, 2017; Schwandt, 2015). While the researcher hoped to bracket preconceived notions or biases, the researcher was grounded by Vygotsky's (1934, 1962, 1978) social learning theory as an understanding of the developmental age being researched. The first stage of data analysis began with the identification of significant statements in the interview transcripts and the generation of themes within the participants' language (Creswell, 2017; Moustakas, 1994). These significant statements were organized into groups with thematic similarities to both organize the data into clusters, begin to identify repetition and shared experiences, and identify the most salient themes from the data (Creswell, 2017; Moustakas, 1994). These descriptions were used to develop the structure of the phenomenon and includes the rich description of language and context of experiences in phenomenological reduction (Moustakas, 1994).

This process took place through imaginative variation and identification of the essential essences of the phenomenon (Moustakas, 1994). This process occurred through understanding the individual and group structural description of how the phenomenon occurs and the greater context of the experiences described by participants. At this stage, the researcher utilized the data

and themes that emerged to search for universal structures of the phenomenon and results in a written understanding of how the phenomenon exists and how the participants have lived experiences within the phenomenon being examined (Moustakas, 1994). At the completion of all inductive coding, the themes, statements, structures, and researcher understanding of the phenomenon were offered to participants for a final member-check to understand if the lived experiences of participants was accurately reflected in the themes and universal structures identified by the research (Creswell, 2017).

Trustworthiness

In alignment with both the researcher's paradigmatic commitments and the tradition of transcendental phenomenology, the data came solely from the participants lived experiences, and the researcher was tasked with setting aside their previous knowledge, personal experiences, and preconceived judgments via epoché or bracketing (Giorgi et al., 2017; Moustakas, 1994). To best achieve epoché, the researcher engaged in several practices to ensure rigorous methods of ensuring trustworthiness and credibility of findings (Creswell, 2017; Tracy, 2010). Following the guidelines presented in Tracy's (2010) "big-tent" criteria, the researcher maintained a reflexive journal and audit trail throughout the research process (Berg, 2009; Creswell, 2017). The researcher utilized triangulations, or the use of multiple vantage points, reviewers, or methods to support the validity of findings in qualitative inquiry (Creswell, 2017; Patton, 1990). The researcher selected a peer auditor that was familiar with the field of counseling, grief work, and the qualitative traditions of the research to serve as an external auditor of research decisions, interpretations, and ability to engage in bracketing work

Reflexivity Statement

I approached this study as an Associate Licensed Therapist that has received certification and training in trauma-focused therapies, including an evidence-based treatment for trauma ages zero to five called Child Parent Psychotherapy (CPP). In addition, I am currently engaged in coursework towards a certificate in Infant and Early Childhood Mental Health Counseling that will allow me to pursue endorsement as a practitioner and supervisor within this field upon completion. Given my clinical background, I must recognize that I shared experiences with many of the participants involved in this study, and all measures of epoché were vital to the work completed. This professional positionality, while providing closeness to the participants and a need for additional rigor in reflexivity, also drives me to not only build the foundational research through understanding these experiences but to continue to fill gaps in this research.

Findings

A total of nine counselors were selected as participants. Full participant demographics can be found in Manuscript Table 2. Through the completed inductive coding process, five themes emerged to understand the essence of these counselors' experiences working with clients in early childhood who have experienced a death loss. The five identified themes are: (1) Layered Grief and Dyadic Work, (2) Death Discomfort, (3) Sculpting Developmental Understanding, (4) "Sitting in the Fire/Rain," and (5)Weight of the Work.

Manuscript Table 2

Participant Demographics

Pseudonym	Age	Gender	Race/ Ethnicity	Years of Practice	License(s)/ Certificate(s)	Current Work Setting	Number of Early Childhood Clients	Number of those clients with a death loss
Natalie	50	Female	Hispanic/ Latinx	24	PCPC, IMHC	Counseling Center	Over 400	40%

Samantha	39	Female	White/Caucasian	15	LPC, CT, IMH-E	Outpatient	Hundreds	25%
Rebecca	60	Female	White/Caucasian	25	LMHC, LPCC	Clinical Hospital	Hundreds	Dozens
Danielle	34	Female	White/Caucasian	12	LPC, ART-BC	Private Practice	Over 50	All
Francis	34	Male	Hispanic/Latinx	9	LPC	Hospital & Private Practice	12	10
Luna	59	Female	Hispanic/Latinx	6	LMHC	Agency	50	7
Tasha	40	Female	White/Caucasian	15	LPC, ART-BC	Private Practice	Over 100	30
Amelia	42	Female	White/Caucasian	14	LPC-S, MAC, CDC 1, ECMH-E(R)	Community Behavioral Health	24+	5
Allison	40	Female	White/Caucasian	7	LPC	Private Practice	20+	7

Layered Grief and Dyadic Work

The first theme that emerged for the data was the idea that in these cases, even when the identified client is a young child, most clinicians are working within a system with layers of grief and focusing on dyadic work with the remaining caregiver(s). Luna specifically called this "parallel grief" in her interview identifying the challenges of not only working with the child that is experiencing grief, but an entire family unit. Similarly, Amelia acknowledged in discussing the challenges in her work that when it came to the entire family grief, "the parent's ability to hold space for the child's experience really has made a big difference in how we how we actually engage in in the therapy process." This similar understanding of the other adults in the counseling space being able to handle the work with the child was described by eight of the nine participants using words like "activation" by Amelia, "regulation" and "co-regulation" by

Natalie, and "stress management" by Danielle all to describe the management of not only the child's grief and emotions but also the caregiver(s) and parent(s) in the room experiencing their own process.

Despite the challenges in working with these multiple grief processes in the counseling room, all participants agreed that some involvement with the caregivers was necessary for this age range. Samantha stated that "attachment really lends itself to grief and loss work" with all nine participants suggesting that "building relationship," "securing attachment," or making sure an adult "understood" the child was essential to "safety" and "healing." Natalie points out that for her, "it's important for parents and for kids to know that parents are witnessing, at minimum. Sometimes it's more work than other times to help the parent tolerate those intense feelings.

Many of the counselors described preparing parents for what will happen in session and what could happen outside of session. This became particularly important within this layered grief as Francis described the inability to recognize the difference in grief processes as "the trap," and Tasha stated "I've had a family member of a client who expected their grief journey to be the exact same." Education for the parents on what is developmentally expected at this age and what they could see from their child becomes crucial within this layered grief. Danielle, Tashsa, and Luna all described the experiences of the child being "in and out" of the grief, which caregivers don't always expect. Additionally, preparing caregivers that things might feel "better" for the child. Tasha points out to parents that for a child, "life is a little bit easier, the parents were home more," and sometimes the child is "more worried about what's for dinner." Danielle further explained:

> Especially if there's been an illness, and my background is mostly in hospice where
> there's been an illness, we talked about how the crisis is often. kind of over when the

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person dies. Because there's not hospice coming in and out of their house, there's not hospitalizations, there's not this waking up in the middle of the night panic, I don't know who's going to pick you up from school, I have to go to this appointment.

Death Discomfort

The second theme that emerged from the data was death discomfort and how this cultural and individual discomfort shows up for the counselors and families working in early childhood. In acknowledging this discomfort in himself and those around him, Francis states, "I think about ways that we look at death as a society and ways that we will like put death in hospitals and graveyards and like we keep them away from us right," and in describing how he acknowledges his own death anxiety in the room, he pointed out "I feel like we all have this thing as humans that kind of put this knee jerk or startle reaction that we get when we talk about death." These same ideas were reflected across all nine participants in the work that they were doing with children in early childhood.

Luna described beginning to work with a new client, and when she first arrived, she found out "they had literally not told him that the mom was dead. They didn't know how they didn't know if it was the right thing to do, and the poor little kid was kept waiting for mom to come home." Similarly, in Rebecca's work primarily with foster children, she has found the social workers uncomfortable informing the child of a parent's death. She described, "so my experience has been that a lot of times if the parent has passed away, the workers that are working with them from the state often ask me to tell the child." Danielle explained why she thought this reaction happened so often:

The reason I care about that, and I'm sad and start crying right away, is because I know that they're not going to be here in the future. They're not going to come back. I'm

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anticipating all of the losses looking into the future. I'm connecting it to other life experiences about how life isn't fair. I'm thinking about my own mortality. I'm in an existential moment. That is not going to happen to my three-year-old. You know her process is very different in her brain, so people react as though their child is going to, you know, go into this existential spin the way that they are, that you know I would, but they don't. They just, they need the information.

This discomfort with death and the topic of grief goes beyond the individual or personal level. Most of the participants pointed out the cultural nature of this death discomfort. Samantha acknowledges that the grief work she has done has been difficult because "we like to avoid it like the plague, you know." Rebecca also provides insight on why death discomfort exists "I think it's one of those situations, death, where there's such a trend kind of a feeling of out of control, and I think that our culture is so geared for like it's control control control." Luna also acknowledges a cultural piece to death discomfort by saying "I just feel that in this country, we don't do a good job explaining death or accepting death period. Even when you're, you know 50 or 70, much less to children." In order to address this cultural piece of death anxiety, many of the counselors acknowledged facing it head-on.

Sculpting Developmental Understanding

The third theme that emerged in this research was sculpting developmental understanding of death. This theme became very important not only because of the developmental age of the clients these counselors' experiences take place with but also because of the discussed hesitancies in session and cultural aspect around the first two themes. Repeatedly, the counselors interviewed reinforced that understanding, and creating understanding at a developmentally appropriate level, was imperative to any grief work in early childhood. Rebecca explains this

idea well when she stated "you know, my language with a child is really different in that I relay stick to the nuts and bolts of how you feel what happened to this person's body." Samantha explained the way she uses language with this population by stating:

Well, the language is very plain because it's a little, right? So it's death, dead, dying, deceased. Well, you don't even use deceased right, so it's pretty plain that way. Very simple. And I, you know that so that kind of stuff, is where I'm at because I'm not wordy in my work with children, they never understand that, so I will encourage families to do the same.

Danielle agreed with this sentiment that it is "simple, clear, age-appropriate language" and that she works with the parents "providing words like 'death is when a body doesn't work anymore, and it doesn't see, and it doesn't hear, and it doesn't touch. It doesn't feel hurt. It doesn't feel pain.' And really being very concrete, especially when we're just talking about preschoolers so with this age group."

Along with these ideas of clear and concrete language for understanding, many of the participants emphasized that the use of metaphor, euphemism, and other "gentle language" to make death less scary can be confusing for children in this age range. In helping craft language and understanding for a child five and under, Samantha explains an important topic around metaphor and euphemism involving how we craft understanding around religion and cultural beliefs that came up repeatedly across all interviews. Samantha explains by saying, "I do what to hold for families that it might be part of their narrative, but that finality, it has to be there." Natalie also acknowledged that she likes to incorporate the family's cultural background while acknowledging that, "I mean I think that's a hard one for little kids because this whole concept of death and heaven and all of that is so abstract." In addition to these abstract ideas, culture also

brought about the need for acknowledgment and understanding that some deaths are spoken about in a different way culturally.

"Sitting in the Fire/Rain"

The fourth theme identified has to do with the nature of grief work in general and especially the experiences of these counselors in doing it with children five and under. The research has borrowed the language from two participants describing their overall experience with this type of work to identify this theme. First, Rebecca described the work in the room with these children with this description: "I pictured myself sitting in a fire with someone. You know, we're both just sitting there cross-legged in a fire. And it's their fire, it's not my fire, but I get to be a part of ." Similarly, in describing her overall experiences working through grief with children, Tasha stated, "I call it sitting in the rain." Both of these statements seemed to sum up the essence of an experience described in part by all the counselors interviewed centered around the lack of ability to "fix" or "solve" grief in any structured way.

Natalie described this theme in detail around some of the struggles she had with the work, initially stating, "I find grief to be one of the hardest things for me, in particular, to work with. It's not fixable in the sense of you know you have treatment goals." She described working through supervision and consultation to establish what she called a "holding environment" for these children and their caregivers. Francis described a similar awakening for him, stating when he first started, he wanted to "come in with a cape on and save the day," be he had to learn to use that enthusiasm properly. Amelia explains a similar experience in saying, "You know there's that natural inclination to want to help someone feel better. And to really resist the like, to the kind of the jump in and let's save them let's save them from their own their own experience here." She continued to describe this struggle in grief work with this age by stating she had to:

Resist that need to like "what's the magical thing that you can say to someone in these in these difficult situations?" and just being present. Like I always remind myself in these moments you don't have to do anything. You just have to be there, and you just have to be authentic and genuine.

Rebecca calls the process of grief counseling in early childhood an "organic process" and repeatedly emphasized respecting the pace of the child. Samantha similarly acknowledged the need for pacing when she said, "some parents are well-meaning and wanting to continue to just jump into it, and I'm like 'we're just going to pace this.'" Overall, this theme of not rushing the process and allowing the child to lead through play, expressive techniques, and games was a theme that carried across this work.

Weight of the Work

The final theme that emerged from these counselors' experiences with grief work in early childhood centered around feelings of burnout, intensity, and an acknowledgment that this is hard and heavy work for all counselors that work with this population and presenting problem. In talking about the struggles of working with infants and children in early childhood with grief issues, Natalie said, "this is hard stuff we work with," and Luna admitted, "sometimes it was for me not to cry." Francis acknowledged that it sometimes felt like being "in a horror movie" in his setting in particular to hear these stories from children so small. He explained further, "it was, it was tough talking to children about some of the most gruesome things that I've heard described right and so. Sometimes, as a counselor, like that's hard, right? It's hard to hear. It's hard to like sit with that." In response to the question about what was challenging, Natalie responded by saying, "definitely the intensity. And the intensity feels different for grief than it does for trauma, which has its own grief piece to it, but it feels different." Across eight of the nine interviews,

counselors pointed to "mentorship," "consultation," "supervision," and "reflective consultation" as the most important things for clinicians to utilize in this work because of the heaviness.

It must also be acknowledged that several participants acknowledged systemic issues that contributed to the weight of this work in particular. Samantha acknowledged during her interview that this field is still emerging as a needed counseling service, so clients have struggled to find space in her state, and clinicians that can accept these clients have become overburdened. Allison also reflected within her state she is currently "not able to find a referral or even get an idea on a timeline." It cannot be ignored that this work takes a heavy toll on the counselors who do it, which is not helped by systematic problems contributing to a small and overburdened field. However, it should be acknowledged, that even in talking about the weight of the work and the burnout rate, all of these counselors expressed how rewarding the work was and how much they enjoyed it. Natalie summed up this theme, and that feeling, by stating, "For me what's nice is I'm actually kind of proud of myself when I can survive some of those sessions that are really hard. Like I said it for me it's the hardest work, so, if I can do that successfully I feel proud of myself."

Discussion of Research Findings

Current literature on grief and childhood counseling demonstrates a significant gap in understanding the work of counselors treating clients in early childhood developmental years despite an understanding that experiencing a death in early childhood can impact an individual throughout their development and across the entire lifespan. Literature indicates that unresolved childhood grief is particularly harmful as the child continues to develop emotionally, socially, and intellectually. All areas of development are impacted by not only the death but the lack of appropriate bereavement for the loss (Berg et al., 2016; Carr et al., 2020; Cohen et al., 2002; Cohen & Mannarino, 2011). Furthermore, the little research that does exist for younger children,

in general, is predominantly quantitative work centered around white, adult, North American populations that are surveyed several years or decades after they have experienced a death loss (Bat-Or & Garti, 2019; Breen, 2010; Ober et al., 2012; Shapiro & Charest, 2020). This research aimed to fill the current gap in the research by better understanding the lived experiences of counselors working within the infant and early childhood field with clients who have experienced a death loss.

The research conducted acknowledged the need to create safety and attachment, echoing previous literature addressing the need for a caregiver with a secure attachment being important to this process (Bringkman, 2020; Cohen & Mannarino, 2011; Kaufman & Kaufman, 2006; Shapiro et al., 2014). The participants highlighted the psychoeducation and parent/caregiver preparation that must take place to successfully move forward with this work and managed grief processes occurring across the family system. Death anxiety and stigma around discussing death with children came up a significant theme in this work, reflecting the current literature (Clute, 2017; Koivunen et al., 2017; Salinas, 2021). However, it is important to note in this research, participants discussed the death discomfort block both clinicians and caregivers from opening discussing grief in the counseling room.

This is particularly important given the recuring themes of creating language around the death and allowing the child to process the death at their own pace. This information aligns well with existing literature for children beyond the early childhood developmental stage and the limited literature around death education with younger children (Slaughter & Lyons, 2003; Wong, 2019). All nine participants agreed that creating understanding for the child and managing pacing was an important part of their process with every client they saw in this population. The combination of these first four themes identified in the data become important

when the participants consider the euphemistic and metaphorical language that can be confusing to children in early childhood. This language is culturally appropriate, is potentially caused by death anxiety, but hard to understand at a early childhood developmental level. Finally, it is important to not the heaviness all participants acknowledged in the emotional weight of this work and the burnout often experienced in this overburdened field.

Implications for Counselors and Counselor Education

The current study provides valuable implications for counselors and counselor education as it begins to explore a new phenomenon within the counseling field of research. The nine participants that shared their rich lived experiences in this research have just started to identify what working with clients in early childhood around issues of grief and death loss is like for counselors. It is important to understand these five themes identified and the greater experiences of counselors working with this unique population to better educate counselors-in-training who wish to work within the field of infant and early childhood mental health. During their interviews, both Francis and Amelia pointed to the need for greater understanding, training, and education around working not only with children this young but also with grief work.

Across all nine interviews, an emphasis on the need for training, competence, and supervision in the field was expressed. All nine counselors pointed to seeking out additional trainings, mentors, or supervisors to better understand and implement work with this developmental age. Additionally, it cannot be ignored that the theming around the weight of the work becomes an important point for practicing counselors completing this work. Understanding burnout within the counseling filed at large is emphasized, but more understanding on the warning signs and management of burnout within this specialized field is needed (Allan et al., 2019; Hardiman & Simmonds, 2013; Thompson et al., 2014).

In order to incorporate more training, a sense of competence, and greater feelings of support into counselors completing this hard work, it must be acknowledged that more research within the field is required. At the time of this study, no other research has examined the work of counselors working within this unique population and presenting problem. This research has begun to explore the lived experiences of counselors doing this work. Still, a greater understanding of this phenomenon is required to incorporate more education into counselor curriculum programs. It cannot be ignored that this research, and the themes that emerged from it, continue to reinforce the need to explore death anxiety, family and dyad work, and management of burnout with counselors doing this work.

Limitations and Recommendations for Future Research

Due to the small participant size and the nature of the exploration of the lived experiences of the nine participants, the information gleaned from this study is not generalizable to all counselors working in this field and is not replicable. However, it is important to note that generalizability, or transferability of findings or meanings, can be achieved in qualitative research (Tracy, 2010). Experiential knowledge gathered from this specific group of participants can help frame future discussions and research on the topic as a result. Additionally, despite rigorous methods taken to uphold trustworthiness and utilize triangulation within this study, it cannot be ignored that the positionality and life experiences of the researcher impacted the findings in some way. Additionally, it should be noted that the sample pool showed low diversity within race/ethnicity and gender, with the participant pool consisting entirely of white/Caucasian or Hispanic/Latinx individuals and eight females. It is possible that with more or more diverse participants, the lived experiences explored in this study would lead to different emerging themes. Finally, it is important to note that this research focused entirely on licensed professional

counselors, while the pool of practitioners working in infant and early childhood mental health goes beyond just those professionals. Of the 35 responses received on the screener survey for this research, 17 were social workers, 4 were licensed marriage family therapists, and 3 were clinical psychologists.

Continued research into the currently explored phenomenon is vital to the work counselors and other professionals are doing within the field of infant and early childhood mental health. This research begins to fill the gap in knowledge. It would be important to expand the current research beyond just individuals working under a license in counseling to all trained professionals completing this work. Additionally, a more detailed understanding of the processes and techniques used within the counseling room is important to growing the limited field acknowledged by participants in this study. This could take place through research directly involving the child client and their caregivers, including experimental and non-experimental studies.

Conclusion

This research study was conducted to better understand the lived experiences of counselors working with clients in early childhood who experienced a death loss. Nine licensed professional counselors shared their experiences, both personal and professional, through semi-structured interviews with the researcher. These rich descriptions of their lives in the counseling room and outside of it helped to identify five themes of the explored phenomenon: (1) Layered Grief and Dyadic Work, (2) Death Discomfort, (3) Sculpting Developmental Understanding, (4) "Sitting in the Fire/Rain," and (5) Weight of the Work. Through the sharing of their lived experiences, these nine participants have begun to shed light on a previously unexplored corner

of the field and start the process of better understanding how to help our youngest clients with experiences of death, dying, and grief.

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Appendix A

Recruitment Email/Social Media Post

Hello,

My name is Elizabeth Brittany Dennis, and I am a graduate student in the Department of Special Education, Rehabilitation, and Counseling at Auburn University. I would like to invite you to participate in my research study titled: "A Phenomenological Study Examining the Experiences of Counselors Working with Grief and Death in Early Childhood." The purpose of this study is to explore the experiences of counselors that work with clients in early childhood (0-5 years old) that have experiences with death and grief. I am completing this study in partial fulfillment of the requirements for my Counselor Education doctoral program at Auburn University under the direction of Dr. Heather Delgado.

You are invited to participate if you meet the following criteria: (1) Age 18 or older; (2) currently working in a clinical setting provided professional counseling services to clients; (3) holds a professional license in counseling and has at least two years of experience; (4) as a part of counseling work, working with children in early childhood (0 to 5) that have experienced a death loss; and (5) willing to participate in an audio-recorded interview of data collection purposes.

Participants who meet criteria for the study and are able to fully participate in the interview process will receive a $40 electronic Amazon gift card. This gift card will be sent directly to the email address provided in the screening survey at the completion of participation.

In this study, you will be asked to complete a brief demographic survey and a semi-structured interview that will be audio recorded. All interviews will be conducted via Zoom or telephone. Your total time commitment will be approximately one hour. Your participation in this study is completely voluntary, and you may withdraw from this study at any time.

Any data obtained in connection with this study will remain confidential to protect your privacy. You will be asked to select a pseudonym, or will be assigned one, in order to connect collected data and corresponding reports of research findings. All interview audio will be transcribed by the Principal Investigator and the interview recordings will be destroyed after transcription and data collection is complete. All data will be kept in a secure file on a password-protected computer until they are deleted. Findings obtained through your participation may be presented at a professional conference and published in a professional journal, but the researcher will not include your name and any other identifying information in order to protect your privacy.

Contact information for the study Principal Investigator and Faculty Advisor are included in the attached Information Letter attached to this email. If you wish to participate, you may follow the attached link to complete a brief demographic survey and schedule a convenient time for an interview.

Thank you for being willing to share your insights and participate in this important research!

Appendix B

INFORMATION LETTER
for a Research Study entitled
"A Phenomenological Study Examining the Experiences of Counselors Working with Grief
and Death in Early Childhood."

You are invited to participate in a research study to explore the experiences of licensed counselors that work with issues of grief and death with clients in early childhood. The study is being conducted by Elizabeth Brittany Dennis, a doctoral student in the Auburn University Department of Special Education, Rehabilitation, and Counseling working under the direction of Dr. Heather Delgado in the Auburn University Department of Special Education, Rehabilitation, and Counseling. You are invited to participate if you meet the following criteria:

1. Age 18 or older
2. Currently working in a clinical setting provided professional counseling services to clients
3. Holds a professional license in counseling and has at least two years of experience
4. As a part of counseling work, working with children in early childhood (0 to 5) that have experienced a death loss
5. Willing to participate in an audio-recorded interview for data collection purposes

What will be involved if you participate? If you decide to participate in this research study, you will be asked to complete a brief demographic survey and participate in a semi-structured interview. The time commitment will be approximately one hour. During the interview, you will be able to answer with as much or as little information as you like regarding your experiences. The researcher will analyze findings in order to gather themes from your experiences, and you will be contacted to review the findings.

Are there any risks or discomforts? The risks associated with participating in this study are minimal and no more than what you would experience in your daily life as a counselor. Should you feel any discomfort answering the questions, you may withdrawal at any time. To minimize the risk of psychological discomfort, referral information of mental health professionals in your area will be provided upon request. Due to interviews being collected for this qualitative study, there is a risk of breach of confidentiality. The researcher will be vigilant in order to protect confidentiality throughout the study. Findings collected through your participation may be presented at a professional conference and published in a professional journal.

Are there any benefits to yourself or others? If you decide to participate, you will have the opportunity to reflect on your work with grief in early childhood. While it cannot be guaranteed that you will benefit directly from this experience, your participation is highly valued as a potential contribution to the body of knowledge on grief counseling and early childhood development.

Will you receive compensation for participating? Participants who meet the criteria for the study and are able to fully patriciate in the interview process will be eligible to receive a $40 electronic Amazon Gift Card via email provided by participant.

Are there any costs? If you decide to participate, there will be no costs for your participation.

If you change your mind about participating, you can withdraw at any time during the study verbally or in writing to the principal investigator. Your participation is completely voluntary. If you choose to withdraw, your data can be withdrawn as long as it is identifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your current or future relations with either Auburn University or the Department of Special Education, Rehabilitation.

Any data obtained in connection with this study will remain confidential to protect your privacy. You will be asked to select a pseudonym, or will be assigned one, in order to connect collected data and corresponding reports of research findings. The interview recordings will be destroyed after transcription and data collection is complete. All data will be kept in a secure file on a password-protected computer until they are deleted. Findings obtained through your participation may be presented at a professional conference and published in a professional journal, but the researcher will not include your name and any other identifying information in order to protect your privacy.

If you have questions about this study, contact the principal investigator, Elizabeth Brittany Dennis, at ebd0004@auburn.edu or the faculty principal investigator, Dr. Heather Delgado, at hnm0030@auburn.edu.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334)-844-5966 or email at IRBadmin@auburn.edu or IRBChair@auburn.edu.

YOU CAN SAVE AND PRINT A COPY OF THIS LETTER FOR YOUR RECORDS. HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THIS RESEARCH PROJECT. PROCEEDING INDICATES YOUR WILLINGNESS TO PARTICIPATE IN THE RESEARCH PROJECT. YOU MAY WITHDRAWAL FROM THE PROJECT AT ANY TIME.

The Auburn University Institutional Review Board has approved this document for use from December 2, 2021 to --------- Protocol #21-578 EX 2112, Dennis

Appendix C

Participant Screening & Demographic Questions

Please answer the following demographic questions to the best of your ability and as honestly as possible. If you qualify for this study, you will be contacted by the primary researcher, Elizabeth Brittany Dennis (ebd0004@auburn.edu) to schedule our first interview.

The Auburn University Institutional Review Board has approved this document for use from December 2, 2021 to --------- Protocol #21-578 EX 2112, Dennis

1. Preferred Email Address:

2. Age:

3. Gender Identity:

4. Race/Ethnicity (Select all that apply):

   White or Caucasian   Black or African American   American Indian or Alaskan Native

   Hispanic/Latinx   Pacific Islander   Asian

   Bi-Racial   Multiracial/Multi-Ethnic   Other: _____

5. Do you hold a master's degree in counseling or the equivalent?

   Yes   No

6. Are you currently practicing?

   Yes   No

7. Do you currently work with clients in early childhood?

   Yes   No

8. If yes, have you worked with those issues of death and grief with that population?

   Yes   No

9. Years of Clinical Practice:

10. Do you hold a professional license in counseling?

    Yes   No

11. If so, what licenses/certifications do you hold?

12. What type of setting do you work in?

13. How many clients in early childhood have you worked with?

14. How many of those cases included a death loss?

15. If you would like to create your own pseudonym to be used in the study, please write it

here: _____

Appendix D

Interview Protocol

Introduction (verbal):

Hello, my name is Brittany, and I am Counselor Education doctoral student in the Department of Special Education, Rehabilitation, and Counseling at Auburn University. I want to thank you for taking the time to sit down with me today to talk about your experiences working with clients in early childhood that have experienced grief and death. Your participation is completely voluntary, and you have the right to withdraw and stop the interview at any time without penalty. The purpose of this study is to explore the experiences of counselors that deal with issues of grief and death with clients in early childhood. Any information we collect today will be recorded, but to protect your privacy the recording will remain confidential and be stored on a password protected computer. Once the interview has been transcribed, this recording will be destroyed. This interview will be semi-structured and last approximately 45 minutes to an hour. I will ask you a series of open-ended questions, that you can answer with as much or as little information as you feel comfortable sharing regarding your experiences. I hope that this interview feels more conversational, and there is no right or wrong way to answer any of these questions as everyone's experiences are unique to their work. If you have any questions or need clarification at any point, please let me know. Are there any questions I can answer before we get started?

Beginning Questions

What is your clinical background and experiences?

What does your process typically look like when working through grief and death with clients in early childhood (ages 0-5)?

What has influenced your experiences working with clients in early childhood that have experienced death?

Sub-Questions

What language do you use to create understanding for these clients and families?

What have you found to be effective with this population and their families?

What have you found rewarding in your work with this population and this presenting problem?

What challenges have you faced working with this population and this presenting problem?

Have you encountered conversations or language that was detrimental while working with this population?

What specific resources or information do you typically use when working with death-loss in this population?

What do you think is most important or valuable for practitioners to know when treating children with a death-loss?

Is there anything more you would like to add about your experiences?

Debrief

Thank you so much for your participation in this interview and sharing your experiences with this work. To end our time today, I would like to give you an idea of what comes next in this process. I will be reviewing and transcribing our interview in order to analyze themes of your experiences and common themes amongst all participants. I will contact you at the completion of the analysis to give you an opportunity to review my findings and make sure I have captured your experience correctly. Findings gathered through your participation may be presented at one or more professional conferences and published in a professional journal. Your name and any identifying information will be excluded to protect your privacy. If you know of any other counselors that meet criteria for this study and may be interest in participating, please feel free to provide them with my contact information. Do you have any final questions before we end today?

Thank you again!

Appendix E

Participant Resources

Books:
The Invisible String, When Dinosaurs Die, Life Cycles, Memory Box

Activities/Interventions:
Create a memory, box alone or with the dyad or family
Letters/drawings to the lost loved one
Balloon/lantern release or other symbolic goodbye rituals
Storytelling or creating about the lost loved one
Sand tray
Hide and seek play
Songs/music as expressive technique or memories of songs from the loved one
Memory walk
Story cards
Expressive techniques
Structure and unstructured play (toys identified: realistic first responders of all kinds,
superheroes, baby dolls, stuffed animals, doll houses, puppets)
Tactile toys and interactive activities
Symbolic funeral, especially if child did not attend
Story cards
Before, During, and After intervention
Alternated board games or card games to discuss feelings or other prompts
Nature walk to identify life cycles and death around us
Role play and modeling for parent(s)/caregiver(s)

Resources:
Sesame Street Communities
Fred Rogers
Daniel Tiger
Highmark Caring Place
National Alliance for Children's Grief
Zero to Three