

GLOBAL GRIEF NETWORK

Grief Practitioner Toolkit

Practical working tools for grief support

For GGN Certified Somatic Grief Support Practitioners
and participants in GGN Grief First Aid and Grief Accomplice

1 INTAKE AND ASSESSMENT

2 SESSION TOOLS

3 SAFETY

4 CLIENT HANDOUTS

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Toolkit Guide and complete set of tools | Edition 1 | 2026

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GLOBAL GRIEF NETWORK | PRACTITIONER TOOL

Toolkit Guide

Start here: what each tool is for, when to use it, and the scope reminders that apply to all of them

Welcome

The GGN Grief Practitioner Toolkit is a set of practical working tools for everyday grief support. It gives you ready-to-use forms, session aids, safety resources, client handouts, worksheets, and tools for your own care, all in one consistent format.

The toolkit is designed to sit alongside your GGN training. It does not repeat the somatic curriculum or teach new practices. Where a tool touches on something you learned in training, such as grounding or the SAFE-LINK crisis protocol, it points you back to that training rather than replacing it.

Who the toolkit is for

- **GGN Certified Somatic Grief Support Practitioners**, for use across the full course of support with clients.
- **GGN Grief First Aid participants** and **Grief Accomplice participants**, for use within the role and training you have completed.

Use only the tools that fit your role and training. If you are unsure whether a tool is right for your setting, ask your GGN supervisor or program lead before using it.

How the toolkit is organized

Section	What it contains
1. Intake and Assessment	Client Intake Form, Grief History Timeline, Loss Inventory. Practical information gathering, not mental health assessment.
2. Session Tools	Session Notes Template, Opening and Closing Check-In, Grounding Script Card.
3. Safety	Crisis and Risk Screening Guide, Safety Planning Template, Referral Checklist. Non-clinical and referral-focused.
4. Client Handouts	What Grief Can Feel Like in the Body, Coping Practices for Hard Days, Talking With Children About Grief.
5. Practice Worksheets	Memory Map, Letter to My Loved One, Anniversary and Hard Days Plan.
6. Practitioner Care	Practitioner Self-Care Check-In, Burnout Warning Signs Card.

Tool index

Tool	Use it when	Completed by	Formats
1.1 Client Intake Form	First meeting, after consent is signed	Practitioner with client	PDF, Fillable PDF, DOCX
1.2 Grief History Timeline	Early sessions, to see the current loss in context	Client, with practitioner support	PDF, Fillable PDF, DOCX
1.3 Loss Inventory	Sessions 2 to 4, to name secondary losses	Client, with practitioner support	PDF, Fillable PDF, DOCX
2.1 Session Notes Template	After every session	Practitioner	PDF, Fillable PDF, DOCX
2.2 Opening and Closing Check-In	Start and end of every session	Practitioner with client	PDF, Fillable PDF, DOCX
2.3 Grounding Script Card	When a client is flooded or foggy, or to close	Practitioner (read aloud)	PDF, DOCX
3.1 Crisis and Risk Screening Guide	Any safety concern; at intake; around hard dates	Practitioner	PDF, Fillable PDF, DOCX
3.2 Safety Planning Template	When thoughts of suicide or high distress are present	Client and practitioner together	PDF, Fillable PDF, DOCX
3.3 Referral Checklist	When needs go beyond grief support, or you are unsure	Practitioner	PDF, Fillable PDF, DOCX
4.1 What Grief Can Feel Like in the Body	When a client notices physical changes in grief	Client handout	PDF, Fillable PDF, DOCX
4.2 Coping Practices for Hard Days	To build a plan for heavy days between sessions	Client handout	PDF, Fillable PDF, DOCX
4.3 Talking With Children About Grief	When a client is caring for grieving children	Parent or caregiver handout	PDF, DOCX
5.1 Memory Map	To gather and honor memories of the person	Client worksheet	PDF, Fillable PDF, DOCX
5.2 Letter to My Loved One	To express what was unsaid or stay connected	Client worksheet	PDF, Fillable PDF, DOCX
5.3 Anniversary and Hard Days Plan	Weeks before birthdays, holidays, anniversaries	Client worksheet	PDF, Fillable PDF, DOCX
6.1 Practitioner Self-Care Check-In	Weekly or monthly, and before supervision	Practitioner (private)	PDF, Fillable PDF, DOCX
6.2 Burnout Warning Signs Card	Keep at your desk; review when depleted	Practitioner (private)	PDF, Fillable PDF, DOCX

Scope reminders for every tool

GGN practitioners do

Offer compassionate, non-clinical grief support. Listen, share general grief education, and offer practical tools and gentle practices as invitations. Notice safety concerns, ask directly, and connect people with emergency services, the 988 Suicide & Crisis Lifeline, and licensed professionals. Keep careful, respectful records. Seek supervision.

GGN practitioners do not

Provide counseling, mental health treatment, or medical care. Diagnose, label, or treat mental or physical health conditions. Assess suicide risk as a clinician would, or manage a crisis alone. Advise on medication. Present any tool in this toolkit as a validated clinical instrument or a substitute for licensed care.

Describe these tools to clients as support materials. Suitable words include "support," "worksheet," "plan," and "reflection." Avoid words such as "treatment," "clinical," "diagnosis," or "test."

Help is available, any time

If you or someone else is in immediate danger, call 911 (or your local emergency number).

988 Suicide & Crisis Lifeline: call or text **988**, or chat at 988lifeline.org (United States). Free, confidential, 24 hours a day.

Outside the United States, contact your local emergency number and crisis line.

Using the files

Print PDF

Branded, print-ready pages on US Letter paper. Print at 100% scale (actual size). Cards print two per page; cut along the dashed line.

Fillable PDF

Type directly into the form fields using a free PDF reader such as Adobe Acrobat Reader. Save a separate copy for each client, and store it securely.

DOCX

Editable in Microsoft Word or Google Docs. Add local details such as crisis numbers and referral contacts. Please keep the GGN branding, footer, and safety information intact.

Records and privacy

Completed forms contain personal information. Store them securely, share them only with consent, and follow the GGN Privacy and Data Protection Policy and the law where you practice.

Tool by tool

1. Intake and Assessment

Tool	What it is for and when to use it	Scope reminder
1.1 Client Intake Form	at the first meeting with a new client, after the GGN informed consent and release has been explained and signed. It gathers practical details and the client's hopes for support. It is not an assessment of mental health.	Gathers practical information and hopes for support. It does not assess mental health. The safety questions lead to Tool 3.1, never to a judgment of risk.
1.2 Grief History Timeline	in the first few sessions, to see the client's current loss in the context of earlier losses, changes, and the strengths that carried them. It can be completed over several sessions.	The client owns the timeline. Pace it, and avoid interpreting patterns for the client.
1.3 Loss Inventory	once the client feels settled with you, often in the second to fourth session. It helps name the secondary losses that ripple out from a primary loss, so they can be seen, honored, and supported.	Not a measure of grief. Use "High" marks as invitations to talk, plan, or refer for practical help.

2. Session Tools

Tool	What it is for and when to use it	Scope reminder
2.1 Session Notes Template	after every session, ideally within 24 hours. Notes record what was offered and agreed, support continuity of care, and document any safety steps. Keep them brief, factual, and free of diagnostic language.	Plain, factual language only. No diagnostic labels.
2.2 Opening and Closing Check-In	at the start and end of each session to see how the client is arriving and leaving, to agree on what would help today, and to make sure they leave with support in place.	The 0 to 10 numbers are conversation starters, not scores, and are not a clinical measure.
2.3 Grounding Script Card	when a client feels flooded, foggy, or far away during a session, or to help close a session gently.	Supports, and does not replace, the practices taught in your GGN training. Stop if distress increases.

3. Safety

Tool	What it is for and when to use it	Scope reminder
3.1 Crisis and Risk Screening Guide	whenever you are concerned about a client's safety: at intake, when warning signs appear, around anniversaries, or whenever you have a sense that something is wrong. Use it alongside your GGN SAFE-LINK training.	Non-clinical and referral-focused. Use alongside SAFE-LINK. It does not predict risk. When in doubt, call for help.
3.2 Safety Planning Template	This is your plan for getting through a very hard moment. We will write it together, in your words. Keep a copy somewhere easy to find, such as your phone, wallet, or bedside table.	Written in the client's own words. A safety plan supports, and does not replace, crisis services or licensed care.

Tool	What it is for and when to use it	Scope reminder
3.3 Referral Checklist	whenever a client's needs go beyond grief support, or when you are unsure. Referring is a sign of good practice, not a failure. GGN support can often continue alongside licensed care when everyone agrees.	Referral is good practice. Get written consent before sharing information.

4. Client Handouts

Tool	What it is for and when to use it	Scope reminder
4.1 What Grief Can Feel Like in the Body	Grief is not only something we feel in our hearts and minds. Many people feel it in their bodies too. If you are noticing changes, you are not alone, and you are not grieving the wrong way.	General information. New, strong, or lasting physical symptoms go to a doctor; chest pain or trouble breathing is a 911 call.
4.2 Coping Practices for Hard Days	Some days are heavier than others. On a hard day, smaller is better. Pick one thing from this page and try it. Nothing here is a test, and you do not have to do it perfectly.	Offer one or two ideas, not a list of tasks. Invite the client to adapt them.
4.3 Talking With Children About Grief	Children grieve too, though it can look different from adult grief. You do not need perfect words. Being honest, patient, and present is what helps most.	General guidance for caregivers. Persistent changes in a child call for a pediatrician or licensed child clinician.

5. Practice Worksheets

Tool	What it is for and when to use it	Scope reminder
5.1 Memory Map	A memory map is a way to gather the many pieces of a life and a relationship in one place. Write their name in the center, then add words, phrases, or small drawings in any box. There is no order, and you can come back to it any time.	Some memories are painful or complicated. Any box can stay empty.
5.2 Letter to My Loved One	Writing to someone who has died can be a way to say what was left unsaid, share news, ask questions, or simply feel close. There are no rules. You can write to a person, a pet, or something you have lost.	Never required. Offer support for strong feelings that may follow.
5.3 Anniversary and Hard Days Plan	Birthdays, holidays, and the anniversary of a death can bring strong waves of grief. The days leading up to them can be hard too. Planning ahead does not take the grief away, but it can help you feel less caught off guard.	Start planning several weeks ahead. Revisit the safety plan if hard dates raise concern.

6. Practitioner Care

Tool	What it is for and when to use it	Scope reminder
6.1 Practitioner Self-Care Check-In	weekly, or at least monthly, and before supervision. This is a private reflection tool, not a measure or score. Notice trends over time and act early.	Private reflection, not a score or a measure. Bring trends to supervision.
6.2 Burnout Warning Signs Card	as a desk or wallet reminder, and during self-care check-ins, to spot early signs of depletion in yourself.	A reminder, not a checklist for diagnosing burnout. Seek your own support early.

A note on language and evidence

All content in this toolkit is original Global Grief Network material written for support settings. It contains no validated clinical instruments and makes no clinical claims. If a client needs a formal assessment, refer them to a licensed professional (Tool 3.3).

GLOBAL GRIEF NETWORK | PRACTITIONER TOOL

Client Intake Form

Intake and Assessment | Completed together at the first meeting

Use it when: at the first meeting with a new client, after the GGN informed consent and release has been explained and signed. It gathers practical details and the client's hopes for support. It is not an assessment of mental health.

Before you begin

Explain that every question is optional and the client can skip anything. Share only what you need to support them well, and remind them of the limits of confidentiality you described during consent. Allow about 30 to 45 minutes, and pause whenever the client needs to.

1. About you

Full name

Name you like to be called

Pronouns (optional)

Date of birth

Phone

Email

City, state or region

Time zone (for online sessions)

Best way to reach you

- ☐ Phone call
- ☐ Text message
- ☐ Email
- ☐ Okay to leave a voicemail or message

2. Emergency contact

Name

Relationship to you

Phone

Okay to contact them if I am worried about your safety? (yes / no)

3. The loss that brings you here

Name of the person, pet, or what was lost

Your relationship

Date of the death or loss

How long ago, in your words

Type of loss (check any that fit)

- ☐ Death of a family member
- ☐ Death of a child
- ☐ Pregnancy or infant loss
- ☐ Sudden or unexpected death
- ☐ Death by suicide, overdose, or violence
- ☐ A loss that others may not recognize
- ☐ Death of a partner or spouse
- ☐ Death of a friend
- ☐ Death of a pet
- ☐ Death after a long illness
- ☐ A loss without a death (relationship, health, home, work, identity)
- ☐ Other

What would you like me to know about the loss? Share only what feels okay today.

4. How things are right now

Overall, how are you managing day to day? (circle or click one)

○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

0 = barely getting through 10 = managing well

Areas of life that feel affected lately

- ☐ Sleep
- ☐ Work, school, or volunteering
- ☐ Physical health
- ☐ Feeling safe
- ☐ Eating
- ☐ Relationships
- ☐ Faith, beliefs, or meaning
- ☐ Concentration and memory
- ☐ Energy
- ☐ Caring for others
- ☐ Money or practical matters
- ☐ Other

What has been the hardest part lately?

What has helped, even a little?

5. Support around you

People, groups, or communities who support you

Current or past support (check any)

- ☐ Doctor or nurse
- ☐ Licensed counselor or other licensed mental health professional
- ☐ Psychiatrist or prescriber
- ☐ Grief or peer support group
- ☐ Hospice bereavement program
- ☐ Faith or spiritual leader
- ☐ Another GGN program
- ☐ None right now

Any current provider you would like me to coordinate with (name and contact). I will only contact them with your written permission.

Health, access, or comfort needs for our sessions (for example mobility, hearing, vision, chronic pain, language)

6. Wellbeing and safety check

The practitioner asks these questions out loud with every client. They help us make sure you have the right support.

	Yes	No	Unsure
Since the loss, have there been times you thought about ending your life or wished you were not alive?	☐	☐	☐
Are you thinking about ending your life now, or in the near future?	☐	☐	☐
Do you feel safe where you live right now?	☐	☐	☐
Have you been using alcohol, medication, or other substances more than usual to cope?	☐	☐	☐
Is there anything about your physical health that worries you right now?	☐	☐	☐

Practitioner: if any answer is yes or unsure

Pause the intake. Stay with the client and turn to **Tool 3.1 Crisis and Risk Screening Guide**. If there is immediate danger, call 911 (or the local emergency number). The 988 Suicide & Crisis Lifeline can be reached by call or text at 988 in the United States.

7. Your hopes for support

What would you like from our time together?

Kinds of support that interest you

- ☐ A space to talk and be heard
- ☐ Practical tools for hard days
- ☐ Gentle body-based practices
- ☐ Help planning for anniversaries
- ☐ Understanding grief
- ☐ Remembrance and ritual
- ☐ Connection with others who are grieving
- ☐ Not sure yet

Cultural, spiritual, or family traditions around death and mourning that matter to you

Is there anything you would prefer we not do, or any words you would rather I not use?

8. For practitioner use

Date of intake

Practitioner name

GGN credential number

Client ID (for records)

- ☐ Informed consent and release signed
- ☐ In person
- ☐ Phone
- ☐ Referral discussed (see Tool 3.3)
- ☐ Confidentiality limits explained
- ☐ Online video
- ☐ Crisis resources shared (988, 911)
- ☐ Safety plan started (see Tool 3.2)

Practitioner notes and agreed next steps

Client signature

Date

Practitioner signature

Date

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Grief History Timeline

Intake and Assessment | Completed by the client, with or without the practitioner

Use it when: in the first few sessions, to see the client's current loss in the context of earlier losses, changes, and the strengths that carried them. It can be completed over several sessions.

Practitioner guidance

- Introduce it as optional and owned by the client. They decide what goes on it and who sees it.
- Go slowly. Listing many losses at once can be heavy. Stop if the client becomes overwhelmed, and return to steadiness first.
- Include losses without a death: moves, divorce, health changes, migration, job loss, estrangement, and losses others did not acknowledge.
- Notice strengths and supports as much as losses. The aim is understanding, not analysis.

For the client: how to fill this in

Start with the earliest loss or big change you remember and move forward in time. Use a year or your age, whichever is easier. A few words in each box is enough. You can leave anything blank.

Year or age	What happened	Who or what was lost	What helped me then	How it sits with me now

Year or age	What happened	Who or what was lost	What helped me then	How it sits with me now

Looking at the whole timeline

What do you notice when you look at it all together?

Losses that were never really acknowledged, by you or by others

Strengths, people, beliefs, or places that have carried you through

Anything you would like to focus on in our time together

Name or client ID

Date started

Date last updated

Shared with practitioner? (yes / no / parts)

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GLOBAL GRIEF NETWORK | PRACTITIONER TOOL

Loss Inventory

Intake and Assessment | Naming the losses that follow a loss

Use it when: once the client feels settled with you, often in the second to fourth session. It helps name the secondary losses that ripple out from a primary loss, so they can be seen, honored, and supported.

When someone dies or something important ends, many other things can change too: roles, routines, plans, friendships, and even a sense of who we are. These are sometimes called secondary losses. They are real losses, and they often go unnoticed by others. This inventory helps you name them.

The main loss (the person, pet, or thing)

Date of the loss

What has changed or been lost

For each area, write what changed, if anything. Then mark how much it affects you right now. Skip any row that does not apply.

Area of life	What changed or was lost	How much it affects me now
Companionship and closeness		☐ Low ☐ Some ☐ High
Roles (for example caregiver, spouse, parent, child)		☐ Low ☐ Some ☐ High
Daily routines and rhythms		☐ Low ☐ Some ☐ High
Home or living situation		☐ Low ☐ Some ☐ High
Money and practical security		☐ Low ☐ Some ☐ High
Health, sleep, and energy		☐ Low ☐ Some ☐ High
Plans and hopes for the future		☐ Low ☐ Some ☐ High
Faith, beliefs, or sense of meaning		☐ Low ☐ Some ☐ High
Friendships and community		☐ Low ☐ Some ☐ High
Sense of safety or trust		☐ Low ☐ Some ☐ High

Area of life	What changed or was lost	How much it affects me now
Traditions, holidays, and celebrations		☐ Low ☐ Some ☐ High
Sense of who I am		☐ Low ☐ Some ☐ High
Other		☐ Low ☐ Some ☐ High

Reflection

Losses that other people may not see or understand

Things that remain, or have grown, that I want to protect

Which of these would I like support with first?

> **Practitioner note**
> Use the inventory to guide what you offer, not to measure grief. A "High" mark is an invitation to talk, plan, or connect the client with practical help (such as financial, legal, or housing support). If the inventory reveals needs outside your scope, use **Tool 3.3 Referral Checklist**.

Name or client ID

Date

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GLOBAL GRIEF NETWORK | PRACTITIONER TOOL

Session Notes Template

Session Tools | One page per session

Use it when: after every session, ideally within 24 hours. Notes record what was offered and agreed, support continuity of care, and document any safety steps. Keep them brief, factual, and free of diagnostic language.

Client ID or initials | **Date** | **Session number** | **Length (minutes)**

Format

☐ In person ☐ Online video ☐ Phone ☐ Group

Steadiness at opening (0 to 10, from Tool 2.2) | **Steadiness at closing (0 to 10)**

Opening check-in: what the client brought today

Focus of the session

What was offered

☐ Listening and reflection
☐ Grief education
☐ Grounding (Tool 2.3 or training practice)
☐ Worksheet or handout (name it below)
☐ Remembrance or ritual
☐ Coping or hard days planning
☐ Anniversary planning
☐ Resource or referral information
☐ Other

Client response and observations (what you saw and what the client said, in plain words)

Safety and referral

- [ ] No safety concerns raised
- [ ] Concern raised: Tool 3.1 record completed
- [ ] Safety plan reviewed or updated
- [ ] Crisis resources shared (988, 911)
- [ ] Referral discussed or made
- [ ] Supervisor informed

Details, if any

Next steps

Agreements, practices, or worksheets for between sessions

Next session date and time

Follow-up needed before then? (what and by when)

Practitioner reflection and topics for supervision (keep separate if your records may be shared)

Practitioner signature

Date completed

Documentation reminders

- Write what happened, not interpretations. "Client said she has not slept well since the funeral" rather than labels or diagnoses.
- Record only what is needed. Use a client ID where possible.
- Store notes securely and keep them as long as the GGN Privacy and Data Protection Policy and your local law require.
- Clients may ask to see their records. Write every note as if the client will read it.

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Opening and Closing Check-In

Session Tools | A few minutes at the start and end of each session

Use it when: at the start and end of each session to see how the client is arriving and leaving, to agree on what would help today, and to make sure they leave with support in place.

Client ID or initials

Date

Opening check-in

Suggested words: "Before we start, let's take a moment to see how you are arriving today. There are no right answers."

Right now, how steady do you feel?

○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

0 = not steady at all 10 = very steady

One word for how you are arriving

Energy today (low, medium, high)

Has anything happened since we last met that you would like me to know?

What would make our time useful today?

Is there anything you would rather not go into today?

Closing check-in

Suggested words: "We have about ten minutes left. Let's check in on how you are leaving and what will support you."

Right now, how steady do you feel?

○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

0 = not steady at all 10 = very steady

One thing you are taking with you from today

What will support you between now and our next session?

Who can you reach if today stirred things up?

Next session

Practitioner guidance

- If the closing number is clearly lower than the opening number, allow time to settle before ending. Use a grounding practice from your training or **Tool 2.3**, and review the client's coping plan.
- If the client mentions hopelessness, wanting to die, or wanting to "join" the person who died, ask directly about suicide and follow **Tool 3.1**.
- Remind every client how to reach support between sessions: call or text **988** for the 988 Suicide & Crisis Lifeline (US), or 911 in an emergency.
- Record both numbers in the Session Notes (Tool 2.1). Treat them as a conversation starter, not a score.

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GGN GRIEF PRACTITIONER TOOLKIT | TOOL 2.3 | SIDE A

Here and Now: a two-minute grounding script

Use when a client feels flooded, foggy, or far away, or to close a session. Speak slowly. Pause between lines. Everything is an invitation; eyes can stay open.

"Let's take a short pause together. You are in charge, and we can stop at any time."

"If it is okay, let your eyes rest on something in the room. What is one thing you can see?"

"What is one sound you can notice, near or far away?"

"Notice what is holding you up right now: the chair, the floor, the ground."

"If you like, let one breath out be a little slower than the last. There is no right way to do this."

"Can you tell me today's date and where we are right now?"

"What do you notice now, even if it is a small change?"

This card supports, and does not replace, the practices taught in your GGN training.

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cut along the dashed line, then fold or laminate back to back

GGN GRIEF PRACTITIONER TOOLKIT | TOOL 2.3 | SIDE B

Adapting, troubleshooting, and follow-up

Adapting

- Use the client's preferred anchor or practice if it is noted in their session record.
- Online: invite them to name or hold an object near them, and to feel their feet or seat.
- Offer choices: eyes open or lowered, sitting or standing, speaking or nodding.

If distress increases instead of easing

- Stop the script. Lower your voice and slow down. Say their name and today's date and place.
- Offer water, a change of position, or a short walk. Stay with them.
- If they are in danger, unresponsive, or have chest pain or trouble breathing: **call 911**.
- If thoughts of suicide come up: follow SAFE-LINK and **Tool 3.1**. 988 Suicide & Crisis Lifeline: **call or text 988**.

Afterward

- Ask what helped, and note it in the session record so it can be used again.

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GLOBAL GRIEF NETWORK | PRACTITIONER TOOL

Crisis and Risk Screening Guide

Safety | Non-clinical, referral-focused quick reference

Use it when: whenever you are concerned about a client's safety: at intake, when warning signs appear, around anniversaries, or whenever you have a sense that something is wrong. Use it alongside your GGN SAFE-LINK training.

Scope of this guide

This guide is non-clinical. It helps you notice concerns, ask directly, and connect a person to the right help. It is not a risk assessment or a diagnostic tool, it does not predict risk, and it does not replace emergency services, licensed professionals, or your GGN supervisor. **When in doubt, call for help.**

Help is available, any time

If you or someone else is in immediate danger, call 911 (or your local emergency number).

988 Suicide & Crisis Lifeline: call or text **988**, or chat at 988lifeline.org (United States). Free, confidential, 24 hours a day.

Outside the United States, contact your local emergency number and crisis line.

Local emergency number (if outside the US)	Local crisis line
GGN supervisor name and phone	**Nearest emergency department**

1. When to check in about safety

- At intake, as part of the wellbeing and safety check (Tool 1.1).
- When a client talks about hopelessness, being a burden, feeling trapped, or wanting to die.
- When a client says they want to "be with" or "join" the person who died. Ask what they mean; do not assume.
- When you notice giving away belongings, saying goodbye, withdrawing, or a sudden calm after deep distress.
- When alcohol or drug use is increasing, or the client mentions access to firearms or stored medication.
- Around anniversaries, birthdays, holidays, legal proceedings, or other hard dates.
- Whenever your own sense tells you something is wrong.

2. Ask directly and calmly

Asking clearly about suicide shows you can hear the answer. Use plain words and then listen. Example wording:

"Many people who are grieving this deeply have thoughts of dying. I ask because I care. Are you thinking about suicide?"

"When you say you want to be with him, do you mean you are thinking about ending your life?"

"Have you thought about how or when? Do you have access to what you would use?"

"Is there someone who can be with you today?"

3. Choose the response pathway

RED IMMEDIATE DANGER	*A suicide attempt is happening, the person has intent and access to means, they cannot keep themselves safe, or there is a medical emergency.* • **Call 911** (or the local emergency number). Stay with the person, in the room or on the line. • Do not leave them alone. Do not put yourself in danger. • If safe, help move them away from means of harm. • Contact your GGN supervisor as soon as the person is with emergency help.
AMBER THOUGHTS OF SUICIDE, NO IMMEDIATE DANGER	*The person has thoughts of suicide but no immediate intent, and can work with you on staying safe.* • Stay, listen, and thank them for telling you. • Connect with the **988 Suicide & Crisis Lifeline together: call or text 988** (US), or the local crisis line. • Write a safety plan together (**Tool 3.2**). Involve a trusted person, with consent. • Refer to a licensed professional (**Tool 3.3**). Agree a follow-up time. Tell your supervisor the same day.
GREEN DISTRESS, NO THOUGHTS OF SUICIDE	*The person is struggling but says they are not thinking about suicide.* • Continue supportive care and check in again at future sessions. • Share 988 and 911 in writing, and the Coping Practices handout (**Tool 4.2**). • Consider a referral if distress is persistent or daily life is seriously affected.

4. Keep in mind

Do

Stay calm and present. Listen without judgment. Take every mention of suicide seriously. Involve others: 988, emergency services, trusted people, your supervisor. Follow up as agreed.

Do not

Promise to keep thoughts of suicide secret. Argue, lecture, or debate. Attempt to assess or diagnose as a clinician would. Leave a person at immediate risk alone. Manage a crisis on your own.

If you are concerned about abuse, neglect, or harm to a child or vulnerable adult, follow the reporting laws in your jurisdiction and contact your supervisor the same day.

5. Screening record

Client ID

Date and time

Practitioner

Session format (in person, online, phone)

What prompted the check-in

What was asked and what the client said (use their words where possible)

Pathway chosen

- ☐ Red: immediate danger
- ☐ Amber: thoughts of suicide, no immediate danger
- ☐ Green: distress, no thoughts of suicide

Actions taken

- ☐ 911 or emergency services called
- ☐ Safety plan completed (Tool 3.2)
- ☐ Referral made (Tool 3.3)
- ☐ Supervisor notified
- ☐ 988 contacted with the client
- ☐ Trusted person contacted (with consent)
- ☐ Crisis resources given in writing
- ☐ Follow-up arranged

Supervisor notified (name, date, time)

Follow-up planned (date, time, method)

Practitioner signature

Date

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GLOBAL GRIEF NETWORK | FOR CLIENTS AND FAMILIES

Safety Planning Template

Safety | Written together by the client and practitioner

About this page: This is your plan for getting through a very hard moment. We will write it together, in your words. Keep a copy somewhere easy to find, such as your phone, wallet, or bedside table.

Help is available, any time

If you or someone else is in immediate danger, call 911 (or your local emergency number).

988 Suicide & Crisis Lifeline: call or text **988**, or chat at 988lifeline.org (United States). Free, confidential, 24 hours a day.

Outside the United States, contact your local emergency number and crisis line.

1. Signs that a hard moment is building

Thoughts, feelings, body signals, or situations that tell me things are getting harder.

2. Things I can do on my own to get through

Small, simple things that have helped me before, even a little.

3. Places and people that help me feel less alone

Places I can go and people I can be around, even without talking about how I feel.

4. People I can ask for help

Name	Phone	Best time to reach them

5. Professionals and services I can contact

Who	Name	Phone or how to reach
My GGN practitioner		
My doctor		
Counselor or other licensed professional		
988 Suicide & Crisis Lifeline	988 Lifeline	Call or text 988, or chat at 988lifeline.org
Emergency	Emergency services	911 (or local emergency number)
Other		

6. Making my space safer

Ways I can put time and distance between me and anything I might use to hurt myself, such as medications, firearms, or other means. It can help to ask someone I trust to hold onto these for a while.

Someone I trust who can help with this

Their phone

7. What matters to me

People, pets, values, hopes, faith, and the ways I want to carry the memory of the one I lost.

My name

Date

Written with (practitioner)

Date to review this plan

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GLOBAL GRIEF NETWORK | PRACTITIONER TOOL

Referral Checklist

Safety | When and how to refer to licensed professionals

Use it when: whenever a client's needs go beyond grief support, or when you are unsure. Referring is a sign of good practice, not a failure. GGN support can often continue alongside licensed care when everyone agrees.

> **Immediate danger comes first**
> If a client is in immediate danger, call 911 (or the local emergency number) and follow **Tool 3.1** before anything else. For thoughts of suicide, connect with the 988 Suicide & Crisis Lifeline: call or text 988 (US).

1. When to refer

Check any that apply. One check is enough to discuss a referral with the client and your supervisor.

Refer to a licensed mental health professional when

- [ ] The client has thoughts of suicide or self-harm (after immediate safety steps)
- [ ] Grief is so intense that work, self-care, or relationships have been seriously disrupted for many months without easing
- [ ] After a traumatic death the client describes vivid flashbacks, nightmares, constant alarm, or avoidance that is getting worse
- [ ] You notice signs that may point to a mental health condition, such as ongoing deep low mood, extreme highs, hearing or seeing things others do not, or severe anxiety. You do not diagnose; you notice and refer.
- [ ] Alcohol, drug, gambling, or medication use is increasing or worrying the client or others
- [ ] Sleep or eating changes are severe enough to affect health
- [ ] The client asks for counseling, mental health treatment, or a medication review
- [ ] The client's needs are beyond your training, role, or comfort

Refer to other professionals when

- [ ] New, severe, or worsening physical symptoms: medical care (chest pain or trouble breathing: call 911)
- [ ] A child or teen shows persistent distress or big changes in behavior: pediatrician or licensed child clinician
- [ ] There are concerns about abuse, neglect, or violence: follow reporting laws and inform your supervisor
- [ ] Legal, financial, housing, or estate matters: the appropriate professional or agency
- [ ] Spiritual distress or questions of faith: a chaplain or faith leader the client chooses

2. Who to refer to

Need	Possible referral
Ongoing emotional or mental health support	Licensed counselor, clinical social worker, psychologist, or other licensed mental health professional

Need	Possible referral
Medication questions or evaluation	Primary care physician, psychiatrist, or psychiatric nurse practitioner
Grief after traumatic loss	Licensed clinician with trauma and bereavement training
Children and teens	Pediatrician, licensed child and adolescent clinician, school counselor
Substance use	Licensed addiction treatment provider or physician
Physical health	Primary care, urgent care, or emergency services
Peer and community support	Hospice bereavement programs, grief support groups, GGN community spaces

3. How to refer well

- [ ] Talk openly with the client. Frame the referral as added support, not as passing them on.
- [ ] Ask what they would want in a provider (for example language, gender, faith, cost, location, online or in person).
- [ ] Offer more than one option where possible, including low-cost or community choices.
- [ ] Get written consent before sharing any information with another provider.
- [ ] Help with the first step: look up details together or offer to be present for the first call.
- [ ] Give the details in writing, along with 988 and 911.
- [ ] Agree whether GGN support will continue alongside the new provider, and how you will coordinate.
- [ ] Document the referral and inform your supervisor.
- [ ] Follow up on the agreed date to ask how it went.

Suggested words: "What you are carrying deserves more support than I can offer on my own. I would like to help you connect with someone who is licensed to help with this. I can stay part of your support too, if you would like."

4. Referral record

Client ID

Date

Reason for referral

Referred to (name and role)

Contact details

Written consent to share information (date)

Client's response

Follow-up date

Outcome

Supervisor informed (date)

Practitioner signature

5. My local referral directory

Research and update these for every region you serve. Check details at least once a year.

Service type	Name	Phone or website	Notes (cost, language, online)
Crisis line	988 Suicide & Crisis Lifeline	Call or text 988; 988lifeline.org	US, 24 hours, free
Emergency	Emergency services	911	Or local emergency number

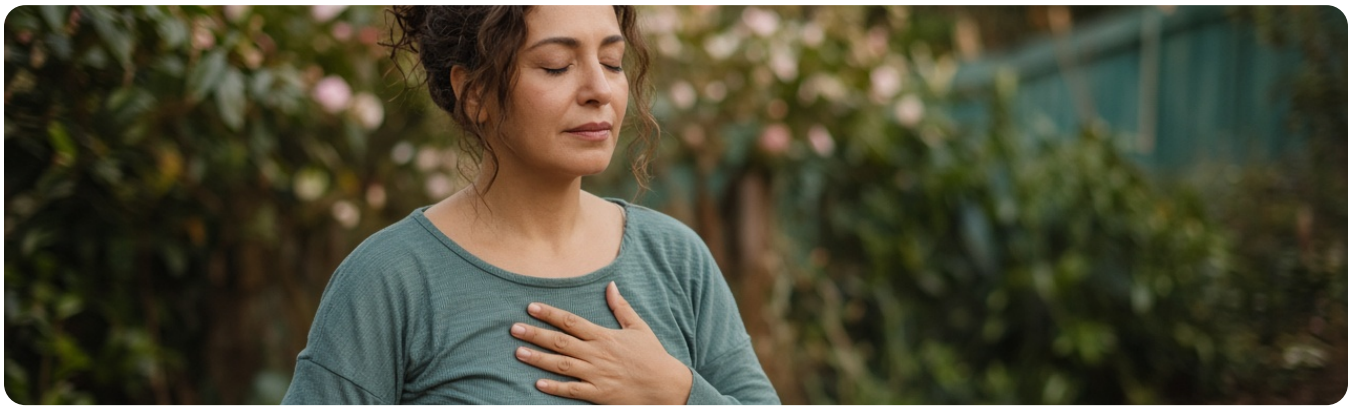
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GLOBAL GRIEF NETWORK | FOR CLIENTS AND FAMILIES

What Grief Can Feel Like in the Body

Client Handout

About this page: Grief is not only something we feel in our hearts and minds. Many people feel it in their bodies too. If you are noticing changes, you are not alone, and you are not grieving the wrong way.



Things people often notice

Energy and sleep

Feeling worn out, even after rest. Trouble falling asleep, waking early, or wanting to sleep much more than usual.

Chest, throat, and stomach

Heaviness or tightness in the chest. A lump in the throat. A hollow or empty feeling. Less or more appetite, or an upset stomach.

Muscles and movement

Tight shoulders, neck, or jaw. Aches that come and go. Feeling restless and unable to sit still, or slowed down and heavy.

Mind and senses

Foggy thinking, forgetting things, or losing your train of thought. Feeling far away or numb. Sensing your person near you.

Waves

Strong feelings that arrive suddenly, set off by a song, a smell, a place, or a date. They often rise and then ease.

Feeling unlike yourself

Crying more or less than you expected. Getting sick more easily. Not having words for what you feel.

Kind ways to care for your body

- **Rest when you can.** Short rests count. Lying down without sleeping still helps.
- **Keep the basics going.** Drink water. Eat small, simple meals, even if you are not hungry.
- **Move gently.** A short walk, stretching, or stepping outside for fresh air.
- **Name it.** Saying "my chest feels heavy right now" can make a feeling easier to hold.
- **Let someone know.** Tell a friend or your practitioner what your body is going through.

When to check with a doctor

Grief can affect your health. See a doctor if physical symptoms are new, strong, or not getting better, or if you are worried. **Chest pain, trouble breathing, fainting, or sudden weakness are emergencies: call 911.**

What I notice in my body, and what helps

In immediate danger: call 911. 988 Suicide & Crisis Lifeline: call or text **988** (US). Elsewhere, use your local emergency number and crisis line.

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GLOBAL GRIEF NETWORK | FOR CLIENTS AND FAMILIES

Coping Practices for Hard Days

Client Handout

About this page: Some days are heavier than others. On a hard day, smaller is better. Pick one thing from this page and try it. Nothing here is a test, and you do not have to do it perfectly.



Ideas to try

Slow your breath out

Breathe in normally, then let the breath out a little slower, like a quiet sigh. Repeat a few times.

Look around

Name five things you can see. Then four you can touch. Notice the room you are in.

Step outside

Stand at a door or window, or walk to the end of the street. Notice the air and the sky.

Hold something comforting

A warm mug, a soft blanket, a smooth stone, or something that belonged to your person.

Do one small task

Make the bed, wash one dish, or answer one message. Small actions can steady a heavy day.

Reach out

Send a short text: "Hard day today. No need to fix anything. I just wanted you to know."

Write it down

Put your thoughts on paper for five minutes. No one else needs to read it.

Make room for remembering

Light a candle, look at a photo, say their name out loud, or play a song you shared.

Move a little

Stretch your arms, roll your shoulders, or walk slowly. Gentle is enough.

Rest without guilt

Resting is not giving up. Grief takes energy, and rest is part of caring for yourself.

Let the wave pass

Strong feelings often come in waves. When one arrives, you might tell yourself: "This is a wave. It will rise, and it will ease." Stay with something steady, like your feet on the floor or a warm drink in your hands, until it softens.

My hard days list

Three things that help me

People I can reach

Places that feel calming

Things to go easy on (for example news, alcohol, late nights)

Help is available, any time

If you or someone else is in immediate danger, call 911 (or your local emergency number).

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GLOBAL GRIEF NETWORK | FOR CLIENTS AND FAMILIES

Talking With Children About Grief

Client Handout | For parents and caregivers

About this page: Children grieve too, though it can look different from adult grief. You do not need perfect words. Being honest, patient, and present is what helps most.



Use clear, simple words

- Say "died" and "death." Phrases like "went to sleep," "we lost her," or "passed away" can confuse or frighten children.
- Explain what death means: "When someone dies, their body stops working. They cannot breathe, eat, or feel pain anymore."
- Tell the truth at a level they can understand. If you do not know an answer, it is okay to say "I don't know."
- Expect the same questions again and again. Repeating is one way children make sense of a loss.

What you might see at different ages

Age	Common responses
Young children (under 5)	May not understand that death is permanent. May ask when the person is coming back. Changes in sleep, clinginess, or acting younger than their age. May play out death in games.
Early school age (about 6 to 9)	Begin to understand that death is permanent. May worry that others will die. May think they caused the death. Grief may show up as stomachaches, behavior changes, or questions about the body.
Older children (about 10 to 12)	Understand more fully. May hide feelings to protect adults. May ask "why" and want details. May worry about how life will change.

Age	Common responses
Teens	May turn to friends more than family. Mood swings, anger, or withdrawal. May take more risks. Often grieve in private and may not want to talk when you do.

Ways to help

Keep routines

Regular meals, bedtimes, and school help children feel safe when so much has changed.

Share your feelings

"I am sad because I miss Grandpa too." This shows that feelings are okay and can be shared.

Offer choices

Let them choose whether and how to take part in the funeral or memorial, with a trusted adult beside them.

Reassure them

Tell them who will take care of them. Remind them that nothing they thought or did caused the death.

Make memories visible

Make a memory box, draw pictures, plant something, or share stories at dinner.

Tell other adults

Let teachers, coaches, and caregivers know, so they can offer support and understanding.

Grief can return as children grow and reach milestones like birthdays, graduations, or holidays. This is normal. Each new stage can bring new questions.

When to seek extra help

Contact your child's doctor or a licensed child mental health professional if changes in sleep, eating, school, or behavior go on for a long time or get worse; if your child pulls away from everyone; or if they talk about wanting to die or to be with the person who died. If a child is in danger, call 911.

In immediate danger: call 911. 988 Suicide & Crisis Lifeline: call or text **988** (US). Elsewhere, use your local emergency number and crisis line.

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GLOBAL GRIEF NETWORK | CLIENT WORKSHEET

Memory Map

Practice Worksheet

About this page: A memory map is a way to gather the many pieces of a life and a relationship in one place. Write their name in the center, then add words, phrases, or small drawings in any box. There is no order, and you can come back to it any time.

Places we shared

Sounds and songs

Tastes and smells

Things they used to say

MY PERSON

_____

their name

What they taught me

Traditions and rituals

Moments that made us laugh

What I carry forward

Some memories are tender, and some are complicated or painful. All of them can belong here, and any box can stay empty. If this brings up more than you expected, pause, look around the room, and reach out to someone you trust.

Going a little deeper

A memory I want to keep close

Something I would like other people to know about them

How I would like to remember them on ordinary days

What I noticed while making this map

My name

Date

In immediate danger: call 911. 988 Suicide & Crisis Lifeline: call or text **988** (US). Elsewhere, use your local emergency number and crisis line.

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GLOBAL GRIEF NETWORK | CLIENT WORKSHEET

Letter to My Loved One

Practice Worksheet

About this page: Writing to someone who has died can be a way to say what was left unsaid, share news, ask questions, or simply feel close. There are no rules. You can write to a person, a pet, or something you have lost.

If you are not sure how to start

You might choose one or two of these openings, or ignore them all:

"I remember..."
A moment, a place, a smell, a voice.

"I wish I had told you..."
Something left unsaid.

"Since you have been gone..."
What has changed, and what you want them to know.

"I am sorry for..." or "I forgive..."
If something feels unfinished between you.

"Thank you for..."
What they gave you, big or small.

"I am carrying you with me by..."
How they are still part of your life.

Dear

Date

Continued

With love (or however you would like to sign)

Afterward: ways to honor your letter

- Keep it somewhere special, or in a memory box.
- Read it aloud at a meaningful place, or to someone you trust.
- Share it with your practitioner, if you would like.
- Write another letter later. Many people write more than one.

In immediate danger: call 911. 988 Suicide & Crisis Lifeline: call or text **988** (US). Elsewhere, use your local emergency number and crisis line.

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GLOBAL GRIEF NETWORK | CLIENT WORKSHEET

Anniversary and Hard Days Plan

Practice Worksheet

About this page: Birthdays, holidays, and the anniversary of a death can bring strong waves of grief. The days leading up to them can be hard too. Planning ahead does not take the grief away, but it can help you feel less caught off guard.

Dates that may be hard this year

Date	What day it is	What might be hard	What I would like to do	Who I want with me

Planning for one important day

The day I am planning for

Date

In the days before, I will

Morning

Afternoon

Evening

Someone who will check in on me

Ways I might honor them (check any)

- ☐ Visit a meaningful place
- ☐ Share stories or photos
- ☐ Spend time in nature
- ☐ Try something new
- ☐ Cook or eat their favorite food
- ☐ Do something kind in their name
- ☐ Play their music
- ☐ Write to them (Tool 5.2)
- ☐ Light a candle
- ☐ Give to a cause they cared about
- ☐ Rest quietly
- ☐ Other

If the day is harder than I expected, I will

Things I can say "no" to this year

After the day: what I learned for next time

In immediate danger: call 911. 988 Suicide & Crisis Lifeline: call or text **988** (US). Elsewhere, use your local emergency number and crisis line.

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GLOBAL GRIEF NETWORK | PRACTITIONER CARE

Practitioner Self-Care Check-In

Practitioner Care | Weekly or monthly reflection

Use it when: weekly, or at least monthly, and before supervision. This is a private reflection tool, not a measure or score. Notice trends over time and act early.

Name	Date	Sessions this period	Last supervision (date)

How am I doing?

Mark where you are today. There are no right numbers.

Physical energy

○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

0 = depleted 10 = full of energy

Sleep and rest

○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

0 = very poor 10 = restful

Emotional steadiness

○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

0 = very unsteady 10 = steady

Connection with people outside of work

○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

0 = isolated 10 = well connected

Sense of meaning in my work

○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

0 = none 10 = strong

My boundaries (time, availability, caseload) are holding

○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

0 = not at all 10 = fully

Reflection

Sessions, stories, or images that are staying with me

My own losses that this work is stirring

What restored me during this period

What I need more of

What I need less of

My care plan

One thing I will do for my care this week

Who I will talk with (peer, supervisor, friend)

Something I will say no to

When I will check in with myself next

Reaching out

If your scores keep dropping, or grief from your own life is surfacing strongly, bring it to supervision and consider support from a licensed professional for yourself. If you ever have thoughts of suicide, call or text **988** (988 Suicide & Crisis Lifeline, US). In an emergency, call 911.

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GGN GRIEF PRACTITIONER TOOLKIT | TOOL 6.2 | SIDE A

Burnout and compassion fatigue: early warning signs

Body

Tiredness that rest does not fix. Getting sick more often. Headaches, tension, or changes in sleep and appetite.

Heart

Dread before sessions. Feeling numb, irritable, or less able to care. Crying unexpectedly or not at all.

Mind

Clients' stories replaying. Cynicism or hopelessness about the work. Trouble focusing. Doubting your worth.

Practice

Running late, avoiding notes, overbooking, blurred boundaries, or feeling you are the only one who can help.

My own early signs (write them here)

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cut along the dashed line, then fold or laminate back to back

GGN GRIEF PRACTITIONER TOOLKIT | TOOL 6.2 | SIDE B

When you notice the signs

1. **Pause and name it.** "I am noticing signs of depletion." Naming it is the first step, not a failure.
2. **Talk to someone this week.** Your supervisor, a peer, or a mentor. Do not carry it alone.
3. **Adjust your load.** Pause new intakes, space out sessions, and protect breaks between clients.
4. **Protect the basics.** Sleep, food, water, movement, and time outdoors.
5. **Return to what restores you.** People, places, faith, creativity, and rest that are not about work.
6. **Get your own support.** This work can stir your own grief. A licensed professional can help.

> **Urgent:** thoughts of suicide? Call or text **988** (US). Emergency: **911**. Caring for yourself is part of caring for your clients.

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