

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

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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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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