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## Clinical Intervention for Bereaved Children: A Hospice Model

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us with the utility of an interdisciplinary model (especially with the clinical sociologist serving as a member of the clinical team).

There is an old saying in the field that sociology is what sociologists do. There is much truth to this, but until recently the diversity of the fields of involvement of sociologists was unknown (not only to the public, but to other sociologists) about the expanding boundaries of their own discipline. One of the major complaints that professors often hear from students (if they are open to listening) is that the professors, themselves, are not aware of the diversity of occupational/professional involvements within their discipline. The idea that sociologists can only teach or do research is a myopic view. Students are increasingly asking for more career-line opportunities. They do exist and this book reveals some of the niches. Professors who are not involved in (nor necessarily interested in) clinical sociology should read the handbook in order to enhance their role of advisor to their students about the broadening opportunities within their own discipline.

**Clinical Intervention for Bereaved Children: A Hospice Model**, by Elizabeth J. Clark, Grace C. Zambelli, Anne de Jong, and Karen Marse. Montclair, NJ: The Hospice, Inc, 1988. 102 pp., \$29.50

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This is a manual on bereavement intervention prepared by staff members of The Hospice, Inc. of Montclair, New Jersey for use by hospital and hospice personnel. In the authors' view, the patient and family, in the face of death, constitute a single unit of care. Effective intervention on behalf of grieving survivors, they propose, can best be realized through the social support of families after, as well as prior to, a death. In keeping with this perspective, they describe an ongoing Bereavement Intervention Program instituted at the Montclair Hospice in 1985 involving both children and parents that, they believe, can serve as a model for other practitioners. The program includes a Creative Arts Therapy Group for children and a Companion Bereavement Support Group for parents. Typically, the two groups meet weekly, for one hour, over a ten-week period. They meet separately, except for two group sessions when they are brought together to review their progress and to facilitate dialogue between parent and child. While a formal evaluation of the program is yet to be completed, the authors report that most families describe themselves as more competent to deal with the death and more understanding of their child's reaction to loss after having participated in the program.

The manual is divided into two parts. The first part discusses the issue of childhood bereavement and briefly reviews the contemporary literature on chil-

dren's grief and its treatment. The second part addresses the task of developing and implementing an intervention program and considers such issues as: advertising and recruitment; facilities; initial interviews with families; grief assessment instruments and therapeutic tools; activities lists for childrens' and parents' groups; progress notes; evaluation of groups and program; and funding and reimbursement. The bibliography includes not only relevant literature on grief and bereavement, but also items pertinent to the use of art therapy for children burdened with loss. An appendix contains examples of the different materials used in the Program.

This manual has the potential to serve its intended audience well. It is, however, burdened by serious flaws. First, it needs careful editing. The far too numerous errors in grammar, spelling, and syntax seriously distract the reader and interfere with the message that the authors wish to convey. One begins to lose faith when a book written by instructors on death and dying misspells the word cemetery—shades of Stephen King. Secondly, the manual is seriously bloated—thirty of its 102 pages are blank, for what purpose the authors do not say. This inflation of the text, the reviewer suspects, would also inflate the cost of its publication, and further detracts from what would otherwise be a useful resource manual.

Space does not permit the discussion of the important questions that a bereavement intervention program raises for the health care practitioner. The reviewer would hope that in the next edition of the manual such issues as the ethics and utility of grief intervention, the importance of a professionally trained staff, or the reliability of different therapeutic tools will be addressed. As the manual now stands it falls short of its laudable goal.

**Be an Outrageous Older Woman—A RASP\*—\*Remarkable Aging Smart Person**, By Ruth Harriet Jacobs, Manchester, Connecticut: Knowledge, Ideas, and Trends, Inc. Publisher, 1991. 206 pp., \$14.95, paper.

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Question—What do Ruth Harriet Jacobs and Alan M. Dershowitz have in common? Answer—Both wrote about a group suffering from second-class-citizenitis, and both prescribed the same cure: large doses of “chutzpah.”

In his recent book, *Chutzpah*, Alan Dershowitz suggests that as Jews, “deep down we see ourselves as second-class citizens—as guests in another person's land.” We have therefore tried not to offend our hosts by looking or acting too Jewish. Instead we have flattered them with attempts to disguise our Jewishness