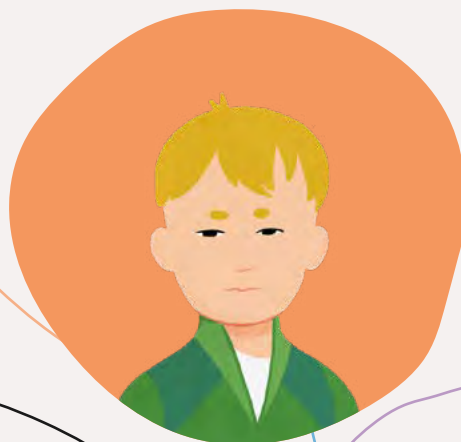
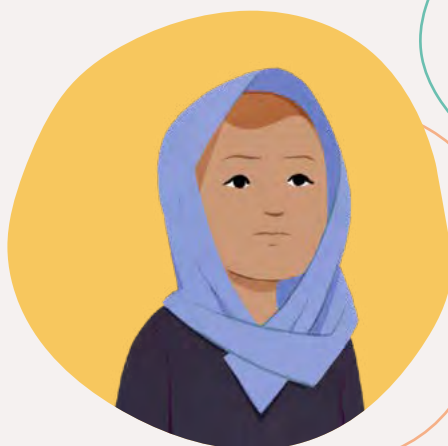
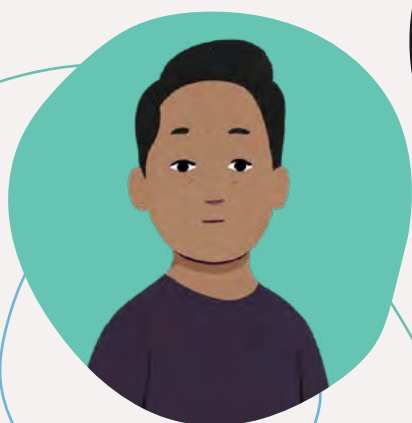




**UK TRAUMA
COUNCIL**



**TRAUMATIC
BEREAVEMENT**



**A clinical guide to helping
children and young people who
are struggling**



Preface

Children and young people who have been traumatically bereaved need additional support to process the trauma of the death, so that they can start to grieve their loss. Understanding the impact of traumatic bereavement and how to support children and young people can be a challenge.

The coronavirus pandemic has led to many more deaths in the UK than in previous years. Deaths from coronavirus may have been sudden and unexpected. The restrictions imposed across the UK to try and reduce the spread of coronavirus mean that those bereaved during the pandemic may not have had the opportunity to say goodbye to their loved ones. They may have been unable to benefit from many of the normal rituals, such as large funerals, that surround bereavement and are intended to comfort and assist the bereaved. They may also have had reduced access to their usual sources of social support, which would ordinarily have helped them with their grief. This is a potent cocktail of factors which means that there is likely to be a substantial increase in the number of children and young people who have been traumatically bereaved.

This clinical guide and accompanying video resources have been produced by the UK Trauma Council with the generous support of the National Lottery Community Fund to assist and equip those helping and supporting traumatically bereaved children and young people across the UK.

It has been a truly collaborative project working together with our three partner charities: Child Bereavement UK, Winston's Wish and Childhood Bereavement Network whose energy and commitment provided much needed support. Special thanks also go to our expert advisors Prof. Andrea Danese and Dr. Patrick Smith, King's College London for their generosity of time and clinical expertise.

David Trickey

Co-Director, UK Trauma Council



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Overview

Who the guide is for

- People who already work therapeutically with bereaved children and young people (hereafter, practitioners) who have appropriate training, experience and supervision and meet the competencies outlined on pages 5–6.
- Clinical supervisors providing support to those who work with traumatically bereaved children and young people.

Who the guide is about

- Children and young people aged 5–25 years from all backgrounds, communities and abilities who have or may have experienced a traumatic bereavement.

When to use the guide

- When there are concerns that a child or young person may have a traumatic bereavement that is disrupting their grief and having an impact on their everyday life.
- When there is a need for discussion about the most appropriate support for a child or young person following a death.

Timeframe

- Grief is individual and different people need support at different times following a bereavement. This includes children and young people. The guide includes support on decision-making with regard to timeframes.

How to use this guide

- It is recommended that bereavement practitioners read through the whole guide initially to familiarise themselves with the content. They can then use the relevant sections within the framework of their existing professional competencies and training.
- Practitioners should seek to work collaboratively with the child or young person and their family, recognising the significant role parents and carers have in enhancing our understanding and providing support.



1. Introduction

1.1 What is traumatic bereavement?

When we experience bereavement, we experience the death of someone significant. The subsequent grief is often difficult and may have an impact on our mood and our ability to function for a period of time. Traumatic bereavement arises when this natural grieving process is disrupted, leading to a lasting negative impact on wellbeing and everyday living.

Thinking about traumatic bereavement requires us to consider both trauma and bereavement. Trauma describes the way that some distressing events are so extreme or intense that they overwhelm a person's ability to cope, resulting in lasting negative impact.

When a child or young person experiences a traumatic bereavement, they face having to cope with both the trauma of the death and the grief that follows their loss. The challenge is the way trauma can disrupt the grieving process, making it even harder to grieve. This has important implications when we seek to offer help and support.

In a typical grief response, a child or young person may experience a broad range of emotions, often intense and at times difficult to manage, but largely within their capacity to cope. By contrast, traumatic bereavement is

associated with significant emotional and/or behavioural problems that impact everyday functioning. These difficulties may arise alongside (or contribute to) diagnosable mental health problems such as Post-traumatic stress disorder, anxiety and depression.

This guide is intended to help bereavement practitioners to more effectively identify and help children and young people presenting with a traumatic bereavement. It also aims to provide support in making an onward referral when that appears necessary.

Traumatic bereavement can result from any circumstance and at any time. During a pandemic, however, there may be additional challenges for children and young people that may increase the risk of their bereavement being experienced as traumatic. These may include the sudden nature of a death, not being able to say goodbye, or constraints on collective mourning in line with normal cultural practices. Research is underway to assess the impact of such factors and will eventually help us to understand the impact of the pandemic on bereavement more fully.¹ In the meantime, there is an urgent need for practitioners to be able to recognise traumatic bereavement when it arises and respond with an offer of help that is effective and informed by evidence.



1.2 Who this guide is for

This guide is for professionals already working therapeutically with traumatically bereaved children and young people, hereafter referred to as practitioners. It is also intended to support the work of those providing supervision to frontline practitioners. There are trainings and manuals available to support adults who are helping children cope with their reactions to wars and disasters, including severe grief reactions, from the Children and War Foundation.² As a practitioner, you will come from a particular training pathway with experience that may include work in a

bereavement service, hospice, mental health organisation, school or private therapy setting. We expect that you will already have core competencies in relation to safeguarding, risk management, child development, therapeutic rapport, assessment and planning which underpin any direct work with children and young people. To ensure professional and safe practice when working with traumatically bereaved children and young people, any practitioner using this manual should first ensure that they meet the following competencies.

Practitioner competencies

Knowledge of:

- How children and young people respond to grief at different developmental stages.
- A range of grief theories and how to apply these when working with bereaved children and young people.

Experience of:

- Supporting bereaved children and young people one-to-one.
- Working with bereaved children and young people with more severe or complicated problems with their grief.
- Adapting support offered to bereaved children and young people in response to their ability to engage.
- Recognising problematic responses and adapting the intervention.

Skills to:

- Gather information about the bereaved child and young person's history, community, background, home life, and experiences of discrimination, recognising that bereaved children, young people and families are experts in their own life and grief.



- Work and communicate respectfully with bereaved children, young people and families from a range of backgrounds without discrimination, aware of the potential for a power imbalance, and to respond to individual beliefs and perspectives.
- Ensure they have adequate time to prepare to use the evidence-based tools and activities described within the guide.
- Support young people to tell their stories and express difficult emotions.
- Cope with hearing distressing stories and witnessing difficult emotions.
- Recognise higher need or risk in bereaved children and young people, follow safeguarding procedures and seek help from a supervisor or statutory agency where necessary.
- Consult with professionals about bereaved children and young people's grief to help inform support and referrals.
- Recognise the limits of their own competence and seek support when a child or young person's needs are outside of this.
- Reflect on their own practice, be aware of the impact of difficult emotions on themselves and make use of supervision.

1.3 The aim of this guide

This guide aims to support your work with children and young people who have (or may have) experienced a traumatic bereavement. It has been developed to support you in addressing the needs of children, young people and young adults between the ages of 5 and 25 years. We would suggest that you first read through the whole guide to familiarise yourself with the content. An overview of each chapter is provided in Figure 1.1 (page 7).

Throughout the guide we emphasise the need for a collaborative approach (Chapter 2). We cover what is meant by traumatic bereavement

in further detail (Chapter 3), including the impact of the coronavirus pandemic (Chapter 4).

A key aim of this guide is to help you in the identification of those children or young people who may have been traumatically bereaved (Chapter 5).

Subsequent chapters provide advice and guidance on the practical steps that can be taken to support children and young people who are affected, including making an onward referral in more serious or complex cases (Chapter 6) and suggestions for activities to incorporate into your practice (Chapters 7–13). The guide closes with some guidance on concluding the therapeutic process and managing endings (Chapter 14).



Chapter 1

Introduction

Understanding what the guide is about and what it is for.

Chapter 2

The importance of collaborative working

Developing collaborative practice to enhance the support offered to children and young people.

Chapter 5

Identifying traumatic bereavement

Exploring how to identify traumatic bereavement using:

- Formulation
- Therapeutic 'assessment' activities
- Tools and measures to screen for mental health difficulties.

Chapter 6

Referrals

Getting support with decision making about referrals to other services.

Chapter 3

What is traumatic bereavement?

Understanding what traumatic bereavement is and how it might present in children and young people.

Chapter 4

Traumatic bereavement in a pandemic

Considering how a pandemic might have an impact on children and young people's grief.

Chapters 7-13

Supporting traumatically bereaved children and young people

Selecting from a range of activities to support traumatically bereaved children and young people with their specific needs:

- Overwhelming emotions
- The trauma of the death
- Low mood
- Anxiety
- Frustration
- Isolation

Chapter 14

Ending therapeutic support

Exploring ways of managing therapeutic endings.

Figure 1.1 Chapter overview



This guide is specifically for those supporting children and young people aged 5 to 25. Some of the tools and measures have been designed and validated with specific age ranges (usually 8 to 18). However, they may still be useful for children and young people outside of that age range. For young adults (18 to 25 years) requiring assessment for their traumatic bereavement, recommended Improving Access to Psychological Therapies (IAPT) tools and measures are included in Chapter 5.

Children below the age of 5 may also experience traumatic bereavement. They may struggle with overwhelming emotions which have a significant impact on their day-to-day functioning. Supporting younger children requires a significant adaptation to practice, which is outside of the scope of this guide. Practitioners who are working with children below the age of 5 should refer to Appendix 1: Supporting traumatically bereaved young children (under 5 years).

1.4 One size does not fit all

Providing effective support requires you to consider individual differences. Not all children and young people are the same. Your approach will require adaptation to ensure it is suitable, respectful, and appropriate. Be mindful of the personal circumstances of each child or young person, the challenges they are facing, the

cultures to which they belong and the abilities and disabilities that may have an impact on the way they grieve.

An attitude of cultural humility when working with children and young people enables us to better understand and support them. You might sensitively ask the child, young person or family what they would like you to know about their faith or culture. This can help you make individual adaptations in your approach and avoid the risk of making inaccurate assumptions based on a 'label' of religion or background.

Children and young people may have additional needs and disabilities that present challenges to some of the activities and approaches you might typically use. Very often, by making thoughtful adaptations to an activity in terms of language, pace, special interest and accessibility, you can enable access to support for children and young people with a range of special educational needs and disabilities.

Similarly, young adults will present with different needs and contexts. As such, the general principles provided in this guide will need to be tailored to consider developmental stage to ensure that the support offered is suitable, respectful, and appropriate for this older age group.



Many of the activities described in the guide are supported with fictional case studies to help illustrate the ways in which support can be tailored to the individual child or young person. Activities can be adapted further to ensure they are developmentally and culturally appropriate.



Wesley is a 15-year-old boy whose father died in hospital after a short illness. At the time of his Dad's death restrictions prevented Wesley from visiting his Dad in hospital.



Afzaal is a 10-year-old boy whose Ammi (Mum) died from Leukaemia at home. Afzaal is on the autistic spectrum.



Cara is a 6-year-old girl whose older brother Callum died by suicide. Cara and her brother lived with their foster carer Lynn.



Shabana is a 13-year-old girl whose Baba (Dad) was stabbed to death in front of her.



Larry is a 12-year-old boy whose baby brother Leo died from an undiagnosed heart condition.

1.5 The role of supervision

Working directly with traumatically bereaved children and young people can at times be particularly challenging for practitioners and may pose specific challenges that are not present in other work. You may have your own experiences of bereavement and/or trauma, and these experiences may be unwittingly triggered by the work. We expect that any practitioners undertaking direct work with children and young people presenting with traumatic bereavement are receiving supervision. This plays a crucial role in ensuring that your work is safe and effective. If you are a supervisor, then this guide should help provide a framework to better support the work your supervisees are undertaking and assist you in providing more effective supervision.

1.6 Using this guide to inform decision-making

This guide aims to help you as a practitioner to identify and support a bereaved child or young person who may be struggling with their grief because of a traumatic bereavement. For some children and young people, the death of someone close to them may be of a traumatic nature and this disrupts their grieving process, resulting in challenges in how they adjust to their loss. The guide aims to support your work in three main ways:

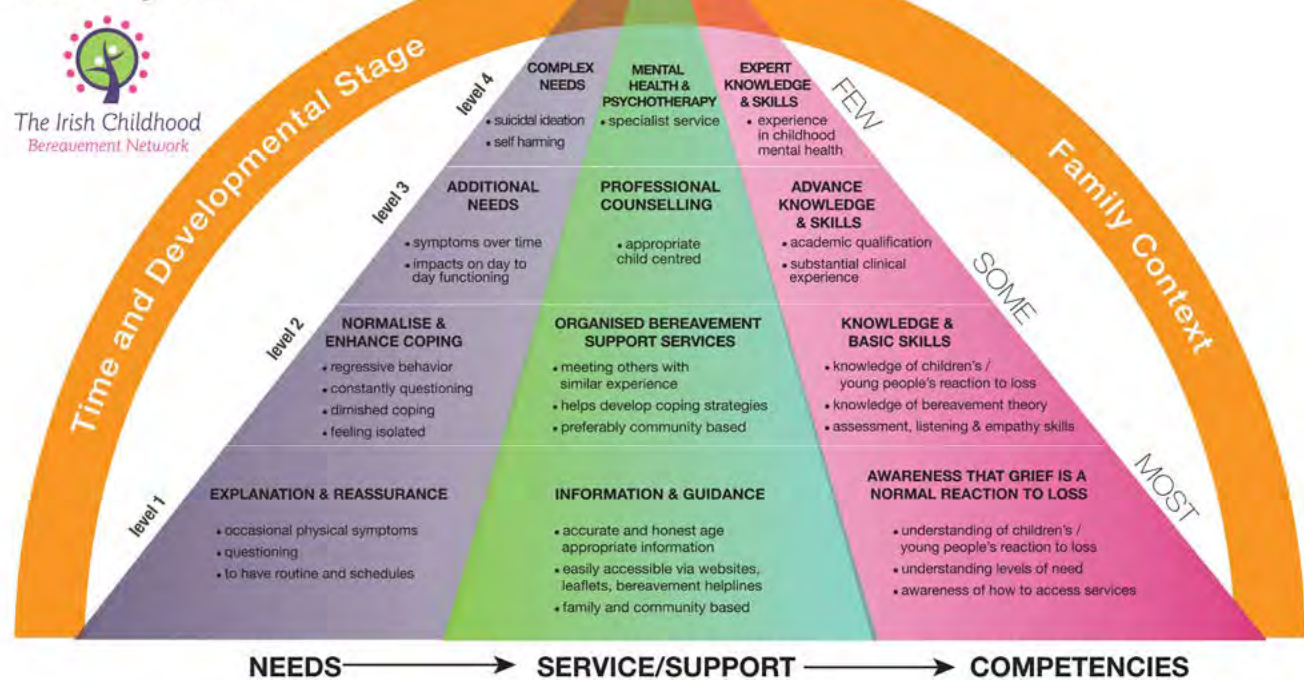
- i. Supporting you in the assessment of a child or young person;
- ii. Helping inform your decision-making as to the most appropriate support;
- iii. Enhancing your practice through the use of therapeutic activity suggestions.



If a child or young person has been traumatically bereaved, they will be experiencing a persistent negative impact on their everyday lives and will likely need more than a universal level of support. The Irish Child Bereavement Network has developed a helpful format for thinking about the different levels of need for bereaved children and young people (see Figure 1.2). It

suggests what sort of service they need, and what competencies are required by those providing the service. Within this structure, traumatically bereaved children and young people would be identified as having additional or complex needs.³ They are likely to need support from professionals with advanced or expert knowledge and skills.

The Irish Childhood Bereavement Care Pyramid



www.childhoodbereavement.ie/pyramid

Review Date/ October 2015



Figure 1.2 Reproduced with kind permission of The Irish Childhood Bereavement Network.



Pathways through grief are rarely straightforward and cases of traumatic bereavement are likely to be even more complicated. Children and young people can experience delayed grief where there is less impact in the short-term but greater impact in the long-term, even months or years after the death. This might occur when the child or young person reaches a developmental stage where their grief means something new or different, or where they understand it in a new way. If a child or young person is not in a safe or stable environment at the time of the death, then this might limit their capacity to grieve. If life becomes more settled and safer, the child or young person might find that they are finally able to grieve their loss.

Children and young people may also revisit grief. If they managed to grieve and adjust to their loss after the death, they may later find themselves re-entering a period of grief. This might be triggered by other life changes, transitions or by the child reaching a developmental stage where their understanding of the death or its meaning to them triggers the onset of a new wave of overwhelming emotions.

Whilst this guide sets out a process of understanding traumatic bereavement, this does not imply a fixed order for the journey of a child or young person through a service. Referrals in or out of a service might happen at any stage and children and young people might rejoin a service at any stage.

The variability of grief responses makes it difficult and unwise to provide an exact timeframe for the identification of traumatic bereavement or the need for referral for

specialist support. Difficulties might arise immediately after a death, have a delayed onset or be revisited at any time after a death, even years later. Each bereavement experience is unique to each child or young person. To state that support should be given at any specific time after a death is unlikely to be helpful.

Decisions made about when and how to work with bereaved children and young people are best made in collaboration with them, their carers and with professionals as part of the discussion about the impact the bereavement is having on their day-to-day lives. It will be useful to consider the history of the child or young person and what difficulties they may have already experienced, and to monitor the severity, persistence, frequency and duration of the current difficulties. Following a death, all children and young people are likely to experience a range of strong emotions, whether or not they show them. It is when their grief begins to get in the way of everyday life over a longer period of time that this should be explored further. For difficulties such as Post-traumatic stress disorder (PTSD), anxiety, or depression, professionals would be looking for symptoms present for a relatively consistent period before being considered as mental health problems.

In cases of traumatic bereavement, waiting for a lengthy period before any support is offered can be very stressful for children and young people who are experiencing high levels of distress, fear, or anger. Behavioural responses such as non-attendance at school, disengagement with peers, or avoidance of activities can become embedded patterns and responses when they are ignored. Early intervention to address such difficulties, as well as any inaccurate or unhelpful



thoughts around the death, may prevent the development of further difficulties. In other words, providing help early can profoundly change the grieving trajectory of a child or young person.

There are times when it is not until the child or young person accesses bereavement support that their needs in relation to a traumatic bereavement become evident. Research suggests that in order to begin to adjust to the loss and to grieve, the trauma about the death may first need support.⁴ This is explained further in Chapter 9.

It can be difficult to know whether you are best placed to meet the needs of a traumatically bereaved child or young person, or whether it is necessary to refer on to a more specialist service such as NHS mental health services.*

When there are clear risks of self-harm, suicidality, or harm to others, contact your local specialist service urgently (and call 999 if necessary). If a child or young person is well-engaged with you and their difficulties and distress are decreasing over time, there is unlikely to be a need to contact specialist services. For all other cases, it is necessary to consider the severity, impact and duration of the difficulties and distress. Many specialist services are willing to provide a 'consultation' where you can describe the situation and they will consult with you about whether a referral is appropriate. Considering a referral is explored in more detail in Chapter 6.

** NHS mental health services for children and young people are known by various names in different localities e.g. CAMHS (Child and Adolescent Mental Health Services) or CYPMHS (Children and Young People's Mental Health Services)*



1.7 "stop & think"

Within the guide, "stop & think" reminders indicate when caution is needed. It highlights areas of safe and professional practice to

be particularly attentive to and reminds you of the potential for concern around the child and young person's level of need. Taking note of the "stop & think" reminders will ensure you are better placed to recognise risk and seek support for the child or young person as well as yourself.

1.8 Live online support

Organisations that support bereaved children and young people work in variety of ways and deliver services in a broad range of localities.

Face-to-face support has inherent value in the way it offers a safe physical space for a therapeutic relationship to develop. It also provides the practitioner with immediate clues as to the engagement of the child or young person or to signs of discomfort which are particularly important when working with trauma. On the other hand, working digitally and delivering live online support to children and young people has the potential to reduce barriers to accessibility, and at times is the only way of working. Suggestions as to how to deliver aspects of the guide through live online support are offered, but you may want to make further adaptations if you are working within a service designed to be delivered entirely online.



1.9 Chapter summary

- This guide outlines ways to identify and support children and young people aged 5 – 25 years who have experienced traumatic bereavement.
- It can be used for children and young people from a variety of backgrounds and abilities, but may need adapting to ensure it is culturally and developmentally appropriate.
- Use of the guide is recommended for trained, experienced, and supervised bereavement practitioners who meet the competencies outlined on pages 5 – 6.
- It will also be useful to those offering supervision to bereavement practitioners.
- Following the guide will help inform decision-making about the most appropriate support for a traumatically bereaved child or young person.
- “stop & think” reminders, as well as online delivery suggestions, are included to promote safe and effective practice.



2. The Importance of Collaborative Working

2.1 Introduction

Supporting children and young people with traumatic bereavement requires collaboration. This chapter highlights the central role of the child or young person in their own bereavement experience and the critical importance of ensuring that you work with them collaboratively at every stage. It considers how key support figures might help you understand their specific context and explores how and why it might be crucial for you to work with those figures.

Recognising and working with a child or young person's network of support is key

to understanding the context in which they were bereaved and are now grieving. Seeking opportunities to collaborate with key parts of the network allows you to gain insight into any aspects of social or economic inequality, as well as discrimination based on gender, ethnicity, sexuality, or disability that might be harder to identify as part of the usual bereavement referral process. These insights will be essential if you are to understand the child or young person's individual circumstances and build a picture of how these may have coloured the lens through which they now see the world.

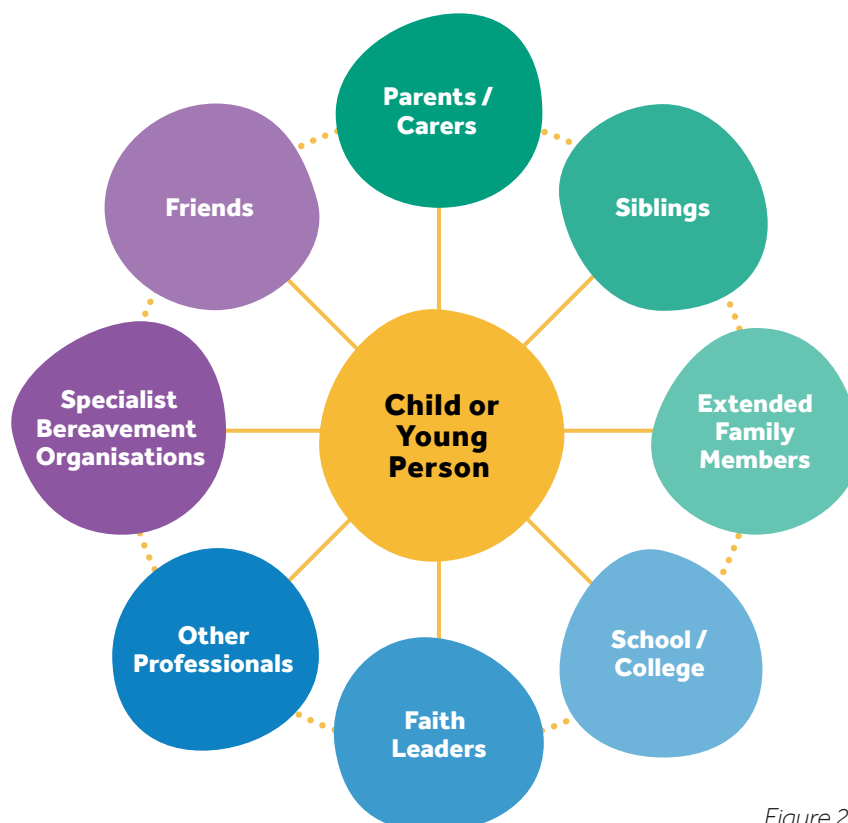


Figure 2.1 Network of support



2.2 Children and young people

Recent publications have highlighted the absence of the child or young person's voice from trauma treatment guidelines.⁵ Research undertaken by Horton, a bereaved school student, explored the effectiveness of bereavement support for children and young people in schools.⁶ The research found that only half of the 20 bereaved young people questioned were involved in decisions about the way they were supported. This demonstrates the need for improvement if we are sincere about delivering child-centred support for traumatically bereaved children and young people.

Working collaboratively with children and young people means listening in a genuine, open, and curious way to their experiences of bereavement and their perception of the impact of the death on them. For younger children, or those with more limited communication, consider ways of doing this that are not so reliant on verbal skills or adult report. Any form of support or help offered to a child or young person needs to be a genuine invitation. Avoidance of thinking or talking about a death and its impact can be a key feature of traumatic bereavement and this might present challenges even for experienced bereavement practitioners. Later chapters will provide suggestions and guidance for introducing a clear rationale for the therapeutic work. This is designed to help engage a child or young person in the therapeutic task, so that they can see why embarking on such a (potentially difficult) journey makes sense. It may be beneficial to first help them understand what traumatic bereavement is by using Appendix 2: What is traumatic bereavement? A guide for children and young people.

Collaboration with the child or young person might begin with bigger decisions about the 'who, where, and how' of their support. This is likely to be an ongoing process, accompanied by smaller but no less important decisions relating to seating arrangements, when the therapy takes place, who joins the sessions, what activities are completed and which information is shared with others. Involving a child and young person in these decisions is a useful therapeutic tool in its own right, as it can powerfully shape the quality of rapport that is established. Whilst there are likely to be practical restrictions on what support is available to the child or young person, there are many ways in which you can engage them as an active partner in the process. Even if their preference is not possible to realise, the fact that you have asked for their view, listened, and provided a balanced rationale for any decision will make all the difference. Following a death over which a child or young person had no control, offering choice, being interested, and being responsive to their views can be a powerful tool to empower and build their sense of control.

In the work you do together, you should position the child or young person as the expert on their own life. By doing so, they will help you to understand the cultural context in which they live, shed light on their values and beliefs, and help you develop your competence as a practitioner. We all have something to learn from every child or young person we work with.



[Click here for a short video about working with children, young people and their families who may have experienced disadvantage and discrimination.](#)



2.3 Parents or carers

Parents and carers are the key figures who will be supporting children following a bereavement. As key attachment figures with caregiving responsibilities, your own relationship with them is important in helping you better understand the home environment where the child is grieving. Parents and carers can also help you understand the facts of a bereavement and shed light on the meaning their child has made from the death. In the same way that a child or young person may be avoidant about discussing their bereavement, parents or carers can also be affected by the trauma and struggle in similar ways. For example, they may be seeking to protect their child from the potential distress that open conversations might bring. Guidance in Chapter 7 and Appendix 3 may be useful in engaging parents and carers, helping them to understand how and why the support you are offering might be beneficial.

Be mindful of parents' or carers' own grieving experience and how this might be having an impact on the child or young person in their care. Gently enquiring about the parents' coping style and their access to support might help improve outcomes for their child. These conversations may also help you understand any pre-existing difficulties that may have an impact on their capacity to manage the bereavement, including economic disadvantage, disability, or mental health needs.

Different family structures can bring different challenges. If parents are separated, the death of one parent may not be felt as deeply by the remaining separated parent. Some children and young people may experience disenfranchised grief, an additional sense of being alone, if their grief is neither shared nor validated.

Adoptive parents might encounter additional challenges in supporting their bereaved child who will most likely already have faced significant disruption and loss. This early adversity may be a risk factor for traumatic bereavement. Foster carers may face similar difficulties and may not yet have established a secure relationship with the bereaved child or young person in their care. They may be trying to support a child or young person whom they didn't know prior to the death. Even when there is already an established relationship, the death of someone from the birth family can make it difficult for carers to support a child and help keep the memories alive if they didn't know the person themselves. The feelings of grief that a child or young person has may be ambiguous, contradictory and difficult to process.

Kinship carers – typically grandparents, aunts, or uncles – may have taken on the care of a bereaved child or young person, or several bereaved siblings, at very short notice following a death. Along with the high level of support the child or young person may need, the carers may find themselves renegotiating their relationship in a new parenting role. There may be practical aspects to new care arrangements, including housing, employment, and schooling, as well as financial implications. Kinship carers may not have access to the same financial or social services support used by carers of children in local authority care.

Work with the parents and carers of traumatically bereaved children and young people should be sensitive to the individual circumstances of each family and mindful of their capacity to offer support. The role of parents and carers is likely to be integral at several points in your therapeutic support. For example, it may be important in identifying



and assessing level of need, discussions about appropriate support, and developing strategies to manage traumatic bereavement responses, as well as in helping new techniques translate into everyday life.

See Appendix 3: What is traumatic bereavement? A guide for parents and carers.

2.4 Siblings

Your work might be to support just one child or young person in a family, or you may be working with several siblings. Traumatic bereavement is not determined by the objective circumstances of the death, but by the individual meaning of the death for the child or young person. Siblings may therefore have very different grieving responses. Some may need the additional support for traumatic bereavement outlined in this guide, others may only need support for a more typical grieving journey. For some, the support they receive informally from family, friends and other trusted relationships may be sufficient.

2.5 Wider family

Extended family members can be a valued source of support for traumatically bereaved children and young people. Grandparents, aunts, uncles, and cousins may have the capacity to offer comfort and support that is distinctly different to that of parents and carers. You may be able to support the child or young person in making full use of these relationships. These family members may also need some guidance to understand the rationale for traumatic bereavement support so that they can positively contribute to the help the child or young person is receiving.

2.6 Friends

Friendships are crucial to children and young people throughout their development. This

is particularly the case for adolescents and young adults. Although they are unlikely to play a formal role in therapeutic support, their importance should not be underestimated because of their age. The enormity of the death along with the responses of a traumatically bereaved child or young person can sadly often result in them withdrawing from people who have previously been a source of distraction and fun. Recognising these relationships and finding ways for the child or young person to reconnect can be helpful in promoting better outcomes over the longer term. Suggestions for supporting this are included in Chapter 13.


2.7 Education

Adults in schools and colleges can play a vital role in helping to identify pupils struggling with their bereavement, referring them for specialist support, and offering effective support on a daily basis. Your relationship with the child or young person's school or college may be well established, or you may look for new opportunities to collaborate. If the child or young person was already a pupil before the death, the school is well-placed to notice the impact of the bereavement and report on how this compares to them prior to the death. If the child or young person has additional needs, the school can provide you with useful knowledge about ways of working with them effectively.

There may be times when you are supporting a pupil or a group of pupils who are bereaved by the death of someone in the school community, such as a fellow pupil or staff member. Occasionally, this might be part of a large traumatic event such as a natural disaster or terrorist attack. If possible, join up with other organisations offering support to the school to help ensure a consistent approach. When collaborating with schools, ensure the



full consent of the young person and their family for any conversations or information-sharing. When consent is given, you might be able to provide information to help school staff understand and to share strategies to support the child or young person. It is important to be mindful of the possible emotional impact of supporting traumatically bereaved children and young people. Consider whether you can offer advice, training, or support, or signpost school staff to where they might find this.

 **The UK Trauma Council has developed resources about traumatic bereavement to help schools and colleges.**

2.8 Faith leaders

Where a child or young person and their family are part of a faith group, consider seeking opportunities to use this relationship to help better understand their beliefs and values, rather than making assumptions based on potentially erroneous knowledge about a religion. This can help you to develop a culturally sensitive offer of help by adapting your approach and the activities you offer to be respectful of the faith of the family. Faith leaders may be taking an active role in supporting the wider family. Collaboration with them might be mutually supportive as you offer help in understanding the specific needs of children and young people who have been traumatically bereaved.

Research suggests that minority communities are less likely to access mainstream mental health or bereavement services.⁷ Recognising the role of faith groups in offering bereavement support is important, along with looking at ways to reduce any potential barriers to the services you offer.

2.9 NHS mental health services

Conversations with NHS mental health services can help you work out if advice, further consultation or a referral may be needed for a traumatically bereaved child or young person. Chapter 6 of this guide covers referrals and joint working in more detail.

2.10 Other professionals

Traumatically bereaved children and young people may also be in contact with or have trusted relationships with a wide range of other professionals who contribute to their safety or wellbeing. These might include social workers, youth workers, healthcare workers, police, or youth offending team officers. There might also be adults with roles such as sports leaders, those from community organisations such as scouts, as well as groups that offer specific support such as refugee, LGBTQ+, or young carer support. There is unlikely to be the time or opportunity to develop close working relationships with multiple agencies but recognising the value these relationships might have for the child or young person will be helpful. It may be possible to collaborate with someone whose role is significant in the child or young person's life to help maximise positive outcomes.

2.11 Specialist bereavement organisations

It may sometimes be appropriate to collaborate with other specialist bereavement organisations who hold particular expertise in the circumstances of the child or young person's bereavement. For example, organisations that specialise in the unique needs of families bereaved by murder, suicide, in the British forces, or with the loss of a baby might offer insights into the specific challenges such a death can bring. They might also be a source of information and offer different types of support for you to signpost family members to.

Working with specialist services

"At Winston's Wish we have developed strong working relationships with other organisations that support children and young people bereaved by homicide and those that have died in the military. These relationships enable us to best support the child or young person's needs.

"One example is our relationship with Victim Support. When a family has been bereaved by homicide, Victim Support offer the family emotional and practical support through the legal process and then organisations such as us offer therapeutic support to the children and young people. Where the child or young person is presenting with difficulties that suggest higher level PTSD symptoms, we would then refer on to a specialist trauma therapy service for clinical support. The child or young person may then return to us to access some further work to manage their grief. This may be straightaway, or may be much further down the line. We could also offer them the opportunity to benefit from meeting peers bereaved in similar circumstances.

"Families have also told us getting help from an organisation that has expertise in their particular bereavement and an established community network can be really helpful. For example, from our work around death in the military, families feel safe in the knowledge that we already know quite a lot about the particular challenges for them."

Suzannah Phillips,
Winston's Wish

2.12 Chapter summary

- Working collaboratively with children and young people is crucial for effective support.
- Developing relationships with the parents or carers, siblings, and wider family where possible can enhance your understanding of the family context and the support you offer.
- Drawing upon the child or young person's wider support network including their school or college, faith leaders, other professionals, and community groups, as well as specialist organisations, can benefit the children and young people you support.



3. What is traumatic bereavement?

3.1 Introduction

This chapter explores more fully what traumatic bereavement is and how it might lead to the development of mental health difficulties. It compares traumatic bereavement to other ways in which people struggle to adjust to their loss. It uses several models of grief to help explain how traumatic bereavement might disrupt the grieving process. Finally, it outlines some ways that children and young people with traumatic bereavement might be helped.

3.2 What is traumatic bereavement?

Traumatic bereavement is when the natural grieving process is disrupted as a result of the trauma of the death of a friend or family member, leading to lasting negative impact on wellbeing and everyday functioning.

Thinking about traumatic bereavement requires us to consider both trauma and bereavement. Trauma describes the way that some distressing events are so extreme or intense that they overwhelm a person's ability to cope, resulting in lasting negative impact. Bereavement describes the experience of the death of someone significant.

When a child or young person experiences a traumatic bereavement, they face having to cope with both the trauma of the death and

the grief following their loss. This can result in a higher incidence of trauma symptoms than when a young person experiences trauma without death.⁸ The traumatic nature of the death can inhibit the grieving. This has important implications when seeking to offer help and support.

It is sometimes suggested that all bereavement is traumatic. Research indicates that although bereavement can be stressful, painful, and hard to manage, many children and young people go on to adjust without longer term problems.⁹ Traumatic bereavement is not a diagnosable condition and does not have a formal clinical threshold that clearly differentiates it from a typical grieving process. It can help to imagine a continuum with typical grief at one end and traumatic bereavement at the other.¹⁰ Children and young people might be positioned in different places along the continuum to reflect the severity of their difficulties. Identifying children and young people who have experienced a traumatic bereavement is nuanced rather than clear-cut.

Although not a formal diagnostic term, Childhood Traumatic Grief (CTG)¹¹ (widely used in the USA) is similar to traumatic bereavement as it shares the same core principles of the trauma disrupting the grieving process



but is classified by the inclusion of PTSD symptoms. Children and young people who are experiencing CTG benefit from support for their grief as well as their PTSD symptoms. Traumatic bereavement encompasses a broader range of responses to the trauma of the death, including low mood and anxiety, rather than exclusively PTSD.¹²

3.3 What traumatic bereavement looks like

In a typical grief response, a child or young person may experience a broad range of emotions, often intense and at times difficult to manage, but largely within their capacity to cope. You could describe the child or young person as stepping in and out of their 'puddles of grief' and you would usually see the intensity and frequency of these emotions diminish over time. In traumatic bereavement, strong emotional reactions of fear, anxiety, guilt, anger,

or shame arise from the trauma of the death and have a negative impact on the child or young person, effectively blocking their ability to grieve and adapt to their loss. They might be described as stuck in a puddle, or even a well, of grief.

The impact of traumatic bereavement might lead to or co-exist with diagnosable mental health problems including PTSD, anxiety, depression, conduct disorders, or any combination of these. There has been a great deal of focus on PTSD as a reaction to trauma. In fact, research has indicated that other difficulties are almost as common as PTSD, with depression likely to be a more common presentation.¹³ Even when traumatic bereavement does not lead to a formal mental health diagnosis, trying to manage trauma and loss may be extremely difficult.

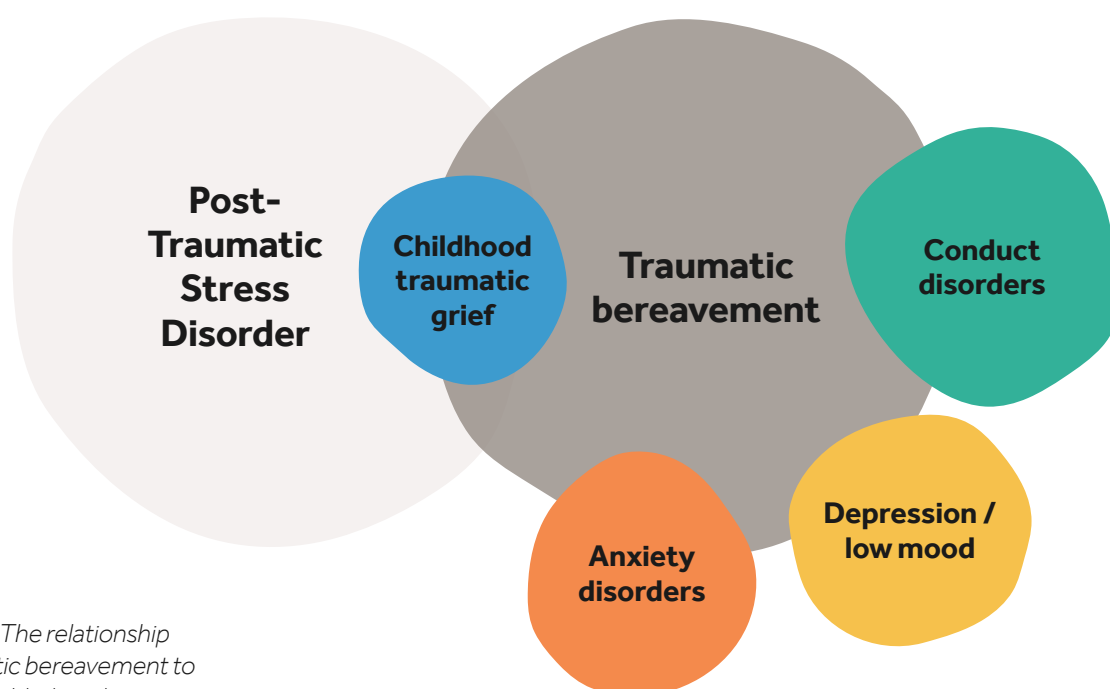


Figure 3.1 The relationship of traumatic bereavement to mental health disorders



3.3.1 Post-traumatic stress disorder (PTSD)

Some children and young people develop PTSD as a result of the trauma of the death. It is possible to have a diagnosis of PTSD without traumatic bereavement or to have a traumatic bereavement without PTSD. Traumatically bereaved children and young people might experience some or many symptoms of PTSD, even if they do not meet the criteria for a full diagnosis. These might typically include:

- Struggling with unwanted thoughts and memories of the trauma during the day or as nightmares.
- Avoiding thinking or talking about what happened, avoiding any reminders of the death or of the traumatic meaning made of the death.
- Experiencing heightened emotions of anger, anxiety, guilt, fear, and distress.
- Presenting in a hypervigilant state, on edge, fearful and/or irritable.

3.4 What traumatic bereavement is not

Traumatic bereavement is not a clinical diagnosis with a prescribed set of symptoms. It is a way to describe the difficulties that can arise after a child or young person experiences a bereavement as traumatic. There are many other terms used to describe how some people's struggle with grief results in poorer outcomes. Our literature search identified: complicated grief, complex grief,

Prolonged Grief Disorder, Persistent Complex Bereavement Disorder, child maladjusted grief, unresolved grief, traumatic loss, delayed grief, and disenfranchised grief. Whilst these might share some common features with traumatic bereavement, they do not appear to be exactly the same.

Prolonged Grief Disorder (PGD)^{14,15} is a diagnostic label that describes difficulties following a bereavement (it replaces Persistent Complex Bereavement Disorder). Although a PGD diagnosis does not preclude the existence of post-traumatic symptoms, it describes specific difficulties including yearning for and pre-occupation with the person who died. PGD is different in character to traumatic bereavement, where the trauma of the death and its meaning are central to the difficulties experienced but may well co-occur with it.¹⁶ Research about PGD has largely been on adult populations and may not yet reflect the specific needs of children and young people.¹⁷

3.5 Why traumatic bereavement matters

Complexities that can arise from traumatic bereavement impact on the child or young person's everyday life in multiple areas including personal, social, and educational. Without effective and appropriate support, traumatically bereaved children are at increased risk of developing diagnosable mental health difficulties and long-term poor outcomes.¹⁸



3.6 Why traumatic bereavement occurs

Traumatic bereavement is determined by the meaning the death has for the child or young person, rather than the objective circumstances of the death. This meaning might result from the child or young person's perception or understanding of what happened, what it means to them, or it may arise from inaccurate information about the death.¹⁹ It is about the way the death has 'coloured' how the child or young person now sees themselves, others, and the world around them. The way that we see ourselves, other people, and the world in general is based on our experiences and also how things are seen by those around us. Once we have an idea of the way that things are 'supposed' to be, that view of things colours the way that we see everything. If something doesn't fit with our expectations, we might colour it so that it does fit. For example, if you think that a particular area of London is violent, then you may start to notice any news reports that confirm your view, and you may even ignore reports that don't fit.

It can be helpful to show children and young people how the death might have coloured the way that they see things: the way that they see themselves, other people, and the world in general. They may start to believe that they are the sort of person who deserves to have bad things happen to them, or they may start to see the world as generally dangerous. In one of our fictional case studies, Shabana's Baba (dad) was stabbed to death in front of her. This profoundly changed how Shabana saw the world (Figure 3.2).

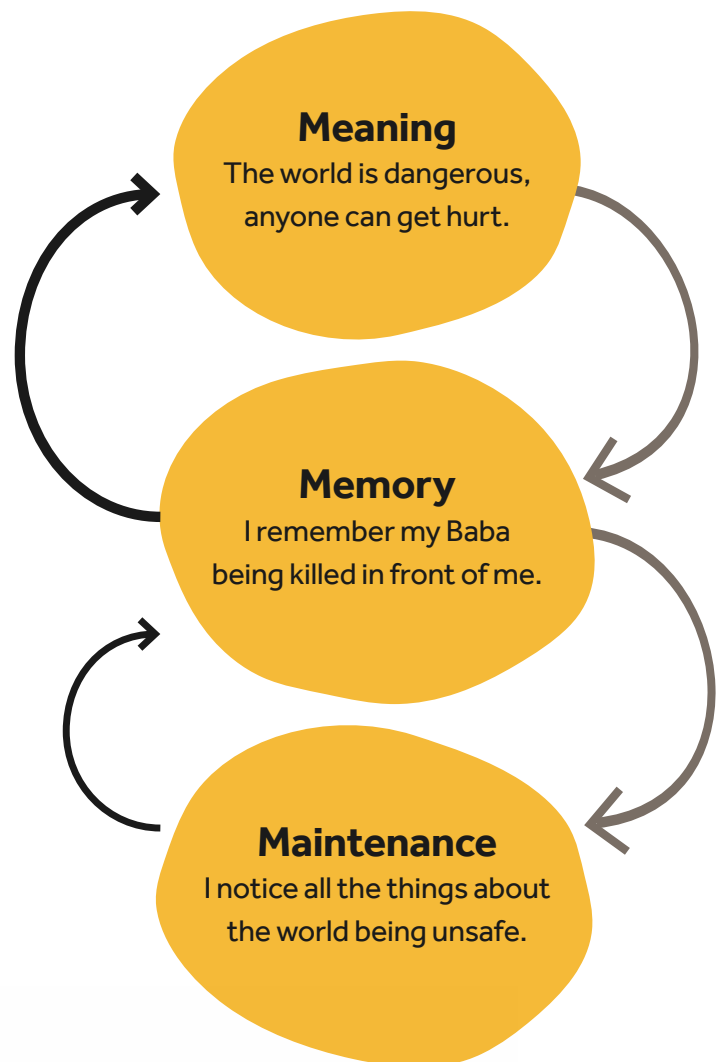


Figure 3.2
How Shabana's
bereavement
became traumatic



Models of bereavement seek to help us understand grief and how it might be navigated. These are widely used to underpin many interventions for bereaved children and young people. Exploring several commonly used models, can help us better understand how trauma might disrupt the grieving process for children and young people and interfere with their ability to adapt to their loss. These might help you identify when a child or young person is traumatically bereaved and help you to support them with suitable activities.

3.7a Worden's Tasks of Mourning

Worden's Tasks of Mourning²⁰ are commonly used as a model to explain the grieving process and to foster effective coping by supporting bereaved people to:

- Accept the reality of the loss
- Process the pain of the loss
- Adjust to living without the person who died
- Maintain a bond with the person who died whilst reinvesting in life without them

When a child or young person embarks on these tasks, there are several ways in which experiencing a traumatic bereavement might make it harder. A key response to trauma is to avoid processing the difficult memories as a protective measure against the overwhelming emotions they may trigger. This potentially makes it difficult to work on any task of grieving. Exploring each task in more detail allows you to consider how these might be more of a struggle for a traumatically bereaved child or young person.

Accepting the reality of the loss will require the child or young person to confront the reality of the death and to believe that what happened is real. This might be very difficult if what happened is so horrific to them that bringing it to mind becomes distressing, or if the death is so shocking that they simply struggle to believe it. They may, understandably, want to avoid thinking about it. The circumstances of the death may also make this hard if they break social and moral codes or are surrounded by stigma. For example, it might be difficult for families to accept that a person took their own life, meaning that nobody mentions it, and they may not tell children and young people what actually happened.

Processing the pain of the loss may conflict with the child or young person's attempts to push the feelings of fear, guilt, and horror of the death out of their mind. Instead of experiencing a range of grieving emotions, the child or young person may be consumed by several trauma-specific feelings such as persistent fear or anger.

Adjusting to life without the person who died will require the child or young person to accept the reality and permanence of what has happened, and then start to focus on life without them. They may find it impossible to stop going over and over the death, making it impossible to adjust. The child or young person might also be struggling with a post-bereavement environment filled with reminders of the trauma or with others who are affected by the trauma of the death. These factors could pose a barrier to their adjustment.



Maintaining a bond with the person who died

whilst reinvesting in the future may present challenges, as this involves the child or young person purposefully processing the loss and being ready to consider the future. This could be tricky to accomplish, as the traumatic memories of the death might take precedence over memories of that person they might wish to hold onto.

3.7b Continuing bonds

The concept of developing and maintaining continuing bonds²¹ might also present significant challenges for traumatically bereaved children and young people. In establishing and preserving a connection, the child or young person needs to be able to tolerate the memory of the person and their death. For those affected by trauma this might bring with it an avalanche of distress as described above.

3.7c The Dual Process Model of Grief

The Dual Process Model of Grief²² helps us to understand effective coping through two modes of functioning: the loss oriented and the restoration oriented.

In the loss domain, bereaved children and young people would confront their loss, be reminded of it, and feel its intensity.

In the restoration domain, children and young people might avoid their grief, getting on with the business of rebuilding their lives.

Figure 3.3 Visual representation of the Dual Process Model of Grief²²



Adaptive coping is achieved by being able to alternate between doing the work of grieving and getting on with life. This can be likened to the idea of stepping in and out of puddles of grief. When a child or young person has experienced traumatic bereavement, they may struggle to alternate smoothly between the two domains, battling with extreme intrusions of the loss and avoidance of the trauma.²³

3.7d Other perspectives

You can also look to the concept of 'growing around your grief',²⁴ often presented as an image of a stone in a jar. This shows that for many people time does not necessarily heal or reduce the pain of the death – the grief does not shrink. Instead, the concept proposes the role of restoration as the child or young person is supported to 'grow their world' by finding things to offset their pain and distress.

For bereaved children and young people,



Shrinking your grief



Growing your world



Figure 3.4
Growing your world.

'growing your world' might mean encouraging them to find things that bring comfort and to re-engage with activities. For those affected by traumatic bereavement, this can be particularly hard, as the trauma may trigger the development of a range of mental health needs. These might act as barriers to 'growing your world'. For example, anxiety may have an impact on re-engagement, low mood may result in a lack of motivation and difficulty finding pleasure, and trauma symptoms may make the world frightening.

Understanding the way traumatic bereavement might have an impact on a more typical grieving process is useful in helping you identify children and young people who may be struggling. You can also use these models to help you think about what else a traumatically bereaved child or young person might need over and above more typical therapeutic interventions. The importance of working collaboratively with the system around the child or young person is even more critical.

3.8 What helps

By offering specifically tailored activities alongside your usual bereavement support, you can support children and young people who have experienced traumatic bereavement by helping address both their trauma and their loss. Suggested activities for this are described in Chapters 7–13.

However, some children and young people affected by traumatic bereavement will require specialist clinical support to help with their specific mental health needs. This might include evidence-based interventions for anxiety, depression, PTSD and conduct disorders. These interventions might not specifically help the child or young person with their grief. Trauma-Focused Cognitive Behavioural Therapy with grief component has an emerging evidence base²³ to support the child or young person with both their trauma and their grief. Chapters 5 and 6 can help you identify and differentiate when specialist support is needed.



3.9 Chapter summary

- Traumatic bereavement describes how the trauma of the death disrupts the grieving process.
- Traumatic bereavement can lead to the development of mental health difficulties for children and young people.
- Exploring models of grief can help us understand how traumatic bereavement might pose challenges in supporting children and young people using common bereavement support interventions.



4. Traumatic bereavement in a pandemic

4.1 Introduction

This chapter will explore the particular challenges for children and young people bereaved during a pandemic. It will consider how some of the factors that have been identified in research trials as helpful in supporting children and young people to grieve²⁶ might be more difficult during a pandemic.

4.2 Challenges of grieving in a pandemic

Traumatic bereavement can result from any circumstance and at any time. However, when a bereavement occurs during a pandemic there

may be additional challenges for children and young people. Research into this is underway and, in time, this will help us to understand more fully the impact of grieving during a pandemic.²⁷ Whether the person has died from coronavirus or been bereaved from another cause, there may be factors that prevent grief from following a more natural course.²⁸ Using your knowledge of what helps bereaved children and young people and your awareness of the constraints of living through a pandemic can enable you to consider some of the likely implications.

What helps bereaved children and young people grieve

Saying goodbye

How a pandemic might hinder grieving^{29,30}

- Difficulties being able to say goodbye.
- Restrictions on visiting and quality contact at the time of death.
- Restrictions to after-death rituals and funerals.

Safety & stability

- Life feels uncertain and unstable. It is difficult to feel safe when there is a threat of transmission and death is 'contagious'.
- There may be an increased likelihood of multiple bereavements because of the way the infection has spread.
- Financial impact may be exacerbated by living and working in a pandemic, affecting stability in the family home due to loss of income after a death. This is likely to disproportionately affect those in more deprived socio-economic groups.



Knowledge and information...

... about death
... about the death
... about grief

- General information about death may be widespread, with media attention on mortality.
- Individual information about the particular death the child or young person has experienced may be unavailable, withheld or inaccurate.

Expressing and regulating emotions

- It might be hard to express emotions when life feels so unsafe. There may be fears about ongoing transmission of the virus and anger about what happened to the person who died. There is potential for anger or shame about how the person caught coronavirus or frustrations about access to testing, care, and treatment. With reduced social contact, children and young people may not have access to those with whom they are comfortable expressing emotions.

Good attachment

- Social distancing restrictions might make children and young people isolated from trusted relationships and attachment figures – physically and/or emotionally.

Social support

- Reduced contact with key social support: schools, peers, extended family, as well as children and young people's usual activities, such as clubs, community and youth groups. Many of the usual distractions from their grief might not be available.

Meaning-making

- Meaning-making might be hindered by the trauma of death and the difficult circumstances of a pandemic. Heightened emotions of unsafety, anger, or blame might interfere with the perception the child or young person makes of what happened. This meaning might be shared and reinforced by those living with the child or young person.
- Life seems threatening and unsafe, which can result in a further sense of anxiety about the world.



Continuing bonds

- Ability to relocate memories of the person who died can be diminished by trauma of the death. When day-to-day living in a pandemic remains uncertain and unstable, this may make it harder to develop a continuing bond. Restrictions on visiting places and enjoying activities which make the child or young person feel close to the person who died may impede the healthy development of a new relationship.

The impact of a pandemic on bereavement may also potentially be increased for children and young people from specific communities. Statistics suggest that those bereaved by coronavirus are more likely to be from ethnic minority communities.³¹ Increased mortality may be due to the over-representation of ethnic minorities in certain employment roles with increased risk of transmission and due to structural health inequalities.³² Be alert to a general increase in referrals, but in particular from communities more frequently affected by

coronavirus. Where an increase in referrals does not occur, you may want to consider with your colleagues how your service or organisation could reduce potential barriers that might affect engagement with children and young people from ethnic minority communities. Risk factors for traumatic bereavement might be increased not just by the likelihood of death from coronavirus, but by the specific ways the pandemic has affected children and young people from ethnic minority communities in relation to culture, faith, and values.



Shabana's bereavement in a pandemic



When Shabana's Baba (dad) was murdered, it was incredibly difficult for her and her whole family. There was additional stress for the family as their religious custom to bury the body within 24 hours was not possible due to the pandemic and the post-mortem procedures. Their ability to follow their usual customs was also limited as funeral restrictions meant only a small number of family members could attend. Shabana could not have close contact with her older cousins, from whom she would usually seek support and comfort. This was particularly hard as touch has an important role in showing affection within her family culture. For Shabana, the uncertainty and instability of not being supported in the way she was accustomed to contributed to her sense of fear and isolation about the death of her Baba.

4.3 Bereavement support in a pandemic

The coronavirus pandemic has led to both challenges and opportunities in terms of access to bereavement support. Children and young people will have been largely unable to access the usual face-to-face support which may have been their preferred option. As organisations and services have worked to improve the

availability of online help, some children and young people may have found using digital support more appealing or easier to access. Working with children who have experienced traumatic bereavement brings particular challenges and sensitivities, and increases the importance of building trusting relationships which can be more challenging to achieve online.

4.4 Chapter summary

- Being bereaved and grieving in a pandemic can present particular challenges for the child or young person and their family.
- There are a number of factors that might hinder grief, increasing the risk of traumatic bereavement.
- Coronavirus has presented additional challenges to both supporting and accessing support for bereavement.



5. Identifying traumatic bereavement

5.1 Introduction

This section provides you with a range of materials to help you identify traumatic bereavement. It explores how creating a formulation of the child or young person's experience can help you understand the factors that might influence the development of traumatic bereavement. It suggests some 'soft' approaches to the identification of traumatic bereavement and introduces a range of measures that might be used for assessing a child or young person's level of need.

Traumatic bereavement is not a formal clinical diagnosis. It helps identify a child or young person at risk of experiencing prolonged difficulties after a death. Such identification can help you make informed and timely decisions about the most appropriate support. Central to the approach is the need to be flexible to the needs and wishes of the child or young person you are working with, rather than taking a 'one size fits all' approach.

The processes outlined below should be underpinned by an attitude of:

Curiosity — to gently enquire about the child and young person and their family, bringing cultural humility to avoid making assumptions about their lives, backgrounds, and values.

Compassion — to respond with sensitivity, understanding that the child or young person has already faced the toughest of times and that any assessment should not add to their distress.

Collaboration — to work with the child and young person and their family, not only with their consent but with their active participation in the process.

5.2 Formulation

From the point of referral and throughout initial sessions, gather information about:

- The child's history and life context.
- The circumstances of the death.
- The impact the bereavement is having on the child.

Collating this information will help you understand the likelihood that the child or young person is struggling with traumatic bereavement and inform you about how best to proceed. One way of using this information is to draw up a formulation. This will help make sense of the way factors might have contributed to what is making the bereavement difficult for the child or young person to manage.

Formulation is a widely used psychological tool



[Click here for a short video about using formulation](#)

for systematically gathering information and developing a shared understanding of a child's needs based on psychological knowledge. Formulation is used to identify key aspects of a child or young person's life that may predispose them to struggling with their grief, as well as how the current problem is being maintained. Where there are concerns about whether they are experiencing a traumatic bereavement, a formulation can help to highlight significant factors in their life and experience and how these might influence and maintain the current difficulties. Even when a bereavement is not considered to be traumatic, taking time to stop and think about why a bereavement is particularly hard is likely to be helpful in informing your approach.

A formulation might be quite simple or more detailed, depending on your work with the child or young person. It is important to think of a formulation as a theory or hypothesis rather than an absolute truth and it may need updating as you learn more about the bereaved young person. The process of formulation might also be a useful exercise for a young person in making sense of what is making their grief especially hard.

The child or young person should be central to the development of the formulation and can often take an active role, especially if it can be represented visually. Consider modifications to the way the formulation is presented to enable a child or young person of any age and ability to access and participate in the process.

The 5 Ps model³³ can provide a useful template for developing a formulation as you work with the young person and their family to identify:

Predisposing factors

The vulnerability factors – what has already happened in this child or young person's life that makes managing the death so hard?

Precipitating factors

The triggers to the current difficulty – in the case of a bereavement this is likely to be the death.

The problem

Presenting need – these are the specific indicators that the child or young person is struggling to cope with their grief and the way this is having an impact on their life.

Perpetuating factors

These are the factors that are maintaining the problems identified above and may include internal and external elements.

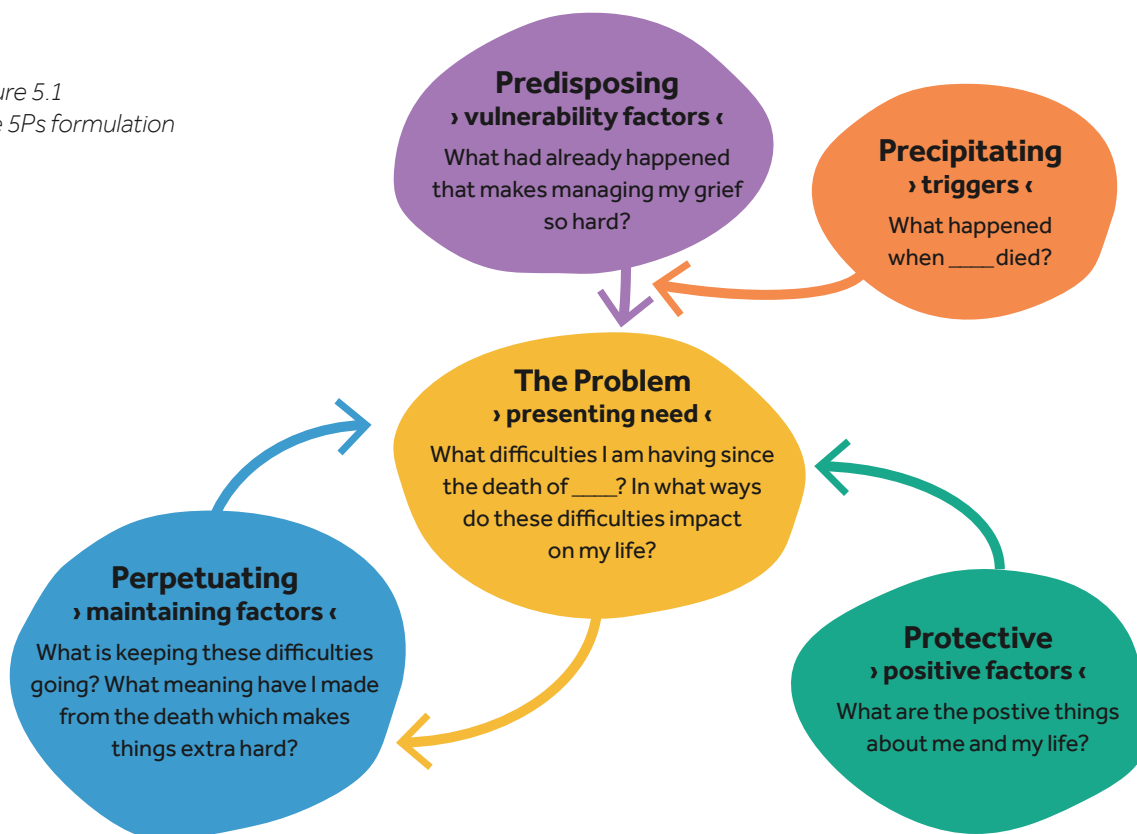
Protective factors

These are the factors that can be identified as the child or young person's strengths to help foster resilience.

You can then draw up the formulation to show how the factors are linked:



Figure 5.1
The 5Ps formulation



5.3 Bringing formulation to life

Developing a formulation for a child or young person involves the same information you would gather in the usual course of your work and working with the child or young person and their parents or carers to fit this information together to explain the difficulties.

The 5Ps model helps you to understand how factors are connected and what support might be needed to help this particular child. Using case study characters can help illustrate how this might work.

5.3a Predisposing factors

What has already happened that makes it harder for the child or young person to manage their grief?

In seeking to identify vulnerability factors you might explore a number of areas about the child or young person's life before the death. These could include the child's temperament, development, family context, education, relationships, ethnicity, ability, former adversity, and previous mental health difficulties, as well as their community setting, faith, and cultural values.

From this information you may be able to identify both risk and protective factors that are important in building a comprehensive picture of the child or young person with whom you are working.



Case study: Cara's history

Cara experienced early adversity from the abuse in her family home and her father's alcoholism. Her mother had a diagnosis of depression and had spent time in an inpatient unit. The family lived in a socio-economically deprived area with a limited budget. At the age of 5 years, Cara and her older brother, Connor, were moved into foster care. Her early education was limited as she had attended both pre-school and primary school infrequently until she was placed into care. Her foster parent, Lynn, described Cara as quiet and compliant, often playing alone or with the pet cat. She sought out her brother's company on every occasion, even sitting outside his bedroom door with her colouring when he was busy.

From Cara's life history it is possible to identify vulnerability factors and anticipate that she might struggle with the subsequent death of her brother. From research we know that factors such as life events and psychological difficulties before the death play a role in the development of PTSD.³⁴ These factors do

not determine the development of traumatic bereavement but might shape the lens through which a child views the world and subsequently makes sense of the death. Research suggests that any factor may function to either increase risk or provide protection depending on how they are used by the child.³⁵



Case study: Wesley's history

Wesley is the only child of warm and loving parents who live together in an urban estate. His bi-racial heritage is from his Black British father and White British mother. They hold strong family values about sticking together and protecting each other. Wesley is popular and successful in education and friendships. Wesley's love of basketball was introduced to him by his dad and he enjoys playing for his school team and in his free time.



As Wesley had not experienced such high levels of adversity in his childhood, it might be reasonable to assume that he was not at risk of traumatic bereavement. However, considering the particular circumstances of his dad's death, it becomes more evident that his history may have had an impact on his view of the world and himself, and thus on the meaning he made of the death.

5.3b Precipitating factors

What happened when the child or young person's important person died?

In identifying triggers for the child or young person's difficulties, consider the circumstances of the death. This includes what happened as well as what the child or young person thought or imagined happened.

The circumstance of a death that results in a child or young person being bereaved can vary: anticipated, sudden, undiagnosed, suicide, misadventure, accident, terrorism, war, or murder. People may die alone or in company, with or without medical attention, and witnessed by or reported to the child or young person. The death may be private to the family and close friends, or it may be of community or national interest with widespread media attention. Studies show that even the most awful circumstances do not always lead to traumatic bereavement.³⁶ In identifying the specific difficulties of the death, you should be concerned with how children and young people make sense of the circumstances, rather than the circumstances themselves.

Cara: the death of Cara's brother, Connor

Cara's older brother, Connor, struggled to settle in their foster placement and would frequently go missing to visit, home. His relationship with his parents remained strained but his desire to see them was strong.

One day after such a visit Connor did not return to his foster home. His body was found the next morning. He had died by suicide. Lynn, Cara's foster carer, did not explain the circumstances of his death to Cara as she felt they might be too upsetting, and that Cara had already gone through enough.

Wesley: the death of his dad

Wesley's dad became unwell at home. A few days later his symptoms worsened and he was transferred to hospital, but was still expected to make a full recovery. Due to visiting restrictions in the Intensive Care Unit, Wesley was unable to see his dad and later found out that his dad had died while his mum was with him at the hospital.

You can hopefully see that whilst the circumstances of Cara's brother's death were objectively traumatic compared with that of Wesley's dad, there were various factors about the death of Wesley's dad that were likely to make it traumatic. For example, the death was entirely unexpected, and Wesley did not have the opportunity to say goodbye.



5.3c The problem

What difficulties is the child or young person having since the death?

In what ways do these difficulties have an impact on their life?

You will want to look at both the difficulties the child and young person is experiencing (these are the presenting needs) and at the way in which these difficulties are having an impact on their everyday life. You might also be able to consider whether the difficulties for the child or young person are frequent, severe, persistent, and a marked change from before the death. Research on Childhood Traumatic Grief provides a useful model for identifying potential domains or areas of difficulty.³⁷ Those domains make up the acronym **CRAFTS**:

COGNITIVE PROBLEMS

(thoughts and beliefs)

Self-blame, distortions and inaccurate thoughts about the death and what it means for the child or young person.

RELATIONSHIP PROBLEMS

Difficulties in relationships with peers and adults, limited problem-solving skills, conflict or disengagement with others, problems with trust.

AFFECTIVE PROBLEMS

Overwhelming emotions including fear, anger, depression, frustration, and guilt which are difficult for the child to regulate.

FAMILY PROBLEMS

Dysfunctional relationships, challenges to child-parent attachment, additional problems including abuse or addiction.

TRAUMATIC BEHAVIOUR PROBLEMS

Experiencing intrusive thoughts, flashbacks, nightmares, avoidance of reminders of the death.

SOMATIC PROBLEMS

Stomach aches, tiredness, headaches, sleep problems, hypervigilance to potential trauma reminders.

We suggest adding the domain of Education to the CRAFTS model to recognise this important aspect of children and young people's lives:

EDUCATION PROBLEMS

Attendance, engagement, learning, attainment, concentration.



Wesley's presenting needs

When Wesley was first referred to his bereavement support worker, he explained some of the difficulties he was experiencing. These included feeling very low, lacking motivation, and being withdrawn from school, friends, and basketball. He was unable to talk about what happened to his dad or to tolerate any reminders of him.

These difficulties had an impact on Wesley's life in a variety of ways, including lack of social interaction, a dip in academic performance, an inability to enjoy leisure activities, and a strained relationship with his mum. He felt perpetually tired and was having interrupted sleep. This was a marked change in Wesley compared to before his dad's death.

Cara's presenting needs

Cara's therapist found that she displayed high levels of anxiety and was especially fearful of being separated from her foster carer, Lynn, even when upstairs alone. She was easily startled by sudden or loud noises which prompted outbursts, particularly at school. Her concentration was limited, and she completed little schoolwork, often doing her own thing, such as colouring in the lines in her books. Cara withdrew from previously enjoyed activities such as dance lessons and refused invitations from friends.

This provides a useful framework for thinking about areas in which the child or young person is struggling and will help inform your understanding of the impact the death. Some aspects may be easily identified, as they present as observable behaviours or concrete factors. Others may be more hidden or internal to the child or young person, and they may find it difficult to identify or communicate them. You may be able to use your relationship with the child or young person's family to help you to further understand the impact.

5.3d Perpetuating factors

What is keeping these difficulties going? What does THIS death mean to THIS child or young person which is making things extra hard?

Research indicates that factors following potentially traumatic events are more closely linked to the development of a post-traumatic stress response than those factors that existed before the events.³⁸ The child or young person's environment is key. How well parents are coping has been identified as a predictor of the level of stress response of the young person.³⁹ A parent who is overwhelmed by emotion and fear to a level that has an impact on their ability to cope may themselves become part of the trauma experienced by the child.

Social support is consistently identified as being crucial in how a child or young person reacts to potentially traumatic experiences, especially bereavements. Some bereaved children and young people feel that they are different from their peers and so they deliberately isolate



themselves from their pre-existing networks of relationships. Some peers do not know what to say to their bereaved friends, especially if the death was shocking in some way, and may avoid them. So, just at a time when the child or young person needs their social support more than ever, it is not there.

Whilst the factors described above might be part of what is making it difficult, they are not the defining factors. Research clearly indicates that it is not the event itself (in this case, the death) or what happens before or after that determines it as being traumatic. It is the meaning this has for the child or young person and the way this colours their view of themselves, others, and the world around them.⁴⁰ This is central to perpetuating the problems they are having with the bereavement. For example, seeing the world as inherently scary after a sudden death can lead to high levels of anxiety, or if a child or young person blames themselves for the death this may lead to a negative self-view.

Children and young people are unlikely to clearly articulate their meaning at the point of referral. Be gently curious to find out more about:

- What the death means to the child or young person.
- How the child or young person has made sense of the death.
- Whether the child or young person has accurate information to make sense of what happened.

- What the child or young person experienced about the death that might have contributed to the traumatic meaning-making. For example, did they witness the death, did they find the body, was the death public, were they not included in rituals around the death?
- How the child or young person now sees themselves, others, and the world around them.

Wesley: making meaning from his dad's death

As well as being devastated at the loss of his dad, Wesley held a lot of anger about the restrictions placed on him and how they had prevented him from being there.

He felt very distressed at not being with his dad to say goodbye and guilty that he had let his mum down as he wasn't there to support her.

Consider the role of others who have good relationships with the child or young person to most effectively support the meaning-making process. Those in the home and school environment may be able to notice in the early days after a death if a child or young person is developing unhelpful and inaccurate cognitions. By offering accurate, honest, developmentally appropriate language to explain what has happened, the adults may be able to minimise the risk of traumatic bereavement. Someone outside the family may be able to share or review information with a child or young person while demonstrating that they are not overwhelmed by it. This is key to the child being able to think about the death and take it in.



Cara's meaning-making from her brother's death

Without an explanation for what happened to her brother, Connor, Cara could only imagine and try to build a story that made sense to her. She knew of her brother's visits to their birth parents, so she created a version of events based on her previous knowledge of witnessing violence at home, imagining that their father must have killed Connor.

This left her feeling unsafe, hypervigilant, and scared about being away from her foster carer, in case the same thing happened to her.

Cara's bereavement support worker picked up on this story in their first session. This enabled a discussion with her foster carer, Lynn, about how her brother's suicide could be explained to her, and why, although it would be very difficult, it might be better than imagining a story that she later found to be untrue.

5.3e Protective factors

What are the positive things about this child or young person and their life?

As a practitioner, when you become solely focused on the problems a child or young person has had in their life and on their current difficulties, you are in danger of missing out on

understanding the 'whole' child. Spending time identifying with a child or young person what they have going for them can help them and you both look beyond their current problems and circumstances. This does not mean being dismissive of their distress. It is about recognising their strengths and holding some hope for their future. These factors may include both internal characteristics such as their qualities, achievements, and past triumphs as well as things in their external world including their support network. Trusted adults and positive relationships with peers may be a key part of that support and can be used to foster resilience.

For Wesley, this was not a difficult exercise, as there were a range of protective factors in his life:

Wesley's protective factors

Wesley's childhood had been stable, so although he was currently very low, he could recognise the loving family home in which he had been raised. Prior to his Dad's death, he had enjoyed a good friendship group both in and out of school and was the basketball team's star player. Wesley had good relationships with adults at school and had been successful at his schoolwork.



For Cara, things were more complicated:

Cara's protective factors

With Cara experiencing such adversity in her early life, her therapist approached this gently. At first Cara was not sure about anything good about herself, but together they identified how gentle she was with the pet cat, how lovely her colouring was, and how much Lynn loved having her to help when they were baking.

Whilst there were a number of people in her support network – mostly professionals – Cara struggled to think of anyone other than Lynn and a teaching assistant at school that she felt safe with.

5.4 Informal approaches to identifying traumatic bereavement

You hopefully will have developed a solid formulation from the information that you have gathered and the conversations you have had. This may suggest that the child or young person has experienced a traumatic bereavement. Before drawing on the screening tools and measures included later in this chapter, you may wish to informally explore this possibility using some of the 'soft' activities explained below.

5.4a Introducing the person who has died

Grief support interventions often make use of 're-membering' conversations in which the bereaved person is invited to introduce the person who has died.⁴¹ These can be helpful opportunities to see how the child or young person manages to think about and talk about the person who died. In contrast to the more conventional task of accepting the reality of the loss or saying goodbye, re-membering encourages connection with the person who died. More than just a passing conversation, this activity encourages the griever to bring the deceased into a full discussion, maybe sharing photos and responding to questions such as those based on the work of Neimeyer:⁴²

- What was special about them?
- What were they not so good at?
- What were their moments of greatness?
- Tell me about this photo. What was the memory you shared? What feelings do you experience then? How does it make you feel now?
- Can you tell me about a difficult memory about them? (Use carefully to see if the child or young person is able to tolerate thinking about a painful memory.)
- What advice would they have for you about how to handle your grief?
- What stories would they want you to tell me about them?



Through such conversation you can observe how comfortable the child or young person is in talking about the person who died. This opportunity, although understandably likely to prompt feelings of sadness, may also bring the child or young person some degree of comfort. For those that are having considerable problems with their grief, this might be significantly more difficult, as the trauma of the death may interfere with their ability to talk about the person. If this activity were to become too distressing for the child or young person, you should offer the opportunity to pause and draw on something more calming.

If the relationship the child or young person had with the person who died was difficult, unhealthy, or estranged, then you may

decide that this is not an appropriate activity at this stage. Even in a relationship that might be considered negative or abusive, the child or young person may still hold positive memories about the person who was important to them, and they may appreciate the opportunity to share them.

Wesley re-membering his Dad

Wesley was invited by his bereavement support worker, Jo, to 'introduce' his Dad to her by giving her a sense of who he was. He could tell her everyday things about his favourite music and TV shows, his favourite food, and what he liked to wear. Wesley, however, found it hard to tell Jo anything about the kind of person his dad was and what was special about him. This seemed to be painful, with Wesley just being able to mutter, "Dad was the best." Jo could see that this was as much as Wesley could manage and that recalling memories of his dad was very distressing. She thanked him for what he had managed, and they talked about why it was so hard for him. Wesley was able to explain that even thinking of his dad and anything they used to do together made him too upset and that he'd moved photos of him at home.

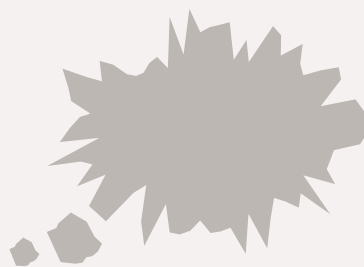
5.4b Exploring memories

Exploring memories may also help you understand the way the child or young person has experienced their bereavement. Many bereaved children and young people will have special memories of the person who died which, although sad, are neither intrusive nor too painful to tolerate. Following a traumatic bereavement, we might anticipate that the child or young person may have some trauma memories which are very difficult to think or talk about, and are likely to get in the way of them being able to use comforting memories to adjust to their grief. In this activity, invite the child or young person to explore their special memories and trauma memories using two memory shapes:



Typical memories

This shape is for the special memories. Although they might make you feel sad, they are smooth, soft, and comforting like this cloud shape. Can you tell me about (write/draw) some special soft memories you have about the person who died?



Traumatic memories

This shape is for hard memories that might feel scary and spiky when they come into your mind. You might even want to push them out of your mind. Can you tell me about (write/draw) any spiky/sharp memories about the person who died or what happened?

Cara's memory shapes about Connor



Special memories



Spiky memories

Supporting the child or young person with this activity might give an indication about what each memory shape prompts for them and how they cope with being asked. This may help you further understand what this bereavement means for them. When a bereaved child or young person gives a clear signal that they have significant 'spiky' traumatic memories, you can use a psychoeducation activity about the nature of such memories to help them understand why they can be so difficult to control and manage (see Chapter 9 for psychoeducation about trauma memories).



5.4c Coping scales

Drawing on research⁴³ identifying the domains across which a traumatically bereaved child or young person might be struggling, you could use an activity to explore this with the child or young person. This could be done on a 1:1 basis with the child or young person, or with their parent/carer who might have some valuable insight into their difficulties as observed externally. In constructing a coping scale collaboratively, use the activity to promote more in-depth discussion about the breadth and severity of the impact the grief is having on the child or young person.

During the initial weeks, and maybe the first few months after the death, it is reasonable to anticipate high levels of difficulty across several or all domains. In a typical grieving process,

adjustment is to be expected as the child or young person begins to adapt to their loss. For a traumatically bereaved child or young person, the impact is likely to be severe, persistent, frequent, and enduring. Identifying when a bereavement is traumatic, is nuanced rather than clear-cut. Use the discussion to tease out whether the difficulties experienced are new or have always been areas of challenge for the child or young person.

You could then encourage the child or young person to place items on this scale from the different domains. A selection from the suggestions below can be used but you may want to use specific items drawn from your own knowledge of the child or young person, for example, playing basketball or getting on with Nanni.

Coping scale

Easy to cope with

I'm coping just about OK

Really hard to cope with





This activity can work well by writing items on sticky notes to be placed on the scale.

Cognitive The way I think about things	Relationships How I'm getting on with people	Affective The feelings I've been having	Family What else is happening in my family	Trauma behaviours Coping with the trauma of what happened	Somatic Physical aspects	Education
Negative thinking	Parent/carers	Sad	Where I live	Coping with the memories	Sleep	Attendance
Blaming myself	Siblings	Scared	Who I live with	Avoiding the memories	Appetite	Learning
Thinking scary things	Other family members	Worried	How my parents/carers are coping	Getting into trouble (physical)	Energy levels	Concentration
Hard to trust people	Friends	Angry	Financial problems	Getting into trouble (verbal)	Illness	Motivation
Hard to feel positive about the future	Classmates	Guilty	Housing problems	Risk-taking behaviours	Headaches/stomach aches	Specific subject areas
	Teachers	Upset			Feeling constantly alert	Homework
	Other adults (e.g., sports coaches)	Shame			Ability to relax	Lunch/break times
						Extra-curricular clubs

Table 5.1 CRAFTS domains plus education



The completed coping scale will not provide a formal calculation of the impact of the child or young person's grief, but the conversation facilitated by the activity can provide important

insights into specific areas of your formulation and help you understand what the child or young person finds difficult.

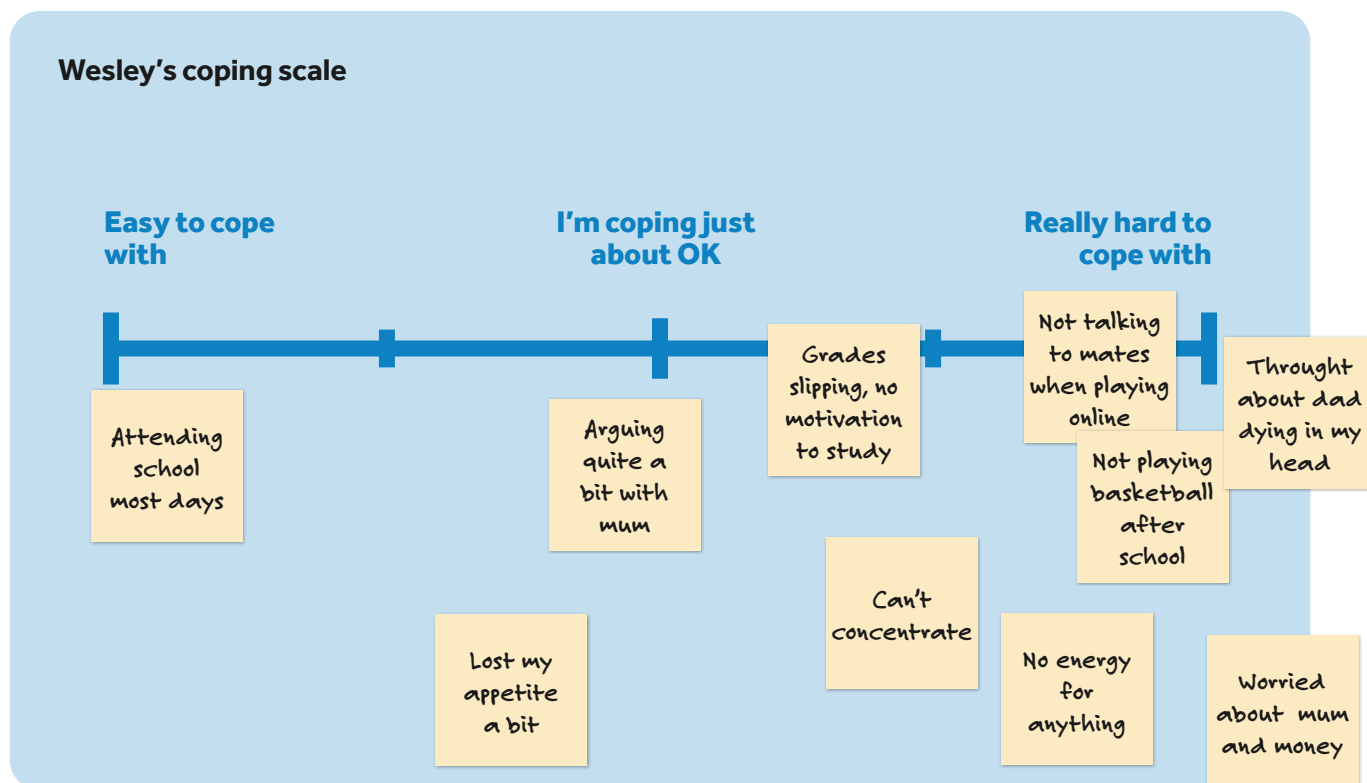


Figure 5.2 Wesley's coping scale

5.4d Childhood Bereavement Services Questionnaire

The above activity could be partnered with the use of the questionnaire developed by the Childhood Bereavement Network.

The Childhood Bereavement Services Questionnaire⁴⁴ (CBSQ) is widely used among bereavement services in the UK. It is designed as an outcome measure to enable services to gather data on a child or young person's responses to the death of someone significant. As well as using this to monitor changes at points of time during their contact with the service, this measure can be used to inform

you of the ways in which the bereavement is impacting on the child or young person.

5.5 Tools and measures

Informal information gathered using the approaches described above, alongside a formulation and understanding of the child or young person's presentation, may indicate that formal psychological measures (questionnaires) of mental health functioning may be useful. The results from these questionnaires might also feed back into the formulation you have been developing.



▶ [Click here for a short video about using measures in your work with children and young people.](#)

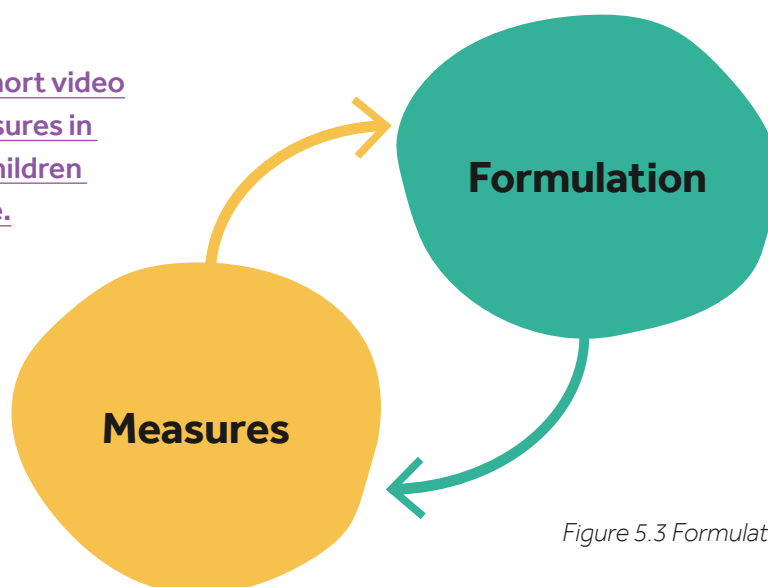


Figure 5.3 Formulation and measures cycle

There are a wide range of tools within children and young people's mental health services which are used to screen for diagnosable mental health conditions and as outcome measures to track progress within an intervention. This guide does not set out to include an exhaustive list of such measures or to provide tools for clinical diagnosis, but to provide a selection of accessible, valid and reliable questionnaires to:

- Inform practitioners as to the prevalence or severity of a specific area of need.
- Provide insight about specific symptoms/ indicators of mental health difficulties.
- Provide results which might inform whether a referral to a specialist service (NHS mental health services) might be appropriate.
- Offer a way of measuring the effectiveness of support by using a measure at the outset and end of an intervention.
- Help the young person (and their family/ carers) better understand and make sense of what is making it so hard for them.

It would not be appropriate to routinely ask bereaved children and young people and their families to complete all of these questionnaires. Consider whether a tool might give more detailed information about a specific area of concern. In particular, the use of a measure designed to identify PTSD can be helpful as it can be difficult to recognise these symptoms in a child or young person without directly enquiring about them.⁴⁵ Establishing a trusting therapeutic relationship with a child or young person should always take precedence over completing questionnaires. However, completing questionnaires sensitively can assist the relationship. It is important that you give the child or young person a clear rationale explaining why it might be helpful for them (and you) to complete a questionnaire, so that the questionnaire becomes a tool used collaboratively rather than an assessment being done on the child or young person. The child or young person can be asked to complete and return the questionnaire, but there may be a benefit to taking a more conversational approach. It can be helpful to remind children and young people that



questionnaires are not a test and have no right or wrong answers but can be a useful way of finding out about the way they feel and how it is impacting on their life. They also provide you with an opportunity to validate the child or young person's experiences and to unpick their responses when it is important for you to find out more.

Measures should be:

- Chosen purposefully
- Introduced naturally
- Administered collaboratively
- Scored carefully
- Interpreted cautiously
- Checked tentatively (with the CYP)
- Fed back sensitively

Domain assessed	Name of measure	Age range	Results might inform us about
Trauma symptoms	CRIES-8 (or -13)	8-18	Level of PTSD symptoms a child or young person is displaying
Thoughts and beliefs that might be causing problems	CPTCI	6-18	How the child or young person sees themselves, the world, and others following the bereavement
Anxiety and depression symptoms	RCADs (including parent version)	8-18	Severity and range of anxiety and/or low mood

Full information and access to the measures can be found on the CORC website:



www.corc.uk.net/outcome-experience-measures/

When working remotely, the CORC website has fillable pdf versions to enable completion where appropriate.

The questionnaires described here have been validated for children and young people aged from 8 to 18 years old. For young adults above 18 years, it would be more appropriate to use adult measures such as:

Anxiety	GAD-7 (Generalised Anxiety Disorder Assessment)	https://www.corc.uk.net/outcome-experience-measures/generalised-anxiety-disorder-assessment-gad-7/
Low mood	PHQ-9 (Patient Health Questionnaire)	https://www.corc.uk.net/outcome-experience-measures/patient-health-questionnaire/
PTSD symptoms	PCL-5 (PTSD Checklist for DSM-5)	https://www.ptsd.va.gov/professional/assessment/documents/PCL5_Standard_form.PDF



5.5a Children's Revised Impact of Event Scale (CRIES-8 or -13)

The Children's Revised Impact of Event Scale (CRIES)^{46,47} is a brief questionnaire that asks children and young people about symptoms of PTSD following any potentially traumatic event (not necessarily a bereavement). It is available as CRIES-8 (with 8 questions) or CRIES-13 (with 13 questions). CRIES-8 asks about intrusion and avoidance aspects of PTSD and is often used as a screening measure for PTSD. CRIES-13 has an additional five questions which ask about arousal which might be important when assessing how the child or young person is doing. When deciding between the two versions, consider the 'burden' on the young person of having to answer the additional five questions compared to the benefit that additional information will provide.

Both CRIES-8 and CRIES-13 can be found here:



[www.childrenandwar.org/
projectsresources/measures/](http://www.childrenandwar.org/projectsresources/measures/)

How to use this questionnaire:

It is suggested that children aged 8 and over should be able to read this questionnaire independently. Those who have the cognitive ability to understand the questions but not the reading ability would benefit from having it read to them. Some children or young people may find it helpful to have the word 'it' in the statements replaced by a more personal phrase such as 'daddy dying' to support their understanding of the question.

For example: Do you think about IT even when you don't mean to?

Changed to: Do you think about DADDY DYING even when you don't mean to?

For each statement, the child or young person selects how frequently this was true for them over the last week. CRIES has good test

reliability and validity across cultures. It is not recommended for use within the first four weeks of a death.

Scoring:

The higher the score is, the worse the difficulties associated with PTSD tend to be, and the more likely the child or young person has symptoms that would fulfil the criteria for a diagnosis of PTSD. Usually, bereavement services are not concerned with whether a child or young person has a diagnosis or not. However, a high score (above 17) on CRIES-8 might mean that it would be important to consider a discussion with your local NHS mental health service.

5.5b Child Post-Traumatic Cognitions Inventory (CPTCI)

The Child Post-Traumatic Cognitions Inventory (CPTCI)^{48,49} is a questionnaire designed to identify how a child or young person's thoughts and beliefs may have been affected following a potentially traumatic event. It consists of 25 statements (such as "Anyone could hurt me") for the child or young person to rate how much they agree or disagree. The items fall into two groups. One consists of statements relating to beliefs that they are vulnerable, and that the world is scary. The other consists of statements relating to beliefs that they are now damaged in some permanent way.

How to use this questionnaire:

The child or young person reads each statement, or has it read to them, and rates how much they agree or disagree with the statement. Details of how to score the responses are available from



[https://www.childrenandwar.org/wp-
content/uploads/2020/11/CPTCI-25-
item-CPTCI-S-10-item.pdf](https://www.childrenandwar.org/wp-content/uploads/2020/11/CPTCI-25-item-CPTCI-S-10-item.pdf)



Scoring:


A higher score is related to more problematic thoughts and beliefs, and is related to the likelihood that the child or young person has PTSD. Within the context of child bereavement services, this questionnaire is more likely to be used to identify thoughts and beliefs which may have been affected by the bereavement and might be causing distress or difficulties. This may help to inform your formulation and focus the intervention in the most helpful way.

5.5c Revised Child Anxiety and Depression Scale (RCADS)

The RCADS⁵⁰ is a set of questionnaires for children, young people and carers designed to assess different types of anxiety and low mood in children and young people aged 8 to 18. It consists of 47 statements, such as, "I worry about things" or "My child worries about things". The child, young person, or carer indicates how often each one happens. Groups of questionnaire items represent difficulties related to different types of anxiety or low mood:

1. Generalised anxiety
2. Separation anxiety
3. Panic
4. Social phobia
5. Obsessive compulsive behaviours
6. Low mood

The RCADS can be found here:

 www.corc.uk.net/outcome-experience-measures/revised-childrens-anxiety-and-depression-scale-and-subscales/

How to use this questionnaire:

This is a longer questionnaire than the others mentioned above. Familiarise yourself with it before deciding whether it makes sense to use it with a particular child or young person. Whoever is filling it in (child, young person, or carer) could do it on their own, or they could dictate the answers for you to complete the questionnaire, or it can be completed as part of a discussion.

Scoring:

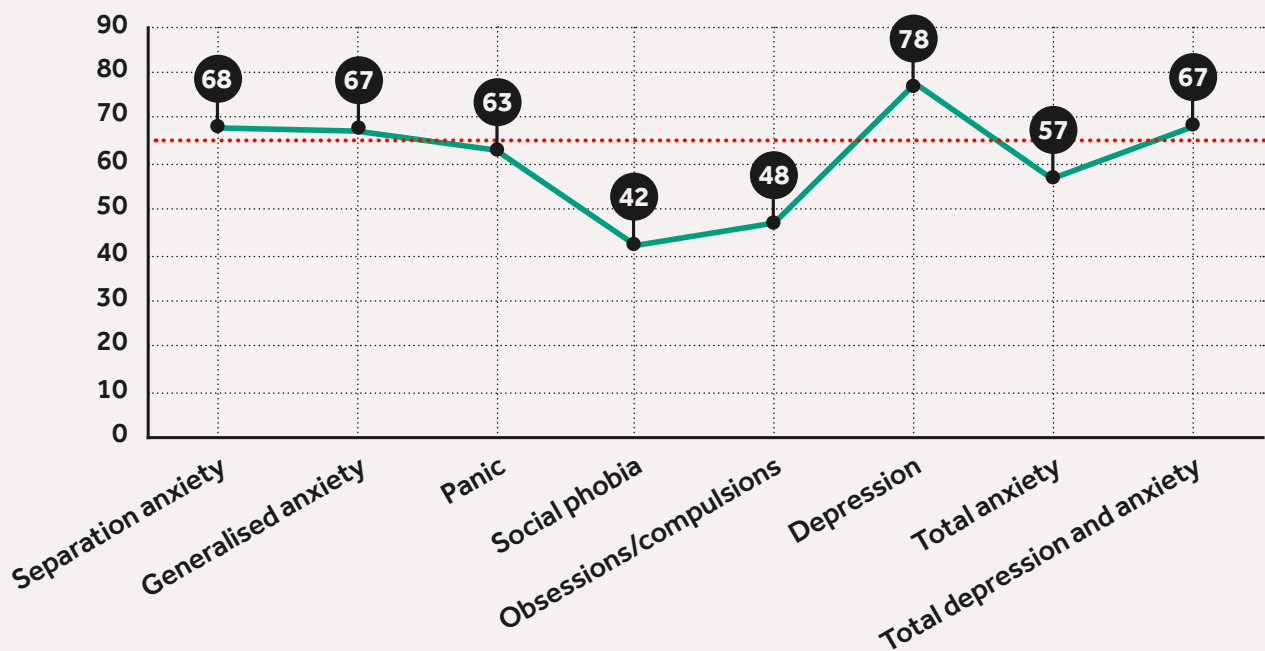
If it is helpful, it is possible to score the questionnaire to produce a different standardised score for each of the types of difficulties listed above. A spreadsheet which automatically scores the questionnaire and presents results can be found at

 www.childfirst.ucla.edu/resources/

This can show results in a graph for quick visual reference of the different types of difficulties being experienced. (Take note of the information about scoring outside the USA, as school grades are different in UK).

Scales	Raw Scores	T Scores
Separation anxiety	7	68
Generalised anxiety	12	67
Panic	8	63
Social phobia	8	42
Obsessions/compulsions	4	48
Depression	19	78
Total anxiety	39	57
Total depression and anxiety	58	64

Wesley's RCADS results



The results provide a "raw score" (the total from the value of the responses given) and a "T score", which is standardised to show how much the score differs from the average for someone of the same age and gender. You can see in the table and the graph above that Wesley's depression score is high and that his anxiety scores are also raised. The red dotted line shows a score of 65; there is nothing magic about 65 but scores around or higher than this would prompt further consideration and consultation with your local NHS mental health service to seek their advice.

In exploring depressive symptoms, RCADS includes the statement "I think about death." For a bereaved child or young person this is particularly relevant as death is a very real concept for them. Responding 'often' might not be an indication of suicidal risk but more about the child or young person reflecting on the death of their significant person. "I miss them so much and wish I could be with them" is not necessarily an indication of wanting to end their own life to be 'reunited' with the person who died. You should, however, check what the child or young person was thinking



about when they selected their response and, if appropriate, explore any thoughts about harming themselves or ending their life.

5.6 Discussing results

Completing the measure is only one part of the process. Following up with discussion about the results with the child and young person and their parents/carers is equally important. Be mindful that this conversation can be anxiety-provoking. It is best to adopt a clear, gentle, and curious stance. Questionnaires for assessing psychological concepts are not as clear-cut as other tests that children, young people, and their carers might be familiar with. It is important to explain that they provide a rough guide to how the young person is doing and are not 100% accurate. The measures might be useful to facilitate discussion to discern how closely the results reflect the difficulties being experienced, and to reveal areas of difficulty that may have been missed. For example, you might say to a young person: "So, the short questionnaire that we did suggests you are doing a little better than you were when I saw you a couple of weeks ago. But the questionnaire is not always right – what do you think?"

The second part of the discussion might be about how the results inform next steps. Along with the informal approaches suggested, do the findings from the questionnaires suggest the child or young person's needs can be confidently and competently supported by you or whoever is the current practitioner? Would they benefit from support from someone with additional expertise within the same team/ service or from a referral to a local NHS mental health service?

In line with previous guidance, this discussion and decision-making will be collaborative with the child or young person and their parents/ carers, as well as being informed by your clinical supervision and experience.

There may be occasions when this process identifies risk to the child or young person in terms of safeguarding concerns, self-harm, suicidality, and/or high risk behaviours. Such information should immediately trigger consideration of whether a referral to NHS mental health services or social care is required.

Information gathered from questionnaires may be used to measure outcomes by repeating at stages in the intervention process, typically at the outset and at the end. This might also inform whether the difficulties indicated by the measures have been effectively addressed by the support offered or whether the child or young person would benefit from additional specialist support.

Further guidance on this can be found in Chapter 6 (Referrals).



5.7 Chapter summary

- Exploring the experiences of the child or young person before the death, at the time, and since the death can help you understand the development of traumatic bereavement.
- Developing a formulation can help you identify and bring together factors that contributed to the onset and maintenance of the child or young person's difficulties.
- A number of activities can be used as vehicles to explore the possibility that a child may be presenting with a traumatic bereavement response.
- Tools and measures can be used to help inform your understanding of the child or young person's needs, index levels of severity, and inform your decision-making about future help.



6. Referrals

6.1 Introduction

Some traumatically bereaved children and young people will have specific mental health needs that are beyond your individual competencies or that of the service or organisation in which you work. These children and young people will require the specialist support of other organisations. This can sometimes be determined early in the assessment process, but sometimes this may only become apparent once the work is underway, or even as an intervention is nearly completed.

This chapter offers suggestions to help you make an effective referral to NHS mental health services and other specialist services. It also explores how bereavement services and NHS mental health services can work collaboratively to provide support to traumatically bereaved children and young people.

Different specialist services will have different procedures for making referrals. Sometimes referrals need to be made by the child or young person's GP, while other services accept referrals from anyone including a young person or their family, as long as appropriate consent has been given. The information here is applicable no matter the route of the referral.



[Click here for a short video about working with NHS mental health services.](#)

6.2 Referrals to NHS mental health services

Children and young people who are traumatically bereaved should always be referred to NHS mental health services when there is a risk to their own life due to self-harm behaviours or suicidal thinking, or a risk to someone else's life. Where the child or young person's difficulties suggest significant mental health problems such as anxiety, depression, or PTSD, it is likely that a referral will be needed. Sometimes children and young people have pre-existing mental health conditions that are exacerbated by their grief and become apparent during bereavement support. These difficulties may have been highlighted in your use of measures such as RCADS or CRIES (see Chapter 5).

Often it is not as simple as either a bereavement service or NHS mental health services. Consider what can be best supported by you and your organisation, and when additional support may be needed due to more complicated or significant difficulties, including mental health disorders. Support and guidance from clinical supervision within your organisation can be a helpful part of the decision-making process.

Young adults (18 years and over) may be positioned between child and adult services, and this can create a difficult cliff edge of support. Check what services are available for those aged 18 and over in your area.



6.3 Working collaboratively with children and young people and their families

As we discussed in Chapter 2, working collaboratively with children and young people and their parents or carers is essential. This includes when making a referral.

A key part of collaboration is to maintain a position of curiosity, rather than assuming you know what is best. It is important to listen carefully to the child or young person to avoid their perspective and viewpoint being drowned out by (often well-meaning) adult voices, including those of professionals and family members.

Children, young people, and their families may be relieved that the difficulties are being taken seriously and that appropriate support is being sought. It is important to recognise that traumatically bereaved children, young people, and their families may have concerns that their experience of grief is being considered in terms of mental health. You need to be mindful about how you communicate and discuss this, explaining that the trauma of the death can sometimes lead to difficulties with everyday life which would benefit from specialist advice. Explain that a referral might result in a decision that the current support is the most appropriate. It is also possible that the adults in the family are in need of support. You may be able to signpost them to appropriate services.

Some children, young people, and their families may resist the transition to more formal mental health services as they are concerned that services have a structural bias against minority communities. You should encourage conversation to understand their experiences, reservations, and beliefs. You can then work closely with the child or young person, and their

family, together with the specialist service, to help build confidence in the referral and the quality of care that can be accessed. Making a referral does not mean that the bereavement service is abandoning the family and does not mean that the family has to commit to going ahead with any therapy offered. It provides an opportunity to explore all of the options.

There may be situations when a referral for safeguarding reasons will be necessary even when the child or young person and/or parents or carers do not agree.

6.4 Making a good referral

There will be differences in the referral systems between localities and nations and practitioners will need to look closely at the referral requirements of the service in the child or young person's area, including who is able to make a referral.

6.4a Consultation

Some NHS mental health services offer consultation for professionals. Taking advantage of this can be a helpful step in talking through the presenting problems the child or young person is experiencing, informing decisions about whether a referral is needed, and what information might be most useful to include in the referral.

6.4b Writing a referral

Referral forms and procedures vary according to locality but there are some general principles that apply to writing a good referral. A good referral demonstrates clearly why you think that more specialist help is required, based on your knowledge of the child or young person. A good referral also provides enough information for the service to make a well-informed decision



about whether their intervention is appropriate. A good referral may not necessarily be accepted by the service, even if it contains the correct information.

If the referral is best made by the GP or another involved professional, it can be helpful if you add a letter to support the referral, as

the information gathered will be valuable in helping the NHS mental health service to make informed decisions.

NHS mental health service clinicians involved in the development of this guide have suggested that the following can be helpful to include in a written referral:

Formulation

Detailed information about the child or young person, including:

- History and any predisposing factors.
- Timeline of events if traumatic bereavement is part of long-term difficulties.
- Parental mental health.
- Precipitating factors - any triggers for this being a traumatic bereavement.

Presenting problem

Description of presenting problems, including:

Information about the duration, severity, frequency, persistence, and impact of the difficulties. This may include results from any measures that have been used in your assessment. Such results are probably best reported as 'raw scores' rather than as an interpretation.

For example: "Stephen's score on the CRIES-8 in October 2020 was 23", rather than "Stephen's score on the CRIES-8 was above the threshold, suggesting PTSD".

A description of ways in which the presenting problems differ from a more typical grieving process.

What has worked, and what has not

What you have tried, and how the child or young person responded. If you have not tried explain why.

Risk

- Self-harm.
- Suicidality.
- Risk-taking behaviours.
- Safeguarding concerns.

Child or young person's voice

NHS mental health services will seek to find out the child or young person's perspective on their difficulties and their preferred option for support.



It is not necessary to use overly formal or academic-sounding language in the referral. However, don't be afraid to use appropriate language to demonstrate your own knowledge of the child or young person and your understanding of their difficulties. If you have completed any questionnaires, it may be helpful to provide a brief summary of the scores if these are relevant to the referral being made, for example, in relation to significantly elevated symptoms of anxiety, depression, or PTSD. NHS mental health services will sometimes triage a referral at the point of receipt or may invite the child or young person and their parent or carer to a telephone or face-to-face assessment to find out more. The service will contact them to let them know the outcome. This may be an offer of direct therapy for mental health needs, or professional opinion may conclude that the support for the child or young person comes most appropriately from the current service. There may be a recommendation that other services both within the NHS and from third sector organisations are well-placed to offer alternative support.

6.4c Interservice referrals

The most appropriate support for a child or young person might not be from an NHS mental health service but could include interservice referral to an organisation that specialises in the particular bereavement experience or a private therapy/counselling service. Consulting with the child or young person and the family, and then with the specialist organisation, can help make an informed decision about the best

way ahead. Much of the referral information suggested above would be useful for a receiving organisation to give them a thorough picture of the child or young person's needs.

6.5 Referring on but holding on

Joined-up working can be an important process to best serve a traumatically bereaved child or young person. At times, the capacity and waiting times of the receiving service might mean it is helpful for you to continue your support in the meantime. It can also be appropriate to work alongside the NHS mental health service team. This may take several forms including:

- The NHS mental health service doing some 'keeping safe' work while you continue with therapeutic bereavement support.
- Stepping back whilst more intense NHS mental health service clinical work is undertaken (such as trauma-focused CBT).
- Leading the therapeutic work and consulting with the NHS mental health service.

Trusted and valued relationships may have developed between you and the child or young person and family. Being the first person a child or young person has opened up to about their grief can form a close bond which the child or young person may not yet be ready to move away from. 'Holding' the child or young person within your service whilst they get support from the NHS mental health service or another organisation can be hugely supportive.

Barnardos Child Bereavement Service – Northern Ireland

“The core of this work is knowing when to hold the child and when to refer on ... it is knowing when CAMHS are experts in what is going on for the child and when our expertise is needed in the here and now.”

“At Barnardo's NI our work is largely focused on bereavement by suicide, so we work closely with our local CAMHS team in a variety of ways, dependent on the needs of the child or young person. Over time we have built a great working relationship that works well for both organisations.

When a young person has expressed suicidal thoughts, for example, we contact CAMHS and let them lead on what this young person needs. Where appropriate, we will agree a care plan with CAMHS that details the support that each service will provide. This means that we can work with the young person on their traumatic bereavement in a way that will directly complement the work that CAMHS are doing. We can then keep checking in regularly with CAMHS to discuss how it's going and what if anything needs to be changed.

If we are considering referring directly from our service to CAMHS we will often pick up the phone and discuss the needs of the young person with a CAMHS clinician first. This helps us work out the best way forward.

Sometimes when a referral has been made to CAMHS for a child or young person there can be a lengthy wait. We then look at what we can do to 'hold on' to the young person and do some 'softer' work to give them ongoing support. With one child it was sharing books and stories so that they knew we were there for them, containing them, and that helped to keep our relationship going with the child. CAMHS often refer families to us where they can see that the needs of the child or young person are more around the bereavement and our expertise at working with families after suicide is needed.”

“Walking this journey together with the child makes for safe practice.”

Michelle Scullion and Patricia Lindsay



In some situations, it may not be appropriate for you to remain involved whilst another service takes on specific work. In such cases, it is helpful to be completely open and honest with the child

or young person and their family, explaining the reasons for this. You might offer to become involved again in the future when the specialist service has completed its work.

6.6 Chapter summary

- When there is risk to the child or young person, or they are presenting with mental health difficulties outside of your competency, referrals to NHS mental health services should be considered.
- Collaborating with children and young people and their families will help decision-making about the most appropriate source of support.
- Written referrals will outline the child or young person's difficulties drawing on the information you have gathered and may include the results from formal measures.
- Support may be offered in a variety of ways, including joint working with NHS mental health services as well as other specialist organisations.



7. Supporting traumatically bereaved children and young people

7.1 Introduction

The guidance in Chapter 5 on using formulation, approaches, and measures should have helped you identify the specific difficulties a traumatically bereaved child or young person might experience. This chapter provides an overview of activities specifically designed to help support children and young people with those difficulties. The activities are explained in Chapters 8–13 with psychoeducation guidance helping you explain to children and young people, “stop & think” reminders, live online delivery suggestions, as well as sample scripts to bring the activities to life. The activities suggested here would be an addition to the core bereavement support that you are already offering and should only be undertaken by practitioners with an appropriate level of training, experience, and supervision (see the bereavement practitioner competencies outlined in Chapter 1).

Here we look at what difficulty each chapter seeks to address:

Difficulty	What can help	Chapter
Overwhelming emotions such as anxiety and distress	Relaxing my body and my mind	8
The trauma of the death getting in the way	Telling my trauma story	9
Low mood impacting on everyday life	Rebuilding my life	10
Anxiety provoking situations	Facing my fears and worries	11
Managing frustration	Recognise, rate, and respond	12
Sense of isolation	Mapping who's there for me	13

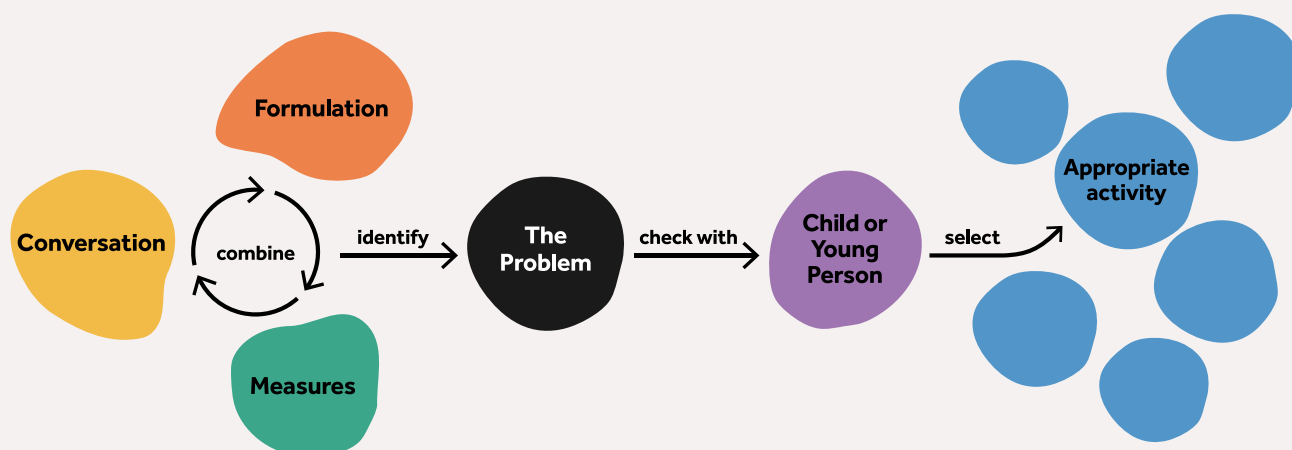


Figure 7.1 Selecting an appropriate activity.

You might begin with **“Relaxing my body and my mind”** to develop strategies to help should any other activities be distressing. This might also be a useful way to help build the therapeutic relationship. Activities related to **“Telling my trauma story”** can sometimes be a useful next step to help you understand what has made it so hard for the child or young person. The other activities can be used where appropriate to help with specific difficulties: low mood, anxiety, frustration and isolation. Being flexible to the needs of the child or young person will be most important.

▶ [click here for a short video about choosing an activity to support a child or young person](#)

The activities are 'light touch' approaches and whilst they do not constitute formal therapy, they are likely to be therapeutic, especially if they have been indicated by the formulation. They are drawn from evidence-based practice in Trauma-Focused Cognitive Behavioural Therapy (TF-CBT), CBT for anxiety and low mood, and emotional regulation.⁵¹ Used with an attitude of **curiosity, compassion, and**

collaboration, they seek to support the child or young person to manage some of the specific difficulties that might result from a traumatic bereavement.



stop & think

- Invite the child or young person to participate, allowing them to 'dip their toe in'.
- Actively monitor the child or young person's ability to engage.
- Look out for signs that suggest the child or young person is struggling.
- Be aware of your own competence and confidence.
- Seek advice from within your service.
- Consider referring on for specialist help.



Throughout chapters 8-13, we include **“stop & think”** reminders to highlight aspects of the work to be mindful of to ensure safe practice.

The activities described can be tailored to the specific needs of the child or young person, taking into account their age, developmental stage, and any access requirements. It is important to ensure activities are adapted to be sensitive to the cultural, faith, or ethnic background of the child or young person. Many activities can be used with a parent or carer present to help the adult's understanding. If you are delivering support online via a video platform you may need to adapt the activities and methods used.

[The British Psychological Society has some useful guidance:](#)

Some general suggestions for online support are set out below, and specific ideas are detailed after each activity in Chapters 8 -13.

7.2 Considerations for live online support

- Consider how a sense of safety can best be created across a virtual environment.
- Plan whether you are going to check in with an adult at the beginning and end of the session.
- Make a plan with the child or young person about how you will manage any disruptions to your session if the connection fails.
- Be aware of how activities translate to being delivered over a screen.
- Look for ways to collaborate by sharing screens and working together or by working on paper and sharing over the camera.

7.3 Books for children and young people

There is a wide range of books available for children and young people. These are just a few titles selected to support those experiencing traumatic bereavement.

Someone I know has Died

Child Bereavement UK

Workbook with activities for young children who want to remember someone who has died.

Red Chocolate Elephants

Diana Sands

A book and DVD specifically to support children bereaved by suicide.

Is Daddy coming back in a minute?

Elke and Alex Barber

An honest autobiographical story of a little boy trying to make sense of his dad's sudden death from a heart attack.

What Happened to Daddy's Body?

Elke and Alex Barber

A follow on from the above title explaining about funerals, burials, and cremation. Clear, factual explanations for children who want answers to their questions.

Rafi's Red Racing Car

Louise Moir

A story about Rafi the rabbit beginning to understand about his dad's suicide.

Luna's Red Hat

Emmi Smid

A moving story of a girl making sense of her mum's death by suicide.



You will be Okay: Find Strength, Stay Hopeful and Get to Grips with Grief

Julie Stokes

A comforting, practical book to help children aged 8-13 years navigate their grieving journey. (Forthcoming)

The Grief Handbook

David Trickey and Beck Ferrari

A survival guide for 12-18 year-olds helping young people make sense of and cope with their grief. (Forthcoming)

7.4 Books for adults supporting traumatically bereaved children and young people

A Clinician's Guide to Think Good Feel Good

Paul Stallard

A great guide to support the use of Cognitive Behavioural Therapy strategies with children and young people.

Supporting Traumatized Children and Teenagers

Atle Dyregrov

A guide to understanding and providing help.

Helping your Child with Loss, Change and Trauma

David Trickey

An informative self-help guide for parents also useful for practitioners. (Forthcoming)

Beyond the Rough Rock

Winston's Wish

A guidebook for parents and professionals supporting a child bereaved by suicide.

Hope Beyond the Headlines

Winston's Wish

A guidebook for parents and professionals when supporting a child bereaved by murder or manslaughter.

Teaching Recovery Techniques

Children and War Foundation

This guide supports adults to work with groups of children following war or large-scale disasters.

Children and Grief Manual

Children and War Foundation

A guide to helping children with severe grief reactions after war and disasters.



7.5 Chapter summary

- Using information gathered previously about the specific difficulties a child or young person is experiencing will help you select appropriate activities designed to address them.
- Maintaining an attitude of curiosity, collaboration, and compassion can help underpin the delivery of activities and help you adapt them to the needs of the child or young person you are supporting.
- Activities may benefit from adaptations to allow for effective delivery online and some additional considerations may be needed for safe practice.



8. Overwhelming emotions

8.1 What is the difficulty? Overwhelming anxiety and distress

When a child or young person is traumatically bereaved, it is important for them to develop strategies to relax both their body and their mind. This step may be an important prerequisite to undertaking the other activities detailed in this chapter which invite the child or young person to begin to gently face and tolerate painful memories and emotions. Developing and practising relaxation strategies can give the child or young person confidence that they have tools to cope if they begin to feel overwhelmed. The child or young person can use these techniques in other areas of their lives, when difficult thoughts, feelings, or memories intrude.

As a collaborative process, it can be valuable to work with the child or young person's interests and draw on activities they may already enjoy but do not necessarily recognise as relaxation. For example, faith rituals of prayer and meditation or dance exercises to gently relax the body. You may also wish to introduce their preferred relaxation techniques to support this process, exploring what will be most useful to the individual child or young person.



[Click here for a short video about using activities for relaxing the body and mind](#)

8.2 How to explain it to children and young people

Children and young people will benefit from understanding that strong emotions of anxiety and distress are accompanied with strong physical sensations. Our brains are really good at detecting potential threats. Children and young people who have experienced traumatic experiences are likely to be particularly good at detecting threat as they have adapted to their experiences. For example, as one of the symptoms of PTSD is hypervigilance, they might be constantly alert and looking out for risks. When a potential threat is detected, our brains and bodies work together in a complicated way using a combination of signals sent by nerves and by chemicals in our blood, to get our bodies ready to run to safety, to fight, or to freeze. This can all happen so quickly that we might not be consciously aware of it at first. For traumatically bereaved children or young people, thoughts about the death or the events surrounding it may well trigger this wave of fear and the accompanying reactions in their body. These physiological reactions may include an increased heart rate thumping in the chest, fast breathing, dizziness, trembling muscles, or becoming hot and sweating. Experiencing these reactions can increase our fear if we don't understand that they are an entirely natural response. Having some practiced strategies to



relax the body and the mind can help a child or young person reduce these physical symptoms and give them the confidence that they have the tools to use when their fear levels build up.

8.3 What can help relax the body?

Offer ideas to slow down a child or young person's breathing and to relax the muscles in their body.⁵² You are looking to regulate breathing to bring the heart rate back down, so deeper, slower breaths from the diaphragm will be helpful.

8.3a Teddy on the Tum

Younger children may like to practice Teddy on the Tum breathing. Whilst laying down they place a soft toy on their stomach and try to breathe deeply to make the Teddy move up and down steadily. This will encourage them to breathe from their diaphragm rather than more shallow breathing just in their chest. Once practised in sessions, this technique can work well at home but may not be appropriate in other situations. The skills that the child develops here may help them remember how to do relaxed breathing even when they can't put a teddy on their stomach.

8.3b Valleys and Mountains Breathing

A subtle technique is Valleys and Mountains Breathing, where the child or young person traces up and down each finger, taking a deep breath in as they go up the mountain and a slow breath out as they go down the valley. This can work well in most situations as it can be employed discreetly wherever the child or young person already is.

8.3c Muscle relaxation

Children or young people might benefit from a strategy to relax their muscles if they become tense or trembling when experiencing a wave of anxiety or distress. Common approaches to relaxing the body will involve a scan of the body, tensing, holding, and then relaxing each part of the body in turn from the toes, feet, and ankles up through the legs, torso, arms, shoulders and face. They may notice how the muscles start to warm as they are tensed and then released. Children or young people who find this a bit awkward might prefer to have their favourite music playing as they relax their body. If children find the idea of tensing and relaxing their muscles difficult to understand, the Scarecrow Story later in the chapter can help with this.



stop & think

Trauma can often be "held in the body". Paying close attention to how the child or young person responds to these ideas will help you notice their distress even if their words can't yet communicate this.

You will also want to consider your own body and whether anything in your body language or position might be interpreted as threatening. By modelling an open and relaxed position you can minimise a sense of threat and support the child or young person's relaxation.



Some children or young people may like to enact some sport movements in slow motion as part of their relaxation, either in person or mentally as they work on using parts of their body to tense and relax. For others, a

specifically tailored approach can be developed drawing on their interests and abilities.

This is nicely illustrated by Afzaal, a 9-year-old autistic boy:



Afzaal's relaxation idea

Afzaal found the idea of relaxing his body a bit awkward, so his bereavement support worker used his special interest to engage and motivate him to practice. Describing his favourite Star Wars character, Afzaal imagined himself warming up and using his lightsaber in slow motion from low down movements to up high movements. As well as relaxing his body from a heightened state of distress, the change of attention to his favourite Star Wars character served to relax him further.

8.4 What can help relax the mind?

Children and young people may benefit from understanding how their experiences may leave them in an enduring state of hyperarousal. Learning skills to relax their mind can be helpful to work alongside physical relaxation techniques. Simply trying not to think about something stressful can often be counterproductive as this tends to bring the thing we are trying to avoid back into our minds. Accepting that these thoughts will come, and will also go, is more realistic and helpful. It's a

bit like being in the sea when a wave comes crashing over you. Trying to stop it doesn't help, but 'riding the wave' tends to work better.

Some children or young people can find it helpful to imagine their thoughts written on clouds and then to imagine them passing by in the sky. They could similarly imagine them as thoughts carried in train carriages. The train of thought comes into their brain/station but then passes through, carrying on down the track away from them.



stop & think

For traumatically bereaved children or young people, activities for relaxing the mind should be active rather than passive, as you are seeking to help them calm the mind rather than empty it. If there is too much space, then the trauma tends to fill it. Actively monitoring the child or young person as they practice can help you identify if it is a helpful skill right now.

Additionally, children or young people may wish to use Mind Travel by developing a mental picture of a safe place.⁵³ This safe place may be based on a real location or entirely made up. Encourage the child or young person to create all the details of the place.

"What can you see?"

"What can you hear?"

"What can you smell, taste, or touch?"

"Who else is there for company?"

"What would you do there for fun?"

Figure 8.1 Mind travel questions

Some children and young people may want to draw a picture of their safe place to help them visualise it. Encourage them to close their eyes and mentally walk around their safe place as they describe it to you. As with other techniques, Mind Travel will be most effective if it is practiced so it becomes easy and natural to draw on when

a child or young person is feeling distressed. This approach helps children and young people switch off from some of their distressing thoughts but needs to be partnered with some work on addressing difficult thoughts so that the relaxation ideas are not used as a form of avoidance.



8.5 Considerations for live online support

- Where the online session is at home, a younger child might wish to bring a favourite toy to help them with their relaxation.
- Offer the opportunity to record the activity on the platform you are using (particularly "Relaxing my body" directions) and then share the video. This gives the child or young person the opportunity to practice their strategies outside of the session.
- Draw up mind travel pictures individually and describe them to the other person. This could become a game where the child sees how well they can describe their safe place to the practitioner. They can then compare drawings.
- Share screens and co-create a 'My top tips for relaxing myself' document.
- Explore apps that offer children and young people accessible ways to relax.

8.6 Sample scripts for relaxing the body and mind

The scripts below detail possible ways of introducing different relaxation techniques:

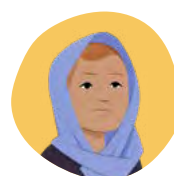
Relaxing the body for Shabana, Mind Travel for Larry and then a story version of Relaxing the body for Cara.

You could use these scripts alongside the information about relaxing the mind. Take note of the "stop & think" reminders identifying areas of concern.

"

8.6a Relaxing the body for Shabana

Shabana is a 13-year-old girl whose dad died from a heart attack at home with her.



Start by explaining to Shabana that you are going to teach her how to relax by asking her to do various different things.

Encourage her to make herself

comfortable either in the chair or on the floor and ask her if she is happy to close her eyes. Closing eyes is not absolutely essential for effective relaxation, but it can be helpful. Offer to make an audio recording of the activity on your phone or invite Shabana to record it herself so that she is able to practice during the times between sessions. This is important because relaxing is a skill. Like many other skills, if we practise, we will learn and be better at it.

If you use the script below, don't let it hold you back. The relaxation is likely to be most effective if you use language that you are comfortable with, and that has meaning for Shabana. Much is conveyed by the tone, pace, and volume of our voice...

• "Shabana, I know that we have talked about how hard it has been since your Baba died. Especially at night when you feel really tense and stressed. I was wondering if we might try some relaxation exercises to help with this. [If she agrees] Can you make yourself comfortable, you might need to just shuffle around or something. Remember whilst we are doing this exercise, it doesn't matter if you need to move a little bit just to make yourself



more comfortable, so you are not being expected to sit absolutely still during this. When you are comfortable, if you are happy doing so, then close your eyes. You'll find this makes it easier to concentrate on the feelings inside your body, but if you're not happy closing your eyes, that's fine as well.

"First of all, just become aware of the noises around us. Maybe you can hear people in the corridor, maybe there are noises outside the window, or maybe there are some noises in the room that you can hear. Turn your attention to those. And then gradually draw your attention in so that you're paying attention to things that are going on inside your own body rather than outside. The first thing I'd like you to pay attention to is your breathing. I don't want you to do anything to it, just notice the way that you breathe, the way that you breathe in, [pause here, and see if you can time the next sentence with her outbreath] and breathe out, feel the air going in through your nose and mouth, down your throat and filling your lungs and then going out through the same route. As you're noticing your breathing, you'll realise something happens. Just by noticing it, your breathing will actually slow down and you'll find yourself taking slower and slower breaths. Now turn your attention to how the air fills your lungs and your chest, and remember that your lungs go all the way down to your belly, so notice how if you really fill your lungs, your whole tummy rises, not just your chest. Notice how your tummy rises as the air goes in... [pause, and try to time the next sentence with her outbreath] and lowers as the air goes out. And now I want you to become aware that each time you breathe out, your whole body becomes more relaxed. So, with each

outbreath your body relaxes, and your muscles feel looser and every part of your body becomes floppier. You'll see how your shoulders start to sink down as you become more and more relaxed with each and every out breath. Your whole body is becoming more relaxed and looser, and your body is feeling floppier and heavier. All the different parts of your body are becoming heavier as you become more relaxed and more comfortable.

"Now I want you to pay attention to different parts of your body. I'm going to start with your toes and work all the way up to your head. It's very easy, you're not going to have to move anything. I just want you to turn your attention to different parts. First of all, pay attention to your feet and notice where they are in contact with the floor, and just by paying attention to that, you might start feeling a strange sensation in your feet. Maybe they will start to tingle, or maybe your feet will start to feel heavier and looser and more relaxed. I'd like you to really focus on that feeling now, really focus on the way that your feet are feeling heavier, as if they're full up with some heavy liquid. And really allow that feeling to grow and get bigger and bigger.

"Now let that feeling grow more and start to move up your legs - notice how as you turn your attention to your calves and shins that feeling grows, as if your body is being filled with a liquid, so your calves are beginning to feel heavy, like you're wearing muddy boots. Let the feeling get bigger and bigger. Notice how the feeling grows up to your knees and you're feeling your legs becoming more and more relaxed, it goes up your thighs, all the way to your hips. Each time you breathe out,



your body is feeling heavier, more relaxed, more floppy and looser. Now notice how this feeling goes up from your waist to your tummy, filling your tummy and your chest, everything becoming more relaxed.

Now think about your shoulders. I want you just to notice any particular little knots or stones of tension in your shoulders. And notice how as the feeling of relaxation that has crept up your body reaches those little knots. Each time you breathe out the tension begins to fade away and the feeling of relaxation gets bigger and bigger, the feeling of tension gets smaller and smaller. Just focus your attention on that now and then imagine the feeling of relaxation spreading down your arms, [keep pausing throughout, resist the temptation to rush it] through your elbows, down to your hands and eventually right down to your fingertips. Spend a few moments now focusing on your fingertips and how that feeling reaches your fingers, so that everything is becoming looser and heavier and more and more relaxed.

"Now turn your attention to your neck, again sometimes in our necks we hold little pockets of tension, of tightness. I want you to just notice any of those and then let that feeling of relaxation that has come over your whole body begin to make those little pockets of tension disappear, fade away. If there are any particularly difficult pockets of tension, you might have to think about your breathing again and each time you breathe out the tension gets smaller and the relaxation gets bigger. Then allow that feeling, that lovely warm, heavy feeling to creep up the rest of your head, so it's around your jaw, up to your ears, behind your eyes and eventually reaching the top of

your head. By now the whole of your body is feeling really heavy, really relaxed, really loose.

"Now I want you just to do a little "body scan", and just notice from your feet all the way up to your head if there's any part of your body that doesn't feel relaxed, any part of your body where there is a little bit of tension left. Focus on that now, focus on the feeling that's throughout the rest of your body, the much bigger, more powerful feeling of relaxation and looseness. Just let that feeling take over any little pockets of tension, just like a sugar lump dissolving in a cup of coffee, or a balloon with the air slowly coming out. Notice how the tension just disappears and so feel really relaxed now, feel like your body is sinking into the floor and chair, all the tension is just disappearing.

"I want you to really focus on the feeling of looseness, relaxation, and calmness, just enjoy those feelings for a few moments.

"And in a few moments from now, but not quite yet, I'll be asking you to open your eyes but just for now begin to focus your thoughts on the outside of the body, where it's in contact with the floor or the chair, and then broaden your focus so that you become more aware of the room here at the _____. Think about the chair that you are sitting on, remember the windows, become aware of the noises in the corridor and outside the window. Just listen now to the sounds of everyday life and in a few moments from now, but not quite yet, I'll be asking you to open your eyes. And now begin to focus your attention on the walls of the room here at the _____, remember the _____ chairs, the pictures on the wall, the



windows, the desk with the computer on it. In a moment, I'll count slowly from three to one and on one I want you to open your eyes, feeling good, relaxed, and completely normal, able to remember everything and happy to talk about your experience. So, remember when I get to one, I want you to slowly open your eyes as you're ready to do so. Three - beginning to feel lighter, beginning to feel more wide awake and alert, getting ready for the rest of the day and the rest of the week. Two - feeling even more lighter, feeling good, still relaxed but more alert. And one - feeling wide awake, I'd like you to open your eyes in your own time and gather your thoughts.

"At the end of the relaxation script, once Shabana is alert, ask her for feedback on the process. Ask her if she felt herself relaxing, if there was anything strange or particular about it, and if she enjoyed the experience. Check the recording and share it with Shabana encouraging her to practice, as without practice she is unlikely to improve her relaxation skills.

8.6b Mind Travel for Larry



Larry is an 11-year-old boy whose baby brother died suddenly.

At 11 years of age Larry might feel uncomfortable being asked to sit and imagine. Explaining why we are asking him to do this will be an important part of the session. We want to strike a balance between showing Larry we are

confident this is helpful but understanding any potential reluctance on his part. If he is resistant, we could always introduce and model the activity and encourage Larry to try it at home later.

Larry, I'm hoping that today we can do a bit more relaxation. Last time we thought about relaxing our body. Today can we add on relaxing our minds? Being able to do both is really helpful because what we think affects how we feel. For example, if someone who is scared about spiders thinks about them, they start to feel scared. I know that when the memories of Leo dying come into your mind you often feel really scared again.

Firstly, I wonder whether you can think of a special place that would make you feel relaxed, calm, safe, and secure. It can be real or imaginary or a mixture of both. Can you tell me what it is like there? Do you want me to note your ideas down or do you want to do it?

Spending time finding out and noting down as many details of the special place as possible at this point is rarely time wasted. Allow Larry to talk freely. If necessary, encourage him to elaborate – the following questions might be useful:

Where would be a good place to go to feel really safe and comfortable?
It might be a real place or an imagined one.
What do you think would be a good safe place for you to think about being in?
What would that place be like?
What would you see there?
What colours would things be?



What would be to your right/left?
How exactly would you be relaxing there?
Who else would be there?
What would they be doing?
What would you be able to hear?
What would you be able to smell?
What would you be able to touch?
How would it feel?
Is the place warm or cold?
What else can you tell me about this place?

Thank you for giving me all the details of your special place. What we're going to do now is do some relaxation, called mind travel. This is when we travel in our minds to the special place, which will help you to feel even more relaxed, and even safer, and even happier. Last session we made an audio recording on your phone so you could listen and practice again, would you like to do that again today?

So, I'm hoping you've been practising your relaxation since I last saw you, but if you haven't, that doesn't matter. Don't forget that the more you practise the better you're going to be at this relaxation.

So, make yourself comfortable, you might need to just shuffle around or something in order to get comfy. Remember, while we're doing this exercise, it doesn't matter if you need to move a little bit just to make yourself more comfortable, so you are not being expected to sit absolutely still during this. Then, when you are comfortable, if you are happy doing so, close your eyes. You'll find this makes it easier to concentrate on the feelings inside

your body, but if you're not happy closing your eyes, that's fine as well.

Then, first of all, just become aware of the noises around us. Maybe you can hear people in the corridor, maybe there are noises outside the window, or maybe there are some noises in the room that you can hear. Turn your attention to those and then gradually draw your attention in, so that you're paying attention to things that are going on inside your own body rather than outside, and the first thing I'd like you to pay attention to is your breathing. I don't want you to do anything to it, just notice the way that you breathe, the way that you breathe in and [pause here and try to time the next sentence with his outbreath] breathe out. Feel the air going in through your nose and mouth, down your throat and filling your lungs and — pause here and try to time the next sentence with his outbreath — then going out through the same route. As you're noticing your breathing, you'll realise something very strange happens. Just through the act of noticing it, your breathing will actually slow down and you'll find yourself taking slower and slower breaths. And now turn your attention to how the air fills your lungs and your chest. Remember that your lungs go all the way down to your belly, so notice how if you really fill your lungs, your whole tummy rises, not just your chest. Notice how your tummy rises as the air goes in and lowers as the air goes out.

And now start feeling your body becoming more and more relaxed. Each time you breathe out your body sinks down and becomes a



little looser, feeling more comfortable, more relaxed, more chilled out, all the tension just disappearing and notice any little pockets or stones of tension. Focus on those for a few moments and let the feelings of relaxation wash over them and make them disappear, so that each time you breathe out your body becomes heavier and looser, feeling more easy and more relaxed.

At this point we might proceed with the body relaxation from the previous sessions, or if Larry seems to be able to get quite relaxed anyway, just move on to the mind travel.

And now in your mind, I want you to go to the top of some steps. They can be some real steps that you know, or just some steps that you've made up. Find yourself at the top of these steps, it doesn't matter how many there are, that's up to you. But know that at the bottom of these steps is your special place that you've told me all about. In a moment I'm going to count from one to five and as I do that I want you to walk down the steps, so that by the time I get to five, you're at the bottom of the steps. It doesn't have to be one step for every count but just find yourself at the bottom of the steps by the time I get to five. So, at the top of the steps, feeling very relaxed, getting ready to go to your special place. One, feeling more relaxed, two, feeling heavier and looser, three, reaching an even deeper state of relaxation, four, getting near to your special place and five, so now find yourself in that special place that we talked about. See those things that you told me about, hear the sounds, smell the smells,

feel all the sensations which go with this scene. I want you to have a good look around, look all around and notice the things that you can see. Become aware of what you're wearing, whether you're standing or sitting, what colour are your clothes? What can you feel on your skin? Think about the sounds there are, either close to you or further away, and the smells, pay attention now to the smells. Think now about who else is with you, or are you alone? If you are with other people, what are they doing? What are they saying?

We can use the details elicited in the introduction to this session to enhance the vividness of this imagery for Larry.

And now whilst you're in this special place, I want you to think about the feelings that go with it, think about how safe and content and relaxed and happy you feel. This is a very special place and going there in your mind can make you feel all these lovely feelings.

Okay in a few moments I'm going to ask you to come back from your special place, but before you leave it, I wonder if there's something there that you can bring back with you? A little something that will remind you of the place. If there is, just pick it up and put it in your pocket and have one last good look around. This special place will always be there if you want to go back to it, but for now it's time to come back. So, in a few moments from now but not quite yet, I'm going to be asking you to come back, so just make your way to the bottom of the steps. If you're bringing something back



with you then make sure you've got that. In a few moments I'm going to count from five down to one, and as I do so I'd like you to walk back up the steps so that when I get to one, you're at the top of the steps. Then I'd like you to open your eyes in your own time and gather your thoughts. So, five, the bottom of the steps, about to leave your special place. Four, walking away from the special place, feeling a little more awake and alert. Three, beginning to think about the room here at the _____ becoming aware of the noises around you. Two, feeling more awake, more alert, knowing that you're here in the room at the _____, sitting on a _____ chair with wooden arms. And one, in your own time, open your eyes and gather your thoughts, feeling wide awake.

Afterwards you can ask Larry for feedback about the experience, what he found useful or not so useful, how the experiences impacted upon him, and whether he enjoyed it or not. Get Larry to check the recording on his phone and encourage him to use it to practice his relaxation skills further.

8.6c Relaxing the body for Cara



Cara is a 6-year-old girl whose older brother, Connor, died by suicide. Cara lives with her foster carer, Lynn.

Cara found relaxation strategies more difficult at first as she didn't really understand the difference between tense and relaxed muscles. This story helped her understand "letting your muscles go soft and squidgy". The story is full of actions (identified by **purple**) that the practitioner did together with Cara.

The Scarecrow Story with thanks to Robyn Simpson

The scarecrow was a friendly sort, all golden straw, with a **very straight back** – straight as a pole. In fact, he was tied to a pole, which probably explains why his back was so straight. The scarecrow's **head reached up high into the sky**. On some days he could see fluffy castles and puppies with dangling ears floating past, or were they just clouds? On clear days, the scarecrow could just see the peaks of emerald hills. When the scarecrow looked around, on the other side the sea was waiting, shimmering and glistening in the distance.

The scarecrow would **reach his arm to the left** to try and reach the mountains. Then, the scarecrow would **reach his arm to the right** to try and reach the sea. But no matter how much the scarecrow **stretched his arm to the left**, or **stretched his arm to the right**, it couldn't reach anything. The scarecrow would then pretend that it could. The scarecrow would **reach out to the side with both arms**, and then **clench his hands into a tight fist** to hold onto a marble



sized piece of the mountain in one hand and a marble sized piece of the sea in his other hand. He would hold them very tight, then, eventually, with **palms up to the sky, release his hands, imagining the pieces rolling out of its hands** and disappearing.

The scarecrow also **stretched his legs - one at a time, downwards** to try and get to the ground. Every day, the scarecrow tried to **push his feet further away, toes first then heels, toes then heels**, until he could feel his calves and thighs grrrr-oaning with tightness, and the scarecrow had to **relax them**. Every day the scarecrow willed his arms and legs to grow longer so that he could get down, but the scarecrow was stuck to the pole.

The scarecrow wasn't alone in the field, however. There was also a rabbit, tiny and timid and mostly hidden by the long, pale grass in the field. The rabbit never ventured far from the scarecrow. Whenever the rabbit was worried or scared, which was often, given that she was a little rabbit in a big world, she would stand very still with **her shoulders hunched up to her ears and her chin tucked down into her chest**. The rabbit would **bend her elbows and tuck her arms tightly into the side of her chest**. And, with her **eyes wide open and darting around nervously**, the rabbit would scan the field as if waiting for something to arrive. A few moments later the rabbit would **relax** again, guessing that something had found other things to do.

One day the rabbit heard a loud 'grrr-oan'. The rabbit was frozen in its tracks with its **shoulders up around its ears, its eyes and nose screwed**

up really tightly and its jaw clenched as well. The rabbit, with everything screwed tightly shut, wondered what was happening. You knew the rabbit was really worried, because she had also **sucked her tummy in towards her backbone**. After a while, when the rabbit hadn't heard anything else, she **slowly opened her eyes and let out a big sigh**. The rabbit couldn't see anything to be worried about at all. **"Relax... breathe... release your shoulders and breathe slowly. Be like your ears, soft and floppy, soft and floppy"**, muttered the rabbit to calm herself. And as she said "soft and floppy", sure enough her whole body did indeed become soft and floppy.

"Soft and floppy?" enquired the scarecrow. "What are you doing?" The scarecrow had never spoken to the rabbit before.

The rabbit, surprised to hear the scarecrow speak, stammered that she had heard a 'grrr' from somewhere and got scared. The rabbit explained that when she got scared – and she got scared a lot – that she seemed to freeze on the spot and all her muscles got really tight. The rabbit said she had to find ways to release them. The scarecrow began **jiggling his legs one after the other**.

The rabbit studied the scarecrow for a moment until the scarecrow stopped moving.

"What are you doing?" asked the rabbit slowly. "I'm trying to release myself from this pole so I can go and see the mountains and the sea," said the scarecrow. "Will you help me?" The scarecrow asked the rabbit to climb up



onto his shoulder and see if he could get the scarecrow off the pole. The rabbit didn't want to disappoint the scarecrow and thought that it wouldn't hurt to try.

So, the rabbit hopped onto the scarecrow's foot. The scarecrow giggled, "That tickles my toes." Using the straw for help, the rabbit climbed up the scarecrow and up onto the scarecrow's shoulder. The rabbit could see, for the first time ever, the entire field with its splodges of greens and browns, but she could not see how to get the scarecrow down. The rabbit climbed down the scarecrow, but this time the scarecrow didn't giggle he just said, "never mind", in a way that made the rabbit know that the scarecrow really did mind.

Immediately, the rabbit set off. She was afraid of the other animals but knew that she needed their help. The rabbit got to the end of the field. The rabbit was shaking so much that when she saw a gorilla with a large furry arm, a hedgehog with a long pointy nose, an owl with golden eyes, and a cat with a fluffy tail, the rabbit's voice came out sounding more like a mouse than a rabbit. "E...xcuse me. But weeee- we need yooour help to... to... to... get the scaaaarecrow down."

"Hmm," said the gorilla as it **walked around, knees bent like a sumo wrestler, its long furry arms jingle jangled around, swinging with each step.**

"Hmmm," said the cat, as it **stretched and curved its back.** "Hmmmmmmmm," said the owl, **slowly turning its head from side to side,**

clearly thinking long and hard about the request.

Meanwhile, the hedgehog had **curled up tight into a little ball** and a long, slow "hmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm" could be heard from deep in the belly of the spiky ball.

It was a funny looking procession that made its way back to the field belonging to the rabbit and the scarecrow. The group stopped and looked at the scarecrow. The scarecrow didn't look at the group. The scarecrow was too sad.

The gorilla motioned for the animals to huddle together while it whispered instructions to them. They all nodded, and suddenly the animals were standing one on top of the other, like acrobats, beside the scarecrow. The gorilla was at the bottom, the cat was on top of the gorilla, the hedgehog was on top of the cat, the rabbit was on top of the hedgehog, and the owl was flapping its wings, hovering at the very top and looking at what was tying the scarecrow to the pole.

The scarecrow couldn't quite believe what he was seeing. But, what was even more surprising was that his left arm, and then his right arm, dropped to the scarecrow's sides no longer held to the pole. Then the scarecrow's head flopped forward. The owl stopped everyone at that point. 'Right, we are going to have to be a bit careful here. The scarecrow has been tied to the pole for so long that he's going to have trouble standing by himself.'

And sure enough, as the animals undid the ties at the scarecrow's neck, the scarecrow **folded over in half.** As they undid the ties at the



scarecrows waist the scarecrow **oozed, like honey, onto the ground.**

The scarecrow laughed. He found the sensation of being completely relaxed a little odd. His **arms and legs felt like they were sinking into the ground, while at the same time almost floating.**

"Will you help me stand?" asked the scarecrow. The gorilla picked the scarecrow up under his furry arms. Fortunately, all the stretching and jiggling the scarecrow had been doing meant that his legs were able to hold him up, and it was not long before the scarecrow was able to walk.

All the animals and the scarecrow were pleased with themselves and they laughed and imitated the scarecrow flopping to the ground many times. And after lots of "thank you", followed by "no, thank you" and "see you again soon", the animals wandered off to their own parts of the field, leaving the scarecrow and the rabbit gazing at the stars.

"So, I guess you'll be off on your adventure tomorrow?" asked the rabbit, trying to sound positive. The rabbit felt strange because on one paw she was happy that the scarecrow was now free from the pole, but on the other paw the rabbit didn't want her new friend to go away.

"You better believe it. I'm going to see the wild blue ocean the moment the sun wakes up!" The scarecrow didn't seem to notice the rabbit's sadness.

"You can come with me if you want." The scarecrow seemed to think this was a great idea.

"Ummm," responded the rabbit after a few moments of silence (which sort of didn't give much away, but then sort of did). "I don't think so, the sea is not really my thing. But thanks."

"Oh, ok then." The scarecrow was saddened that the rabbit didn't want to go to the sea. The scarecrow said goodnight to the rabbit and the rabbit said goodnight to the scarecrow. They both lay in silence, not really sleeping, and thinking that this was the last time they would see each other.

"The mountains on the other hand... I would like to see," said the rabbit. The scarecrow opened its eyes to see the rabbit grinning. The scarecrow grinned back and they both went to sleep.

8.7 Books about relaxation for children and young people

Listening to my Body

Gabi Garcia and Ying Hui Tan

Helping children understand the connection between their bodies and their feelings so they are better able to relax and self-regulate.

Quiet the Mind

Matthew Johnstone

More appropriate for young people, the illustrations are powerful images to help us understand mindfulness and relaxation.



8.8 Chapter summary

- Following a traumatic bereavement, children and young people may benefit from strategies to help them manage overwhelming feelings of anxiety and distress.
- Activities which develop skills in relaxing the body and the mind can be helpful.
- Activities can be adapted to suit the developmental stage and interests of the child or young person you are supporting, for example, harnessing their interest in Star Wars, or using stories.



9. The trauma of the death

9.1 What is the difficulty? The trauma of the death getting in the way

The story the child or young person has about the death is central to what makes traumatic bereavement so very hard. It can then lead to the development of post-traumatic symptoms, as well as other mental health difficulties. The child or young person may well have traumatic memories of the death itself, or of events surrounding the death, based on what they witnessed, what was reported to them, or even what they imagined. These memories might be made up of vivid sensory information, for example, being experienced as pictures, sounds, or even smells within the child or young person's mind. They can be intrusive, falling into the child or young person's mind without warning, and can make them feel as though they are re-experiencing what they saw, heard, or imagined over and over again, rather than simply remembering it.⁵⁴

The way that memories (or imagined images) of the death itself are re-experienced rather than remembered gives the memories a 'here and now' quality. This makes it difficult for children and young people to put the death behind them and look to the future, because the quality of the memory keeps it very much in the present.

9.2 How to explain it to children and young people

Good collaborative practice does not involve practitioners having expert knowledge to do something to or for the child or young person. It involves practitioners actively sharing their understanding of how trauma works with the young person. This 'psychoeducation' can be particularly potent for traumatically bereaved children and young people who may feel their traumatic symptoms are out of their control.

Initially, they may not understand why their memories or images of the death are so volatile and vivid. To experience such powerfully overwhelming phenomena may be terrifying. They may worry that they are going mad, or they may be ashamed to say anything to anyone because they are worried that others will think that they are not coping. And so they may be left managing these symptoms on their own, and they may not be able to make the link between the bereavement and their difficulties. They may not realise that the event of the death might have changed the way that they see things more broadly, and the resulting difficulties may seem random and irrational.

It can be powerful to explain to children and young people that memories for normal events are stored as words and stories, which is different to the way that memories of traumatic



events are stored. This can be demonstrated by asking them to tell you about a non-traumatic event from a few years ago. They will likely bring to mind the memory for that event and recount the story. You can explain that their brains previously took the details of that event and created a memory which is stored as words and stories. When you asked about it, they retrieved the story of the event.

You can explain how memories for traumatic events are not stored in this way, but rather as the actual sensory information. There are some examples of metaphors that can be used to help in Appendix 4. Furthermore, these events do not have a 'date stamp' in the same way that memories for non-traumatic events do. This makes it difficult to see them as having happened in the past. Instead, it can feel as if they are ever-present.

When these memories do come to mind, because they are not pleasant memories and often bring with them the original feelings of the event, the tendency is to try to block them. Blocking them can prevent them from being brought to mind and processed, so they are not changed to the the format of words and stories like normal memories.

In fact, the act of trying not to think about what happened can trigger the memory. You can demonstrate this by asking them to try really hard not to think about something benign such as an elephant on a bicycle, and then notice as their attempts result in the image coming to mind. Although it makes sense that a child or young person would try not to think about or remember what happened, avoidance might be maintaining some of the problems.⁵⁵

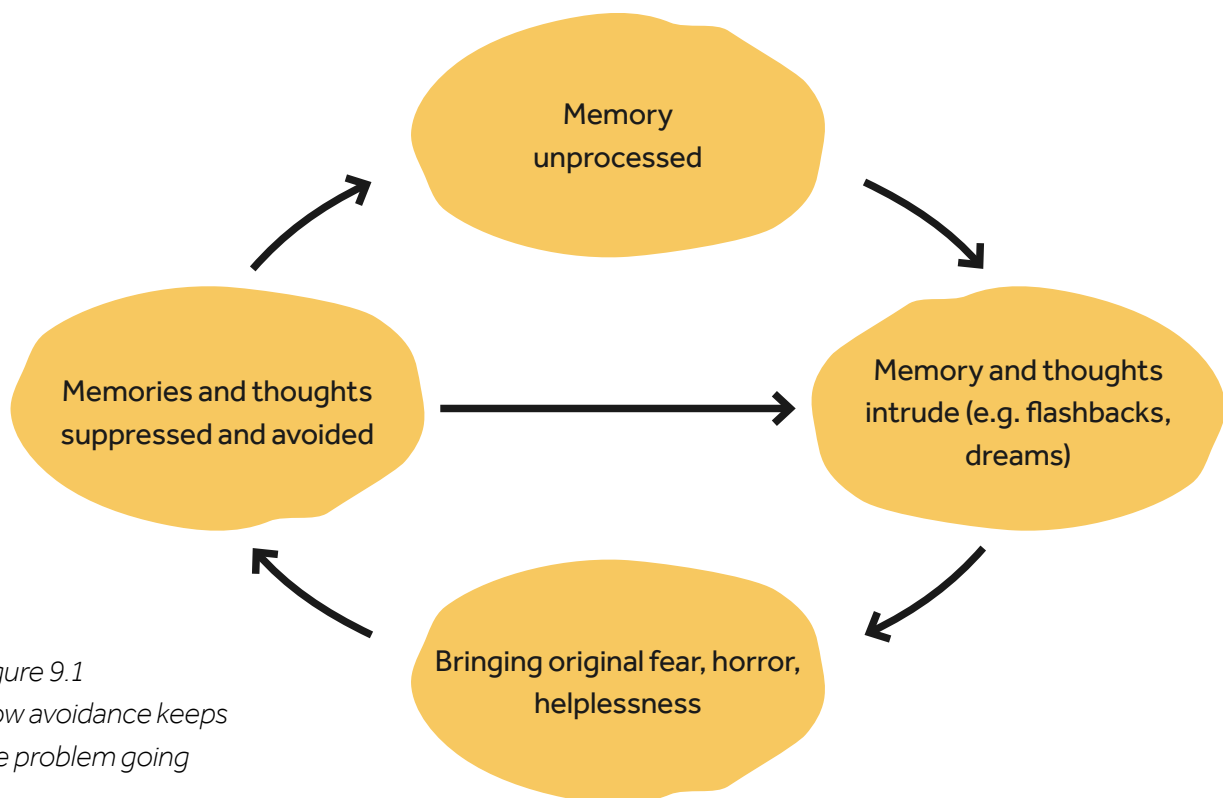


Figure 9.1
How avoidance keeps
the problem going



Helping to deliberately bring the memories to mind (by thinking or talking about them, or by drawing them), without being overwhelmed, will help to process the memories so they start behaving more like non-traumatic memories. It can also be helpful to explain that the way that we see ourselves, other people, and the world is based on our own experiences and how things are seen by those around us. Once we have an idea of the way that things are 'supposed' to be, that view of things colours the way that we see everything. With traumatic bereavement, the catastrophic message of the traumatic death takes precedence over all other experiences. If it is distressing to think about the death, it might be difficult to reappraise the sense that they have made of it.

Wesley's boomerang thoughts

Wesley found that the thoughts about his dad's death were very distressing. He tried to avoid thinking about him and put photos and other reminders away. He hoped that this would make it easier for him, but it didn't. His bereavement support worker explained to him that traumatic memories are a bit like a boomerang and the harder we push them away the stronger they come back. This helped Wesley to understand why he was being asked to talk about his thoughts and memories.

Help the child or young person to understand how the death has coloured the way that they see themselves, other people, and the world. They can then start to understand how the death is linked to some of their difficulties, and they may be willing to think about what the death means to them. The difficulties described above may have been demonstrated in your conversations with the child or young person, and you may have also identified them from the completion of the CRIES-8/13 or CPTCI measures in Chapter 5.

Other people around the child or young person, particularly family members, may also engage in avoidance if they are struggling with their own grief and traumatic memories. Adults, including other professionals, may believe that avoiding talking about the death will protect the child or young person from distress. They may worry that talking about it will make it worse. Evidence tells us this is not the case, and you can gently challenge this idea. Explain how talking about the trauma helps the child or young person to begin to process it and to reduce some of the difficult symptoms and distress. This can help the process of storing the memories in a different way in our brains, so that they are labelled and we can choose when to focus on those memories. You can help explain this to children and young people using various stories. One example was used to help Shabana:



The waste-paper bin analogy for Shabana

Shabana was really worried about talking about what had happened when her Baba (dad) was stabbed in front of her. No one at home could manage to talk about what had happened either. Her therapist, Rahim, helped her to see that her memories of what happened intruded into her mind frequently, making her very scared, as though she was back there watching it happen again. Shabana agreed she would like this to change.

Rahim told her about a young person he had previously worked with, and how that young person had used a waste-paper bin analogy to help him talk about his story.

This young person had imagined a waste-paper bin overflowing with scrunched up pieces of paper. The pieces of paper were all the bad things that had happened to him, and they were constantly falling out around him.

When the young person came to talk with Rahim, he said it was like taking each piece of paper out, un-scrunching it and reading it carefully. Then they would fold each piece up neatly and place it in the bottom of the bin.

"It means they don't fall out the top, and I have more room in my head to think about different things," the young person said. Although still cautious, Shabana found this idea helped her understand why she was being invited to talk about her hardest memories.



stop & think

This activity requires careful monitoring of the child or young person's response. Not to stop the retelling at the first signs of any emotion – it would be natural to feel scared or upset when they revisit their memories – but to prevent the child or young person becoming so overwhelmed that they will not want to continue the work. Strike a balance between being sensitive to the task and giving a sense of confidence that you can cope with hearing their story and will help them cope in telling it. Using the relaxation techniques from earlier in this chapter can help support the child or young person to tolerate some difficult feelings. If a child or young person starts to become overwhelmed rather than simply stopping mid-story, you could help them to cover the remaining parts of the story briefly and in less detail, perhaps giving 'chapter headings' rather than content. This will not be as potent, but it is important that they only go into as much detail as they can tolerate. You may want to offer a further opportunity to tell the trauma story in a subsequent session as the child or young person may now feel ready to try again. If they are not able to do this, pause the activity, seek guidance, and consider whether another approach or more specialist help is needed.

9.3 What can help: Telling the trauma story

In your work with bereaved children and young people, you may already include an activity for telling the story of what happened. This is broadly similar but has an additional focus as we notice what may have made it traumatic. In telling their story, it gives children and young people an opportunity to begin to unwrap those difficult memories and put them into words. Refer back to the competencies in Chapter 1 to help you work out if this particular activity is appropriate for you.

Having explained why this might be a good idea, invite the child or young person to retell the story of the death, enabling them to begin to put words to these memories. They may wish to start with life before the death, then think about what happened before telling us about what life is like now and their hopes for the future. The child or young person may need support to order and construct a coherent and organised version of the story. They may need support in believing they can cope with thinking about it and manage the feelings it may bring.

In listening to the child or young person's retelling, notice any inaccuracies in their story that might contribute to their difficulties. With family support you can seek to address these. As the child or young person retells their story, you may notice unrealistic or unhelpful thoughts they have developed about the death and what it means for them. Supporting the child or young person to identify and begin to address these can also be instrumental in reducing their trauma symptoms, as seen in Wesley's story.



Wesley's story



When Wesley's dad died in hospital it was not possible for Wesley to visit. Before talking it through with the support worker, every time he thought about his dad's death it was accompanied by a feeling of guilt, which was so distressing that he pushed it away. This meant that until the support worker helped him to go through it completely, he had not been able to think through whether or not his guilt was reasonable. His bereavement support worker was able to help him explore these feelings, explaining that we might feel guilty if we have deliberately done something with the intention of doing someone harm. On reflection, Wesley was able to recognise that he had not done anything intentional to cause his mum or dad harm. In talking this through with his mum, he also found out about the intensive care nurse who had sat with his mum and dad in the last hours of his life. Although this had been desperately sad for his mum, she had not been alone.

Afzaal's story

When Afzaal's Ammi (mum) died, his family were keen to soften the blow by telling him that Ammi had died in her sleep rather than name the illness, leukaemia. As a young autistic boy, Afzaal interpreted this language to mean that sleep had killed Ammi. This led to high levels of anxiety around sleep, even waking others in his family to open their eyes and check they had not died.

When Afzaal drew and talked through his story, his bereavement support worker identified this inaccuracy. With support from his Nanni (grandmother), Afzaal was told about Ammi's illness. Even though he didn't really understand leukaemia, he knew it was something important and that it was not the same as sleep. He was reminded that when we sleep, we are still breathing and our heart is still beating, so we are completely alive. Afzaal was able to settle more easily at night and be reassured that sleep would not make people die.





Some children or young people might choose to retell their trauma story entirely verbally. Others find it helpful to use drawing, writing, small world toys, puppets, or technology to assist in the telling. This can help the gradual step towards putting it into words. It can also help to adapt and engage with children and young people more individually in line with their developmental stage, ability, and interests.

Consider the role of parents or carers in this activity and at what points their involvement might be most helpful to their child. Having a parent or carer present during the initial telling of the story may provide the child or young person with a welcome sense of safety. On the other hand, their presence might make it harder for the child or young person to communicate openly, feeling they want to protect their parent or carer.

Importantly, having parents and carers listen to their child's story will help their child see that they can cope with it being spoken about. This may be powerful for families who have understandably found it extremely difficult to communicate openly about what happened, each protecting the other from their pain. Sharing the child's memories or thoughts about what happened might also help address any misunderstandings. You only need to be concerned with misunderstandings and misconceptions that might be contributing to unhelpful thoughts or beliefs about what happened and making it more difficult to process the trauma. Inaccuracies about details that do not change the story and the meaning made from it would not normally need your attention.

In planning the involvement of parents and carers, be mindful of the impact of the death on them and their capacity to cope with hearing their child tell the story. They may need support and preparation before any story work is shared, as well as support after the session. You will also be well placed to have discussions with the parent or carer if they need their own intervention, and may be able to offer signposting to appropriate services that can help.

9.4 Considerations for live online support

- Careful thought should be given to whether revisiting the trauma story can be safely and sensitively done over a video call. A key consideration will be whether the child or young person has access to support from a trusted adult at their home or school location should they need it.
- If this is to be undertaken, agree and practice a signal that the child or young person can give if they wish to stop as it can be harder to pick up on signs of distress online.
- When the trauma story is being retold, pictures can still be drawn by the child or young person and shared using the camera, or drawn on a shared screen.
- Alternatively, sharing screens and typing the child or young person's account can support their verbal retelling.
- Inviting a younger child to use their own toys to be characters in the story might support their retelling.



9.5 Sample scripts: Telling the trauma story

The scripts below describe possible ways of introducing and facilitating the telling of trauma stories for Cara, Afzaal, and Wesley. There are many questions included – you probably won't need them all as lots of children and young people are able to keep talking without them.

The questions act as prompts to keep the conversation going if the child or young person were to be more quiet in the session.

9.5a Telling the trauma story for Cara



Cara is a 6-year-old girl whose older brother, Connor, died by suicide. Cara lives with her foster carer, Lynn.

Cara, I would like us to try to think together about what happened when your brother died. When something so upsetting happens, sometimes our brains don't want to think about it because it feels too hard. Do you remember the memory clouds we drew before? The smooth shiny shape for the special memories you have of being with Connor and the rough, sharp shapes for the spiky memories of what happened? You really liked decorating the photo frame with the picture of you and Connor at the beach. That was one of your special smooth shiny memories. Today, shall we have a think about some of those spiky memories too? Remember the ones we drew in the spiky memory cloud shape [chapter 5 activity]? And how we talked about telling a grown-up you trust about them to help them not feel so spiky?

Before we start this, can we have a go at your

relaxing cat activities again. These might be really helpful for us to do if you start to feel upset. The lovely cat stretching and slow breathing you've been practicing has really helped you feel calmer, even when difficult thoughts or feelings come along.

Pause briefly to revisit relaxing the body and relaxing the mind, so that the strategies feel ready to use if needed, but not for so long that the stress of anticipation builds up or the child begins to be avoidant.

Spiky memories can be a bit jumbled up which makes it difficult to think about them. Today, we could try to sort them out by thinking about what happened before Connor died, what happened when he died, and then what life is like now. It's a bit like piecing all the bits of a jigsaw together.

I wonder how you'd like to tell me what happened? Would you like some paper and you can draw some pictures and tell me about them? Would you prefer to write it down, or to tell me the words so I can write them for you? Or have you got another idea? We can even use the puppets if you'd like.

OK, so you'd like to draw your story. Shall we start with a picture about what life was like before Connor died?

As well as listening carefully to Cara's retelling, we will be carefully monitoring her ability to cope with this. We would expect that she might feel emotional, whether or not she shows this. Stopping the activity the moment she shows any feelings might signal to her that this is too hard to think about. However, we will remind



her of her relaxing cat activities should she want to pause and calm down. If Cara were to be very avoidant, or we were concerned that it was too distressing for her, then it would be wise to stop the activity for now. We would then use supervision to consider whether to revisit the activity in a subsequent session or whether more specialist intervention such as Trauma-Focused CBT is needed.

Now let's think about when Connor died, how did you find out what had happened? Do you remember who told you and where you were? Do you want to draw just the pictures of you, or do you want to add any pictures of Connor when he died?

In this session, as we move on to thinking about when Connor died, Cara starts to find it harder and begins to avoid the prompts, instead drawing pictures of her cat.

Cara, that's a super picture of Nibs [her cat]. Can you try to do a bit of thinking about Connor again, about what happened when he died? I can see that you're thinking about my question. Can you tell me what you're thinking? Or how it is making you feel?

As Cara does not respond at this point but starts talking about playing with her cat, we decide to follow her lead.

Cara, you've done some good thinking for now and made a really good start. Shall we have another go at this next time?

Next session:

We revisit the introduction as previously and look at the pictures she drew of her and Connor in the last session. We then invite Cara to do some thinking about what happened when she found out that Connor had died. This time, she is able to draw a picture of Lynn talking to her on the bed.

Cara might only be able to manage to draw having the news told to her, but she might want the opportunity to remember Connor's death. Although she didn't see or find Connor, she may have built up a picture of what happened in her mind. This might be very difficult for her to draw and for us to watch. For Cara to see that we can manage this will be a powerful message that his death by suicide is not too much for us.

Can you tell me a bit more about this picture? Can you remember how you were feeling inside? Did anyone know how you were feeling? Did you have any questions then? What about now, are there still some questions you have?

As the listener we will want to pay careful attention to the words Cara is using, as well as the explanation of events she is giving. This helps us to know what she has understood and will help us pick up on inaccuracies or misinformation. This may also give us insight into the meaning Connor's death has for her, although she is unlikely to articulate this directly.

Cara, you are doing so well. Shall we carry on and think about what happened next? Was there a funeral for Connor? Who went with you? What happened there? Do you remember what you were thinking or feeling when you were there?



And now, what picture could you draw to tell me about life now? Are there bits like the rough, spiky shape? Are there any special bits like the smooth shiny shape?

Cara, you've worked so hard on these pictures and done so well to tell me all about your story. I wonder how you're feeling now. Shall we do some big, long cat stretches? How does that feel now?

What would you like to do with your pictures? I'd like to keep a copy in your folder here so we can look at them again another time, but do you want to take them back to show Lynn, so that she knows what you've been thinking about today? I can let her know so she is ready to look and listen when you get home.

We will need to give the parent, or in Cara's case her foster carer, an update to let them know about the session content so that Lynn can be emotionally available and understand the importance of the pictures she has drawn.

Reflecting on the emotional impact of this activity on ourselves and making space for some self-care will be important after this session. We can then use supervision to think further about how this experience was for us and how we have been managing our own thoughts and feelings at the time and since.

9.5b Telling the trauma story for Afzaal



Afzaal is a 9-year-old autistic boy whose Ammi (mum) died from leukaemia at home. His Nanni (grandmother) now looks after him.

This script details one possible way of introducing and facilitating the trauma retelling for Afzaal. There are many questions included. Afzaal may be open to talking without many of these questions needing to be asked. The questions act as prompts to keep the conversation going if Afzaal were to be quieter in the session.

We will want our communication with Afzaal to be mindful of his communication style, taking into account his autism. We are likely to need to use clear unambiguous language, adapt the pace in response to his level of attention, and support him with structure when he needs it.

At the beginning of the session, we might remind Afzaal that our sessions are about feelings and family to help focus his attention as he sometimes tends to become focused on other things (such as his latest Star Wars toys).

I would like us to try to think about what happened when your Ammi (mum) died, Afzaal. When something so upsetting happens, sometimes our brains don't want to think about it because it feels too hard. But if we don't think about it, it usually keeps coming into our minds even more. Putting it into words can help it not keep on interfering so much.



We might use a picture or model of the brain to demonstrate this and to keep Afzaal's attention.

Before we start this, can we have a go at your relaxing body activities again? Last time you pretended you were a Jedi and took some slow stretches with your imaginary lightsaber. These might be really helpful for us to do if your body needs to calm down. Your Nanni (grandmother) told me that you've been practicing at home and it has really helped you feel calmer.

Pause briefly to do a body scan so Afzaal can tell you or point to how his body is feeling. Briefly talk through his relaxing the body and relaxing the mind activities so that the strategies feel ready to use if needed, but not for so long that the stress of anticipation builds up or that he begins to be avoidant.

Sometimes our memories can get a bit jumbled up which makes it difficult to think about. It would be good to try to put the story of Ammi dying into the right order.

We might show this structure visually (before, at the time, now) on paper to help him see the sequence of events before Afzaal adds the details.

We could start with thinking together about when Ammi would take you to the park after school. Then we can think about when Ammi got poorly and had her bed downstairs and Nanni came to stay to help look after everyone. Then we could think about when Ammi died and how so many people came to visit you all. And then finally think about now – you're in blue class and Nanni has come to live with you.

I wonder how you'd like to tell me what happened? Would you like some paper and you can draw some pictures and tell me about them? Would you prefer to write it down, or to tell me the words so I can write them for you? Or have you got another idea? We can even use the Lego figures if you'd like.

OK, so you'd like to use the Lego figures, can you choose one to be you and one to be Ammi, then you can tell me what you liked to do together?

Do you want to use the camera to take photos of the story with the Lego figures? We can keep the photos to look at next time. Do you want me to write down what you tell me too and then we can read the story back?

As well as listening carefully to Afzaal's retelling, we will be carefully monitoring his ability to manage. We would expect that he might feel emotional, whether or not he shows this. Stopping the activity the moment he shows any feelings would confirm to him that this is too hard to think about. We will want to remind him of his relaxation activities if he might need or want to pause and calm down. If Afzaal were to be very avoidant or we were concerned that it was too distressing for him, then it would be wise to stop the activity. We would then use supervision to help us consider whether more specialist Trauma-Focused CBT is needed. In this session, although it isn't easy, Afzaal is managing.

Can you tell me about when you and Ammi used to go to the park?
Now let's think about when Ammi got unwell.



- Do you want to make a bed to show that Ammi
- stayed downstairs when she got very ill? What
- was Ammi's illness called? What changed when
- Ammi was poorly?

As we listen to Afzaal we can hear that he is not able to say very much about Ammi's illness except that she slept all the time in her bed and couldn't play with him or watch his programmes.

- And then can you tell me about when Ammi
- died? How did you find out that Ammi had
- died? What did they tell you?

At this point, Afzaal tells us that Ammi had 'gone to sleep' using the explanation he had been given by those at home. This helps us understand his hypervigilance around bedtimes and his need to keep checking that others are alive by prodding them to open their eyes, which was shared by the family in the referral session. Realising that this might be key to Afzaal's difficulties, we would want to address this before going further. Checking in with the family to explain how the 'gone to sleep' language has left Afzaal worried about sleep will be important, so that there is a clear rationale for the family in using direct language and a collaborative approach to explaining Ammi's death. We could then follow up and continue with the retelling in the next session.

Next session:

- You did so well last time, Afzaal, and now that
- you understand a bit more about when Ammi
- died and how her body stopped working, shall
- we add that part to your story?
- And now shall we do the next part of your
- story? Can you remember about the big
- funeral you had and all the people that came to
- visit?
- I remember you told me that Nanni is still living
- with you. What else has changed at home?
- Can we finish the story with something you are
- looking forward to? Maybe what you are doing
- in the holidays?
- You have done so well to tell me all about that,
- Afzaal. What a lot of good remembering. I'll
- keep these Lego figures and the paper for us to
- look at again next time.

We will need to give the parent (or in Afzaal's case, Nanni) an update to let them know about the session content. We would want the receiving adults to be emotionally available and to understand the importance of the work Afzaal has done in the session.

Reflecting on the emotional impact of this activity on ourselves and making space for some self-care will be important after this session. We can then use supervision to think further about how this experience was for us and how we have been managing our own thoughts and feelings at the time and since.



9.5c Telling the trauma story for Wesley



Wesley is a 15-year-old boy whose dad died in hospital after a short illness. At the time of his dad's death, restrictions prevented Wesley from visiting his dad in hospital.

Wesley, as I've been getting to know you, I've heard about how hard it's been for you since dad died. We've talked about how difficult you're finding it to manage at school and at home. We haven't talked in detail about what happened when dad died, but I'm hoping we can today.

It was so helpful that you completed that questionnaire last week. That has shown us both that thoughts about your dad are coming into your mind quite a lot, even though you don't want to think about it. That is the thing about trauma memories, they come into our minds even when we try to push them out and avoid thinking about it. People that work with bereaved young people have found that actually bringing the memory into our mind and giving it words can often be pretty helpful at reducing this. Do you remember last week when we talked about the boy with the wastepaper bin and how talking about what happened had helped his memories not fall into his thoughts so much. [See Appendix 4 for wastepaper bin analogy and other alternative metaphors for explaining why it is good to talk.]

What I'd suggest we do is talk through the story of what happened, at your pace. Because trauma memories often get a bit jumbled up, we could try to talk it through in order,

beginning with before dad became ill, through to him getting ill and dying in the hospital, and what happened afterwards through to life now. How does that sound? Shall we give it a go?

If it feels a bit tough, we can pause for a moment and then keep going. If it begins to feel too much for you today, then we can stop. Remember those relaxation ideas we tried – you used the Mountains and Valleys Breathing – this might be a really helpful time to have them on standby.

Striking the balance between encouraging and supporting the young person to go ahead with the retelling, but not putting them under too much pressure, can be tricky. Ideally, we want to demonstrate our confidence that retelling the story is a helpful evidence-based activity and that we have confidence that they are able to do it, but to also show sensitivity and understand that talking about the death isn't easy.

Have you got a photo of you and dad on your phone? Could you tell me about that picture – where were you, what were you doing? Thanks Wesley, now shall we think about when dad first got ill. Do you want to talk about what happened or would you prefer to write it down or make a timeline?

What did dad think about being ill? And mum, and you? And then when he went into hospital, even though he looked really poorly, he told you he'd be home soon.

Can we think about when dad was in hospital – do you remember when you found out that restrictions meant you would not be able to go and see him?



That sounds really tough. Was he well enough to communicate with you on the phone? Did anyone know that dad wasn't going to recover?

You're doing so well at explaining all this to me. How did you find out that your dad had died? Do you think you can tell me about how that happened?

Can you remember what you were thinking and feeling when you found out that your dad had died?

Sometimes, when the young person is retelling a section, it becomes apparent that they don't have as many details as they need and that missing information might be maintaining some of their unhelpful thoughts. When Wesley describes his mum being at the hospital, he keeps returning to the idea that she was probably on her own. This appears to cause him some distress.

I'm seeing that this is really hard for you right now and hearing that you think mum was on her own all that time. I wonder about the doctors and nurses. Very often when someone is at the end of their life, there are medical staff there to look after the person who is dying and the person who is with them. Do you think it would be helpful to try to find out a bit more about what happened at that time? Who do you think could help us with that? Do you want to carry on talking now – about what happened when mum got home – or come back to it when you have some more information? When mum first got home from hospital, how was it then? That first night? The next day? I remember you telling me that the funeral was difficult to plan - that there could only be a few family members there. How did you find that?

We will want to think about how to end this part of the session, giving Wesley some time to process the conversation and making sure to avoid an abrupt ending.

Wesley, you've been so honest in telling me about your story. It has been really helpful for me to understand. Shall we just spend a few minutes thinking about how you found that? And then can we spend a bit of time thinking about ways to look after yourself today, as some of these thoughts might still be in your mind quite a bit? Do you think you could tell your mum about what we have worked on today? Or would you like me to? It might be helpful if she knows a bit about what we've been doing today.

8.7 Books about trauma for children and young people

When Something Terrible Happens: Children can Learn to Cope with Grief

Marge Heegaard

A 'draw out your feelings' workbook offering opportunities to express emotions visually after a traumatic event.

The Boy who Built a Wall around Himself

Ali Redford and Kara Simpson

A moving metaphor illustrating how some people may build barriers to protect themselves from painful experiences and how they might be encouraged to let others support them.

A Terrible Thing Happened

Margaret M Holmes

A simple picture book about Sherman who tries to forget after he saw something terrible happen, but his bad dreams keep reminding him. Ms. Maple helps him talk about the terrible thing.



9.7 Chapter summary

- You can help children and young people engage with telling their trauma story by supporting them to understand about traumatic memories and how processing them, although hard, is more helpful than avoiding them.
- By offering sensitive and informed approaches throughout this process, you can support a child or young person through this process.
- Considering the role of parents and carers in trauma work can help both the child and their parent manage this element of your support.
- Different story-telling techniques can be employed to adapt to the developmental stage of the child or young person.



10. Low mood

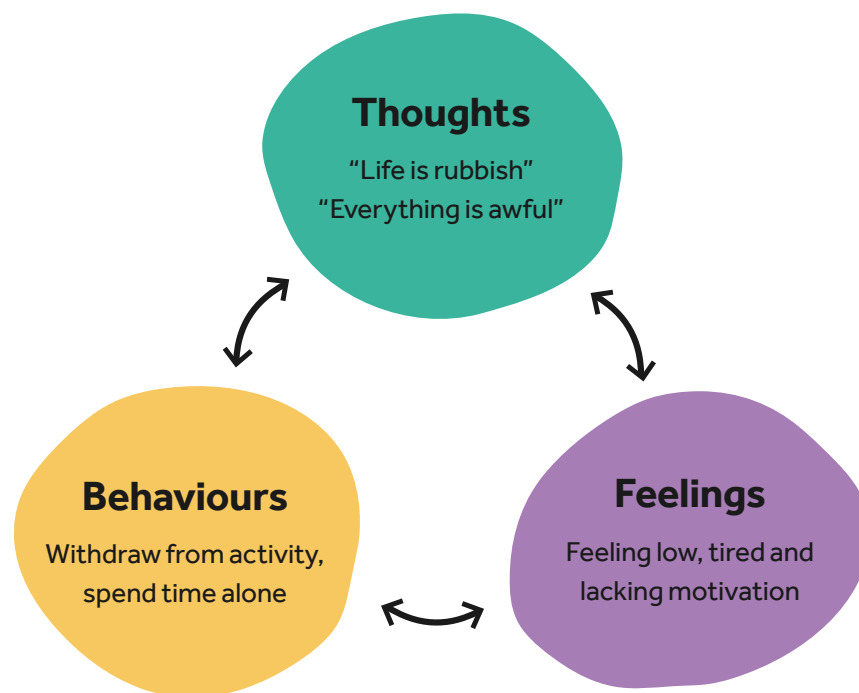


Figure 10.1
A thoughts, feelings,
and behaviours cycle
for low mood

10.1 What is the difficulty? Low mood impacting on everyday life

Grief and depression are not the same. Feeling sad after the death of someone important is a natural and understandable response. Depression is a more overwhelming and persistent problem where the emotions are not necessarily all about the loss. Unlike grief, where a child or young person tends to dip in and out of their sadness, low mood can be very hard to step out of to experience any pleasure in between. Difficulties managing a traumatic bereavement can sometimes leave a young person struggling with symptoms of depression. This may be evident from a child or young person's scores on the RCADS questionnaire (Chapter 5).

10.2 How to explain it to children and young people

Children and young people will benefit from understanding how the thoughts, feelings, and behaviours associated with low mood and depression create a vicious circle, each keeping low mood going. This is commonly explained in Cognitive Behavioural Therapy,⁵⁶ as pictured above.

When a child or young person's grief has begun to present more persistently as low mood, it can be hard for them to feel motivated to do things they used to enjoy. Spending time without meaningful activity increases the opportunity to keep thinking negative thoughts, and so the cycle continues. In discussing this with the child



or young person, you should be mindful this is not a suggestion that they should not grieve and be sad. Rather, it is about minimising more widespread negative thinking.

A child or young person struggling with low mood may comment that they do not feel like doing things and have no energy to participate in activities they once enjoyed. Waiting for the mood to lift before re-engaging with activities that used to bring pleasure is not usually effective. Doing things that have purpose and meaning, even minor things at first, can break the cycle, increase positive thoughts, and lift feelings of low mood.

The metaphor of dipping in and out of the puddle of grief can be useful to explain low mood, and how in traumatic bereavement it can be harder to step out of the puddle. At times, a traumatically bereaved child or young person might be so overwhelmed that they feel stuck in a well rather than a puddle.



stop & think

Talking about low mood might lead to conversations about self-harm or suicidal thinking. Explore the child or young person's thoughts and feelings sensitively and directly, taking appropriate action in line with your safeguarding policies, and consulting with NHS mental health services where risk has been identified.

10.3 What can help? Rebuilding my life

Discuss and draw up the child or young person's own cycle of thoughts, feelings, and behaviours to identify their individual cycle and work out how each element might contribute to maintaining their low mood.

Explain the rationale that by increasing positive activity you can begin to shift negative thought patterns and start to feel more positive. Begin to identify things the child or young person might enjoy participating in that are more active and positive for them, and be prepared to help them with small steps first.

Be mindful that for bereaved children and young people there may be the additional challenge of reduced opportunity to participate in activities as a result of financial or practical pressures following a death. For some children and young people, their favourite activities may also be intrinsically linked with the memory of the person who died. Children and young people may hold onto an expectation that they should not or cannot experience joy or happiness alongside their grief. You may need to discuss this openly and ask family members to provide reassurance that it is OK to experience happiness.

"When I try doing things, I feel a bit better and I don't have so much time to focus on the hard stuff."

Introduce an activity diary, encouraging the child or young person to plan activities they might like to do. They can then record how they felt using a number scale, with 10 being the best and 0 being the worst.



Date	What activity?	How did I feel? Rate the activity 10 = best, 0 = worst

Table 10.1 An activity plan template

Some children and young people might find it helpful to extend their activity diary by rating their activities on these three ACE elements: **Achievement**, **Closeness to others** and **Enjoyment** (remember not to confuse the ACE described here with that used to refer to Adverse Childhood Events).

Achievement refers to activities that give the child or young person a sense of purpose and accomplishment. In terms of improving functioning for a child or young person, achievement is crucial for re-engaging with home and school life: from steps such as tidying their room to completing a piece of homework or joining in with a club they once attended.

Closeness to others is important, as becoming withdrawn is a key feature of low mood and bereavement. Identifying and using a support network is key to managing feelings of low mood.

Enjoyment is important for children or young people to begin to experience some fun in life again. Tuning in to their attitude to pleasure and joy can be important, as grieving children and young people can sometimes feel guilty for enjoying themselves after the death of someone important. You may need to help them give themselves permission to enjoy life again.

Activity	Achievement	Closeness to others	Enjoyment

Table 10.2 ACE activity diary template



Noting the achievement, closeness, and enjoyment in each activity will help children and young people identify activities that are positive and meaningful for them. Some activities may fulfil more than one element. Others will only fulfil one but may still be important.

You can now revisit the child or young person's low mood cycle. Since adding some activities to their week, have they noticed any changes in their thoughts, feelings, or behaviours?

Activity-planning can also tie in with grief memory work and thinking about continuing bonds (ways of feeling close to the person who died). The child or young person could be encouraged to do something they used to enjoy doing with the person who died, to visit somewhere they used to like, or to spend time with people that were also close to the person who died. As well as supporting them to manage the painful feelings this might prompt, the child or young person might benefit from the sense of connection it brings.

10.4 Considerations for live online support

- When low mood is being discussed via video call, extra care will be needed to assess whether the young person is at risk to themselves, as it can be harder to pick up on cues across a screen.
- You should have a safety plan in place, so you know whether someone else is with them at home and who to contact if you are concerned during or after the session.
- A simple thoughts/feelings/behaviours cycle can be drawn up using word processing software and shared for the child or young person to complete. More simply, it can be drawn on paper and shared over the camera.
- Activity-planning diaries can be sent to the young person ahead of the session or can be shared and written up on the screen and then sent on to be used by the young person.
- Young people might prefer to keep and complete their activity diaries on phones or tablets rather than as paper versions.



10.5 Sample script:

Rebuilding my life for Wesley



Wesley is a 15-year-old boy whose dad died in hospital after a short illness. At the time of his dad's death, restrictions prevented Wesley from visiting his dad in hospital.

The script below details a possible way of introducing and facilitating the 'Rebuilding my life' activity with Wesley.

There are a lot of questions included in this script – probably more than you would need, because in reality children and young people are often able to keep talking without additional prompting once they get going.

Wesley, we've done a lot of thinking about the way that your dad's death has affected you, in particular how low you have been feeling and the way you have stopped doing lots of things you used to enjoy. I wondered whether today we might focus on that part of your grief and try something a bit different.

I'm not suggesting that it is not OK for you to feel really sad and miss your Dad. Do you think it's OK for people to still have some fun when they are grieving? What about for you?

Can I show you a cycle that often happens when someone is feeling low a lot of the time?

We all have thoughts, feelings, and behaviours that are linked to each other. These can create a cycle. That means that the thoughts, feelings, and behaviours keep each other going. When we are feeling low, it might look a bit like this:

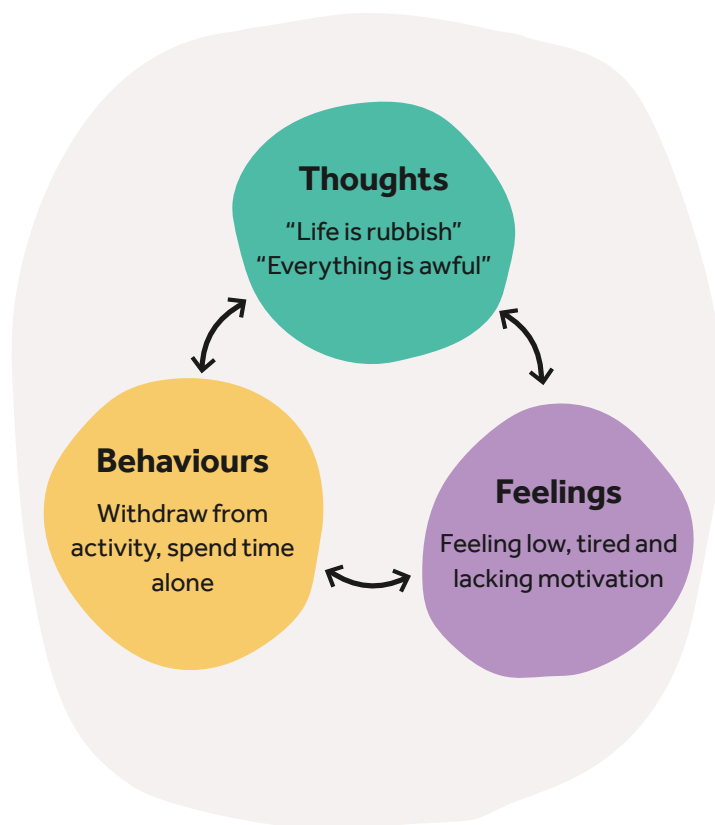


Figure 10.2 A thoughts, feelings, behaviour cycle for low mood.

We might have lots of thoughts, such as "My life is rubbish, things are so pointless." We might be feeling low, tired, or lacking in motivation. Because we are thinking and feeling like this, we don't want to do things, so we spend more time alone, opt out of doing activities we used to enjoy, or even stop talking with friends and people in our family. Does this make sense to you? Then because we are spending more time away from people, with little to keep us busy, there is even more time to focus on our negative thoughts and so our low feelings and lack of energy may even continue. And so, the cycle continues round and round. Can you see how one thing feeds into the next?



Maybe we could start by working out what your thoughts, feelings, and behaviours are and draw up your own cycle to help us make sense of things for you? Do you want to write down your ideas or will you tell me and I'll make the notes?

Wesley's cycle

We can see that your cycle looks pretty similar to the one I showed you. Does the idea of the cycle and the way that your negative thoughts and feelings strengthen each other make sense to you? There are a few different options to try to break the cycle:

1. You could try not to think negative things – just be positive.
2. You could try not to feel so low – just start trying to feel happy instead.
3. Or you could try to do something different – even if you don't feel like it.

What do you think of those ideas? They are all pretty hard. Most people don't want to feel low and want to begin to feel better and start doing things again. Have you tried number 1 or 2? Although they seem to make sense, it can feel impossible to change your thoughts or feelings just because you want to.

Often people say to me "I'll wait until I feel better before I start doing things again." The problem with that is that you might not feel better for a long time and being stuck in a low place can be extremely hard. And as you can see from the cycle, not doing things usually means that you continue to feel fed up and unmotivated. It can mean you miss out on important things and life can start to feel quite empty.

Those of us who support young people who are feeling really low have found that doing something different (number 3) might be the way to break that cycle. Shall we think about that?

Could we start by making a list of a few things to try- it can be helpful to think, "If I didn't feel like this, what would I like to be doing?"

♦ Basketball

♦ Watching a movie with mum

That's a great start, Wesley. I know that basketball has been really important for you. And watching a movie with mum sounds good too. Now let's write them into a table.

I'm also going to add three extra columns, labelled achievement, closeness to others, and enjoyment.

Activity	Achievement	Closeness to others	Enjoyment
Basketball			
Watching a movie with mum			



Different activities have different purposes and can make us feel good in different ways. Achievement is that sense of "Yes, I did it!" Closeness to others is feeling connected to people who are important to us. It doesn't need to be physically close - even talking to someone by voice or video call can help us feel connected. Finally, enjoyment. I think you already know what you used to enjoy. What we could work towards is finding activities that have different purposes so that across the weeks, different columns get a tick in them. This will be entirely individual to you. Have you got some ideas about what purpose your activities might have for you?

For example, for me, tidying up doesn't really give me a strong sense of enjoyment, but I do get a good feeling of achievement. Some activities are great because they fulfil more than one purpose. But just doing one thing that fulfils one purpose will be a really good start. Are you OK with this so far? Is there anything that you have a question about or want to talk through?

How do you think you'd like to complete this table? Maybe just writing a tick or by rating each activity on a scale of 1 to 10 of how good it made you feel. 1 being not so good and 10 being really fantastic. What would you prefer to do?

There's an empty row at the bottom. Do you think you could add one more activity in the last row this week and then rate that too?

Do you want to take the sheet with you to write on, or photograph it and keep notes on your phone? If you forget, please don't worry at all, but if you can have a go that would be great. We can then see how it went when I see you next time.

Next session:

Wesley, I see you have your activity diary there, that's great. Do you want to tell me how it went?

Activity	Achievement	Closeness to others	Enjoyment
Basketball	++	+	++
Watching a movie with mum		++	+
Homework	++		



• You've done really well, even added homework to the list and given it a double tick for achievement. And basketball gave you ticks in each column - how was it to play again? And what did you watch with mum?
• So, most importantly, what did you find about

• your low mood? Your thoughts and feelings?
• Are you feeling more or less tired, do you have more or less energy? And what about those negative thoughts? How about we redraw your thoughts, feelings, and behaviour cycle? Are things still the same or has anything changed?

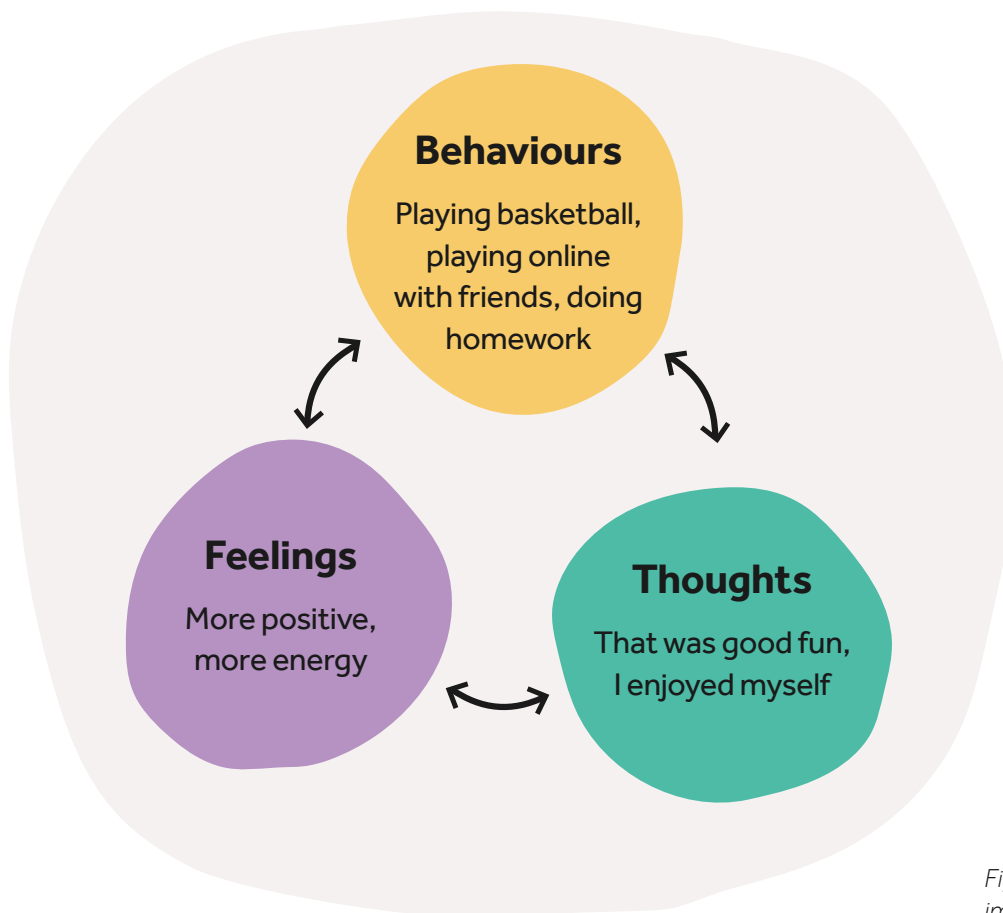


Figure 10.3 Wesley's improved mood cycle

• Wesley, this looks quite different to before, I can see a shift in the way you're thinking, feeling, and what you're doing. Does it seem like that for you?
• And what shall we do with this for next week?
• Do you think you could carry this on? When

• something has been difficult for some time, it can take a little while for change to happen. We then need to keep going and practice some more to make the changes stick. It would be great to see what you can add or do again next week, even if it is only one more thing.



10.6 Books about sadness and low mood for children and young people

The Sad Book

Michael Rosen and Quentin Blake

A moving autobiographical story about sadness, loss and grief. You could just share one page: "Every day I try to do something that means I have a good time. It can be anything, so long as it doesn't make anyone else unhappy."

Meh: A Story About Depression

Deborah Malcolm

A wordless picture book exploring the dark sadness that makes finding happiness so very hard.

I had a Black Dog

Matthew Johnstone

More suited to young people this book uses amazing illustrations to help understand how depression feels like a black dog and what can help.

10.7 Chapter summary

- Grief is not the same as depression, but a traumatic bereavement may result in a child or young person experiencing persistent low mood.
- Explaining the cycle of thoughts, feelings, and behaviours can help them understand and identify what is keeping their low mood going.
- Making activity diaries can support a young person to change their behaviours which can in turn have a positive impact on their thoughts and feelings.



11. Anxiety

11.1 What is the difficulty? Anxiety-provoking situations

Worry and fear about facing particular situations, as well as heightened fear about the death of others, are common and understandable features following a traumatic bereavement. Ideas for supporting both are included within this chapter. If the child or young person now sees the world as a place where bad things happen, and perceives themselves as vulnerable, then this can result in intense anxiety with a considerable impact on their everyday functioning. The responses of those around the child or young person might also contribute to the maintenance of anxiety. Following a traumatic bereavement, it is common (and natural) for adults at home and in schools to be protective of the child or young person, no matter their age. Other family members may also be struggling with their own bereavement, trauma, and anxieties. This may contribute to the child or young person seeing the world as a scary place. Use of the RCADS tool as mentioned in Chapter 5 might help to determine whether the child or young person is experiencing particular types of anxiety such as separation anxiety, phobias, or social anxiety.

11.2 How to explain it to children and young people

Children and young people will benefit from understanding that anxiety is a natural and necessary response to threat as it serves to get us ready to protect ourselves. After difficult or scary events the brain can adapt to become hypervigilant. This includes a key part

of the brain's emotion centre, the amygdala, becoming increasingly reactive. Sometimes this means setting off false alarms for things that are not really dangerous. It can be hard for us to notice that these are false alarms. In addition, anxiety can feel uncomfortable in the body, causing strong responses like an increased heart rate, shaky limbs, sweaty palms, and a knotted stomach. This can feel so unpleasant that we understandably want to avoid whatever made us scared.

Anxiety often makes us overestimate how hard or how likely something is and underestimate how well we can cope. This leads to us avoiding the things that make us anxious.

In the short term this can appear to work like it did for Cara:

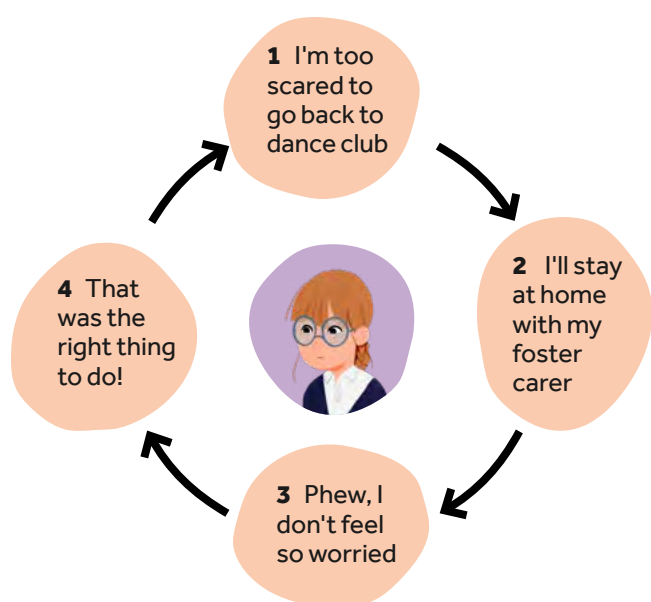


Figure 11.1 Cara's anxiety maintenance cycle

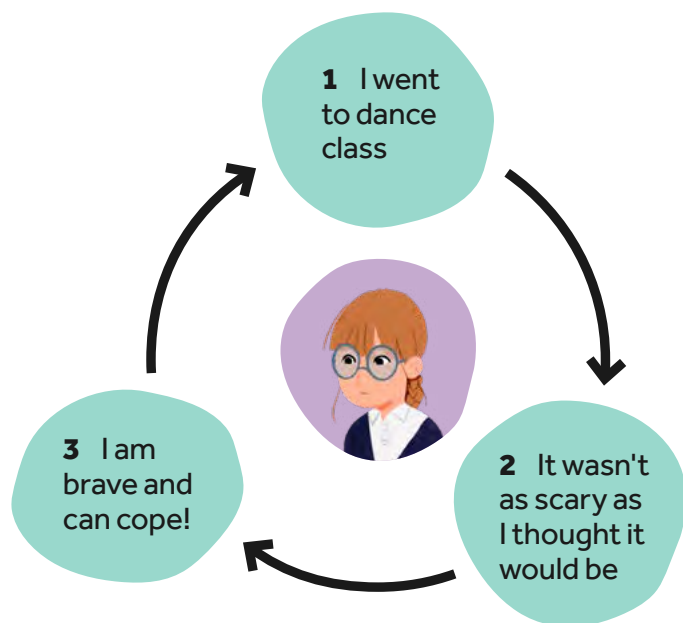


Figure 11.1 Cara's 'face my fears' cycle



stop & think

Even talking about worries can be anxiety-provoking, so be mindful of the child or young person's capacity to tolerate this. Inviting them to 'dip their toe in' can be helpful to get started. However, when a child or young person remains unconvinced after a rationale has been shared and a plan drawn up, putting them under pressure to proceed will be unhelpful. This information might be useful to share with NHS mental health services as part of a discussion about a possible need for more specialist help with anxiety.

In the long term, however, avoiding going to dance class keeps the anxious thoughts going, so that Cara cannot find out that:

*It is not as scary as she anticipates.
She can in fact cope.*

If she can begin to face her fear, she will find that her thoughts change, and she can cope.

11.3 What can help? Facing my fears and worries

Support the child or young person to identify and name their worry or fear. You can also help them to work out where in their body they feel their anxieties most and then help them understand that although unpleasant, this is an entirely normal reaction. Before going any further, remind them of their chosen relaxation strategy (from Chapter 8) which can be helpful to employ when their anxiety starts to build.

They can then be encouraged to create a step-by-step plan, which can be drawn as a ladder, to work towards gradually managing their anxiety.⁵⁷ By taking one step at a time, the child or young person faces their fear in a managed way rather than becoming overwhelmed by it. Collaboration is key for developing a step-by-step plan, as the plan is unlikely to be successful if the child or young person is not motivated. Working with them to note down all the reasons why they would like to overcome the anxiety is a helpful start.

*"If I didn't feel so worried about
I'd be able to...."*

Safely supporting a child or young person to face their fears is known as exposure work.⁵⁸ Offer some reassurance that they can make progress at their own pace and won't be

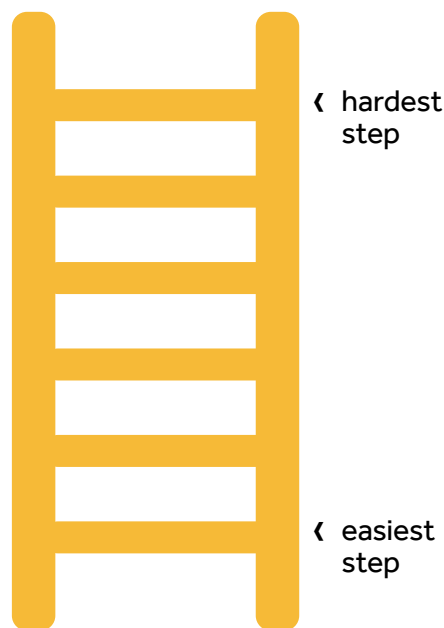


Figure 11.3 Step-by-step plan to managing anxiety

expected to dive in, unless they want to!

Support the child or young person to list all the possible steps towards achieving their overall goal and order them from easiest to hardest. This can sometimes be drawn up on a ladder (see figure 11.3).

The first step on the plan should be one that doesn't feel too difficult to start on. Crucially, the child or young person needs to practice each step and stay with the feelings of anxiety that arise until they sufficiently reduce and they feel they can cope. This is called habituation. The sample script below uses the analogy of stepping into the sea to help explain staying with the fear until it reduces.

Children and young people are likely to make different rates of progress up the ladder and may need to repeat steps until they are ready to move on. Sometimes, you might need to add in additional steps when the next rung of the ladder feels too big a step to take. Balancing the approach of being confident in the child or young person's ability to cope but empathetic to their experience of fear will be helpful.

11.4 Considerations for live online support

- 'Facing my fears' activities translate well to being delivered online.
- Step-by-step plans can be drawn up and shared over the camera or use a ladder shape drawn onto a document and filled in together.
- Care should be taken to pick up on any anxiety the child feels when talking about the plan, as this might be more difficult to ascertain on a virtual platform.



11.5 Sample script: Facing my fears for Cara



Cara is a 6-year-old girl whose older brother, Connor, died by suicide. Cara lives with her foster carer, Lynn.

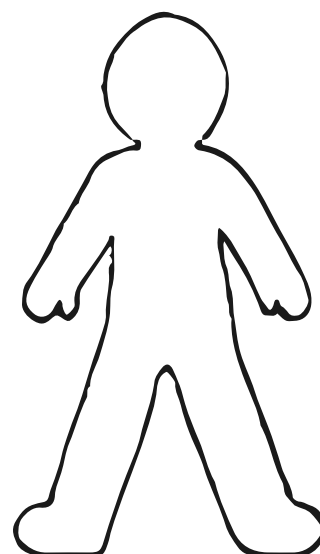
The script below details possible ways of introducing and facilitating the 'Facing my Fears' activities for Cara. There are many questions included in this script – probably more than you would need, because in reality children and young people are often able to keep talking without additional prompting once they get going.

Taking note of “**stop & think**” notes will help you identify and respond to potential areas of concern.

Cara, I'm wondering if we could have a think about those worries you have mentioned to me before. I know that Lynn has said that sometimes you feel worried about going to places without her. Sometimes when someone important dies, as well as being sad, we can feel scared about all sorts of things, things we never felt afraid of before. It's as if we've suddenly got really good at feeling scared. Can you think of a time when you get a scared feeling?

And when you start to feel scared have you noticed how your body feels? Can you show me about the places where your scared feelings happen in your body? Maybe you could colour in some parts of this body outline to show me. Or shall we draw our own? Hang on

a minute, if you like, you could lie on this huge piece of paper and I'll draw around you, or I could lie on it and you could draw around me.



That's really helpful - I can see that you've coloured in your chest and your heart. Can you tell me about how they feel when you are worried?

Also, your legs - you said they feel a little shaky when you are worried. That is your body doing all the things it needs to do to when your brain thinks there is something scary. It's a bit like this...

In the part of our brain that controls our feelings is a tiny bit that sets off all the worried feelings. (If you want the science word, it



is called the amygdala, which is the Greek word for almond, because it looks a bit like an almond – or at least the people that first examined what brains look like thought it did. But then they thought another bit look like a sea-horse – which it really doesn't.) What shall we call yours? We could call it Mr Panic Pants. Its job is to be on guard in case anything scary should happen. If it notices anything it thinks is scary then it sends messages through our whole body. These messages make our heart beat faster, our breathing faster, and our legs a bit wobbly. Some people get a funny feeling in their tummy too.

We would tailor this explanation to the developmental stage of the child and also to what they have told us about where they feel their anxiety and how it makes their body feel. We might want to add: our heads feeling fuzzy, our arms feeling tense or tingly, our bodies feeling hot and sweaty.

These messages are brilliant at getting us ready to be safe again by running, hiding, or even fighting the scary thing. This would be really helpful to keep us safe if a truly dangerous thing was happening. But sometimes our Mr Panic Pants can get a bit too scared and a bit too bossy, so that even things we used to do quite happily make us feel scared, or even things that we would like to do give us big worried feelings. Sometimes when someone has died, it can make Mr Panic Pants frightened of all sorts of things. What we can do to help with this is to train Mr Panic Pants not to be so scared, to help him, step by step, to face the things that are making him feel worried. That will also show us how brave we can be.

Cara, you were telling me about when you feel worried and how, since Connor died, your worries have stopped you going to dance lessons. So, you're really missing out. Shall we think about how we could start to feel brave about dance lessons again, step by step?

Can we start by drawing round your hand? That's great. Now can we think of all the things that would be really great about being able to go to dance lessons again? If you weren't feeling worried, what would you like about dancing again? Let's write one in each of your finger shapes:

I will get to see my dance friends
I will get to wear my dance clothes
I will get to learn new dances again
I will get to stay up later on Thursday
I will get to be in the next concert

This is a really important list as it helps us to remember why you want to feel brave about dancing again.

Now shall we start making your own Being Brave Plan. We could draw it in a ladder shape. Let's think about all the little steps that might help you build up to enjoying your dancing again. They'll also help Mr Panic Pants learn not to feel so worried about you going to dance lessons again. Could it be just visiting the dance class, waiting outside, going inside, doing some bits on your own or some bits with Lynn watching? What ideas have you got?



Now we've got a list, shall we have a go at writing them onto the ladder shape. We could start with the one that is easiest and work our way up. Let's put the bravest step of all right at the top.

To stay on my own in the lesson with Lynn waiting outside

Lynn to stay for half the lesson and then for me to stay on my own for half the lesson

Lynn to stay with me for all the lesson except the last 10 minutes

Lynn to stay with me while I join in the dance lesson

To visit and watch the dance lesson with Lynn

To visit to say hello to my dance teacher and friends

To contact one of my dance friends (or dance teacher)

Start here

Brilliant. Now there's one more important bit to talk about. When you climb each step of the ladder, Mr Panic Pants might send all those messages about being scared. That might make your body feel frightened, your heart beat faster and your chest feel tighter. That might make you feel like stopping the plan and just going straight home. This is when you need to work hardest to train Mr Panic Pants. You'll have to be more bossy than him so that you stay on each step of the ladder until your body starts to feel calmer again.

Getting bossy with Mr Panic Pants is a bit like going to the seaside. Can you remember what it is like when you first step into the water? That's right, it feels so cold. If we step straight back out of the water, then our bodies and our minds just remember how cold the water was. If we stay in the water, maybe even going a little deeper, then what happens? Yes, it doesn't feel so cold. The sea hasn't warmed up, but our bodies and our minds have got used to it. It's a bit like that with facing our fears. If we stop and run away when our bodies tell us they are scared, then that is what our bodies and minds will remember. If we stay with the scared feeling, then our bodies get used to it and we find we are braver than we thought.

Does that make sense, Cara? Can you tell me the plan back again so I can see if I have explained it well enough? What I'd like to do is for us to talk this through with Lynn, so that she understands your ladder plan and can help you get started. A Being Brave Plan could also have some little rewards as you do each step of the ladder. Maybe you could choose a new set of gel pens and each time you move to a new step, you can choose a new colour from the pack to keep. In our next session, I'd love to find out how you



... have been getting on. Maybe you've made a
... step up the ladder, or even two? Maybe you'll
... tell me that you tried out being bossy to Mr
... Panic Pants. If it has been a bit hard, then I want
... you to come back and tell me all about it. Then
... we can get thinking on some other ideas to
... make it not so tough.

11.6 What is the difficulty? Fear of someone else dying

Not all the fears that traumatically bereaved children and young people have will be suited to the 'facing my fears' approach outlined above. In particular, fearing that someone else will die. This is a significant worry for many bereaved child or young person and might be more so if they have been traumatically bereaved.

11.7 What can help? Honest conversation

You might want to help the child or young person to explore this anxiety if it is having an impact on their ability to function and enjoy parts of their life. Whilst you might be able to help them manage specific areas of anxiety, as with Cara above, you can give no guarantee that no one else will die, and if you did you would lose their trust. However, you can validate how frightening that thought must be and how upsetting it would be if they were to experience more grief. Gently explore how likely this is to happen and think about whether worrying actually makes it more or less likely to happen. You might also want to help the child or young person identify people in their support network

who support them when difficult things happen. Some children and young people feel less scared when they know what the plan would be if someone else died, particularly if the concern is about their remaining carer.

11.8 Books about anxiety for children and young people

Hey Warrior

Karen Young

A fantastic book for explaining the physiological symptoms of anxiety to children in a way that empowers them.

After the Fall

Dan Santat

Humpty Dumpty has been badly hurt after his fall, but long after his physical scars have healed, he finds that his fears stop him from doing what he most loved – sitting on top of the wall.

Black Dog

Levi Penfold

A thought-provoking message about facing your fears in this clever story.

My Anxiety Handbook

Sue Knowles, Bridie Gallagher and Phoebe McEwen

A guide to help 12 to 18 year-olds get back on track recognising, managing, and overcoming their anxiety.



11.9 Chapter summary

- Anxiety can arise from a traumatic bereavement as the child or young person may see the world as a scary place and see themselves as vulnerable.
- Understanding why anxiety arises and what it does in the body can be helpful.
- Avoiding things that provoke fear keep the child or young person feeling scared or worried and may maintain their self-image as unable to cope.
- Helping them develop a step-by-step plan to face their fears can help reduce anxiety.



12. Frustration

12.1 What is the difficulty? Managing frustration

Experiencing a traumatic bereavement can result in children and young people struggling with a range of overwhelming emotions, including strong feelings of frustration or anger which can be difficult to tolerate. The way those emotions are expressed may cause more problems for them as they risk getting into trouble or harming themselves or others.

12.2 How to explain it to children

Children and young people will benefit from understanding that strong emotions such as frustration are experienced when we feel under threat, whether real or imagined. The amygdala, part of the brain's emotion centre, is brilliant at noticing and sending us danger messages that would be helpful if we were in danger. These danger messages get us ready to fight, protect, or defend ourselves with our words or actions before we have even worked out if the danger is real.

After a traumatic bereavement, our brains may be more alert to potential danger and switch to fight or flight mode more often. In such instances, we can think of the amygdala as responding before our conscious thinking brain has the chance to figure out if there really is a threat that we need to respond to. Managing strong emotions is about beginning to recognise when this is happening so that the child or young person can press 'pause' and get their 'thinking brain' back online.⁵⁹

There is no single approach to managing strong emotions, but it can be useful to develop an individual plan that considers the following three steps: recognise, rate, and respond. This would initially need to be done by thinking back to a time when they had a strong angry response and using the memory of what it was like to help work through the steps of recognise, rate, and respond. Practicing this helps build up a plan for how to employ these skills the next time the emotion occurs, which is unlikely to be within the therapy session.

12.3 What can help? Recognise, Rate, Respond



Firstly, ask the child or young person to recall a recent time when they had a strong angry response and support the child or young person to recognise the emotions they were experiencing. It can feel as though emotions develop in an instant, but often there are clues within the body when a strong feeling is building up. Start by completing a body scan, encouraging the child or young person to mentally scan through their body, looking for



physiological clues that suggest feelings are building up.⁶⁰ As they work up or down through their body, they may notice some tell-tale signs of their muscles tensing, their heart rate increasing, or their breathing becoming faster. This scan provides the child or young person with a momentary pause as they identify the physiological changes and it can be surprisingly helpful to put a name to the emotion. This is part of the process of understanding and taking control of the emotion, rather than having the emotion in charge. By naming the emotion, the child or young person gives some of the control back to the thinking brain rather than being driven by their emotions. Saying it out loud to someone else can really help with this. They may also be able to work out whether this is a real danger situation.



Next, help the child or young person to rate their emotional level: stress, anger, rage. How big or how strong is the feeling? They may mentally use a scale of 1 to 10, a colour grading or a visual rating tool such as a thermometer or stress-o-meter. This gives them a moment to pause. Rating the emotional level can also provide the adults around the child or young person with information on how strong this emotion feels for this child or young person at this time. This can lead to more helpful responses and validation from these adults rather than relying on their observations alone.



Finally, support the child or young person to build up a bank of ideas for how to respond safely and appropriately according to the situation, context, and their developmental stage. The respond activities may include ways of calming down to reduce the stress the body is feeling, as well as safe ways to let some of the stress out. It is crucial that the responses identified are those that do not cause harm and do not get the child or young person into trouble.



stop & think

Children and young people who are expressing emotions in risky or problematic ways might need some support to identify which of their current responses are OK and which are not so helpful. If you are concerned about the level of risk, you should seek guidance from your organisation and where appropriate consult with your local NHS mental health service.

It is important to go through these steps and plan the responses in advance, at a time when the child or young person is not experiencing their anger or frustration. When strong emotions are already present, they may not



have the thinking space to be able to generate ideas at that moment.

A child or young person may, with practice, be able to work on employing these strategies appropriately in the moment. Working collaboratively with the child or young person's parents /carers, and where possible their school, can enable vital wrap-around support and understanding. In this way parents and carers can be helped to understand strong outbursts as the result of overwhelming emotions resulting from their bereavement. Adults close to the child or young person will be well-placed to help them recognise when their emotions are rising, help them rate the feelings, and encourage them to use some of the respond strategies. Even when things have not gone to plan, those adults can encourage efforts to manage strong emotions.⁶¹ It is important for a child or young person to see adults around them try to manage their own emotions. It would be unfair to ask them to work on this when adults around them are not able to try and model this process.

12.4 Considerations for live online support

- When online sessions are taking place at home, consider whether the environment is triggering of strong emotions, as their home may be the place where they most often experience frustration.
- Being at home may be a benefit as the child or young person can go and find things to help them respond to their feelings e.g., finding a cushion to squeeze, or an activity that helps them feel calmer.

12.5 Sample script: Recognise, rate, and respond for Afzaal



Afzaal is a 9-year-old autistic boy whose Ammi (mum) died from leukaemia at home. Afzaal lives with his Nanni (grandmother).

The script below details one possible way of delivering the 'recognise, rate, respond' activity. There may seem to be a lot of adult talking here, but in the session, we would hope there would be a lot of child or young person input to balance the conversation. This script uses two central ideas: showing the child what happens in their brain when they have a strong feeling, and working with them to manage big feelings, drawing on Siegel and Bryson's work.⁶²

• Afzaal, you have been so good at practising your lightsaber relaxation. Nanni tells me you have been using it a lot. I wondered if today we could think a bit more about some other ideas to help when your body starts to feel really big emotions. I know you told me that you sometimes get into trouble when you use cross words or push your brothers and sisters. That must be hard. I'm not here to tell you off about that but to work with you to make a new plan for big feelings.

We will need to clearly explain that we are not talking about this in order to tell the child or young person off. We can validate their feelings without judging their responses.

• After someone special dies, we might get more frustrated and cross than we used to. When our feelings are hurting, we sometimes find that we end up hurting others too, with our words or actions.



Sometimes the hurting is self-directed. We would want to name and explain this if that were the case.

Shall we start by thinking about what happens inside us when an angry feeling comes? Let's make a fist like this with our thumb tucked in as a way of looking at what happens in our brain when we get angry.



Our thumb is our feelings brain, it is where all our emotions and memories are stored. Our fingers are our thinking brain which is great at working out what to do. When we are calm, our thinking brain is close to our feeling brain and when a feeling comes the thinking brain can help us work out the best thing to do. Sometimes a really big feeling comes and then we 'flip our lids'.



Our thinking brain goes offline and can't help our feeling brain work out the best thing to do.

Can you think of a time when maybe you flipped your lid? Tell me about it...

We might need to offer some extra help with the language 'flipped your lid' or describe this using words that are easier for the child or young person to understand, such as lost your temper or got really mad.

So, when your sister said you had to stay in bed, you were cross because you like to come down and see everyone in the evenings and don't always like being upstairs on your own. And then what happened?

You pushed into her, knocked her over, and ran downstairs. Then you got sent up to bed again and this time you broke your Lego model in your room. Is that when you kept hitting your leg and you got a red mark? That sounds like a very difficult time, Afzaal. Thank you for being so honest about what happened.

Can we think about making a new plan for when those strong feelings come? The plan has three stages which help us get our thinking brain back online and help us do things that don't get us into trouble.

The first one is Recognise. We do a body scan, checking up and down through our body for signs that we are feeling cross or frightened. Can you tell me about any clues there are when a strong feeling is coming? Yes, you start to feel hot, and your heart starts beating faster, and your muscles go all tense. That is brilliant detective work! Now that you've recognised a strong feeling, can you give it a name?



Some children and young people will need to focus on just one step at a time and go away and practise that before introducing the next step.

The next step is to rate it. How big do you think that feeling was? Show me with your hands. Actually, now can you give it a number? 1 is a teeny-weeny little feeling and 10 is as big as a feeling can be. This was an 8, so pretty big then.

We can use visual aids to support rating strong feelings and to help the child or young person communicate the strength of a feeling without having to try to find their words.

So now you can recognise that the feeling is coming, give it a name, and rate it by telling me how big the feeling is. That is really using your thinking brain.

Now the final step is to plan a response - things you can do that don't get you into trouble and don't hurt you or anyone else. Shall we use this paper to write down any ideas you've got?

It may be useful to write down all ideas at first and then sort them into OK responses and not so OK responses using the 'don't get me into trouble or hurt anyone' rule. We may need to offer some ideas that are in keeping with the child or young person's developmental stage as well as being culturally appropriate. We may also need parent/carer input into what they find acceptable responses to strong feelings.

That's great, you've got lots of ideas, Afzaal. Which ones would have been helpful to try when you were told to stay in your room the other night? I love that idea - to give your cuddle cushion a big squeeze and then to try your lightsaber relaxing movements.

Now that we can see you are a great planner, the next thing is to practice these three steps - recognise, rate, and respond - so that you get really good at using it to help your brain not to flip its lid. Can we tell Nanni about this? She will be so impressed. She will also be able to help you practice. I bet she's pretty good at spotting when your body is getting a big feeling.

When I see you for your next session, shall we see how it has been going? It might be hard for it all to work at once but even if you practice step one that will be a great start.

Parent/carer involvement and support is crucial to the success of managing strong emotions. Where possible, school involvement is likely to be helpful as well. It might be that the plan can tie in directly with a school-led approach. Adults will be needed to help prompt a child to begin to utilise their plan and praise efforts and attempts in managing emotions, even when it didn't all work out. Adults around the child need to consider their own ability to manage their emotions. It would be unfair to expect a child to employ this plan whilst others around them are flipping their lids.



12.6 Books about managing strong emotions for children and young people

Angry Arthur

Hiawyn Oram and Satoshi Kitamura

An original and engaging story about Arthur who doesn't manage his anger very well.

Mouse was Mad

Linda Urban and Henry Cole

Plenty of humour in this simple story about Mouse trying to find the best way to be mad.

My Intense Emotions Handbook

Sue Knowles, Bridie Gallagher, Hannah Bromley

A guide for young people who don't want to be controlled by their emotions, drawing on evidence-based techniques to help put them back in control.

12.7 Chapter summary

- A traumatic bereavement may leave a child or young person struggling to manage strong emotions of frustration or anger.
- Understanding what is happening in their brain can be a useful first step.
- Using a recognise, rate, and respond process, children and young people can be supported to develop a plan to manage their strong emotions more successfully.



13. Isolation

13.1 What is the difficulty? Sense of isolation

Experiencing a traumatic bereavement can result in children and young people struggling with a range of overwhelming emotions, including strong feelings of frustration or anger which can be difficult to tolerate. The way those emotions are expressed may cause more problems for them as they risk getting into trouble or harming themselves or others.

Relationships can be put under strain after a traumatic bereavement. Those in the child or young person's family might also be grieving and affected by the trauma of the loss and so may be less available than before the bereavement. Friends may be unsure about whether to mention what has happened, or how to do so. The child or young person may find themselves isolating themselves and withdrawing from friends, so just when they need their friends more than ever, their relationships may be especially fragile. For children and young people's long-term wellbeing, it can be helpful for them to identify who is in their support network and which people are good for them, or not!⁶³

13.2 How to explain it to children and young people

A traumatic bereavement might have left a child or young person feeling particularly unsafe or vulnerable, so they need to have trusted people

who can give them a strong sense of security. Helping a child or young person identify positive social connection does not mean you're dismissing their grief. You're helping them use the support of others to be less lonely. When you are thinking about who is 'good' for them, help them to think about which people are 'best' in particular ways. It would be helpful if some of their support network are 'best' for talking to and understanding their specific difficulties. It is also OK if some are 'good time' friends who offer a different kind of support, for example, because they are fun to be around and offer a sense of distraction. Including people who are 'best' for particular roles can also help expand conversation beyond those who they like. A child or young person may then be open to considering people who might be 'best' at helping them get on track with certain elements that they are struggling with, for example, teachers and schoolwork.

13.3a What can help? Mapping who's there for me: Three Islands

Invite the child or young person to draw three islands. This first island has a bridge with a locked gate joining it to the second island. The third island is completely disconnected. The young person can add themselves to the first island with the key to the locked gate. They can now add the names of people in their lives.



Island 1: Who would be on your island with you?

Island 2: Who would you put on the bridged island where you can have access to them using the key, when you want?

Island 3: Who would you put on the separate island because you'd rather not see them? They can also add sharks to the sea and choose people who they want to feed to them!

You might use additional questioning to help them to decide who goes on which island:

Who is on your team and has your back?

Who has been good at supporting you since ___ died?

Who is good at listening to you?

Who relies on you to make contact?

Which relationships cause difficulties or distress?

Who offers practical support?

Who would you like to see more of or less of?

Is there anyone missing?

What changes would be helpful to have the right people on your islands?

Who would you rather leave in the water with the sharks!?! (PE teacher?)

13.3b What can help? Team tactics

This same core activity might be introduced with a different metaphor for a child or young person who is keen on sport. Again, invite them to identify and draw out three groups:

- Who is in your team?
- Who is on the bench? You can sub them in when you need them.
- Who has a red card? You have the option of them returning to the bench in the future.

The child or young person goes through the same process as above, drawing on the same kind of questions about who is great to have on their team and why.

13.3c What can help? My chain of support

Drawing on the same theme but in a simpler format for younger children or those with developmental needs, make a paper chain of people.

They can make a person for everyone in their support team even if it means connecting several chains. They can even attach them together to make a ring of support.



Alternatively, if the child is able to consider how these people are 'good' for them, use four person outlines and label them: talk to, hug, cry with, and laugh with. They can then add the names of people who offer them each type of support. Some people in their team might be 'super supporters' if their names appear on more than one outline.



stop & think

Inviting children and young people to tell us about their support network can be potentially exposing for those whose network is smaller and more fragile. This might be particularly significant for children and young people who have experienced previous trauma and adversity, especially those who are in foster care or have been adopted. Using a gentle approach, you can seek to find out about who they identify as being on their team. Where it is a smaller network this is important to know as it may prompt work to build and deepen that network.

You might also be mindful about how children and young people describe their relationships with others, taking care to follow safeguarding procedures when you are concerned.

13.4 Sample script: Three Islands for Wesley



Wesley is a 15-year-old boy whose dad died in hospital after a short illness. At the time of his dad's death, restrictions prevented Wesley from visiting his dad in hospital.

The script below details one possible way of delivering the activity, Three Islands. There may seem to be a lot of adult talking here, but in the session, we would hope that there would be a lot of child or young person input to balance the conversation.

Wesley, we've talked quite a lot about how it has felt quite lonely since your dad died. And how because you've felt so low, it has been harder to want to be around others. Sometimes, when it feels as though no one really understands we can feel a bit alone. Since we did the work on rebuilding your life, you've been amazing at trying to put some activities in your life again and you've told me how that has helped you. The closeness activities also highlighted how important it is to keep some connections going. Today, I am hoping we could think a bit more about the people who are around to support you and how they can (or already do) support you. You can think about anybody, family, friends, your basketball team, school staff, neighbours...

Can we start by doodling three island shapes on this paper? Am I drawing today or are you taking the lead? Can you write your name in the middle island, draw a bridge connecting your island to the next island, and put a locked gate there? Now draw yourself the key so you can choose when to open and close the gate, so that you're in control of who can visit and who you visit. This third island here just sits on its own.

So, now I'm going to ask you to think about people in your life, and then we choose which island they go on. The first island is for all the people that offer you great support and you want to have around you. On the second island with the locked gate, you can put anyone who it's good to have in your life when you want them, that's why you've got the key to let them in. What do you think about the third island? That could be for people who are in your life, but you don't feel connected with. To help you choose who to put where we could think about these questions:



Who is on your team and has your back?

Who has been good at supporting you since dad died?

Who is good at listening to you?

*Who relies on you to make contact?
(It can feel a bit one-way)*

Which relationships cause difficulties or distress?

Who offers practical support? Maybe they're not your favourite person but they provide you with useful support (that would have been my maths teacher!)

*Who would you like to see more of or less of?
Who would you rather leave in the water with the sharks? (That would have been my PE teacher, but you have a good relationship with your PE teacher, Miss Ball, so is there anyone you'd rather leave in the water?)*

So, now that you've finished making your map of support what do you think? Is there anyone missing? Are there any changes that would be helpful to have the right people on your islands and in your life? Are there any steps you can take to help with this? Can I help at all? Or can we ask someone else to help with this?

And what about that alone feeling? Of course, writing down a few names doesn't erase that, but it can help remind us of the team we have. And it's OK to still miss your dad and still enjoy some social connection while you're grieving. You're a basketball player, Wesley, not a golfer - you're a team player.

You have put quite a few names on the island with the locked gate. How will people know if you've unlocked the gate and want them to come through? Sometimes we need to make a step to let them know we've opened the gate to them. I wonder if you might want to use these postcards⁶⁴ to help you give your friends ideas about how they can support you. You can select from the ideas on the postcards so that your friends know what you need [postcards available from Childhood Bereavement Network – see references].

Wesley, do you want to take your map with you today? You could take a photo on your phone, so you have the image to hand when you want it too? Shall we check in next time so I can find out who has been good to have around you?

13.5 Books about connection and relationships for children and young people

The Invisible String

Patrice Karst

A powerful idea about the invisible string of love that joins people that love each other wherever they are. Also great for separation anxiety!

Love

Matt de la Pena

This picture book for all ages depicts the many ways we experience the universal bond of human connection even after death.



13.6 Chapter summary

- A traumatic bereavement may result in children and young people experiencing a sense of isolation that means they struggle to manage their grief alone.
- Helping children and young people identify who in their family and wider network is a good source of support for them can decrease isolation and support good outcomes in the long-term.



14. Ending therapeutic support

14.1 Introduction

Therapeutic support for bereaved children and young people should never be indefinite. The objective is to help them through a particularly difficult period, and to equip them to continue their journey without additional support. For those who have been traumatically bereaved, support may have been extended to allow for more complex needs to be addressed. At some point, the bereavement support will come to an end. For children and young people who have experienced traumatic loss, careful and considerate planning will help address some of the challenges inevitably brought about by endings.

This chapter sets out to explore some key considerations, offers guidance in planning endings, and suggests activities to help mark this significant milestone.

There may be different reasons for ending therapeutic support. For example:

- The child or young person no longer needs support.
- The child or young person disengages or stops attending.
- The need for support has increased, so transition to specialist support is required.
- Another transition disrupts the support, such as a change of location, school, service.

These reasons may have an impact on the way the child or young person feels about ending the work you have undertaken with them and saying goodbye.

14.2 Managing expectations

Managing expectations of the outcomes of therapy can be challenging for you as the practitioner, as well as for the child or young person and their parents or carers. When the child or young person's need for support has decreased, as they are now managing their trauma and adjusting to their grief, this can be openly acknowledged and celebrated. The way that they see things may have changed, resulting in a more healthy and helpful view of themselves, others, and the world around them. Even in these situations, endings can be difficult.

Sometimes, the needs of the child and family may be more complex, and progress might be more limited. The child or young person may withdraw from support or may need to move on to more specialist intervention. There may be a sudden disruption to sessions when an urgent safeguarding referral has to be made.

There may be multiple challenges hindering change to the way they see things, making progress more subtle or at times not evident at all. This may make ending your support harder. You may struggle with a feeling that your support was not enough. The child or young person may struggle with feeling too 'messed up' or that it is their fault they need more



specialist help. Using supervision can help you explore and be aware of your internal compass as well as considering the child or young person's perspective.

When a child or young person's needs have escalated, and they need to move on to more specialist support it can be harder to identify good outcomes. Find some room for optimism by recognising what they have been able to manage, such as having the courage to engage, trust in building new relationships, or honesty in sharing emotions.

The concept of post-traumatic growth can

also be useful when endings are approaching. Whilst a traumatic bereavement will always be a painful experience, there can be positive psychological change where children and young people have been well-supported to manage their overwhelming emotions. Post-traumatic growth is more than just good adjustment and coping after a trauma.⁶⁵ It is a catalyst for positive change. This does not mean that a child or young person is 'over' the trauma or the death, but that they can identify positive growth in spite of, and sometimes because of, their experience. This is illustrated in the case of Larry after the death of his brother:

Larry's post-traumatic growth



When 11-year-old Larry's baby brother, Leo, died, it felt as though his whole world had fallen apart. He kept his emotions locked in, following the lead of the adults at home. "Feelings make you weak," Larry told those who encouraged him to express how he felt. However, Larry's feelings did escape and for months Larry struggled with overwhelming outbursts of anger at school and at home. His long-standing difficulties at school escalated, relationships with staff were strained, and he was at risk of exclusion.

Reluctantly, Larry agreed to have some sessions with Eddie, a bereavement support worker. Through this support, Larry took his first steps in naming his feelings of loss. He developed a strong relationship with Eddie and was able to describe that he might as well have lost his mum and dad too. They too were broken, but they kept their emotions of loss well-hidden.

Working closely at home, the whole family began to discuss their feelings and to say when they were missing Leo. Larry's outbursts at school were less frequent and he was able to use feelings cards to show his teacher when he was starting to get stressed.

When Larry was able to participate in some memory work, he relished the opportunity to remember his brother. Larry then spoke about Leo in a class assembly to help promote fundraising for a baby death charity, a positive sign not only of him managing his grief but of his growing self-confidence and trust in school staff. As a family, with support from their traveller community, they had the local playground area repaired and named after Leo.

Larry found it hard to say goodbye to Eddie as the sharing of emotions had developed an intimate connection, the first outside his family home. He also thought that without Eddie, everything would deteriorate. Eddie worked to help Larry understand that the progress he had made was because of work Larry had done and they collated a toolkit with all the ideas they had used. They also took time to identify Larry's many achievements, including engagement with school, trusting staff, sharing emotions at home, his confidence to speak in public, and his motivation for fundraising. His grief was still very present, but signs of post-traumatic growth were clearly evident.

Post-traumatic growth might be identified even whilst therapeutic support is underway. This can be very powerful to identify and celebrate. Even if the seeds of this growth are not yet detected, children and young people may go on to recognise strengths and positive outcomes as time progresses.

Holding onto this hope for the child or young person can be valuable. Your confidence in their future and being able to imagine and describe good things for the years ahead will be powerful messages for children and young people to hear and take away with them. Ending therapeutic support at this stage may

not be a permanent goodbye, as you recognise that children and young people may revisit their grief throughout their development. Following a traumatic bereavement, particular triggers such as anniversaries, milestones, or new transitions and changes in their lives may result in them needing access to further support. This might take different forms, from a follow-up 1:1 session to revisit previous strategies, peer group support, or on occasions a further period of 1:1 therapeutic support.

Considering the factors above can help you to plan for a good-bye as opposed to a bad-bye or scary-bye.



14.3 Planning for a good-bye for children and young people

As a bereavement practitioner, you will already use a range of activities and approaches to support children and young people as their bereavement support ends. When a traumatic bereavement has been experienced, sensitive planning for the end of support will be even more important so that the loss of the relationship between you and the child or young person is markedly different to the traumatic loss they have experienced. These endings might benefit from:

- Appreciating and naming the courage the child or young person has shown to turn up for sessions, let alone share their deepest hurts and fears.
- Acknowledging and recognising the value of the relationship that has developed during the bereavement support.
- Naming the sadness that endings bring - this helps normalise that goodbyes are hard, especially when you have already experienced painful loss.
- Celebrating achievements in the child or young person's therapeutic journey, even if this is limited to the initial steps of understanding more about the problem which has led to a referral to another service.
- Drawing up a toolkit with reminders of the strategies that the child or young person has used to help practice and build on the work that has been done.
- Revisiting earlier work about the child or young person's network of support so they have a clear picture of who they can draw on when needed.
- Sharing possible opportunities to catch up or review with the child or young person, whether these are planned or on request, in line with your service/organisation. This information can help the child or young person and their family understand that this is goodbye for now and not forever.
- Being realistic and discussing that they will no doubt have bad days and may have tough periods throughout their life, and that this is a normal part of grief. Use their toolkit and network of support to talk through a plan with ideas for how they will cope. Research⁶⁶ suggests teaching the child or young person to predict (when it might be tough), plan (for how to cope) and permit (know it is OK to have difficult feelings) as part of the ending support process.
- Holding the hope for the child or young person, naming the confidence you have for their future, even if they cannot yet see it for themselves.
- Keeping the concept of post-traumatic growth in mind, and if appropriate sharing this with the child or young person. They may not yet be in a position to reflect on ways in which they have not just adapted but have developed positive strengths as a result of their traumatic loss.



- Offering the child or young person a thorough and honest explanation when a sudden disruption to support has occurred.
- Establishing a sense of continuity with the service the child or young person is transitioning to and ensuring the child knows about this.
- Emphasising that although the relationship is ending, you will continue to hold them in mind, and that they have had an impact on you that will 'live on'. This can be a useful way to distinguish between this ending and their loss through bereavement.

To demonstrate the significance of this goodbye, arranging something special for the session helps mark and give ritual to the ending. Activities that are personal to the young person will be most meaningful and memorable. These might include:

- o Exchanging cards or pictures with personalised messages.
- o Making a photo montage of their favourite activities.
- o Writing and sharing the story of their therapeutic journey. This may be written by you ahead of the session or co-written with the child or young person during the session.
- o Each making something for the other to take home: painting a stone or making a keyring.
- o Supporting the child or young person to write a letter back to themselves, telling them what they now know and have come to manage.

- o Supporting the child or young person to write down what they would tell someone else who has experienced something similar to them. This can help identify some aspects of post-traumatic growth as they articulate what has helped them and what they have learned about themselves.
- o Make a personalised 'my future timeline' (maybe for the next five years) to identify times that they anticipate might be hard, but also goals, hopes, and aspirations for the future.⁶⁷
- o Sharing a special snack or treat.
- o Blowing out a candle.
- o Inviting someone significant to join the session for a 'show and tell' of what they have achieved. This could be a family member, someone from school, or even a friend.

14.4 Chapter summary

- Ending therapeutic support may be difficult for the child or young person as well as the practitioner.
- Holding the hope for a future beyond their current difficulties can be powerful for those children and young people still struggling, particularly those moving on for additional specialist support.
- Whilst difficulties managing grief may still be present, post-traumatic growth may be identified and celebrated.
- Planning for a personalised good-bye can help this ending be meaningful and memorable.



Appendices

- 1. Supporting traumatically bereaved young children
(under 5 years)**
- 2. What is traumatic bereavement?
Information for children and young people**
- 3. What is traumatic bereavement?
Information for parents/carers**
- 4. Explaining the rationale for trauma-focused work:
Why it's good to talk**



Supporting traumatically bereaved young children (under 5 years)

Understanding traumatic bereavement

The research into young children's experiences of traumatic bereavement is limited but we have drawn from what we know about grief and about trauma in young children to help you think about the specific needs of young children in the under 5 age group.

We understand that meaning-making is central to what makes a bereavement traumatic; this means asking what *this* particular death means to *this* particular child and how it has subsequently coloured the way they see themselves, others, and the world around them. For young children, the death of someone important may well result in them feeling unsafe, fragile, and vulnerable, particularly if they were a key attachment figure. A young child may have witnessed or overheard details that contribute to the death being traumatic for them. Misunderstanding the information given to them might also leave them frightened and confused.

Even without a comprehensive understanding about what death means, the loss of an important relationship can still lead to these feelings. There is also potential for young children to be retraumatised as they learn

and begin to understand that the death is permanent and irreversible. For some young children, their age and cognitive immaturity might be a protective factor as they are not aware of some of the details about a death that might be most distressing.

Identifying traumatic bereavement

Identifying traumatic bereavement in young children presents particular challenges.

The changes to the way a young child views themselves, others, and the world around them are essentially internal processes and young children are unlikely to be able to articulate them to others. Many of the other difficulties that can arise following a traumatic bereavement such as those associated with post-traumatic stress disorder, anxiety, and low mood also have internalised components, such as intrusive memories or flashbacks, fear of separation, and hopelessness.

You may need to rely more on adult report of the young child's observable behaviours and expression of emotion to help you identify traumatic bereavement. This might include being anxious to leave carers, unsettled at night-time, frightened by things they used to manage, as well as having more outbursts of upset or



angry behaviour. You might also get insight into young children's memories, thoughts, and feelings from their play as they re-enact what happened or what they think happened. They may start to play out themes from the event, if not the actual event itself. You might notice how they are always on guard as if they have a constant sense of danger. Like older children, they may wish to avoid things that remind them of what has happened. Sometimes young children also appear to have regressed, for example, in their behaviour in terms of their independence in dressing themselves and toileting, or even in their speech.

When drawing on adult report of difficulties, it is important to bear in mind that family members may be impacted directly by the trauma of the death and influenced by their own grief. This may result in parents or carers either over- or under-reporting symptoms of trauma. Furthermore, some children hide their distress from their carers so as not to upset them.

When you assess how worried you are about a young child's bereavement response it can be helpful to consider their difficulties in terms of:



Severity

How serious are the difficulties?

E.g. Do they feel a little low or do they feel utterly despondent and hopeless?



Frequency

How often does it happen?

E.g. Is it a bad dream every few weeks, or every night?



Impact

How much of a problem does it cause?

E.g. Does it stop them from doing things that they would like to?



Duration

How serious are the difficulties?

E.g. Do they feel a little low or do they feel utterly despondent and hopeless?



Change

How long do the difficulties last?

E.g. If they lose their temper do they get over it in a few minutes, or does it last all day?



Persistence

How long have things been going on for?

E.g. Is it just a couple of days or a couple of months?



Supporting a traumatically bereaved young child

Using the domains above may help you to consider who can most appropriately meet the needs of a young child. If observations of a young child suggest an enduring impact on everyday life following a traumatic bereavement, consult with NHS mental health services (often known as CAMHS) about whether a referral for more specialist therapeutic support is appropriate. Many practitioners may be able to provide support to young children by adapting their approach to be developmentally appropriate. This may include more play-based therapeutic approaches as younger children may not be ready for a more direct approach. You may also need to adapt your expectations about engagement as a young child may not wish to work with you at the time and in the place that you propose. Skilling up the adults, both in the child's family and those at the nursery or pre-school might enable a young child to access support at times they want it and with people they already know and trust.

For further reading

Grief in Young Children

Atle Dyregrov

A handbook to help adults understand and help young children following a death.

Never too Young to Grieve: Supporting children under 5 after the death of a parent

Winston's Wish

A practical tool for any adult supporting a young child after the death of a parent.

Not too Young to Grieve DVD and training materials

Leeds Animation & The Laura Centre

This short animated film looks at the ways very young children respond to grief, and what the adults around them can do to help.

TRAUMATIC BEREAVEMENT

A guide for children and young people

This guide explains traumatic bereavement and might help if you are worried about yourself or someone else.

What is traumatic bereavement?

It is really hard when someone important in your life dies – you might get filled up with lots of different feelings. Even though you may be really sad, you might sometimes be able to have some fun and enjoy things.

Grief is the word that explains all the feelings of missing the person who died. It can be helpful to think about grieving as like stepping in and out of puddles. When someone steps into their puddle of grief, they remember all the sadness of the death of the important person. When they step out of the puddle, they find they can still have some fun. The sadness hasn't gone, it is just that they are not in the grieving puddle all the time.

When you have a traumatic bereavement, it is extra hard, and your feelings might fill you up so much that they keep overflowing. As well as feeling very sad, you might feel unsafe, angry, worried or frightened.

What happened might be so hard to think about that you spend a lot of time and energy trying not to think or talk about it. This can get in the way of having fun and doing the things you used to enjoy.



With traumatic bereavement it can feel as though the puddle is so deep it is more like a well and they are stuck in a deep place with lots of difficult thoughts and feelings. This makes it really hard to cope.

What makes a bereavement traumatic?

What makes a bereavement traumatic is different for everyone. It is not because the person died in a particular way or at a particular time. It is what the death means for the person who is grieving and how this affects the way they see things. This can have a significant impact on their life. Although everyone in a family might be grieving for the same person, each person's grief may be very different. Someone in the family might need extra support, others might not. It is not your fault if you are struggling and you need extra help.

Where can I get help?

If you feel that bereavement is extra hard for you or someone you know and you or they are finding it difficult to manage most of the time, you should talk to an adult you trust. Ask the adult to help you find out where you can get support.

These are some suggestions:

- **Child Bereavement UK**
- **Winston's Wish**
- **Childhood Bereavement Network map of local services**
- **NHS mental health services**
- **Your GP**





A guide for parents and carers

Are you a parent or carer of a child or young person who is struggling following a bereavement? This guide explains traumatic bereavement and helps you to consider if this is what your child is experiencing.

Typical grief

After someone important to a child or young person dies, they will probably experience many difficult emotions and have some days that feel really bad. Over time, most children and young people learn to adjust and their grief subsides as they learn to live with the loss. They may continue to feel very sad at times, but they begin to have some good moments, or even good days when they can enjoy things and get comfort from their memories of the person who died.

One way to think about a more typical grieving process is to imagine a child or young person stepping in and out of puddles of grief. When they step into a puddle, they remember all the sadness of the death. When they step out of the puddle, they find they can still have some fun and connect with the people around them. The sadness hasn't gone, they are just not in the grieving puddle all the time.

Traumatic bereavement

For some children and young people, the way that they understand or think about a death leaves them feeling very unsafe – they experience their loss as a trauma. The trauma gets in the way of the grieving process and blocks their ability to adjust. This is a traumatic bereavement.

If a child or young person experiences a traumatic bereavement it will be even more difficult for them and their emotions will be overwhelming more of the time. As well as feeling very sad, they might often feel unsafe, angry, worried, guilty or frightened. What happened and how they understand it may be so hard for them to think about that they spend a lot of time and energy trying not to think or talk about it. This can get in the way of doing things they used to enjoy. It might be hard for them to have better days, or even better moments.

Instead of a puddle of grief, traumatic bereavement can feel more like a well and the child or young person is stuck in a deep place with lots of difficult thoughts and feelings. You might notice that they are struggling to get on with people, to manage strong feelings, to cope at school or that they are feeling very low or anxious.

Being stuck with overwhelming and difficult feelings makes everyday life really tough and can impact mental health. It can be hard for children and young people to get out of the 'well' without extra support.

What makes a bereavement traumatic is very individual. It is not because the person died in a particular way or at a particular time. It is what the death means for the individual and how this meaning affects their life. Although everyone in a family might be grieving for the same person, their grief may be very different. While some in the family might need extra support, others might not. It is not your child's fault if they find this especially difficult and need support.

If you are also struggling, you can seek help from services including:

- **Child Bereavement UK**
- **Winston's Wish**
- **Childhood Bereavement Network map of local services**
- **NHS mental health services**
- **Your GP**

Where can I find out more?

If you are worried about your child and feel that they are struggling to manage a lot of the time, you should not try and cope with this on your own.

Look for extra support from a local bereavement service or make an appointment with your child's GP. Ask them to make a referral to NHS mental health services (sometimes known as CAMHS) who can help if the difficulties are impacting on your child's mental health.



Explaining the rationale for trauma-focused work: Why it's good to talk

David Trickey

Consultant Clinical Psychologist &
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Memories of traumatic events are different to memories of other events. It's as if they're stored in a different format and they behave differently. Traumatic memories seem to be made up of the actual 'data' from the event:— the sights, sounds, smells, tastes and touches of the event, and even the thoughts and feelings of that moment. Whereas memories for other events are more like words and stories that describe what happened. Unlike other memories which can be recalled on purpose, traumatic memories may feel out of control because of the way that they seem to pop into a person's mind out of nowhere. People sometimes say that they remember traumatic memories "as if it was yesterday" even when it has been some time since the event. Traumatic memories may not have the sense of being 'back there and back then' that other memories do and because they are so vivid, people may feel as if they are actually re-experiencing the event rather than recalling the memory.

The cognitive model of Post-Traumatic Stress Disorder (PTSD) suggests that to help with PTSD, the memories of the events need to be brought to mind in one way or another and 'processed' (e.g. Meiser-Stedman, R. (2002). Towards a Cognitive-Behavioural Model of PTSD in Children and Adolescents. *Clinical Child & Family Psychology Review*, 5(4), 217-232). But, because the memory is often accompanied by a great deal of fear, horror, helplessness or other psychological distress, understandably people often try hard not to think about the event.

Explaining that deliberately bringing the events to mind can help reduce symptoms, enables clients to make well-informed decisions about whether to consent to, and engage with, interventions that focus on the trauma. Active engagement is necessary for processing to take place.

It can help to explain this using a number of metaphors. Here are four metaphors that might be useful.



Metaphor 1 – Chocolate Factory †



1 A chocolate factory takes individual ingredients, like the sugar, milk and cocoa, and mixes them up to make the chocolate bars. The machine then puts a wrapper around the chocolate bars, and on the wrapper are words which tell you what's inside – it says: "Ingredients: sugar, milk, cocoa". This means that different chocolate bars can be sorted out and stored in the right place.

In some ways, our minds are similar – they take the sights, sounds, smells, touches, tastes, feelings and thoughts of an experience, and process these 'ingredients' to create memories which are 'wrapped up' in the words and the stories of the event.



2 In the chocolate factory, if the milk is too hot, or the sugar is too lumpy, the machinery can't mix the ingredients properly and it just grinds to a halt. The ingredients are left swilling around on the factory floor. The machine might try again to mix the ingredients, but if something is still too hot or too lumpy, the machine breaks down again.

In our minds, some events are just too scary, too horrible or too distressing to think about. So we can't process that information into memories. And so the different ingredients of the experience (e.g. the sights, sounds, smells, touches, tastes, feelings and thoughts) are left unprocessed and left floating around in our minds.



3 With the factory, it might be necessary to get an engineer in to help, or to wait for the milk to cool down, or to break up the sugar into smaller pieces. Then the machinery can start to mix the ingredients and create chocolate bars again.

After traumatic events, sometimes we need somebody with us to help us to think things through. Sometimes we just need to wait until they are less distressing before we can start to think them through. And sometimes we need to break the events up into smaller pieces and go over things bit by bit rather than trying to process the whole thing in one go. Then we can create a normal memory, even of really distressing events.

† The idea for comparing the processing of memories to a factory is based on an idea by Richards, D. & Lovell, K. (1999) Behavioural and Cognitive Behavioural Interventions in the Treatment of PTSD. In W.Yule (Ed.) Post-Traumatic Stress Disorders: Concepts and Therapy. Chichester, Wiley. The elaborations are original.



Metaphor 2 – Nettle Duvet ‡



1 Imagine a well-organised wardrobe; each item is put away carefully with other similar items. When you need something, you know where to find it. You can take it out, wear it, and when you're finished you can wash it, occasionally iron it, and put it back in its place. There is a place for everything, and everything usually stays put. This means that you can close the doors of the wardrobe and get on with other things.

Our memories for normal events work in a similar way. Memories are stored in a particular way so that when we want to remember an event, we bring the memory to mind, and when we're finished with it, we put the memory back. The memories generally stay put until we want them, which means that we can 'close the doors' and get on with other things.



2 With the wardrobe, if someone throws you a duvet full of stinging nettles and shouted, "Put it away - quick!", it's painful to hold so you might try to shove it away quickly and close the door. But, because it's not put away neatly, the doors don't close properly. You might be able to hold them closed with one hand and get on with some things, but when you take your hand off the door, the duvet falls out, and stings you again.

Traumatic memories are like the duvet - painful to handle - and so we try to avoid them. We 'shove them away' rather than think them through. This means that they are not stored in the same way as other memories, so they fall into our minds when we don't want them to. Avoiding them may work for a while, but often just as we begin to relax (e.g. between going to bed and going to sleep) they intrude into consciousness again.



3 In order to get the duvet to stay put and stop falling on to you, you need to take hold of it - which might sting a bit - and you might want to get someone to help. You need to fold it up, you might need to move some things around on the shelves. And then you can put it away properly and it will stay put until you want it.

In order to get traumatic memories to stay put and stop intruding, we need to find a way to deliberately bring them to mind, which might be distressing. We might want to do this with some help from someone else like a therapist or a family member. We might need to adjust our view of the world a bit, but thinking the memory through enables us to process the memory so that it can be stored like other memories and stay put until we choose to remember it.

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‡ This was inspired by the analogy of a disorganised cupboard whose contents spill out and are need of organisation in Ehlers, A. & Clark, D. M., (2000). A Cognitive Model of PTSD. Behaviour, Research and Therapy, 38, 319-345. The embellishments are original.



Metaphor 3 – Pieces of Paper

A 14-year-old's account of trauma-focused work

I was working with a 14-year-old boy and, just before we went over the traumatic event again, I reminded him about why we were doing the trauma-focused work, using the wardrobe analogy. He listened patiently and then said, "It's a bit like that David; but, actually, it's more like this..."



1 He filled up the waste bin with crumpled-up pieces of paper until it was over-flowing, and said, "These are all the bad things that have happened to me, and as I walk along the road to school [he made the bin walk along and bits of paper fell out of the top] they fall in front of my eyes. And as I go to sleep [he lay the bin down and more pieces of paper fell out] they fall into my dreams..."



2 ...But when I come here and talk to you, we take each piece of paper out [he took each of the pieces of paper out], we un-scrunch them [he un-scrunched them], and we read them through carefully...



3 Then we fold them up neatly and place them back in the bottom of the bin [he folded up each piece of paper neatly and placed it in the bottom of the bin] But because they're folded up neatly, it means they don't fall out of the top and I have more room in my head to think about other things.



Metaphor 4 – Word Document

A 9-year-old compares the way that memories are stored to the way that files are stored on a computer

I was working with a 9-year-old boy who had experienced a very traumatic event and was having very vivid, frightening nightmares. I was explaining to him that it might be helpful at some point to think through what had happened with someone, and I was using the earlier stories to explain why. Halfway through the second story, he closed his eyes, screwed his face up and put his hands over his face. I asked if he was okay, and he said, "Yeah, yeah...I think I've got it. Is it like this...?"



1 ... On my laptop at home, I've got loads of pictures saved as JPEG files. They take up loads of room on the hard drive and some of the files are corrupted, so they keep making my computer crash.



2 ...Are you saying that the things that happened to me are stored as JPEGs on MY hard drive [i.e. in his head]. So if I write out what happened and save them as Word documents instead...



3 ...they'll take up less room on MY hard drive and stop making it crash?"

I said, "Yes – that's pretty much EXACTLY what I'm saying."



References

- ¹ Harrop, E., Mann, M., Semedo, L., Chao, D., Selman, L.E., & Byrne, A. (2020). What elements of a systems' approach to bereavement are most effective in times of mass bereavement? A narrative systematic review with lessons for COVID-19. *Palliative Medicine*, 34(9), 1165-1181.
- ² The Children and War Foundation
<https://www.childrenandwar.org/projectsresources/manuals/>
- ³ Irish Childhood Bereavement Network Care Pyramid
<https://www.childhoodbereavement.ie/professionals/childhood-bereavement-care-pyramid/>
- ⁴ Cohen, J., Mannarino, A., & Deblinger, E. (2017). *Treating trauma and traumatic grief in children and adolescents*. (Second ed.) The Guildford Press.
- ⁵ Alisic, A., Roth, J., Cobham, V., Conroy, R., De Young, A., Hafstad, G. Hecker, T., Hiller, R. Kassam-Adams, N., Lai, B. Landolt, M., Marsac, M., Seedat, S. & Trickey, D. (2020). Working towards inclusive and equitable trauma treatment guidelines: a child-centered reflection, *European Journal of Psychotraumatology*, 11(1), 1833657.
- ⁶ Horton, G. (2018). *What are the most effective ways to support children and young people who have been bereaved?* Unpublished Extended Project Qualification.
- ⁷ Murray K (2020), National Mapping of BAME Mental Health Service; London: published by BAMEStream (<http://www.bamestream.org.uk/>).
- ⁸ Brown, E.J. & Goodman, R.F. (2005). Childhood traumatic grief: an exploration of the construct in children bereaved on September 11. *Journal of Clinical Child & Adolescent Psychology*, 34(2):248–59.



- ⁹ Melhem, N.M., Porta, G., Shamseddeen, W., Walker Payne, M., & Brent, D.A. (2011). Grief in Children and Adolescents Bereaved by Sudden Parental Death. *Archives of General Psychiatry*, 68(9), 911-919.
- ¹⁰ Dyregrov, A., Salloum, A., Kristensen, P., & Dyregrov, K. (2015). Grief and Traumatic Grief in Children in the Context of Mass Trauma. *Current Psychiatry Reports*, 17(6), 1-8.
- ¹¹ Cohen, J., Mannarino, A., & Deblinger, E. (2017). *Treating trauma and traumatic grief in children and adolescents* (Second ed.). Guildford Press.
- ¹² Cohen, J.A., Mannarino, A.P., Greenberg, T., Padlo, S. & Shipley, C. (2002). Childhood Traumatic Grief: Concepts and Controversies. *Trauma, Violence & Abuse*, 3(4), 307-327.
- ¹³ Lewis, S.J., Arseneault, L., Caspi, A., Fisher, H.L., Matthews, T., Moffitt, T.E., Odgers, C., Stahl, D., Teng, J.Y. & Danese, A. (2019). The epidemiology of trauma and post-traumatic stress disorder in a representative cohort of young people in England and Wales. *Lancet Psychiatry*, 6, 247–56.
- ¹⁴ World Health Organization. (2018). International classification of diseases for mortality and morbidity statistics (11th Revision).
- ¹⁵ 15. Prigerson, H.G., Boelen, P.A., Xu, J., Smith, K.V., & Maciejewski, P.K. (2021). Validation of the new DSM-5-TR criteria for prolonged grief disorder and the PG-13-Revised (PG-13-R) scale. *World Psychiatry*, 20(1), 96-106.
- ¹⁶ Duffy, M. & Wild, J. (2017). A cognitive approach to persistent complex bereavement disorder (PCBD). *Cognitive Behaviour Therapist*, 10 (10).
- ¹⁷ Dyregrov, A., & Dyregrov, K. (2013). Complicated Grief in Children — The Perspectives of Experienced Professionals. *Omega: Journal of Death and Dying*, 67(3), 291-303.
- ¹⁸ Cohen, J.A., Mannarino, A.P., Greenberg, T., Padlo, S. & Shipley, C. (2002). Childhood Traumatic Grief: Concepts and Controversies. *Trauma, Violence & Abuse*, 3(4), 307-327.
- ¹⁹ Ehlers, A. & Clarke, D.M. (2000). A Cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, 38, 319.
- ²⁰ Worden, J. W. (2009). *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner* (4th ed.). Springer.



- ²¹ Klass, D., Silverman, P.R., & Nickman, S.L. (1996). *Continuing bonds: New understandings of grief*. Taylor & Francis.
- ²² Stroebe, M. & Schut, H. (2010). The Dual Process Model of Coping with Bereavement: A Decade on. *Omega: Journal of Death and Dying*, 61(4), 273-89.
- ²³ Stroebe, M., Schut, H., & Finkenauer, C. (2001). The traumatization of grief? A conceptual framework for understanding the trauma-bereavement interface. *The Israel Journal of Psychiatry and Related Sciences*, 38(3-4), 185-201.
- ²⁴ Tonkin, L. (1996). Growing around grief - Another way of looking at grief and recovery. *Bereavement Care*, 15(1), 10.
- ²⁵ Cohen, J., Mannarino, A., & Deblinger, E. (2017). *Treating trauma and traumatic grief in children and adolescents (Second ed.)*. Guildford Press.
- ²⁶ Rosner, R., Kruse, J., & Hagl, M. (2010). A meta-analysis of interventions for bereaved children and adolescents. *Death Studies*, 34(2), 99-136.
- ²⁷ Lowe, J., Rumbold, B., & Aoun, S.M. (2020). Memorialisation during COVID-19: Implications for the bereaved, service providers and policy makers. *Palliative Care and Social Practice*, 14, *Palliative Care and Social Practice*, 12(14).
- ²⁸ Eisma, M.C., Tamminga, A., Smid, G.E., & Boelen, P.A. (2021). Acute grief after deaths due to COVID-19, natural causes and unnatural causes: An empirical comparison. *Journal of Affective Disorders*, 278, 54-56.
- ²⁹ Lowe, J., Rumbold, B., & Aoun, S.M. (2020). Memorialisation during COVID-19: Implications for the bereaved, service providers and policy makers. *Palliative Care and Social Practice*, 14, 2632352420980456..
- ³⁰ Harrop, E., Mann, M., Semedo, L., Chao, D., Selman, L.E., & Byrne, A. (2020). What elements of a systems' approach to bereavement are most effective in times of mass bereavement? A narrative systematic review with lessons for COVID-19. *Palliative Medicine*, 34(9), 1165-1181.
- ³¹ Office for National Statistics (ONS). (2020). Deaths involving COVID-19, England and Wales: deaths occurring in April 2020. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19englandandwales/deathsoccurringinapril2020>
- ³² Public Health England. (2020a). Disparities in the risk and outcomes of COVID-19; Retrieved on 2nd June 2020; Public Health England. (2020b). Beyond the data: Understanding the impact of COVID-19 on BAME groups. Retrieved on 15th June 2020.



- ³³ Weerasekera, P. (1996). *Multiperspective case formulation: A step towards treatment integration*. Krieger Publishing Company.
- ³⁴ Trickey, D., Siddaway, A., Meiser-Stedman, R., Serpell, L., & Field, A. (2011). A meta-analysis of risk factors for post-traumatic stress disorder in children and adolescents. *Clinical Psychology Review*, 32(2), 122-138.
- ³⁵ Dyregrov, A. (2010) *Supporting Traumatized Children and Teenagers*. Jessica Kingsley Publishers.
- ³⁶ Cohen, J.A., Mannarino, A.P., Greenberg, T., Padlo, S. & Shipley, C. (2002). Childhood Traumatic Grief: Concepts and Controversies. *Trauma, Violence & Abuse*, 3(4), 307-327.
- ³⁷ Cohen, J., Mannarino, A.P., & Deblinger, E. (2006). *Treating Trauma and Traumatic Grief in Children and Adolescents*. The Guilford Press.
- ³⁸ Trickey, D., Siddaway, A., Meiser-Stedman, R., Serpell, L., & Field, A. (2011). A meta-analysis of risk factors for post-traumatic stress disorder in children and adolescents. *Clinical Psychology Review*, 32(2), 122-138.
- ³⁹ Green, B.L., Korol, M., Grace, M.C., Vary, M.G., Leonard, A.C., Gleser, G.C., & Smitson-Cohen, S. (1991). Children and Disaster: Age, Gender, and Parental Effects on PTSD Symptoms. *Journal of the American Academy of Child and Adolescent Psychiatry*, 30(6), 945-51.
- ⁴⁰ Gómez de La Cuesta, G., Schweizer, S., Diehle, J., Young, J. & Meiser-Stedman, R. (2019). The relationship between maladaptive appraisals and posttraumatic stress disorder: a meta-analysis. *European Journal of Psychotraumatology*, 10(1), 1620084.
- ⁴¹ Hedtke, L., & Winslade, J. (2004). *Re-membering Lives: Conversations with the Dying and the Bereaved*. Baywood.
- ⁴² Neimeyer, R. (2020). Grief Therapy Training on Re-membering for National Bereavement Partnership.
- ⁴³ Cohen, J., Mannarino, A.P., & Deblinger, E. (2006). *Treating Trauma and Traumatic Grief in Children and Adolescents*. The Guilford Press.
- ⁴⁴ Penny, A. (2014). Child Bereavement Services Questionnaire. Retrieved from www.childhoodbereavementnetwork.org.uk
- ⁴⁵ Cohen, J., Mannarino, A.P., Greenberg, T., Padlo, S. & Shipley, C. (2002). Childhood Traumatic Grief: Concepts and Controversies. *Trauma, Violence & Abuse*, 3(4), 307-327.



- ⁴⁶ Children and War Foundation
<https://www.childrenandwar.org/projectsresources/measures/>
- ⁴⁷ Perrin, S., Meiser-Stedman, R. & Smith, P. (2005). The Children's Revised Impact of Events Scale (CRIES): Validity as a screening instrument for PTSD. *Behavioural and Cognitive Psychotherapy*, 33(4), 487-498.
- ⁴⁸ Meiser-Stedman, R., Smith, P., Bryant, R., Salmon, K., Yule, W., Dalgleish, T., & Nixon, R.D.V. (2009). Development and Validation of the Child Post-Traumatic Cognitions Inventory (CPTCI). *Journal of Child Psychology and Psychiatry*, 50(4), 432-440.
- ⁴⁹ McKinnon, A., Smith, P., Bryant, R., Salmon, K., Yule, W., Dalgleish, T., Dixon, C., Nixon, R.D.V., & Meiser-Stedman, R. (2016). An Update on the Clinical Utility of the Children's Post-Traumatic Cognitions Inventory. *Journal of Traumatic Stress*, 29(3), 253-58.
- ⁵⁰ Chorpita, B. F., Yim, L., Moffitt, C., Umemoto, L. A., & Francis, S. E. (2000). Assessment of symptoms of DSM-IV anxiety and depression in children: A revised child anxiety and depression scale. *Behavior Research and Therapy*, 38, 835-855.
- ⁵¹ Graham, P., & Reynolds, S. (Eds.). (2013). *Cognitive behaviour therapy for children and families*. Cambridge University Press.
- ⁵² Rapee, R. M., Wignall, A., Hudson, J. L., & Schniering, C. A. (2000). *Treating anxious children and adolescents: An evidence-based approach*. New Harbinger Publications.
- ⁵³ Hackmann, A., Bennett-Levy, J., & Holmes, E. A. (2011). *Oxford guide to imagery in cognitive therapy*. Oxford University Press.
- ⁵⁴ Brewin, C. R., Gregory, J. D., Lipton, M., & Burgess, N. (2010). Intrusive images in psychological disorders: characteristics, neural mechanisms, and treatment implications. *Psychological review*, 117(1), 210.
- ⁵⁵ Trickey, D. (2013). Post-traumatic Stress Disorders. In Graham & Reynolds (Eds.) *Cognitive Behaviour Therapy for Children and Families 3rd Edition*. Cambridge University Press.
- ⁵⁶ Verduyn, C., Rogers, J. Wood, A. (2009) *Depression- Cognitive Behaviour Therapy with Children and Young People*. Routledge..
- ⁵⁷ Cresswell, C. & Willetts, L. (2019) *Helping your child with fears and worries*. Robinson.
- ⁵⁸ Stallard, P. (2009). *Anxiety-Cognitive Behaviour Therapy for Children and Young People*. Routledge.



- ⁵⁹ Siegel, D. J., & Payne Bryson, T. (2011). *The whole-brain child: 12 revolutionary strategies to nurture your child's developing mind*. Bantam Books.
- ⁶⁰ Stallard, P. (2005). *A Clinician's Guide to Think Good - Feel Good*. Wiley.
- ⁶¹ Friedberg, R.D., McClure, J.M. & Garcia, J. H. (2009). *Cognitive Therapy Techniques of Children and Adolescents*. The Guildford Press.
- ⁶² Siegel, D. J., & Payne Bryson, T. (2011). *The whole-brain child: 12 revolutionary strategies to nurture your child's developing mind*. Bantam Books.
- ⁶³ Law, R. (2011). Interpersonal psychotherapy for depression. *Advances in psychiatric treatment*, 17(1), 23-31.
- ⁶⁴ CBN postcards- Has Someone Important Died? Ideas to help your friends support you. <http://www.childhoodbereavementnetwork.org.uk/help-around-a-death/what-you-can-do/for-young-people.aspx>
- ⁶⁵ Kilmer, R.P. (2006). Resilience and Posttraumatic Growth in Children. In L. Calhoun & R. Tedeschi (Eds.). *Handbook of Posttraumatic Growth, Research and Practice*. Routledge.
- ⁶⁶ Cohen, J., Mannarino, A., & Deblinger, E. (2017). *Treating trauma and traumatic grief in children and adolescents* (Second ed.) The Guildford Press.
- ⁶⁷ Based on an activity in Saltzman, W., Layne, C., Pynoos, R., Olafson, E., Kaplow, J., & Boat, B. (2017). *Trauma and Grief Component Therapy for Adolescents*. Cambridge University Press



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Glossary

Amygdala

A small almond-shaped structure deep inside the brain that responds to significant aspects of our environment. It is also plays an important role in how we regulate our emotions and create memories.

Anxiety

An emotional response to stress or fear. Anxiety is often a very normal response but can develop into a mental health difficulty.

Avoidance

When a child or young person is very anxious about something they may seek to avoid thinking about, talking about or doing it.

Cognitive Behavioural Therapy (CBT)

Cognitive Behavioural Therapy is a psychological intervention that explores the relationship between what we think, feel and do, helping people to manage or overcome their difficulties.

Childhood Traumatic Grief (CTG)

A term used (by Cohen and colleagues)ⁱ to describe when children and young people's trauma symptoms interfere with their ability to grieve.

Conduct disorders

Conduct disorders are formal diagnoses defined in the ICD-11ⁱⁱ and DSM-5ⁱⁱⁱ. They consist of repeated and enduring antisocial, aggressive or defiant behaviours.

Depression

A description of negative emotions including feeling low, flat or hopeless. Brief periods of feeling low are part of everyday life but when these persist, they can indicate a mental health difficulty.

Diagnosable mental health difficulties

Mental health difficulties which meet diagnostic criteria set out in either the ICD-11ⁱⁱ or the DSM-5ⁱⁱⁱ.

**Disenfranchised grief**

An experience of a grief that is not recognised or valued by others. When a person's grief is disenfranchised, they are more likely to feel isolated and find it difficult to adapt to their loss. They may feel unable to mention it to others for fear of further dismissal.^{iv}

Exposure work

An approach to safely support someone to face their fear in order to reduce their anxiety, rather than avoid it.

Habituation

Getting used to something so that it doesn't trigger an anxious response.

Hypervigilant

Being on edge and in a heightened state of fear about potential threats in the environment.

Intrusions

Thoughts, memories or feelings that automatically come into a person's mind.

Low mood

Low mood is sometimes thought about on a continuum and when it becomes deeper and persists might be considered a sign of depression.

Post-traumatic growth

Positive psychological change following traumatic experiences; not that the child or young person is over the trauma, but that they have found something positive about themselves or life itself in spite of or because of the trauma.

Post-traumatic stress disorder (PTSD)

PTSD is a formal diagnosis defined in either the ICD-11ⁱⁱ or DSM-5.ⁱⁱⁱ It describes a particular set of symptoms that people sometimes develop after experiencing or witnessing a potentially traumatic event or events.



Phobias

High levels of fear that arise in response to a particular trigger. For example, a phobia of spiders or of heights.

Prolonged Grief Disorder

A diagnosis defined by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5-TR)^v, and by the World Health Organisation in the International Classification of Diseases, 11th Revision (ICD-11)ⁱⁱ.

In the DSM-5-TR,^v it comprises specific difficulties including yearning for, or preoccupation with, the person that died (in children and young people the preoccupation may focus on the way that the person died). This must be accompanied by specific psychological difficulties (such as difficulties with identity, not believing the death, avoidance of reminders). The difficulties must cause significant distress or impairment, and for children and young people they must be present at least 6 months after the death (12 months for adults). Before being included as a formal diagnosis in the DSM-5-TR,^v an earlier version was called Persistent Complex Bereavement Disorder and appeared in the previous version of the DSM (DSM-5) in a chapter called Conditions for Further Study.

In the ICD-11,ⁱⁱ PGD comprises yearning for, or preoccupation with, the person that died, accompanied by intense emotional pain. The difficulties must cause significant impairment and have persisted for longer than expected in the individual's culture and context (at least 6 months).

Psychoeducation

Giving someone information to help them understand psychological difficulties, including what might be making their difficulty hard and what might help.

Reliable /reliability

Describes that a measure is likely to produce the same results if repeated more than once indicating consistency.

Separation anxiety

Feelings of distress and fear at being separated from loved ones, in particular parents or carers.



Social anxiety

Feelings of anxiety about being judged and negatively evaluated by others. For young people this is often fearing being negatively evaluated (thought badly of) by their peers.

Trauma

The way that some distressing events are so extreme or intense that they overwhelm a person's ability to cope, resulting in lasting negative impact.

Trauma-focused CBT with grief component

Cognitive behavioural therapy (CBT) designed to address both trauma and grief.

Valid / validity

Describes that a measure is likely to be accurate at identifying (measuring) what it sets out to.

- ⁱ Cohen, J.A., Mannarino, A.P., Greenberg, T., Padlo, S. & Shipley, C. (2002). Childhood Traumatic Grief: Concepts and Controversies. *Trauma, Violence & Abuse*, 3(4), 307-327
- ⁱⁱ World Health Organization. (2018). *International classification of diseases for mortality and morbidity statistics* (11th Revision). Retrieved from <https://icd.who.int/browse11/l-m/en>
- ⁱⁱⁱ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).
- ^{iv} Doka, K. J. (1999). Disenfranchised grief. *Bereavement care*, 18(3), 37-39.
- ^v Prigerson, H.G., Boelen, P.A., Xu, J., Smith, K.V., & Maciejewski, P.K. (2021). Validation of the new DSM-5-TR criteria for prolonged grief disorder and the PG-13-Revised (PG-13-R) scale. *World Psychiatry*, 20(1), 96-106.

TRAUMATIC BEREAVEMENT



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