

Dealing with Traumatic Bereavement

a resource for those supporting people who
have experienced traumatic bereavement



Foreword

The first edition of these booklets was developed in 2002, following 30 years of conflict in Northern Ireland, during which time more than 3,600 individuals were killed and many more injured, both physically and psychologically. It is estimated that more than 115,000 people lost a close relative and many young people were affected as victims, witnesses, participants and survivors in decimated families and communities.

This second, revised edition has been produced in the knowledge that, whilst we now live in relative peace, past trauma continues to affect many people's lives; and of the 15,000 deaths which occur in Northern Ireland every year, approximately 10% occur in a sudden or traumatic way, for example due to road traffic collisions, suicide, accidents and assault.

The need for simple, freely available advice for carers and families, that is helpful at different stages and for different problems in the grieving process, is still as important as ever. The aim of this resource is to ensure that, regardless of location, faith, culture or circumstances of death, everyone who experiences a traumatic bereavement receives the same quality of service across the statutory, community and voluntary sectors.

Many thanks go to the original writers for producing the first edition, the office of the OFMDFM for funding this edition, the Eastern Trauma Advisory Panel members as well as groups and individuals who continue to support people who have experienced a traumatic bereavement.





11'9!P.!) South Eastern Health
and SocialCare Trust

11'9!P.!) Belfast Health and
SocialCare Trust

Introduction

The effects of traumatic bereavement are unique for each individual, and vary in nature and intensity. As well as confounding the grief process, traumatic bereavement can lead to the development of post traumatic stress disorder and depression (Dowdney, 2000)¹. However, for the majority of victims, effects will be non-specific with age appropriate manifestations, which can vary according to factors such as gender, personality, and social support (Cairns, 1998)². As bereaved children mature, they can be reinjured through prolonged exposure to sadness and loss (Terr, 1991)³, and are therefore more vulnerable to subsequent trauma.

Many people who are bereaved experience a normal grieving pattern. They require little other than the support of their family and community in a secure recovery environment. In such circumstances those who are in regular contact with the bereaved person may only need some acknowledgement or advice on how to interact with them or an understanding of their need at that point in time. Others, especially those bereaved traumatically, may need more extensive or expert intervention. The distribution of relevant information through the existing framework of voluntary and statutory contact will remain the best way of helping and supporting bereaved people who do not require further intervention.

Using the reference book

This resource comprises guidance for those supporting people who have experienced a traumatic bereavement. (Sections 1-6). The appendices contain four information booklets which have been developed to help individuals, families and communities when they experience a sudden death. These can be accessed in A5 booklet format for distribution and are also available electronically to download from the bereavement page on Belfast Health and Social Care Trust website www.belfasttrust.hscni.net and Cope with Life website www.copewithlife.org.uk

It is anticipated that this valuable resource will be brought to the attention of current staff in your organisation/agency and to newly recruited staff at their induction.

1. Dowdney. L, 2000, Childhood Bereavement
2. Cairns. E, 1998, The Conflict in N.Ireland
3. Terr, LC, 1991, Childhood Traumas

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SECTION 1



Guidelines for the immediate response in sudden death situations



SECTION 1: guidelines for the immediate response in sudden death situations

People will respond to death and traumatic events differently according to their age and level of understanding. Reactions to sudden death can be severe regardless of whether or not the traumatic event was witnessed. Children will be distressed by what they have seen, heard, or believe; and sensitive to the distress of others round them. Most people develop fantasies about what has occurred unless time is taken to explain the situation to them, in language appropriate to their level of understanding. Children of pre-school age and younger can often only be comforted by a parent or trusted adult. Young children can be distressed by the disturbance to their routine. Adolescents and some people with learning disabilities may have difficulty expressing their emotions and can show their upset in a way similar to that of a younger child. Each person will react differently and their responses are not always obvious.

Promoting safety for children

Keep family members together – children feel safest with a parent or trusted adult; siblings can support each other when kept together.

Communication and preparation – age appropriate explanations from familiar adults will make separation

less threatening for children.

Take children's fears seriously – reassurance and truthful information can address immediate fears about safety (and the safety of other family members – especially those not present).

Take appropriate action – take the required action to assure children and families of their safety (lock doors and windows, call a relative or trusted adult to stay with the family or in the home, if necessary); identify and locate a child's particular comfort object, for example, a favourite toy or blanket.

Communicating with families

Verbal communication - concentration and memory can be drastically and immediately affected by trauma; information must be repeated often or given in written form to be remembered clearly. Information communicated to a family member or friend who is less affected by the trauma is more likely to be remembered. They can then relay it to the family at a later stage. The chosen person needs to be acceptable to all sides of the family, and should also keep children informed of what is happening.

Personal contact information – families may require a follow-up contact name and number in case they wish to seek further information or ask questions at a later date (written or printed contact information is useful).

Prepared information and hand-outs – written information on the coroner's service, specialist services, and advice relevant to sudden death can be useful for families in both the long and short term.

The media – media involvement is not unusual and may lead to the reporting of





specific details to the public. Interviews and personal statements to the media are voluntary and families should be made aware that they have a choice in this. Some families later regret early statements released to the media - they should be advised to discuss the various options with other family members or a trusted friend. Families should consider whether they want media involvement, whether they would like to release pictures, and what details they wish to share. Once information is released to the media, they have no control over what is finally broadcast. Once they give one interview, they will most likely come under pressure to give others (which they have the right to refuse). Once information is in the public domain, people will be aware of the detail of what has occurred so children in the family need to be prepared for this.

Making the loss real

Provide age-appropriate explanations and preparation – give clear, definite explanations of what occurred and what is going to happen next; explanations should match a person's level of understanding. The more they know about what really happened, the less time they will spend imagining scarier possibilities. This applies even when the person has witnessed the incident, as they are not always able to understand what they have seen.

Viewing the body can be a sensitive issue and people need to be prepared for the experience. Viewing may or may not be advisable depending on the circumstances of death; you can offer advice and support on such matters.

Agencies

Fire and ambulance

Injured people may require different emergency treatments – with the severely injured most likely to be separated from the rest of the group (e.g. going to hospital). Avoiding separations (if possible) will reduce potential confusion and

worries about safety. Keep everyone informed, particularly children, about what is happening to other family members and what will happen to them.

Police services

Inevitably in a sudden death, police will attend the scene. As this is a confusing time, printed information containing useful contact numbers or information on likely courses of future action (criminal or medical investigation) can be helpful. Keeping families advised of what is happening to everyone will reduce confusion. Avoiding unnecessary separations of children from each other or their families will reduce anxiety and distress. Within the police service there is expertise in taking witness statements from children.

Hospital services

When an injured person is admitted to hospital, staff should be aware of the need for family members to be kept informed about what is going on. Within the hospital certain staff have skills and expertise which are useful, both at the time of admission and following death, (e.g. bereavement support, chaplaincy, clinical psychology, social work). It is often during this time that advice needs to be given about post-mortem examination, coroner, and funeral arrangements (this information is contained in Trust bereavement booklets).

General Practitioners (GP)

The family GP should be alerted to offer help and short-term medication where necessary. It is inadvisable for other family members and friends to offer medication as these may cause unintentional side effects.

Out of hours social work service

Emergency social workers may be called for child placement or protection issues, and are a good source of information and support.



Faith representatives

The family may want early contact with their faith representative, who will be a source of advice, comfort and support for them.

Funeral directors

The funeral director can provide options for funeral arrangements and assist decision making. In particular they can advise on aspects of the rituals that family members can be involved in; such as drawing pictures, writing letters, or selecting photographs to be used in the funeral service or placed in the coffin.

Coroner

As the death was unexpected, and may be unexplained, it falls within the remit of the coroner. As such it is possible that a post-mortem examination will be conducted which may result in a delay in the body being released for burial (Coroners Post-mortem Examination: Information for Relatives booklet, www.coronersni.gov.uk). This should be explained to the family, along with the post-mortem examination process. They should also be made aware that a coroner's liaison officer will be allocated to them to keep them updated on progress.



Traumatic bereavement in childhood and adolescence



SECTION 2: Traumatic bereavement in childhood and adolescence

Being aware of the physical, psychological and emotional development of children, it is clear that each age group deals with traumatic bereavement in different ways.

Early childhood (0-5 years)

General development

Young children undergo almost constant physical and psychological change – and are learning to move, communicate, and understand the world for the first time. They also begin, very early on, to form attachments to parents or parent figures, and so are capable of grief (although maybe not the way adults understand it).

They need the support of adults in learning to express themselves verbally and emotionally – as a result, sometimes the depths of children's understanding or misunderstanding can be underestimated. They need clear and consistent explanations to reduce confusion, and will need repeated explanations over time, in order to fully understand what is said.

They do not always talk about what upsets them, but use play to process emotionally-laden events – this may be because they find it difficult to give their attention to separation or grief for periods of time. Through play they explore and try to understand events they have experienced in their own way and in their own time. This is how young children work through grief.

The understanding of children with learning disabilities may be similar to that of a younger child – therefore communications and explanations should be tailored to their level of understanding rather than age. They can be helped to deal with traumatic bereavement and will respond best to care-giving which is tailored to their understanding and addresses their fears.

Young children's understanding of death

They react to separation instinctively – they are most affected by deaths of parents or parent figures. This is true even if they don't understand what the word "death" means or aren't capable of sympathising with others. They do understand separation and loss.

They do not understand that death is the final and irreversible end of life – they may ask when the person who died is coming back or think they will be lonely under the ground. This can give rise to fears of burial.

They do not understand euphemisms for death (like "sleeping" or "going on a journey") – they may wonder when the person who died is coming back, why everyone doesn't die when they go to sleep, or become reluctant to go to sleep themselves.

They may believe there are magical or unseen reasons for death – they may mistakenly believe that a person has died because of something they said or did, or believe that death can be undone by certain actions or people.

Long-term implications of death and permanent separation are unclear for them – they may appear unaffected or continue playing after hearing the news of the death. This ability to switch off helps children cope. However, they are likely to think about the death during quieter, less active times (e.g. at bedtime).



Young children's reactions to trauma

They experience trauma as fright – when a child is old enough to recognise a situation as threatening, their bodies react with a pre-programmed fright response. This strong bodily response is unsettling, and can recur later when the child feels unsafe. They cannot control these reactions very well without the help of an adult. Such fright responses include crying, over-reacting or being easily startled.

They may believe there are magical or unseen reasons for trauma – they may believe the traumatic event was caused by something that occurred at the same time, coincidentally. They need simple explanations to make meaning of the event.

They need to understand what has happened – they may ask why the person died, or will re-enact the traumatic events through play (e.g. using dolls or action figures in role-play). Sometimes the trauma or death is avoided or reversed in these re-enactments, as children wish to undo the unpleasant consequences of trauma. The need to understand is universal. In the absence of an understandable explanation, children's fantasies about what they hope or fear happened during the traumatic event become accepted as reality.

They can experience stress – for a time they may show signs of being irritable, easily startled or clingy, nervous of anything that reminds them of the trauma, or otherwise distressed. Alternatively, they may surprise parents by returning to routines. Night-waking, bed-wetting and feeding difficulties are common signs of stress in young children. Sometimes they can become more exaggerated in their behaviours, or more withdrawn than they were before the death; these signs aren't always obvious.

Young children's reactions to traumatic bereavement

Young children's grief following traumatic bereavement will vary according to how emotionally close or dependent they were on the person who died; and also how exposed they were to the circumstances of the death.

They react to separation – it is a natural response for them to be distressed when separated from their care-givers for long periods of time. This means they can be upset by death even if they do not understand it. In effect, young children experience death as a separation.

They will be most upset by the death of a parent or parent figure, as these are the people on whom they depend most. In addition, they may also react to the distress expressed by the adults around them. Parents at this time may not have the ability to respond to them due to the stress and practicalities of bereavement.





They react to trauma – they do not always understand what happens in a traumatic situation but can become intensely frightened by it. Normally intense fright means that the memory of trauma can persist until such times as they understand and deal with it.

Memories and feelings of trauma are hard to forget – these can be frightening and are not always easy to control. They leave children nervous, expecting future traumas and cause important changes in the body's chemical system. This makes them very alert and in need of soothing or reassurance. Traumatic memories may lead them to avoid certain triggers which remind them of the death (e.g. people, places, objects) but these may resurface uncontrollably from time to time (e.g. through vivid dreams or at quiet times such as bedtime).

They become fatigued by fright – prolonged exposure to or experience of fright causes their bodies to react in ever stronger ways. Usually, children who feel safe only experience a moderate jolt of extra energy when they get a fright. However, the fright response becomes stronger the more it is used, so when they feel unsafe or experience traumatic memories they use up a lot of energy. Over days and weeks this can drain their bodies of resources and leave them vulnerable to illness or infection.

What affects young children's experience of traumatic bereavement?

Sudden deaths which are witnessed will have a more direct impact – witnessing a sudden death is usually stressful for children even if they don't understand what they see. Memories of trauma are multisensory, so they will be distressed by the memories of what they saw, heard, smelled, and touched. Children who witness such deaths will need reassurance and some degree of

explanation as soon as possible, to assist their grieving.

They create traumatic fantasies to fill in gaps in their knowledge – sudden deaths that are not witnessed directly or that leave surviving children with unanswered questions about the death (or person who died) often lead to traumatic fantasies. These are the explanations children create to fill in gaps in their knowledge of the events surrounding the death. These might include fantasies that they are ultimately responsible for the death, or that the person who died is angry with them. Traumatic fantasies can be distressing and provoke strong emotional reactions. They usually focus on the worst possibilities, and fade with time as children learn more about what happened. Those who have traumatic fantasies need reassurance, with appropriate levels of detail conveyed in language they can understand.

They have private or magical beliefs – they may believe that the death was caused or could have been stopped by them or someone who was involved. However, these beliefs are not always shared openly. They may need encouragement to talk about their beliefs without fear of reprisal or ridicule, as these beliefs are often associated with strong emotions such as anger or fear.

They are highly sensitive to the reactions of people around them – they use these reactions, and in particular the reactions of the main parent-figure, to judge how they should react. Their acute sensitivity to other people's behaviour during times of crisis and aftermath is often grossly underestimated. Ideally, they need to see the expression of adult grief and sadness in a safe environment where they are free to ask questions, rather than witnessing uncontrolled grief or grief out of context.



They have shorter spans of attention than adults – they cannot stay sad, worried, angry, or happy for long periods of time without being distracted. This can make their grief appear less intense, whereas in reality their grief is painful, but switches on and off very rapidly. Often, their grief reactions occur at times of low activity, such as at bedtime or early morning.

Their grief and trauma can be private – they don't always have the words to explain how they feel. As a result, the level of their distress can be underestimated by adults.

They can become pre-occupied with safety – in the aftermath of traumatic bereavement, their fears about safety can be intense. Often, they appreciate concrete reassurance that they are safe (e.g. allowing them to lock doors and windows at night before they go to bed). Reassurance of this type is necessary, especially in the short term, if settings such as home, pre-school, or play groups are connected to the death.

They are sensitive to daily routines – a death in the family can disrupt daily routines and make the child's world less predictable and secure. They feel safest when they are with a trusted adult and know what their daily routine is.

They are dependent on and sensitive to their carers – the adjustment of the main caregiver is known to be the biggest influence on the extent to which a child will cope with a traumatic bereavement. The more distressed the adult, the less likely the child will cope and vice versa.



MIDDLE CHILDHOOD (5-10 YEARS)

General development

Children between the ages of five and ten have a greater understanding of their emotional, social, and physical worlds – they understand the world better than younger children and will attempt to develop their own skills and sense of competency. Understanding and development progress gradually and at different rates as children mature across the age-range.

They socialise beyond the family unit – a milestone for children at this stage is the beginning of social independence. They become more sensitive to groups outside the family, and can become withdrawn or agitated in different social circles following trauma.

They learn about rules and fairness – their play changes to include rule-based games and more organised sports and activities. Incidents such as trauma and bereavement can be seen as unfair, and prompt the questions “Why me?” or “Why my family?”

The understanding of children with learning disabilities may be similar to that of younger children – here the communications and explanations should be tailored to their level of understanding rather than age. They may require simplified explanations of death and trauma and more practical support or access to resources than the family can provide alone. The guidelines for younger children may better reflect their level of understanding or behaviours.

Children’s understanding of death

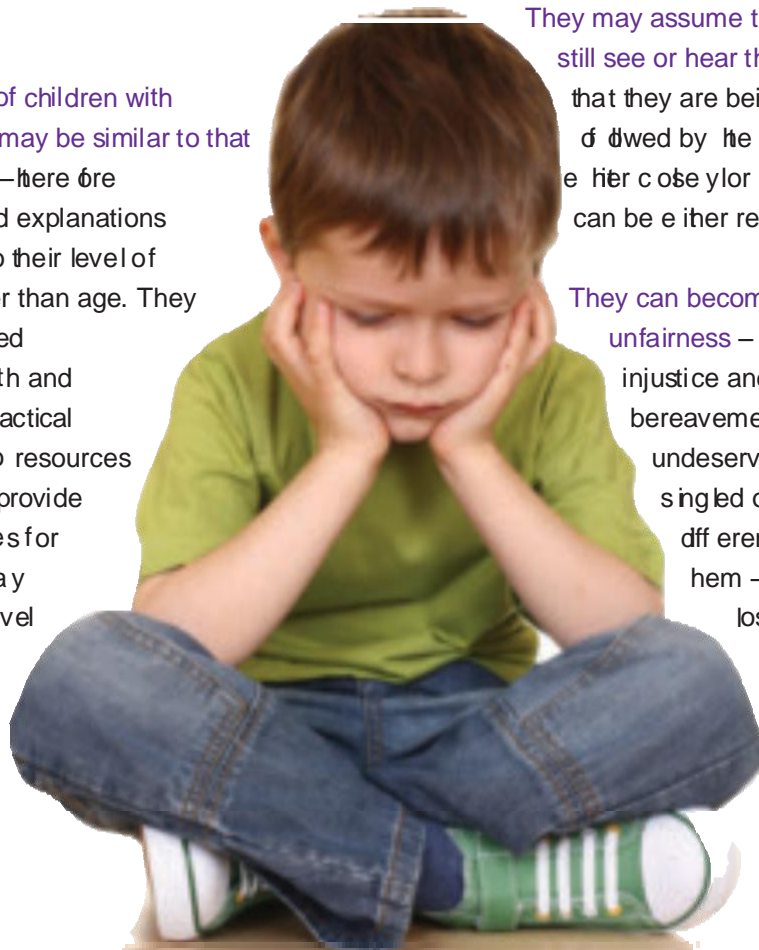
Death is unavoidable and irreversible, with concrete causes – children begin understanding that death happens to everyone at some point and that you cannot bring someone back from the dead. They know death is caused by old age, illness, trauma, etc. rather than through magical or mysterious means.

They are unwilling to consider it as a possibility for themselves – they don’t like to think about their own death or the death of others around them.

They can empathise with others, but (boys especially) are likely to hold back their feelings – they are developing the ability to consider and share in the feelings of those around them, but don’t always share their own concerns. They understand that death brings sadness to those who cared about the person who has died.

They may assume the person who died can still see or hear them – they can believe that they are being watched over or comforted by the person who has died, either close by or from a distance. This can be either reassuring or unsettling.

They can become pre-occupied with unfairness – they can feel a sense of injustice and view traumatic bereavement as unfair to them or undeserved. They may feel singled out by their loss and different from others around them – particularly if they’ve lost a parent.





Children's reactions to trauma

Children's reactions to trauma are not solely based on actual memories or exposure to trauma (although these are major determinants). Those who do not fully understand the methods or motives behind traumatic events attempt to fill in the gaps through fantasy, imagining worst case scenarios and believing them to be true. These fantasies are traumatic in themselves, and must often be confronted with the help of a trusted adult.

They experience trauma as fright – they are old enough to recognise a traumatic situation as threatening both to themselves and others. Their bodies react with a pre-programmed fright response. This strong bodily response is unsettling, and can recur later when the child feels unsafe. They find it difficult to control these reactions even with the help of an adult. They may cry, over or under-react, become pre-occupied with the trauma in some way, or feel and behave in an agitated manner.

They may believe there are secret or unseen reasons behind the trauma – they often blame themselves. They may believe the traumatic event was caused by something they did or said (such as being angry with the person who has died); or that they could have somehow prevented the trauma.

They need to understand what happened – they may ask why the person had to die in traumatic circumstances, and question the fairness of their situation. They use fantasy to replay the traumatic scene in their heads. Sometimes the trauma or death is avoided or reversed in these re-enactments, as they wish to undo the unpleasant consequences of trauma.

They can experience stress – they may show signs of having low concentration, being irritable, fatigued, easily startled or clingy,

nervous of anything that reminds them of the trauma, or otherwise distressed. Nightmares and difficulties with friends and school performance are common signs of stress in children of this age. This stress is often the result of reminders or intrusive thoughts related to the trauma, and the pressures involved in avoiding further reminders of the trauma in their environment (which may be unknown to parents).

Children's reactions to traumatic bereavement

Children's grief following traumatic bereavement will vary according to how emotionally close they were to the person who died; and how exposed they were to the circumstances of the death.

They react to separation – they will be distressed when separated from people they spend a lot of time with. Following a traumatic bereavement they will undergo grief even if they don't express it in the same way as an adult.

They react to trauma – they become intensely frightened by traumatic situations, but are not usually in a position to physically prevent the trauma occurring. As a result, they can feel that they, or their family, are more vulnerable to future trauma, and can experience periods of prolonged nervousness and need for safety. This can interfere with the attainment of important emotional and developmental milestones such as a sense of competency and control.

Memories and feelings of trauma are hard to forget – these can be frightening, and are not always easy to control. They leave children nervous, expecting an unsafe future, and lead to important changes in the body's chemical system. The experience (and later re-experiencing) of traumatic memories is multi-sensory and provokes a strong fright



reaction which is difficult for children to describe or understand (e.g. they would have difficulty in describing a wave of panic or heartache).

These reactions can be unsettling, and lead to headaches, abdominal pains, and tiredness.

They can develop a range of specific symptoms

– following a traumatic bereavement they often develop disturbing symptoms which are not always obviously connected to the event. These include poor concentration, disorganised memory and low motivation; which all have an impact on adjustment to school. This can have a lowering effect on their self-esteem and give rise to other difficulties. Some children may be more withdrawn while others might act out their difficulties, appearing to be unconcerned by what has occurred. In all cases of traumatic bereavement, it should be expected that children experience a range of reactions; not all of which will be obvious in their behaviour in school.

They become fatigued by fright – prolonged exposure to or experience of fright causes them to react in ever stronger ways. Usually, children who feel safe only experience a moderate jolt of extra energy when they get a fright. However, the fright response becomes stronger the more it is used, so when children are traumatically bereaved they use up a lot of energy when they feel unsafe or experience traumatic memories. Over days and weeks this can drain their body of resources and leave them vulnerable to illness or infection.

They can be overwhelmed – the overall effect of grief and trauma is more difficult to deal with than either grief or trauma alone. The effects of traumatic bereavement are prolonged, and can be re-experienced as children develop and understand more of the world around them. Families may also be overwhelmed, and settings such as school can become a refuge where a sense of normality and competency can be achieved.

What affects children's experience of traumatic bereavement?

Sudden deaths which are witnessed will have a more direct impact – seeing a sudden death as it happens is intensely stressful and frightening for children, and can be made worse if they do not understand what was witnessed. However, memories of trauma need not only be visual – children who did not see the death occur may have heard, smelled or felt it, and are just as distressed by the memory of these sensations. Those who witness a death need reassurance, good information and support in understanding what happened as soon as possible. Initially, the memories of what occurred may be a greater source of stress than the bereavement itself, preoccupying the child and preventing normal grieving.

They create traumatic fantasies to fill in gaps in their knowledge – sudden deaths that are not witnessed directly or that leave surviving children with unanswered questions about the death (or person who died) often lead to traumatic fantasies. Traumatic fantasies are the explanations they create to fill in gaps in their knowledge of the events surrounding the death. These might include fantasies that the death took longer than it actually did, or that the person suffered for a long time. They may also believe that they could or should have done something simple to avoid the death, or place undue importance on the last disagreement they had with the person who died. Traumatic fantasies can be distressing and provoke strong emotional reactions. They usually focus on the worst possibilities, which fade with time as children learn more about what happened. Those who have traumatic fantasies need good information (with appropriate levels of detail) conveyed with reassurance.

They have private or unseen beliefs – they may believe that the death was somehow related to or brought on by their own actions or thoughts.



They may also believe that the person who has died can still see or hear them. However, these beliefs are not always shared openly. They may need encouragement to talk about these beliefs without fear of reprisal or ridicule, as they are often associated with strong emotions such as anger or fear.

They listen to the reactions of parents and family more than others realise – they use the reactions of people around them, and in particular the primary caregiver, as cues for how they should react. They may be more affected than they seem by excessive adult displays of emotions such as anger, anxiety, blame, and sadness. It is well recognised that children's adjustment to traumatic bereavement is significantly affected by the coping of the main caregiver.

Their grief and trauma can be unseen – they can be reluctant to talk about their traumatic bereavement for fear of upsetting or saddening family members. They may also feel it inappropriate to talk about it to friends, teachers, or significant others. As children grow older there will be a greater need for privacy and control, so they need to be given permission and encouragement to express their concerns and emotions. This is necessary as their underlying reactions can be masked by other behaviours (such as playing the clown when they are actually very upset).

They can become pre-occupied with safety – in the aftermath of sudden death, their fears about safety can be intense. Often, they need concrete reassurance that they are safe (e.g. locking doors and windows at night before they go to bed). Reassurance of this type will be necessary, especially in the short term, if settings such as home, school, or social/sports clubs are connected to the sudden death. Death in a school can pose particular problems as parents may not be aware of the extent to which their child has been affected.

They are sensitive to daily routines – they feel safest when they are with a trusted adult and know what their daily routine is. Participation in home, school, and familiar recreational activities gives their life a sense of predictability and stability. A death in the family can disrupt these routines, and make the child's world less predictable and secure. They may also need to know the routine of their parent figures or family members in order to feel secure.

They are sensitive to the reactions of other children – following a sudden death there is often extensive media involvement so much of the detail is known by other children in the community. This exposes them to risk, particularly on their return to school, if they themselves are unsure of what happened, or they have not been prepared to deal with questions and comments.



ADOLESCENCE (10-18 YEARS)

General development

Adolescents have a better understanding of the world – they are capable of understanding the long-term consequences of death and trauma. It is also around this time that most begin to consider issues around their own mortality.

They place an emphasis on peer relationships and begin to show pronounced gender differences – networks develop spontaneously in their social circles. Girls are better at finding support from peer groups, boys are more likely to act out the effects of trauma. Social identities and group involvement become more important than in previous stages of their development.

Adolescence is a natural period of change and reorganisation – they typically become more independent of family members and parent figures. Combined with other physical and psychological developments this can make for ambivalent emotions in adolescents (where they vary between the need for support from their family and the need to gain independence from them). This is often manifested in a desire for increased privacy and control over their own lives.

Their reactions can be more emotional or exaggerated than in previous years – their short term reactions can be driven by emotional responses and appear exaggerated. They engage in more risk taking activities than younger age-groups, such as the use of alcohol, drugs, and involvement in sexual behaviours. They may also become more inhibited in certain areas of life, and more sensitive to social pressures to conform.

The understanding of adolescents with learning disabilities may be similar to that of younger children – therefore communications and explanations should be tailored to their level of

understanding rather than age. They may require simplified explanations of death and trauma and more practical support or access to resources than the family can provide alone. The guidelines for younger children may better reflect the level of understanding or behaviours of the adolescent.

Adolescents' understanding of death

Death is unavoidable and irreversible, with concrete causes – adolescents understand that death happens to everyone at some point and that you cannot bring someone back from the dead. They know death is caused by age, illness, trauma, etc. rather than through magical or mysterious means. Sudden or unnatural deaths are seen to have perpetrators.

They can empathise with others, but (boys especially) are likely to hold back their feelings – they can share and understand the feelings of those around them, but may be unwilling to reveal their own feelings. Peer groups can be useful as emotional resources beyond the family circle, with girls being better at seeking out friends they can relate to.

They can become pre-occupied with justice/injustice – they can feel a sense of injustice and view traumatic bereavement as unfair or undeserved. Issues of punishment or retribution can come into play, and serve to prolong grief, especially if media involvement or criminal proceedings are protracted. These feelings can recur in adolescence if the bereavement occurred earlier in childhood.

Adolescents' reactions to trauma

Adolescent's reactions to trauma are not solely based on actual memories or exposure to trauma (although these are major



determinants). If they do not fully understand the methods or motives behind traumatic events they attempt to fill in the gaps through fantasy, imagining worst case scenarios and believing them to be true. These fantasies are traumatic in themselves, and must often be confronted with the help of trusted adults or friends.

They experience trauma as fright or terror – they are old enough to recognise a traumatic situation as threatening both to themselves and others. Their bodies react with a pre-programmed fright response. This strong bodily response is unsettling; and can recur later when the adolescent feels unsafe or is reminded of the trauma. These reactions can be distressing and difficult to control.

They need to understand what happened – they will want to understand more about the death, including issues of fairness or justice, which are difficult to explore. However, thinking about it can be a distressing experience, especially when the trauma is recent. Understanding, or finding a meaning for trauma, can be very important at this age, especially if it leads to the prevention of future traumas. Unfortunately, not all the facts about trauma are known initially – many trauma survivors must wait for criminal or scientific investigations to find the truth and for some it will never be known.

They can experience stress – they may show signs of being irritable, easily startled, nervous of anything that reminds them of the trauma, or otherwise distressed. Night-mares, social withdrawal, poor concentration and difficulties with school performance are

common signs of stress in adolescents.

They can over-estimate the negative role they played in the traumatic situation – and feel guilty or embarrassed about their reactions. They can be pre-occupied with any negative contact they may have had with the person prior to their death; or with thoughts of how they could have acted differently. They may also feel personal responsibility or blame themselves for not doing things differently.

They understand the long-term implications of trauma – they realise that what's happened will stay with them for life, that it will affect their home and social life, and that some of the changes that have occurred will be permanent.

Adolescents' reactions to traumatic bereavement

Adolescents' grief following traumatic bereavement will vary according to how emotionally close they were to the person who died; and how exposed they were to the circumstances of the death. These deaths can include those of friends or members of the community with whom they identify.

They react to separation – they do this in much the same way as adults. This includes feelings of sadness, loss, yearning, heartache, and helplessness. However, adolescents will have few past experiences with death and loss, and fewer established coping mechanisms for dealing with stressful situations of this nature.

They react to trauma – they become intensely frightened





by traumatic situations. Often, traumatic memories can be very upsetting and uncontrollable, and are re-experienced over a period of time. Trauma interrupts their daily lives, and makes fitting into old routines and social interactions more difficult. Bodily reactions to trauma can lead to fatigue and vulnerability to illness in the adolescent. It may also exaggerate difficulties in home, school, or community settings which pre-date the traumatic bereavement.

Memories and feelings of trauma are hard to forget – these can be frightening, and are not always easy to control. They leave the adolescent nervous, expecting an unsafe future, and lead to important changes in the body's chemical system. As a result, some memories of the person who died can cause upset instead of comfort. They may be brought to mind uncontrollably, either in response to reminders or at random. They also have a physical component, in that they often result in increased heart and respiration rates, and can be tiring, distracting, and unsettling.

They become fatigued by fright – prolonged exposure to or experience of fright causes an adolescent's body to react in ever stronger ways. Usually, those who feel safe only experience a moderate jolt of extra energy when they get a fright. However, the fright response becomes stronger the more it is used, so when they are traumatically bereaved they use up a lot of energy when they feel unsafe or experience traumatic memories. Over days and weeks this can drain their body of resources and leave them vulnerable to illness or infection.

They are highly sensitive to peer reactions – so much of the information surrounding a sudden death is available to others through the media; anticipating the reactions of others can become a great source of anxiety or agitation for adolescents. They may need to be prepared for

questions and comments from their peers. For some, being different from others becomes the most difficult issue to deal with.

They can be overwhelmed – the overall effect of grief and trauma is more difficult to deal with than either grief or trauma alone. The effects of traumatic bereavement are prolonged, and can be re-experienced over time as adolescents learn more about the world. They can result in anger, blame, or guilt which can be difficult or shameful to talk about, and affect members of their family and community. Often settings such as school can be appreciated for the relief they offer from thinking about the bereavement. As part of the overall effect, dramatic changes can be seen in the behaviour of the adolescent (e.g. greater involvement in class-clowning, risk-taking behaviour, social withdrawal, or sudden maturity).

What affects adolescents' experience of traumatic bereavement?

Sudden deaths which are witnessed will have a more direct impact – seeing a sudden death as it happens is intensely stressful and frightening for adolescents, and can be made worse if they misunderstand what they have witnessed.

Memories of trauma tend to be multisensory – those who do not see a death occur may have heard, smelled or felt it and are just as distressed by the memory of these sensations. Those who witness a sudden death need reassurance, good information, and support in understanding as soon as possible. Initially, memories of what occurred may be more stressful than bereavement itself and give rise to specific reactions.

They create traumatic fantasies to fill in gaps in their knowledge – sudden deaths that are not witnessed directly or that leave surviving adolescents with unanswered questions about



the death (or person who died) often lead to traumatic fantasies. Traumatic fantasies are the explanations people create to fill in gaps in their knowledge of the events surrounding the death. These might include fantasies that the death took longer than it actually did, or that the person suffered for a long time. The adolescent may also believe that they could or should have done something simple to avoid the death, or place undue importance on the last disagreement they had with the person who died. Traumatic fantasies can be distressing and provoke strong emotional reactions. They usually focus on the worst possibilities, and fade with time as people learn more about what happened. Adolescents who have traumatic fantasies need good information (with appropriate levels of detail) conveyed with reassurance.

They have private beliefs and emotions – they may believe that the death could somehow have been avoided if they or some other person/group had acted differently. Blame and the need for retribution may be important to them depending on the circumstances of the death. However, these beliefs are not always shared openly – particularly in the family. Communication on difficult topics such as these can be started by parents or friends in order to encourage them to open up and express privately held fears and anger.

They can gain support from family, friends, and the community – they can gain the most support from the groups they are most involved in. However, severe trauma can make group involvement difficult for affected adolescents, especially for younger ones, who may become more dependent on the family again for a time.

Their grief and trauma can be unseen – they can be reluctant to talk about sudden death for fear of upsetting or saddening family members. They may also feel it inappropriate to talk about it with friends, teachers, or significant others.

Sometimes they need to be encouraged to express their concerns and emotions as their underlying reactions can be masked by other behaviours (such as playing the clown when they are actually very upset).

They are sensitive to daily routines and safe locations – they feel safest when they are with trusted friends and are in familiar environments. Home, school, and recreational settings are important in making them feel physically and emotionally secure. A death in the family or community can disrupt these routines, and make their world less predictable and secure. The death of a pupil or teacher at school poses particular problems as there will be daily reminders of the person who died, other pupils will be upset, and pupils become affected by each other's behaviour. Because this occurs in a school setting parents may not be aware of the extent to which their child is affected by the death.

Adolescence is a naturally stressful time – traumatic bereavement in adolescence occurs at a time in children's lives when they are undergoing dramatic psychological and physical changes. These include the development of a new identity and social networks, academic pressures, conflicts with parents or family, hormonal changes, and rapid physical development. For these reasons, many adolescents may have difficult relationships with their parents, at a time when they most need emotional support.



GUIDELINES FOR CHILDREN OF ALL AGE-GROUPS

It is important to remember that children are more sensitive to their family's emotions than is generally realised. They will watch the reactions of those around them much more than is understood by adults.

It is important that carers are aware that even young children will actively grieve, so that they try to understand and meet their needs.

Children from five to ten years of age can be especially vulnerable to false impressions and fantasies about trauma.

The needs of adolescents vary according to the individual and their circumstances.

Relationships with family and friends can be equally important in meeting their practical and emotional needs. Gender, ability, and level of understanding

also have a part to play in their coping methods, which tend to be wide ranging and may differ from those



favoured by their parents and family.

Immediate needs

Promote a safe environment – it is very important for children to feel as safe as possible both immediately after a traumatic bereavement, and in the long term. Ideally, daily routines should be re-established as soon as appropriate.

- Work for continuity in home, school or other activities
- Maintain a routine as far as possible and prepare the child for any changes to this
- Avoid unnecessary separations - where separations are necessary the child should be prepared for them
- Be alert to the child's needs and provide emotional reassurance as necessary
- Make time to listen to what they have to say and address their anxieties and concerns
- Take their fears about safety seriously.

Clear communication – children need simplified and consistent explanations to reduce their confusion about the death. Clear and honest information and discussion can help identify their concerns, which may otherwise be missed. For young children death is best explained as meaning that a person stops moving and thinking; they don't breathe or feel any pain. Older children and adolescents understand more but may be unsure how to ask for information.

- Give explanations suitable to the age and level of understanding of the child, using language you know they will understand – clear, consistent and not misleading
- Questions about death should be answered as honestly and clearly as possible. Be aware that the topic may be revisited on many occasions
- Be sensitive to the family's own belief systems when explaining that, whatever



happens after death, once a person dies they cannot come back to life.

Make the loss real – children should be encouraged to participate in rituals surrounding death (while respecting any choice they make), and to keep mementos of the person who has died for the future.

- If children are to participate in rituals like viewing the body and attending the funeral, they should be prepared for what they will see
- Encourage the child to do something for the person who died (e.g. put a drawing, letter or present in the coffin)
- Share feelings of sadness, but excessive displays of anger sadness or blame should be avoided
- Children may want to keep a personal reminder of the person who died with them.

Long-term needs

Children need to understand – it is normal for children of all ages to require an adjustment period to traumatic bereavement, during which certain topics will need to be discussed more than once. Younger children may use play that re-enacts the trauma or events associated with it to explore confusing or emotional topics. This may be upsetting to watch.

- Facilitate young children's play
- Allow questions and conversations; questions should be answered as clearly and consistently as possible
- Some children may only manage short conversations and young children will ask some questions repeatedly since they cannot understand death fully
- An older child may want to talk about feelings of fairness, injustice and blame
- Look at albums and talk about photographs and other mementos
- Visits to the grave and other relevant places may be helpful.

Coping with emotions – talking with the child about their feelings may help them confront their fears and provides reassurance and emotional support. Share any grief you may feel personally in a measured way.

- Talk through any issues or anxieties the child may have (e.g. anxiety about something happening to a parent or themselves)
- Allow children to express feelings of anger, blame or guilt
- Provide comfort and reassurance that what they are feeling is normal
- Reassure children that it is okay to have fun and continue with normal activities
- Be aware that in young children feelings are generally expressed through emotional upset and behaviours (rather than words)
- It is easier to identify what young children are thinking and feeling through play, drawing, acting etc.

Re-establishing routines or building new ones – children become disturbed by changes to their routines and therefore feel more secure when these are re-established. They like predictability in people, places, times and activities. Routines should include:

- Bedtime routines: usual activities leading up to bedtime (e.g. brushing teeth, bedtime story)
- Mealtimes at the same time and place each day
- Attendance at playgroup, school and other activities
- Leisure times with friends.

Dealing with reminders – unsettling reminders of the death or trauma can come at random or in response to triggers in the child's life. Managing reminders and triggers can provide them with more stability and a sense of greater emotional control.



- Develop a plan to avoid or minimise unnecessary exposure to reminders which are unsettling
- Develop a plan to deal with reminders and triggers should they arise
- Provide reassurance that reminders and triggers will become weaker and less frequent over time
- Prepare for significant dates such as anniversaries, birthdays and other occasions
- Prepare for events such as court cases, coroner's investigations, or media coverage involving the death. It is helpful for the child to know in advance what details will be covered at these events, and whether or not they have to participate.

Facilitating the coping of the main caregiver – the wellbeing of the main carer is essential to the wellbeing of the child. Adults need to take time and accept support to manage their own reactions to trauma and grief.

- Be aware of the impact of the main carer's coping (or not coping) on the child
- Encourage the adult caregivers to seek support for themselves, if necessary.

Looking to the future – new feelings and understanding of death will emerge as children grow and realise more about the world. Keepsakes and anniversaries will be special to children in the future.

- Children should be involved in marking anniversaries and significant occasions
- They will need to continue to invest in new friendships and find meaning and strength from their experience instead of vulnerability
- Accept changes in their opinions, memories, and worries over time
- Encourage children to hold onto mementos and keepsakes
- Be aware that they may have new questions about the death in the future as their understanding grows, adolescents may

prefer to talk to others outside the family as time goes on

- Encourage a sense of optimism about the future.

Management at school

Young children are highly sensitive to the reactions of adults around them. Ideally, their interactions with adults and teachers should be comforting and predictable. Following traumatic bereavement, family routines are often broken and adults can behave in ways that young children do not fully understand. While parents/families have the task of explaining what happened, school life can offer the day-to-day stability and structure that most children need.

Traumatised and bereaved pupils react in a variety of ways as they try to come to terms with their experience. Their teachers may notice changes in their concentration and behaviour over the first two years. Be mindful that they will revisit the death as they move through their developmental stages. Teachers cannot change the events that have happened but, by their support, they can make a difference.

- Inform relevant adults in the school setting of what has happened to the child
- Keep a record of a) date of bereavement, b) relationship of person who died to the child and c) dates of relevance – birthdays and anniversaries
- Attach a sticker to the outside of the child's file and a label with details inside the cover. This way there is less likelihood of any member of staff missing it
- Keep in touch with home, being aware that grieving parents may not always be able to support their children effectively
- Ensure that, if a teacher or classroom assistant is off, a system is in place to inform the substitute figure of the child's situation
- Ensure that this information is flagged or passed on to the next teacher or school.



Management in the classroom

Returning to school following a traumatic bereavement should be planned to minimise potential difficulties:

- Talk with parents and the child about when to go back to school, what information to share with classmates, and any specific worries or requests they may have. Some children need to be prepared for what their classmates already know, or how they reacted. They also need to know how to deal with questions or comments from other pupils
- Talk with the class or group about what happened (with the family's agreement). Use age-appropriate explanations and let them know when the child will be coming back
- Be prepared for your own reactions – children will be very sensitive to the reactions of familiar adults
- Be aware that grieving parents may not always be able to support their children as well as they used to. For some children school can be the most safe and predictable time during their day
- Expect the child to function in the class but be flexible with their workload. Be sympathetic, gentle and firm. Children may need extra support or consideration in the early stages
- Their concentration and memory may be affected and will only return to normal as the bereavement and trauma issues are resolved (may take up to two years or longer). Teachers may need to discuss with the child and their family the option of deferring exams until a later date
- Some children throw themselves into their work and become model pupils. It is unlikely that they will be able to maintain this in the long term
- Ensure that there is a quiet place where the child can talk, or just be alone (but supervised), if the need arises
- Be sensitive to special dates (e.g. Mother's/Father's Day), anniversaries, or events where parents usually attend. These will affect the child and their family. If a class is making Mother's/Father's Day cards, children should be encouraged to make them for a parent who has died. Allow them to keep these cards or give them to a trusted adult for safekeeping
- Children may become withdrawn and isolated from their peers (they have gone through an experience that most of their peers will not be able to comprehend fully). Their outlook on the world may have changed
- Bereaved adolescents are more likely to be bullied at school, and may be less able to cope with this
- Encourage peer group support for older children – adolescents with similar losses may be able to support each other. Talking and sharing in groups helps normalise experiences and eliminate social isolation
- Older children may not wish their family to know about any difficulty at school because they want to protect them. Deal with this sensitively and respect their wishes where possible, while at the same time encouraging more open communication with their family
- If a child in the class has died, other classmates may wish to make a memory box, book of thoughts, or other such gift for the bereaved family. If the class is to participate in a funeral or other ritual, they need to be prepared for what will happen.

Be aware that children will revisit their grief as their understanding grows, leading to possible changes in temperament, capacity, and behaviour which will not always be obviously connected to traumatic bereavement.



OUTCOMES

Most children will recover from traumatic bereavement; however there is no definitive timetable for the conclusion of grief, indeed bereavement is often seen as a lifelong influence on development. The most intense reactions tend to be experienced in the first two years. They can be helped to manage their difficulties, to reduce their confusion about death and trauma, to increase their sense of safety, and to form healing emotional bonds with family and peers.

Children can work through the effects of traumatic bereavement with the emotional support of their family and friends, a stable, caring environment; and good information, based on fact, which helps them gain appropriate understanding of the bereavement. However, parents must be prepared for children to revisit their trauma and bereavement again throughout childhood and their teenage years as they understand more about themselves and the world. During these times their behaviours may become more difficult.

SECTION 3



Traumatic bereavement in adulthood



SECTION 3: Traumatic bereavement in adulthood

General needs

Adults have common needs – all adults have needs such as the need to be safe and provided for, to have companionship, emotional bonds, and social support from other people; and to have good self-esteem. People will express these needs differently (one person's idea of safe may be very different from another's). Different needs will be more prevalent at different times of life. For example, a person may feel very little need for safety under normal circumstances, but they may be greatly concerned about it following an accident. People may also find that their need for companionship (e.g. emotional bonds and social support) will change over time.

Men and women react differently to similar situations – men and women have different ways of coping with events and offering help to others. In stressful situations men are less likely to talk about their problems and more likely to work through them by either taking action or distracting themselves. Women are more likely to work through their problems by confiding in someone who can help them or identify with their situation.

Partnerships and families – these can be a source of both stress and healing. Becoming a parent or a spouse brings with it new challenges and a lot of adjustment. However, these roles also fulfil many emotional needs as being part of a family or partnership means the person has access to emotional resources and security when they need it. People in partnerships generally survive trauma more successfully, providing their partner or family isn't the major source of stress or isn't significantly affected by the same event.

The understanding of adults with learning disabilities may be similar to that of a younger person – therefore communications and explanations should be tailored to their level of understanding rather than age. They may require simplified explanations of death and trauma, and encouragement to discuss any areas of the death they are unclear about. They may also require more practical support or access to resources than the family alone can provide. For adults who have less understanding of death than their peers, it may be helpful to read the guidelines provided for younger age groups.

Understanding of death

Death is unavoidable and irreversible, with concrete causes – adults understand that death happens to everyone at some point and that you cannot bring someone back from the dead. They also understand that death is caused by age, illness, trauma, etc. even though they may not understand the specifics. Sudden or unnatural deaths (or the death of a child) are less likely to be understood or accepted, and more difficult for adults to come to terms with.

They can empathise with others, but men especially are likely to hold back their feelings – they can share in and understand the feelings of those around them, with women being better at seeking out friends they can relate to.

They can become pre-occupied with justice/injustice – they can feel a sense of injustice and view sudden death as unfair or undeserved. Issues of punishment or retribution can come into play and serve to prolong grief, especially if media involvement or criminal proceedings are protracted. These feelings can recur in adulthood if the bereavement occurred earlier in life.



Reactions to trauma

Adults' reactions to trauma are not solely based on actual memories or exposure to trauma (although these are major determinants). Those who do not fully understand the methods or motives behind traumatic events attempt to fill in the gaps through fantasy, imagining worst case scenarios and believing them to be true. These fantasies are traumatic in themselves, and must often be confronted with the help of trusted adults or friends.

They experience trauma as fright or terror – adults are experienced enough to recognise a traumatic situation as threatening both to themselves and others. Their bodies react with a pre-programmed fright response. This strong bodily response is unsettling, and can recur later when they feel unsafe or are reminded of the trauma. These reactions can be distressing, difficult to control, and may give rise to specific post-traumatic reactions (which may be short or long term).

They need to understand what happened – adults want to understand more about the sudden death than just the bare facts, tackling issues such as justice which are difficult to explore. However, thinking about it can be a distressing experience, especially when that trauma is recent. Understanding, or finding a meaning for trauma, can be very important in coming to terms with it, especially if it leads to the prevention of future traumas. Unfortunately, not all the facts about trauma are known initially – many trauma survivors must wait for criminal, historical or scientific investigations to find the truth and for some it will never be known.

They experience stress – stress responses in adults are well known. They may show signs of being irritable, easily startled, nervous of anything that reminds them of the trauma, or otherwise distressed. Nightmares, intrusive thoughts, poor anger management and

concentration difficulties at work are common signs of stress.

They can over-estimate the negative role they played in the traumatic situation – and feel guilty or ashamed of their reactions. They can be preoccupied with any negative contact they may have had with the person prior to their death, or with thoughts of how they could have acted differently (although these may be secret). They may also feel personal responsibility or blame themselves for not doing things differently. For some there is a strong sense of survivor guilt.

They understand the long-term implications of trauma – they realise that what's happened will stay with them for life, that it will affect their home and social life, and that some of the changes that occur following trauma will be permanent.

Reactions to traumatic bereavement

Adults' grief will vary according to how emotionally close they were to the person who died; and how exposed they were to the circumstances of death.

These deaths can include those of friends or members of the community with whom they identify.



They react to loss – following bereavement or long-term separation, adults



experience grief. This includes feelings of sadness, anger, guilt, blame, loss, yearning, heartache, and hopelessness. These feelings will change in intensity and severity over time, and may overlap or come and go rather than be experienced as predictable stages or progression. Some people will have past experiences of death and loss which may help them cope. Younger adults usually have fewer established coping mechanisms for dealing with stressful situations of this nature.

They react to trauma – adults become intensely frightened by traumatic situations, particularly those they have witnessed. Often, traumatic memories can be very upsetting and uncontrollable, and are re-experienced over a period of time. Trauma interrupts daily lives, and makes fitting into old routines and social interactions more difficult. Bodily reactions to trauma can lead to fatigue and vulnerability to illness. It may also exaggerate difficulties in home, work, or community settings which pre-date the traumatic bereavement.

Memories and feelings of trauma are hard to forget – these can be frightening, and are not always easy to control. They leave people nervous, expecting an unsafe future, and hard to breathe

important changes in the body's chemical system. As a result, some memories of the person who died can cause upset instead of comfort. They may be brought to mind uncontrollably, either in response to reminders of the trauma or at random. They also have a physical component, in that they often result in increased heart and respiration rates, and can be tiring, distracting, and unsettling.

Their bodies become fatigued by fright – prolonged exposure to or experience of fright causes the body to react in ever stronger ways. Usually, adults who feel safe experience only a moderate jolt of extra energy when they get a fright. However, the fright response becomes stronger the more it is used, so when a person is traumatically bereaved they use up a lot of energy when they feel unsafe or experience traumatic memories. Over days and weeks this can drain the body of resources and leave it vulnerable to illness or infection.

They can be overwhelmed – the overall effect of grief and trauma is more difficult to deal with than either grief or trauma alone. The effects of traumatic bereavement are prolonged, and can be re-experienced over time as reminders re-awaken memories of the event. They can result in anger, blame, or guilt which can be difficult or shameful to talk about, and affect other members of the family and community. Children are particularly sensitive to the emotional state of their parents. Often work settings can offer a welcome relief from thinking about the bereavement.

What affects adults' experience of traumatic bereavement?

Sudden deaths which are witnessed will have a more intense impact – seeing a sudden death is intensely stressful and frightening. Memories of trauma are not only visual but may include hearing the sounds associated with the death (e.g. loud bangs, screaming, sirens) as well as



remembering smells and other sensations, which can be just as distressing. People who witness a sudden death will need reassurance, good information, and support as soon as possible, to help them understand what happened. Initially, memories of what occurred may be more stressful than bereavement itself and are linked to a continued sense of threat (feeling very unsafe or vulnerable to attack), survivor guilt (questioning the fairness of your survival in comparison to the death of a loved one), and pre-occupation with the intrusive memories of what occurred.

They create traumatic fantasies to fill in gaps in their knowledge – sudden deaths that are not witnessed directly or that leave surviving adults with unanswered questions about the death (or person who died) often lead to traumatic fantasies. These fantasies are the explanations people create to fill in gaps in their knowledge of the events surrounding the death. They might include fantasies that the death took longer than it actually did, or that the person suffered for a long time. People may also believe that they could or should have done something simple to avoid the death, or place undue importance on the last disagreement they had with the person who died. Traumatic fantasies can be distressing and provoke strong emotional reactions. They usually focus on the worst possibilities, and fade with time as people learn more about what happened. Adults who have traumatic fantasies need good information (with appropriate levels of detail) conveyed with reassurance.

They have private beliefs and emotions – they may believe that the death could somehow have been avoided if they or some other person/group had acted differently. Blame and the need for retribution may be an issue depending on the circumstances of the death. However, these beliefs are not always shared openly – particularly in the family if children are involved. Family or friends can start helpful

communication on difficult topics such as these in order to encourage the adult to open up and express privately held fears and anger.

They can gain support from family, friends, and the community – the best support is gained from the people they are most involved with. However, severe trauma can make group involvement difficult for affected adults, who may become more isolated or over-involved with their own family. Changes in behaviour and attitude to relationships can also affect emotional support from close friendships.

They are sensitive to routines and locations – people feel safest when they are with trusted friends and are in familiar environments. Home, work, and recreational settings are important in making them feel physically and emotionally secure. A death in the family or community can disrupt these routines, and make the person's world less predictable and secure.



GUIDELINES

The needs of adults vary greatly according to each individual and their circumstances.

Relationships with family and friends can be equally important in meeting their practical and emotional needs. Gender, ability, and level of understanding also have a part to play in the coping methods of adults, which tend to be wide-ranging and may differ from the methods favoured by friends and other family members.

Immediate needs

Promote a safe environment – it is important to feel as safe as possible both immediately after a sudden death, and in the long term. Ideally, daily routines (e.g. work attendance) should be re-established as soon as appropriate. Give time to any concerns the person may have.

- Work for continuity in home, work, and recreational settings
- Give time and emotional reassurance
- Take the person's fears about safety seriously and, if necessary, develop a concrete safety plan that addresses concerns about security (e.g. locking doors, leaving lights on at night).

Clear communication – adults understand death, but may not always have the information they need to understand the circumstances surrounding it. It is important for them (or their partners/families) to seek out accurate information early, or at the earliest appropriate time.

- Encourage the person to seek out accurate information and truthful explanations
- Establish as much detail as is necessary at an early stage to reduce confusion
- Clear and honest information and discussion can help identify concerns that may otherwise be missed.

Make the loss real – participating in rituals surrounding death will help adults make their loss real. These may vary according to their culture or belief systems. Encourage them to:

- Participate in rituals (e.g. funeral, leaving a personal memento on the grave)
- Share feelings of sadness
- Identify and keep their own personal reminders.

Specific reactions to trauma – following trauma or sudden death there will be specific reactions in adults which are difficult to control and affect behaviour, mood, and decision making. They may be more easily startled or agitated, forgetful or accident prone, more likely to have vivid dreams or difficulty sleeping; and more likely to think repeatedly about the person who died or aspects of their death. They may also feel isolated, cheated, different or set apart from others by their trauma, uninterested in friends or consolation; and hopeless for the future.

- Reassure them that what they feel is normal
- Reassure them that reactions such as these will fade with time and support from others
- Encourage them to take further advice on their reactions if they are a prolonged source of distress (e.g. refer to self-help information, GP, health worker).

Practical issues – following traumatic bereavement there will be many practical issues to be dealt with. Some of these need to be handled immediately or soon after the death occurs (e.g. funeral, obituary), others can be delayed until after the initial shock has passed (e.g. sorting personal belongings). Delaying non-essential decisions or discussing options with relevant people can allow people to sort through their feelings and think through choices which will be important in the long term. Encourage them to:



- Pace themselves and avoid making too many early decisions
- Use resources such as family, close friends, faith representatives, or GPs who may have experience in wide-ranging issues relating to traumatic bereavement
- Wait until they are ready before making big decisions (such as sorting the personal effects of the person who died).

Long-term needs

Adults need to understand – they may need to discuss difficult topics including issues relating to unfairness, anger, guilt, or blame. Distressing issues or events will need to be discussed more than once. Visiting the grave or places where the adult feels close to the person who died can help with coming to terms with the death.

Encourage them to:

- Ask questions and talk about any feelings of anger, blame, guilt, and justice
- Visit the grave or other relevant places
- Look at albums and photographs.

Coping with emotions – talking with the adult about their feelings may help them confront their fears and provides reassurance and emotional support. Share any grief you may feel personally in a measured way.

- Talk about their anxiety about something happening to their family or themselves
- Talk about guilt feelings and/or anger, blame, regret ...
- Reassure them that what they feel is normal
- Help them reconnect with happier memories of the person who died.

Dealing with reminders – unsettling reminders of the death or trauma can come at random or in response to triggers. Managing reminders and triggers can provide people with more stability and a sense of greater emotional control.

- Develop a plan to avoid or minimise unnecessary exposure to reminders which are unsettling
- Significant dates such as anniversaries, birthdays and other occasions should be prepared for in advance
- Events such as court cases, coroner's investigations, or media coverage involving the death should be prepared for and discussed. It is helpful for people to know in advance the topics which will be covered at these events, and what details are likely to be discussed
- Develop a plan for dealing with reminders when they arise
- Provide reassurance that reminders and triggers will become weaker and less frequent over time.

Looking to the future – new feelings and meanings will emerge as the person works through their experience. Anything positive which comes from traumatic bereavement is likely to be a source of strength for them in the years to come (e.g. being able to help other traumatised people). Keepsakes and anniversaries will be special to them in the future, as will positive reminders of the person who died.

- Be aware that people will change their opinions over time
- Be prepared for younger adults to have new questions about the death again in the future
- Be optimistic about the future – things can and usually do get better.



OUTCOMES

Most adults recover from traumatic bereavement; however there is no definitive timetable for the conclusion of grief, indeed bereavement is often seen as a lifelong influence. The most intense reactions tend to be experienced in the first two years.

Adults who are traumatically bereaved can be helped to manage their difficulties, reduce their confusion about death and trauma, increase their sense of safety, and to form healing emotional bonds with family and friends. In this way, the most acute consequences of traumatic bereavement can be worked through with a small number of people (usually a mix of family members and close friends).

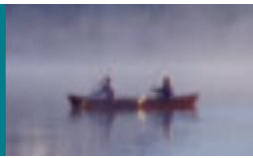
Specific symptoms can develop which may be difficult to cope with. See management guidelines contained in Section 4 “Common grief reactions”



SECTION 4



Common grief reactions



SLEEP DISTURBANCE

Sleep

Sleep is an important activity that helps maintain a healthy body and improves concentration, memory, and the performance of daily tasks. Most people have individual routines for relaxing or getting to sleep. Some relaxing routines (e.g. reading, having a cup of tea before bed) will not work for everyone and can sometimes make getting to sleep more difficult.

Routines and activities before bedtime (especially the last hour before bed) will have a noticeable impact on people's ability to sleep. There is no absolute amount of sleep people should have because they require different amounts to remain healthy, depending on their age and level of activity. Generally speaking if they do not appear tired during the day they are probably getting enough sleep.

Dreaming

As well as being necessary for physical well-being, sleep also allows people to dream. Dreams are used to process emotions, organise memories, and prepare the mind for the day to come. They may be senseless, enjoyable, or utterly terrifying, but they all have a purpose.

Distressing dreams
(e.g.



nightmares) are a normal and healthy reaction to a bereavement or sudden traumatic event. They may focus specifically on some aspect of the trauma or appear unrelated to it, but become less frightening and more general as the person comes to terms with their loss. Most people dream three to six times each night but do not remember their dreams when they wake.

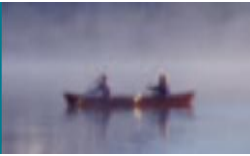
Sometimes disturbing dreams or nightmares can be so vivid or upsetting that they wake the person up or prevent sleep. A well-meaning parent, sibling or partner may also wake up a person who is having a distressing dream. Interrupted dreams such as these (where the dream does not end naturally) are the most distressing and least helpful. Some people may need help from trusted adults or friends in coming to terms with the underlying causes of their vivid dreams, or be allowed to dream and finish their nightmares without being wakened up.

Sleep disturbances

Sleep disturbances occur when a person has difficulty getting to sleep, staying asleep (night waking or waking very early), or getting refreshing sleep. Sleeping patterns change as people grow, and different sleeping problems will occur at different ages. For example, adolescents are more likely to have daytime sleepiness and trouble getting to sleep early at night than adults.

It is common for sleep disturbances to occur in people who have witnessed or been affected by a sudden death or traumatic event. Most disturbances involve difficulty getting to sleep or staying asleep, having sleep-related fears (e.g. safety worries); or disturbing dreams. These may result in:

- Staying up late or not being able to get to sleep at a reasonable hour (feeling that it is too early for sleep or that sleep is impossible); or a younger child resisting going to bed



- Wanting to sleep in the same room as someone else for safety
- Having nightmares, or night terrors (waking up screaming)
- Waking repeatedly or at random during the night
- Younger children regressing back to bed wetting
- Waking very early in the morning and being unable to get back to sleep
- Being sleepy or irritable the next day.

Disturbances such as these are normal following traumatic bereavement, and will usually fade away with time as the person comes to terms with their emotions and understanding of what happened. For some this will take a long time, while others will not have any problem sleeping at all. Some people will need reassurance and support from family or friends in order to overcome their sleep disturbances. They can be helped to improve their sleep by considering the following:

- Signs of stress (e.g. irritability, anxiety, muscle tension)
- Fears about safety (for themselves or other family members)
- Specific fears related to bedtime
- Changes to the setting, level of background noise, or temperature of the bedroom (e.g. sleeping in a different room)
- Side effects of medication (e.g. decongestant medication)
- Lack of exercise
- Changes in bedtime routine (e.g. timing, activities involved)
- Expecting the problem to get worse and watching the clock through the night
- Napping during the day
- Drinking tea, coffee, and caffeine drinks at night
- Drinking alcohol at night
- Smoking before going to bed.

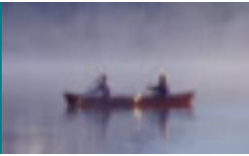
Following traumatic bereavement, people sometimes need to find new ways to wind down or get to sleep at a regular time. Relaxation, exercise, diet, and planning are the most effective ways of improving sleep and do not carry risk in the long or short term. Addressing safety fears and providing reassurance can also be extremely effective in combating sleep disturbance and preventing future problems.

Improving sleep

Dealing with causes of poor sleep – many of the causes of poor sleep involve changes to routine such as bedtime, activities before bed or the person putting a child to bed. Changes to the bedroom environment, for example, the temperature, light level or background noise can also have an effect. It may be necessary to remove ticking or brightly lit clocks that act as reminders that the person is not sleeping. Some medicines, large meals, or drinks like tea, coffee or alcohol can interfere with normal sleep, as can lack of exercise during the day. Some people will benefit from extra exercise after a traumatic event.

People may have trouble sleeping because of fears about their own safety or perhaps the safety of their family home. They may have specific fears related to bedtime which might include fear of not being able to sleep or of having nightmares; they may also fear reliving the trauma or having other intrusive thoughts, usually related to memories or fantasies about what happened. These fears should be taken seriously as they can be genuine sources of distress in many people following a traumatic loss.

Bedtime and early morning are times when people are likely to think back on trauma, loss, or how their life is different now. This can be reflected in trouble getting to sleep at night, or trouble getting back to sleep if a person wakes early in the morning.



If these causes are suspected they may be addressed directly through reassurance and action, or with the advice of a GP (health assessment and medication). Helping to restore or re-establish a bedtime routine which matches (as closely as possible) the original routine will be very beneficial, as will providing reassurance (both emotional and physical) about the person's specific fears and worries at night.

Awareness and Preparation – being aware of what is helpful and unhelpful in getting an individual to sleep is very useful. Not all ways suggested to improve sleep will suit everyone (e.g. some people need to sleep with music on and some need total silence).

It is important to be aware that changes in people's lives bring changes to their sleeping habits. This may be most noticeable following a traumatic loss or event. For example, most people will have concerns about safety and may want to sleep in a room with someone following a traumatic bereavement. This is a normal reaction, and sleeping in a room with someone else can help a person relax and sleep more soundly. Being afraid, alone in their own bed and unable to sleep, is likely to prolong distress. However, not wanting to sleep alone can be difficult in the long-term. It is important to take a balanced approach and to gradually return a person to their normal sleeping routine over time, for example a child may initially sleep in a parent's bed with a staged return to their own bed.

Distraction – some people are unable to get to sleep because they can't stop remembering or thinking about the trauma. These thoughts can be brought on by a dream or nightmare, by something that reminded them of the trauma during the day, or sometimes for no apparent reason. Distraction is one of the most effective ways to deal with these thoughts when they arise. It involves:

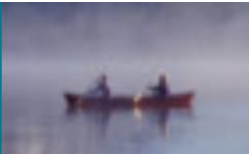
- Switching the person's attention away from the intrusive image or thought before it can play out in their head
 - Focusing their attention on a sensation (e.g. finger tapping) or action (e.g. counting to ten repeatedly) to block out all other thoughts
- or
- Listening to low level, soothing background music that is loud enough to comfort but quiet enough to promote sleep
 - Using a comfort object or toy (e.g. blanket).

It is important to have a method of distraction identified and practiced in advance.

Relaxation – this is an important skill for people who have been traumatically bereaved, as trauma and loss create many difficult memories and overwhelming moments. Learning an individual way of dealing with emotional stress can be invaluable. This could be getting good exercise, socialising, watching a favourite DVD, listening to music or just having a place to be alone. In general children relax through play and younger children may also find a favourite toy or object soothing or relaxing.

Following trauma and bereavement, people may need to find different methods of relaxing or unwinding than they used in the past. The following are some popular ways to relax:

- Yoga
- Walking
- Jogging
- Exercise
- Sports
- Music
- Fresh air
- Games
- Reading
- Watching TV
- Hobbies
- Massage
- Controlled breathing
- Talking with friends



- Aromatherapy
- Structured relaxation (tape or book).

Children may find playing with friends, someone reading or singing to them, and sitting on a parent's knee relaxing.

Not all relaxation techniques will be suitable for everyone, but most people will find at least one which works for them. Adults may find it useful to learn at least one formal relaxation method such as controlled breathing, guided imagery, or progressive muscular relaxation (these techniques are described later).

GUIDELINES

Take a flexible approach – people have different needs and ways of relaxing depending on their age, gender, and personality. Think about how stress, noise, temperature, surroundings, timing, diet and exercise affects sleep.

- What works for one person may not work for another
- What works at one time may not be suitable later on
- People of different ages are likely to have different ways of relaxing or preparing for sleep
- Be prepared to try different approaches
- Some people will rapidly return to normal sleeping patterns, others will take longer.

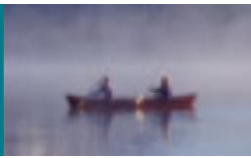
Take fears seriously – bed/night time fears and nightmares can be very real and frightening. Following traumatic bereavement they can be a healthy sign that the person is tackling their emotional problems. People will often respond positively when encouraged to face their fears in creative or practical ways. Teaching them to overcome night-time fears can go a long way towards reducing their stress. This is best done during the day and avoided at night, otherwise it can serve to remind the person of their fears near bedtime. Parents may not always know

about their children's fears – children must be gently encouraged to share any fears they have, again this is best done during the day and avoided at night.

- Reassure the person emotionally and physically
- Take their fears seriously
- Develop a safety routine if they feel unsafe in their room or home (e.g. develop a routine for locking windows and doors at night)
- Reassure the person that these fears will fade with time
- Work with children to decide on a way of overcoming nightmares or anxieties (e.g. special karate chops to kill monsters, becoming invisible to bad people)
- Practice methods of relaxation during the day until they are familiar and comfortable.

Develop a bedtime routine – a bedtime routine is essential for letting the body know it should prepare for sleep. Preparing for sleep can start much earlier than bedtime (e.g. not drinking alcohol or caffeine in the four to six hours before sleep); or five minutes beforehand (e.g. drinking some warm milk just before bed). Aim to establish consistent and reassuring routines.

- Identify, in advance, routines that will help the person relax or prepare for sleep especially in the last hour before bedtime, for example, listening to music or reading/having a story read
- Identify activities which should be avoided before bed, for example, energetic physical activity, exciting computer games, listening to loud music or drinking strong tea/coffee/alcohol or sugary drinks
- Help people decide something they can do if they are awake and worried during the night (e.g. read a favourite book, play with a favourite toy or have warm milk).



Develop strategies for dealing with intrusive thoughts or images – people need practice in how to deal with intrusions if they are unsettling or prevent sleep. Some people use distraction, others may use relaxation to overcome them. Not everyone will know how to do this initially, and may have to be taught simple techniques.

- Identify and practice a method of distraction to help interrupt unwanted thoughts, for example, count backwards from a hundred or finger-tapping, children can recite their favourite poem or sing a simple song
- Use relaxation or exercise to reduce stress
- Set aside time to think about the intrusive thoughts or images, how they were triggered, or how they relate to the trauma. Talk about fears and provide reassurance
- Children may need a night-light and/or quiet soothing music.

Set aside time to think about the trauma in a constructive manner – many people are tempted to put thoughts of the trauma from their minds because they are too distressing. Some people find this more difficult to do at night when they are trying to sleep, and their thoughts may keep them awake for some time. Identifying a particular time to think about the trauma enables people to prepare themselves for this upsetting task.

- Encourage the person to make time for reflection in their daily or weekly routine, either alone or with a trusted adult/friend
- Help them plan what they will do in this time, for example, reflection or creating a journal or scrapbook
- Recommend a time of relaxation afterwards.

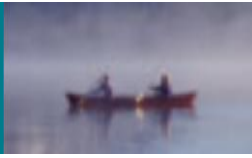
Practice relaxation methods – relaxation is the best way to prepare for sleep, and is a skill that most people can become good at in a short space of time. It can be practiced alone or with a partner or friend, preferably in a quiet place which the person finds peaceful. At least ten to

twenty minutes a day should be spent practicing relaxation until the person feels comfortable with a method that suits them. It is important that they keep practicing even after the basics are understood as the body will continue to learn how to relax more quickly.

- Choose a method of relaxation and practice it regularly, the assistance of a recording or instructions read by a friend may help with learning
- Recommend setting aside a regular time during the day to practice (not just at bedtime)
- Suggest using more than one technique (e.g. muscle relaxation and controlled breathing)
- Try to make the experience creative and fun for children
- Encourage regular exercise.

Regular exercise – exercise has a highly beneficial effect on sleep and general wellbeing. It is recommended that twenty to thirty minutes exercise should be taken three or four times a week. This can include:

- Brisk walking
- Cycling (machine or on the road)
- Swimming
- Gardening or housework
- Running
- Games – football, tennis, squash, badminton
- Exercise in the gym; weight training; exercise machines.



DEALING WITH NIGHTMARES

Facts about nightmares

- Nightmares are a normal part of childhood from the ages of about three or four years upwards and are associated with the development of the imagination
- Most people are not awake or aware when they have nightmares
- Nightmares, like dreams, are a natural way of dealing with painful or emotional issues
- Although nightmares can be very vivid, even to the point where they wake a person up, they are usually more distressing to the person watching than the dreamer
- People are biologically programmed to forget dreams and they will be forgotten if the person doesn't spend time thinking about them immediately after.

Managing nightmares

- Allow people who are having nightmares to continue dreaming. They can be calmed with gentle soothing (soft spoken reassurance, lullabies, holding) that does not wake them up properly but can divert the flow of a nightmare
- Work towards getting the person back to sound sleep as soon as possible. This means avoiding the approach “wake up, wake up – you’re having a nightmare”. People will have trouble getting back to sleep if they wake up scared
- If the person is already awake and screaming hold them, make soothing noises, put on soft lighting and stay with them until they calm down. Give a child what comforts them, for example, their favourite teddy or blanket

- Only allow your child to sleep in your bed as a last resort; instead try leaving a light on in their room, playing low music or sleeping in their bed with them
- Do not share any of the details of what you heard or suspect the nightmares are about, the person will most likely forget it when they wake up. Take your cue for action from them: ask them if they slept well or how they feel when they get up in the morning
- Avoid being overly sympathetic about nightmares as children can sometimes see this as a reward.

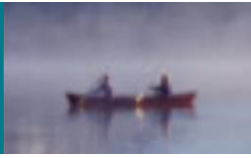
If the person has no anxiety about nightmares:

- Avoid discussing nightmares, but talk about feelings of sadness and grief during the day.

If the person has anxiety about nightmares:

- Discuss nightmares; try to get them to describe what they feel. They may be able to trace the nightmare back to their trauma and need help to deal with specific fears or memories
- Help them feel safe but avoid making them feel that you've saved them or protected them from anything
- Help the person realise dreams and nightmares only exist in their imagination, and that they cannot be hurt or controlled by them
- Get them to imagine happy endings to their nightmares or bad dreams. After some practice, these will be remembered in the nights to come.





OUTCOMES

Sleep disturbance is one of the first signs of traumatic stress, and also one of the most persistent. It is often used as a marker for how people are physically and emotionally coming to terms with trauma and loss, and is a natural response to sudden or dramatic change in children and adults.

It can sometimes continue in people who are no longer acutely affected by traumatic bereavement because it becomes a habit. However, unless there is a definite medical or continuing physical reason for disturbed sleep, normal sleeping patterns can be re-established, with advice, encouragement and action.

For some people, sleep disturbance can either be prolonged or have a more noticeable effect on work, education, family or health. They can benefit from understanding more about sleep, how to develop a bedtime routine, and how to develop methods of relaxation and distraction for themselves and/or their children.

Sleep disturbance may appear following the death or after a period of time. Sleeping habits may change in response to anniversaries, future trauma or other reminders. Sleep is likely to be disturbed in the short term or not at all, and should return to normal without having to complete any of the steps outlined here.

INTRUSIONS

What are intrusions?

Intrusions are specific, repetitive thoughts and images relating to trauma that are normally experienced in the days and weeks following a traumatic event. The extent to which these thoughts and images recur varies greatly, as does the nature of people's reactions to them. For some people, traumatic thoughts and images will play only a minor role in their bereavement, or will be absent altogether. For others, intrusions can interfere with the ability to work, concentrate, and sleep, and lead to strong emotional and bodily responses like fear or anger.

Intrusions occur when a person's normal flow of thoughts is interrupted and dominated by unwanted thoughts, images, or impulses related to a trauma. These repetitive intrusions then become the centre of attention in the person's mind and, although they are difficult to control, they are normal reactions to traumatic circumstances.

Types of intrusions

Nightmares – are one of the most common forms of intrusion, and are generally understood to be a natural human response following a traumatic event. It is normal to have some type of night waking, disturbed sleep, disturbing dreams, nightmares or night terrors following a bad fright or scare. Nightmares can either focus on some aspect of the trauma or can appear unrelated to it.

Repetitive thoughts – are the everyday fantasies, daydreams, and imaginary scenarios that people run through their heads during the course of the day. Following trauma, some people may find that specific repetitive thoughts or images of the trauma surface from time to time either at random or in response to triggers in the environment (e.g. something they've seen, heard, or smelled that reminds them of



what happened). These intrusions can take the form of:

- Persistent thoughts relating to the traumatic bereavement such as “Why did it have to happen?” or “I am jinxed”
- Intrusive impulses such as panic or the urge to check doors and windows
- Intrusive images such as remembering or imagining the sights, sounds, or other details associated with the traumatic bereavement.

Unlike normal daydreams which can be enjoyable or neutral, intrusions of this type are unpleasant and troublesome.

Flashbacks – are like daydreams only more intense and realistic. People who have flashbacks report feeling as if they were back in the traumatic situation, being able to see, hear, or even smell in great detail the specifics or surroundings of the traumatic event.

Flashbacks are usually accompanied by highly charged emotions, speed up the action of the heart and lungs; and are very frightening. They can prove difficult to control, and may need to be managed with special techniques. However, flashbacks can also disappear on their own.

Repetitive play – this is a common childhood reaction to trauma and death. Children use play to understand the world around them and learn new skills. As a reaction to traumatic bereavement, children often incorporate certain aspects of the trauma into play (e.g. making toy cars crash after a road traffic accident, or playing cops and robbers after a shooting). Often this play is not enjoyable for the child, nor will it necessarily make the child feel better when it is finished. Although this play can be unsettling to watch, children may need to do it.

What causes intrusions?

Intrusions are part of the mind’s reaction to trauma-related stress. They can occur in response to a reminder or trigger in the

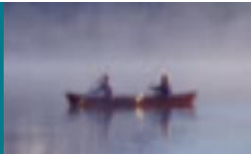
environment (e.g. the smell of smoke, a loud noise, the sight of blood, or a related news story), or at random. Intrusions are also likely to occur at times of low activity such as bedtime or first thing in the morning. Generally, the frequency and unpleasantness of intrusions will diminish naturally as time goes by, but there are also ways of managing intrusions.

Managing intrusions and reminders

Avoidance of unnecessary reminders – this is the most commonly used method of managing the effects of intrusions and trauma. It involves avoiding some of the places (e.g. the hospital where the person died), people, or things that are reminders of the trauma, in order to avoid the threat of further intrusions. In cases where this is impossible, for example, where there are reminders in the home, people sometimes try to avoid feeling distress by controlling their emotional responses.

In the long term both of these strategies (avoidance and emotion control) are damaging to the person and usually prolong distress. However, most people try to manage the reminders in their minds and in their surroundings, so as not to be overwhelmed. For example, a person may avoid thinking about their trauma during working hours but put aside time at night to reflect on it. Alternatively, they may only expose themselves to mild triggers and avoid others until such time as they feel they are ready to deal with them. Some people may need support to deal with reminders.

Distraction – distraction is one of the most effective ways of dealing with intrusions when they arise. It involves switching a person’s attention away from the intrusive image, impulse or thought before it can play out in their head. Instead they focus on a sensation (e.g. tapping a finger) or action (e.g. counting to ten repeatedly) to the exclusion of all other thoughts.



Other methods of distraction emphasise thought-stopping where, during an intrusion, the person shouts “stop!” aloud (or in their head if they are not alone), in order to clear their minds. If necessary, they are then free to use distraction to keep their minds clear until the threat of intrusion has passed. Certain methods of distraction will suit some people more than others (e.g. whistling a favourite tune), so it is important to identify and practice an individual method of distraction in advance.

Relaxation – this is an important skill for people who have been traumatically bereaved, as trauma and loss require them to face many difficult memories and overwhelming moments. Learning an individual method of dealing with stress can be invaluable.

People relax in many different ways, from taking a bath, reading a book or watching television; to long walks, running or playing sports. Not all relaxation techniques will be suitable for everyone, but most people will find at least one which works for them. Following trauma and bereavement, people may need to find different methods of relaxing or unwinding than they used in the past.



GUIDELINES

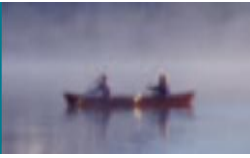
Take a flexible approach – the needs of people who have been traumatically bereaved are individual and changeable as they work through their grief. As a result, the effects of different intrusions and reminders will vary over time, and require flexible planning.

- What works for one person may not work for another
- What works at one time may not be suitable later on
- Men and women are likely to have different coping methods
- Be prepared to try different approaches.

Set aside time to think about the trauma in a constructive manner – many people are tempted to put thoughts of the trauma from their minds as they are too distressing. Having a set time to think about the trauma enables people to prepare themselves for this upsetting task. They may choose to do this alone or with a trusted adult or friend. Many people use this time to create a journal or scrap book to help work through their feelings and concerns. They should be encouraged to:

- Make time for reflection in their daily or weekly routine
- Plan what they will do in this time (e.g. reflection, writing)
- Allow time afterwards for relaxation.

Prepare for reminders – identifying, in the environment, reminders and triggers for intrusive reactions will allow the person to become more in control and know what to expect. It can be especially important in cases where the media or legal processes are involved. This helps make the person’s life more predictable and less overwhelming. They should be encouraged to:



- Identify triggers and reminders in advance
- Be aware of on-going triggers like news items.

Develop strategies for dealing with reminders – with practice people will learn how to deal with triggers in their environment before they occur. Having the support of a friend or family member with them may help reduce distress. They should identify and practice a method that interrupts their intrusions.

- Thought-stopping (e.g. finger tapping)
- Mental distraction (e.g. counting backwards from a hundred)
- Using relaxation, deep-breathing or exercise to reduce distress
- Setting personal time aside to think about the intrusion, how it was triggered, or how it relates to the trauma.

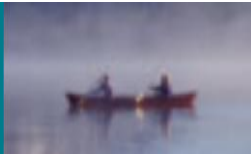
Regulate the number and intensity of reminders that are encountered – especially in the early stages of traumatic bereavement, people can be easily overwhelmed by exposing themselves to too many traumatic reminders before they are prepared. It is a good idea to regulate or limit the reminders if necessary, so that people can get used to them at a manageable pace.

- Be aware of personal limits
- Identify reminders which could be overwhelming
- Develop a plan for making severe triggers more manageable.

OUTCOMES

For people who have intrusive thoughts and imagery the experience can be very upsetting and difficult to prepare for. Thankfully most intrusions will weaken and diminish over time as people confront their loss and move through their grief.

In the early stages after bereavement, when intrusions tend to be strongest, following the above guidelines can make the experience less overwhelming. In cases where intrusions persist over extended periods of time, especially if they interfere with work, education, or family life, a person can be helped to understand more about them, how to recognise them and to develop methods of managing them. While there is no cure for intrusions but they can be made more manageable until they diminish naturally.



ANGER

What is anger?

Anger is an emotional response experienced by all people. It can vary from mild irritation to extreme rage, and can build up over long periods of time or burst forth in a matter of seconds. It is natural for people to experience different levels of anger in their lives. This is due to differences in personal or family circumstances, and body chemistry.

Anger can be caused not just by what other people do to us but also by what we do ourselves. It could be directed at family, co-workers, friends, or strangers. It can be caused by excessive worrying, traumatic memories, sleep disturbance, substance or alcohol abuse, illness, stress, and poor communication.

Anger is a natural response when a person feels threatened. The brain releases hormones and other chemicals to excite the body and prepare it for action. The way a person thinks changes so that they are more focused on aspects of a situation which they feel threatened by, and less concerned about the opinions of others. In highly threatening situations this can be a way for the individual to protect themselves as a last resort.

Both trauma and bereavement can leave people feeling very angry. Dealing with injustice, blame and the necessity of continuing on with life are all sources of anger which are normally experienced after a traumatic bereavement. Although this anger can resolve itself with time, for some people it will be prolonged. They need to learn to control their anger, express it safely or control its impact on others.

Excessive anger is difficult to define and will vary from person to person. Usually if a person has a problem with anger they will know it themselves. They may act in ways that feel out

of control or frightening. They will become angered by things which were not a problem in the past, or will feel misunderstood.

Anger management

The goal of anger management is to reduce the physical and emotional pressure to act out aggression. This is done by identifying anger triggers (e.g. not being listened to) and developing a plan for dealing with these as they arise. Techniques such as relaxation (deep breathing) or distraction (counting) are often used to control anger; or safe methods of expressing anger are used (exercise or keeping an anger diary).

Awareness and preparation – this is the most effective method of managing anger. It involves identifying the causes of anger, and planning what to do when they arise. Having a plan in advance can give the person back a sense of control and optimism.

One of the most important steps in this process is identifying the changes which occur when a person begins to get angry. Very often these changes involve speeding up the heart rate and breathing. Other signs include frowning, feeling flushed, tension in the shoulders, and irritability. Once these signs are identified, the person can work on a method of avoiding escalation into full blown anger.

Identifying causes of anger can be done with either the help of a friend or alone (e.g. keeping private 'anger diaries' of when and how anger takes control). These can help the person see if there are patterns or triggers associated with their anger such as places, people, time, events (they may also include traumatic memories, sleep disturbance, caffeine, alcohol, family members, co-workers, finances, time of day). Once triggers are identified, the person can decide on the best method of dealing with them.



Avoidance – avoidance is a good way of managing the sources of stress in everyday life so that they do not become overwhelming. For example, a person may avoid thinking about a distressing memory or situation during working hours but put aside time at night to reflect on it. Alternatively, they may only expose themselves to mild triggers and avoid others until such time as they feel they are ready to deal with them. Avoidance can help make life more stable and predictable, and gives the person control over their progress. This can be especially useful immediately after a sudden death, when people are more likely to be overwhelmed.

Distraction – distraction is an effective way of dealing with anger as it arises. It involves switching a person's attention away from their anger when that anger is destructive. Instead, the person focuses on:

- A sensation (e.g. taking a deep breath, finger tapping)
- An action (e.g. counting to ten slowly)
- A thought (e.g. I am calm).

These should be focused on, to the exclusion of all other thoughts. Certain methods of distraction will suit some people more than others, so it is important to identify and practice a method of distraction in advance.

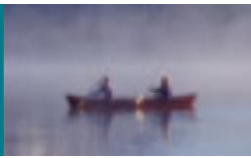
Relaxation – this is important for people who have been traumatically bereaved, as trauma and loss require them to face many difficult memories and overwhelming moments. Learning a method of dealing with emotional stress can be invaluable.

People relax in many different ways, from taking a bath, reading a book or watching television, to long walks, running, or playing sports. Not all relaxation techniques will be suitable for everyone, but most people will find at least one which works for them. Relaxation is an important tool for calming down after a bout

of anger or a hard day. Following trauma and bereavement, people may need to find different methods of relaxing or unwinding than they used in the past. The following are some popular ways to relax:

- Yoga
- Walking
- Jogging
- Exercise
- Sports
- Music
- Fresh air
- Games
- Reading
- Watching TV
- Hobbies
- Massage
- Controlled breathing
- Talking with friends
- Aromatherapy
- Structured relaxation (tape or book).

Adults may find it useful to learn at least one formal relaxation method such as controlled breathing, guided imagery, or progressive muscular relaxation (these techniques are described later).



GUIDELINES

Take a flexible approach – the needs of people who have been traumatically bereaved are individual and changeable as they work through their grief. As a result, levels of anger will vary over time, and require flexible planning.

- What works for one person may not work for another
- What works at one time may not be suitable later on
- Men and women are likely to have different coping methods
- Be prepared to try different approaches.

Set aside time to think about the trauma in a constructive manner – many people are tempted to put thoughts of the trauma from their minds as they are too distressing. Having a set time to think about the trauma enables people to prepare themselves for this upsetting task. They may choose to do so alone or with a trusted adult or friend. Many people use this time to create a journal or scrap book to help work through their feelings and concerns. They should be encouraged to:

- Make time for reflection in their daily or weekly routine
- Plan what they will do in this time (e.g. reflection, writing)
- Allow time afterwards for relaxation.

Use good communication – good communication can eliminate the need for anger because it facilitates the exchange of ideas and concerns without aggression. Much of what is said when a person is angry does not represent true opinions, and can make the situation worse. Some people may avoid talking or conceal their anger only to have it surface again later. They should be encouraged to:

- Think through all responses before responding

- Speak in a clear voice, and go slowly
- Listen to other people and imagine their concerns
- Check with other people that everyone has the same understanding
- Make all complaints as specific as possible
- Keep talking to others.

Be prepared for triggers – identifying triggers for anger or aggressive reactions in the environment will allow the person to become more in control and know what to expect. This helps make their life more predictable and less overwhelming. Identifying personal warning signs that anger is on the rise (e.g. flushed face, faster heart beat and breathing) can also help identify triggers and minimise anger. In the early stages of traumatic bereavement especially, people can be easily overwhelmed by exposing themselves to too many triggers before they are prepared. They should be encouraged to:

- Identify triggers in advance
- Be aware of on-going triggers (e.g. finance, work, other people)
- Be aware of personal warning signs (e.g. faster pulse).

Develop strategies for dealing with anger – people need practice in how to deal with triggers in their environment before they occur. Some people use distraction (e.g. counting, thought-stopping, or taking deep breaths) to take a step back from their anger, whereas others may use relaxation, humour, or having a friend or family member with them to help diffuse it. They should be encouraged to:

- Identify and practice a personal method of mental distraction (e.g. counting or thought stopping) to interrupt angry thoughts
- Use relaxation or exercise to reduce stress
- Set personal time aside to think about the anger, how it was triggered, or how it relates to the trauma



- Express anger in a controlled way (e.g. in an anger diary, shouting into a pillow, or exercising).

OUTCOMES

Many people who have been bereaved traumatically will experience only moderate amounts of anger, or none at all. Anger is likely to be directed at particular people or groups related to the trauma or family, and should fade and or be resolved naturally without having to complete any of the steps outlined here.

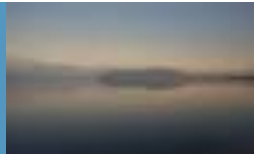
For some people, anger can either be prolonged or have a more noticeable effect on work, education, family, sleep, etc. A person can benefit from understanding more about anger, how to recognise it before it takes control, and how to develop methods of managing it.

Anger relating to a traumatic bereavement can appear immediately or after a period of time. Be prepared for the anger to resurface in response to the media, anniversaries or other reminders.





Relaxation techniques



These techniques can be taught to help with personal grief reactions; or to parents for use with their children.

Deep breathing

One of the main reasons many of us are tense is our breathing. Most people breathe very shallowly, using only the top part of their lungs. Deep breathing allows us to use our entire lungs, providing more oxygen to the body. It is probably the most effective and beneficial method of relaxation.

1. Lie down on your back.
2. Slowly relax your body, starting with your feet and moving through every part of your body until you have reached — and relaxed — your face and scalp. “Relaxed” can be described as the fuzzy or warm feeling you get before sleep.
3. Slowly breathe in; first filling your belly, then the stomach area, and then your chest and tops of your lungs - almost up to your shoulders. Hold the air for a second or two, and then to breathe out slowly. Empty the very bottom of your lungs first, then the middle, then finally the top.

Continue this breathing for 4 or 5 minutes. Don't force your breathing: it is not a contest to see how much air you can take in. Just do it in a relaxed, peaceful manner. Deep breathing is the basis of a lot of relaxation techniques, and once mastered, can be used with either guided imagery or progressive muscular relaxation to deepen relaxation.

Guided imagery

Guided imagery is something that people can enjoy and become very good at in time. It is a technique which uses imagination to help gain greater control over relaxation levels.

1. Lie in bed with your eyes closed and imagine you are in your favourite, most peaceful place. It may be on a sunny beach, a hilltop, their back garden or all alone in a cave in the Himalayas. It does not have to be a real place as long as you can picture it in your mind.

2. Imagine you are there now. You can see your surroundings, hear the peaceful sounds, smell the fragrance of the flowers, and feel the warmth of the sun or whatever sensations are there. Just relax and enjoy it – and drift off to sleep.

Once you've found a place that is especially peaceful and effective you'll find that the more you use it the more you can count on it to help you relax and drift off to sleep. It's comfort and familiarity will make it more and more effective.

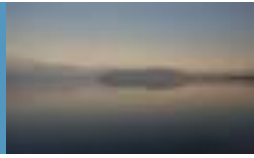
Children can be taught this technique. Below are some detailed examples of guided imagery for children which adults may also find beneficial.

1. Ask the child to think of a colour, smell, humming, light, warmth, or other pleasant, comfortable feeling that makes them feel peaceful and relaxed.

2. Guide them through a deep breathing exercise.

3. Ask them to close their eyes and imagine that with each breath they take in, their body becomes filled slowly with their favourite colour, smell, humming, light, warmth, or other pleasant, comfortable feeling.

4. Then have them practice – still with closed eyes – breathing in that colour or sensation and “sending” it (blowing it) throughout the body. If the child, for example, chooses “blue,” guide them to visualise the blue colour going down their throat, into the neck and chest, down to the tummy, and so on until they are filled with



the beautiful, peaceful, wonderful blue...and are relaxed and in control.

An example of this is the healing light:

1. Ask the child to sit or lie down in a comfortable position. Clothes should be worn loose and not constrictive.
2. Ask them to close their eyes, breathe slowly and deeply, and to listen only to the sound of their breathing for a while.
3. After a minute or two, tell them that you are going to call the healing light. Ask them to imagine that a small, bright light is beginning to shine just above their forehead. Tell them that the light is nice and warm and beautiful, but not hot. The light is white (or the child's favourite colour), and it pours down onto their forehead bringing gentle warmth and a pleasant feeling.
4. You could say to the child: "You can feel the warmth on your head; it's warming your skin and your hair. Slowly feel this light moving down your face. Even with your eyes closed you can see this light relaxing all the tiny muscles around your eyes, your cheeks, and your nose. This light is moving down to your mouth, your lips, and covers the front of your face. Your face is shining and loose and relaxed now. Feel this light rolling down into your neck and shoulders, making them bright and relaxed. You can actually feel your shoulders drop with all the stiffness just melting away. Imagine you can see this light moving down your arms, to your elbows, and down again to your wrists, and your hands. As the light moves you can feel warmth moving with it. See each finger filling with this healing white light, your hands are tingling and bright and relaxed."
5. Do the same for the lungs, heart, chest, tummy (have the child pretend that they can breathe or swallow the light to get it inside them), before moving down the legs, knees,

back of the calves, ankles, feet and toes. The more detail you use the better; children will enjoy learning about their bodies and what they can do with them.

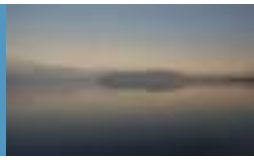
The worry stone

A worry stone is a small smoothed stone (small enough to fit in the palm of a small child) which is rubbed, rolled, squeezed, or squashed whenever a person feels worried. The worries are sucked into the stone, where they become trapped and unable to bother anyone. The more the stone is used the more powerful it becomes and the quicker it absorbs worries. Worry stones have been used by children and adults right through history, and are a free, easy, and private way to control anxiety. They can be used successfully to help control worries, stop smoking, reduce panic-attacks, and manage the effects of intrusions.

Either buy a worry stone or select a small, smooth stone from a beach/garden:

- It is best to pick a few worry stones and then let the person decide which one they want to use
- The stones can be painted or carved afterwards, but they work just as well if left blank
- It is best to pick a small, smooth stone because it will allow the person to carry it round in their pockets without damaging clothes, or to use the stone in a public place without being noticed
- Make sure you wash the stone well before you use it; this washes anyone else's worries from it and makes it brand new and ready for use.





Sit down with the person and explain to them how to use a worry stone:

- Worry stones suck up worries like sponges suck up water
- Once a worry is in a worry stone, it can never get out
- When you want to get rid of a worry, close your eyes, and squeeze the stone gently until it is tight in your hand (you may want to demonstrate or practice this with a child)
- Concentrate on the stone in your hand and imagine the worry getting trapped in the strong hard stone as you squeeze
- When you open your eyes the worry will be gone and you can relax
- The more you use worry stones the better they become at taking your worries away.

If the person feels that the worry stone is full or not working as well:

- Washing worry stones in clear water washes all the worries out of them
- Washed worry stones are brand new and completely empty. They will suck up worries extra fast.

Some children will want to bring their worry stone to school or bed with them. There are different rules for using worry stones in these places:

- When in school, leave the stone in your pocket or someplace near where it is out of view. You don't have to close your eyes when you use a worry stone in school, just squeezing and imagining the worry getting trapped with be enough. As time goes by you will get better at using your worry stone like this, and will be able to use it in class or on the street without anyone noticing. (It is important to inform teachers about worry stones to avoid confiscation)
- When in bed, don't keep the stone in your hand or in a pocket. Leave the stone in a

safe place near the bed (e.g. a locker top) where you can reach for it if you need it.

This means you will be able to get the stone without having to turn on the light or move very much.

Progressive muscular relaxation

One of the most common reactions to stress is muscle tension. Deep muscle relaxation helps to relax the entire body from head to toe by first tensing, then relaxing various muscle groups. The whole process takes about 15 minutes and can be done almost anywhere.

1. Sit or lie down and close your eyes.
2. Tense the muscles in your hands by making tight fists and hold for 5 seconds.
3. Relax your fists and feel the difference between tension and relaxation in these muscles.
4. Move on to the forearms and upper arms (both sides separately), then feet, calves, thighs, buttocks, belly, lower back, chest, shoulders, neck, and face (e.g. jaw and forehead).

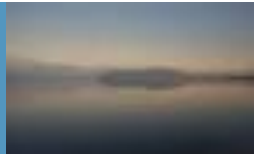
By the time you're done your muscle tension will have drained away and you will feel relaxed.

5. Deepen the level of relaxation by adding the deep breathing technique.

Some examples of using progressive muscular relaxation with children:

Introduction

"Today we're going to practice some special kinds of exercises called relaxation exercises. These exercises help you to learn how to relax when you're feeling up-tight and help you get rid of those butterflies-in-your-stomach kinds of feelings. They're also special because you can



learn how to do some of them without anyone really noticing. In order for you to get the best feelings from these exercises, there are some rules you must follow. First, you must do exactly what I say, even if it seems kind of silly. Second, you must try hard to do what I say. Third, you must pay attention to your body. Throughout these exercises, pay attention to how your muscles feel when they are tight and when they are loose and relaxed. And fourth, you must practice. The more you practice, the more relaxed you can get. Do you have any questions? Are you ready to begin? Okay, first, get as comfortable as you can in your chair. Sit back, get both feet on the floor, and just let your arms hang loose. That's fine. Now close your eyes and don't open them until I say to. Remember to follow my instructions very carefully, try hard, and pay attention to your body. Here we go."

Hands and arms

"Pretend you are a furry, lazy cat. You want to stretch. Stretch your arms out in front of you. Raise them up high over your head. Way back. Feel the pull in your shoulders. Stretch higher. Now just let your arms drop back to your side. Okay, kitten, let's stretch again. Stretch your arms out in front of you. Raise them over your head. Pull them back, way back. Pull hard. Now let them drop quickly. Good. Notice how your shoulders feel more relaxed. This time let's have a great big stretch. Try to touch the ceiling. Stretch your arms way out in front of you. Raise them way up high over your head. Push them way, way back. Notice the tension and pull in your arms and shoulders. Hold tight, now. Great. Let them drop very quickly and feel how good it is to be relaxed. It feels good and warm and lazy."

Jaw

"You have a giant gobstopper bubble gum in your mouth. It's very hard to chew. Bite down on it. Hard! Let your neck muscles help you.

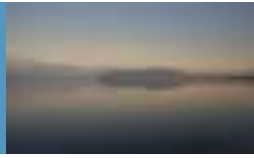
Now relax. Just let your jaw hang loose. Notice that how good it feels just to let your jaw drop. Okay, let's tackle that gobstopper again now. Bite down. Hard! Try to squeeze it out between your teeth. That's good. You're really tearing that gum up. Now relax again. Just let your jaw drop off your face. It feels good just to let go and not have to fight that bubble gum. Okay, one more time. We're really going to tear it up this time. Bite down. Hard as you can. Harder. Oh, you're really working hard. Good. Now relax. Try to relax your whole body. You've beaten that bubble gum. Let yourself go as loose as you can."

Face and nose

"Here comes an annoying old fly. He has landed on your nose. Try to get him off without using your hands. That's right, wrinkle up your nose. Make as many wrinkles in your nose as you can. Scrunch your nose up real hard. Good. You've chased him away. Now you can relax your nose. Oops, here he comes back again. Right back in the middle of your nose. Wrinkle up your nose again. Shoo him off. Wrinkle it up hard. Hold it just as tight as you can. Okay, he flew away. You can relax your face. Notice that when you scrunch up your nose your cheeks and your mouth and your forehead and your eyes all help you, and they get tight too. So when you relax your nose, your whole body relaxes too, and that feels good. Oh-oh. This time that old fly has come back, but this time he's on your forehead. Make lots of wrinkles. Try to catch him between all those wrinkles. Hold it tight, now. Okay, you can let go. He's gone for good. Now you can just relax. Let your face go smooth, no wrinkles anywhere. Your face feels nice and smooth and relaxed."

Stomach

"Hey! Here comes a cute baby elephant. But he's not watching where he's going. He doesn't see you lying in the grass, and he's about to step on your stomach. Don't move. You don't



have time to get out of the way. Just get ready for him. Make your stomach very hard. Tighten up your stomach muscles real tight. Hold it. It looks like he is going the other way. You can relax now. Let your stomach go soft. Let it be as relaxed as you can. That feels so much better. Oops, he's coming this way again. Get ready. Tighten up your stomach. Real hard. If he steps on you when your stomach is hard, it won't hurt. Make your stomach into a rock. Okay, he's moving away again. You can relax now. Kind of settle down, get comfortable, and relax. Notice the difference between a tight stomach and a relaxed one. That's how we want to feel – nice and loose and relaxed. You won't believe this, but this time he's coming your way and no turning around. He's headed straight for you. Tighten up. Tighten hard. Here he comes. This is really it. You've got to hold on tight. He's stepping on you. He's stepped over you. Now he's gone for good. You can relax completely. You're safe. Everything is okay, and you can feel nice and relaxed. This time imagine that you want to squeeze through a narrow fence and the boards have splinters on them. You'll have to make yourself very skinny if you're going to make it through. Suck your stomach in. Try to squeeze it up against your backbone. Try to be skinny as you can. You've got to be skinny now. Just relax and feel your stomach being warm and loose. Okay, let's try to get through that fence now. Squeeze up your stomach. Make it touch your backbone. Get it real small and tight. Get it as skinny as you can. Hold tight, now. You've got to squeeze through. You got through that narrow little fence and no splinters! You can relax now. Settle back and let your stomach come back out where it belongs. You can feel really good now. You've done fine."

Legs and feet

"Now pretend that you are standing barefoot in a big, fat mud puddle. Squish your toes down deep into the mud. Try to get your feet down to the bottom of the mud puddle. You'll probably

need your legs to help you push. Push down, spread your toes apart, feel the mud squish up between your toes. Now step out of the mud puddle. Relax your feet. Let your toes go loose and feel how nice that it feels to be relaxed. Back into the mud puddle. Squish your toes down. Let your leg muscles help push your feet down. Push your feet. Hard. Try to squeeze that puddle dry. Okay. Come back out now. Relax your feet, relax your legs, relax your toes. It feels so good to be relaxed. No tenseness anywhere. You feel kind of warm and tingly."

Conclusion

"Stay as relaxed as you can. Let your whole body go limp and feel all your muscles relaxed. In a few minutes I will ask you to open your eyes, and that will be the end of this practice session. As you go through the day, remember how good it feels to be relaxed. Sometimes you have to make yourself tighter before you can be relaxed, just as we did in these exercises. Practice these exercises everyday to get more and more relaxed. A good time to practice is at night, after you have gone to bed and the lights are out and you won't be disturbed. It will help you get to sleep. Then, when you are really a good relaxer, you can help yourself relax at school. Just remember the elephant, or the jaw breaker, or the mud puddle, and you can do our exercises and nobody will know. Today is a good day, and you are ready to feel very relaxed. You've worked hard and it feels good to work hard. Very slowly, now, open your eyes and wiggle your muscles around a little. Very good. You've done a good job. You're going to be a brilliant relaxer."

SECTION 6



Self care for professionals



Traumatic bereavement is a difficult field to work in. The assistance you give to those in need will take a toll and be felt in your own life. Personal factors will make you more sensitive or more resilient to stress at different times. Similarly coping methods that worked for you in the past may become more or less important over time; some will remain favourites, while others will become less suited to your needs. Self-care is an on-going effort to keep challenges balanced against the ability to cope. Some useful steps in examining your level of self-care are listed below:

Identifying stress

Identify your personal warning signs – thoughts, feelings, actions, and bodily signals that you are stressed or becoming stressed.

Examples:

- Build-up of negative thoughts or images (about yourself, other people, other groups, relationships, or the future)
- Difficulties in concentration and memory (accident prone or forgetful)
- Becoming irritable, emotionally numb, or finding your emotions difficult to control
- Feelings of sadness, anger, helplessness, safety fears, or guilt
- Self-medicating, smoking, drinking, or using drugs
- Changes to sleep pattern, appetite, or level of energy
- Increased heart rate and breathing, tension in the shoulders or neck, flushed cheeks/face, headache, tiredness.

These warning signs often occur in response to triggers such as finances, accidents/errors, criticism, family members or relationships, tiredness, alcohol, etc.

Managing stress

Plan ahead – some things that you see, hear, or feel trigger your body's stress response. It is

important to know what these triggers are and how to take control of them. Planning will involve the following two steps:

- Prepare yourself for people or situations which are likely to trigger your stress response (e.g. evaluations, staff meetings, media involvement). These can be either day-to-day occurrences or one-off stressful situations
- Decide what to do when you feel your mind and body becoming stressed. You will need to redirect your thoughts as well as your physical stress. Practice the method(s) you choose.

Avoidance – where possible, avoid or reduce your participation in situations which repeatedly distress you. Some of these can be put aside until you feel better able to deal with them. Even a short break from them can prevent a build-up of stress spilling over into other areas of your life.

Balance – keep variety in your workload and say no (when appropriate) to work that would put you at unnecessary risk. Do not be afraid to discuss temporary changes to your workload with your supervisor/manager. The aim is not to permanently avoid stress but to manage your exposure so that you remain effective. Everyone will have their own manageable level of stress, so it is important that you find out what works for you. Strike the right balance and you will not need to rely on will-power or coping mechanisms to get you through the day.

Relaxation – identify at least one method of relaxation that works well for you and use it regularly or when appropriate. This could be a formal relaxation technique (deep breathing, guided imagery, progressive muscle relaxation), a soothing activity (taking a bath, listening to music), or a relaxing pastime (writing, reading, spending time with close friends). Exercise is also highly recommended as a healthy method



of relaxation and stress reduction (e.g. walking, jogging, swimming, sports, fitness or weights training). People relax in different ways so it is important to find out what works for you as an individual. Make time in your day for relaxation (if you haven't already) and take extra time for relaxation when you feel your personal warning signs for stress building up.

Distraction – recognise the difference between complaining that relieves stress and complaining that serves as a reminder. Use distraction to interrupt unwanted repetitive or intrusive thoughts, images, and impulses such as these. They will be unable to play out in your head if you are thinking about something else.

To use distraction, choose a helpful activity or thought that you would like to use to take your mind off negative thoughts or images. Your method of distraction should be something incompatible with the original stress-causing thoughts. Some ways of thought-stopping and distraction will be more suited to you than others so it is important to be creative and individual. Once you have found ways of distracting yourself, practice them until they are automatic.

Guidelines

Be realistic about your own role – remind yourself that you can only do what you can do. To reduce feelings of helplessness, identify elements of day to day life where you do have control and exercise them.

Use support networks – make use of your own network of social and peer support both in work and at home. Give support to peers and learn to accept it in return. Ask other people how they cope with similar problems. Spend time

with friends who don't work in the field of trauma or bereavement.

Take time out – find a place where you can take time out and go there on a regular basis. This can be a place for you to be alone, or talk with other people about non-work-related topics.

Stay positive – reward yourself for the important work you do. On the way home, focus on a good thing that happened during the day.

Look after your whole self – remember that you have physical, emotional, intellectual, and spiritual needs. Develop varied interests and supports to address these. Use training and development opportunities.

Avail of counselling – use employee counselling services if you need to. They are a good source of advice and expertise.

Take a flexible approach – your tolerance for stress will vary over time so be flexible in how you approach your workload. Men and women are likely to have different triggers and coping methods. If something doesn't work, try again or try something new!



The costs and rewards of working in the field of trauma and bereavement are inescapable, but they will never exceed the value of your own life or the need to remain effective.



Information for family members and friends



Dealing with sudden death: helping children and adolescents



Due to physical, psychological and emotional development, children in each age group will deal with sudden death in different ways.

EARLY CHILDHOOD (0-5 YEARS)

Child development

Infants and young children are learning to move and understand language for the first time. They depend on you to survive and help them understand the world. They may not understand how they feel or how to tell you about it, but will act out their feelings in other ways. When they are confused about things, they need simple answers. You will need to repeat most explanations to help them remember.

They quickly form emotional bonds with their parents. Your child may become upset if separated from you or other familiar faces, this is a sign that they are capable of grief. They will not understand why they feel this way or know how to talk to you about it.

They use play to build relationships and understand new things. It is an enjoyable way to learn about the world. If your child cannot talk about their emotions or something that confuses them, they will act them out and learn about them through play. This is an important part of their grief.

If your child has a learning disability their understanding may be similar to that of a younger child.

Reactions to sudden death

Young children understand separation – they will usually form strong bonds within the first six months of life. From this point on, separation from you and other familiar faces becomes

upsetting for them. They experience death as a separation. If sudden death affects a family, they will react to the distress of the people around them. The death of a parent will cause them the greatest upset.

They don't understand death – they don't understand that death is final. They may ask when the person who has died is coming back or think they might be lonely under the ground. Telling them that death is like going on a journey or going to sleep will lead to confusion. They need to understand that people cannot come back or wake up after they die.

They need to understand what happened – they may ask why the person died, or act out bits of what happened when they are playing (using toys to play different roles). This helps them understand confusing or scary parts of what happened.

They make up their own explanations for what they don't understand – they may secretly think that the person died because of something they did or said (like being angry or naughty). They may also believe that you can make everything go back to the way it was before. They are looking for simple explanations to help make sense of what happened, and will believe these to be true until you help them understand.

Sudden death frightens them – they feel scared and helpless when they are threatened, and worry more about their safety afterwards. If your child is more easily scared or irritated, this is because their bodies react strongly to feeling unsafe or threatened. They will rely on you to calm them down and take their fears seriously.

They will remember what happened – some memories of what happened (or what they think happened) are hard to forget. You will not always know how much your child thinks about these. Some things that they see, hear, smell, or feel will remind them of what happened.



Loud noises or sudden shocks may make them feel unsafe without knowing why. They may think more about what happened at quiet times of the day or night.

They feel stress – if your child feels frightened or unsafe when they think about what happened, they use up energy that would normally be used for play, exercise, or learning. The longer they stay frightened or worried, the more energy they use. Over days and weeks this can be draining for their body and may leave them open to illness or injury.

They are stressed by changes in routine – mealtimes, bedtime, naps, play, and pre-school are parts of a child's day that make them feel secure. Sudden death disturbs these routines. Your child will feel safest when they are with you or close family members, and they know what to expect.

They don't think about the future – they may continue playing or not be upset when they hear that someone has died. They do not understand the full consequences of death, and what it will mean to them later. They are likely to think about the death during quieter or less active times like bedtime.

What makes things worse?

Witnessing a sudden death – this is very frightening for your child who will need explanations and reassurance about what happened. They will not understand what has taken place. They will remember in detail many things that they saw, heard, smelled, tasted or felt at the time. This can make them feel very unsafe and stop them coming to terms with what happened.

Not understanding what has happened – your child may think they are responsible in some way for what happened, or that they could have prevented it by doing something differently.

They may think the person who died can still see or hear them. They need to be reassured that there is nothing magical about death and that they are not to blame.

Witnessing uncontrolled emotion – your child will watch and listen closely to your reactions. If you are upset, they will probably become frightened and upset as well. They may be more affected than they seem if they sense excessive anger, sadness or worry in you or another family member. They need to see adult grief and sadness in a safe place where they are free to ask questions.

Hiding what they are feeling – they may hide their feelings because they don't want to think about them or they don't want to upset others. They may not have the words to tell you how they feel. They need to know they can talk to you about their feelings, even if what they have to say is upsetting.

Feeling unsafe – some children feel very unsafe after a sudden death. Involving them in safety routines (e.g. locking doors, checking windows, turning on alarms, leaving a light on at night) can help them feel safer. They need to feel safe at home, pre-school, or at playgroup.

Children with special needs or circumstances

Children with special needs or circumstances will react to sudden death according to their level of understanding. If your child has a learning disability their development may be similar to that of a younger child. They need simple explanations of death and trauma, and encouragement to talk and ask questions. With care and support they will recover.



MIDDLE CHILDHOOD (5-10 YEARS)

Child development

Children between five and ten years of age are learning to understand the world around them. Their language and understanding develop gradually during this time.

They are very good observers – they pay attention to what people do, not what they say, and often work out their own meanings for things. They show what they believe and understand by the questions they ask, or their answers to questions like “what do you think happened”.

They enjoy spending time outside the family at school or with friends. When they become frightened or worried they may want to spend more time close to their family.

They like rules and want things to be fair. They enjoy playing games but do not like others breaking the rules. They may ask “why me?” or “why my family?” when something goes wrong. If your child has a learning disability their understanding may be similar to that of a younger child. You may find it helpful to read the guidelines for younger children.

Reactions to sudden death

Children understand separation – they will react when separated from you or the people they spend a lot of time with. They will be upset even if they don’t understand what death means or what has happened.

They are beginning to understand death – between the ages of five and seven years, your child will begin to understand that death happens to everyone at some point and that you cannot bring someone from the dead. Before this, they are likely to believe dead

people can come back. You need to be aware of how much your child understands death.

They don’t think about their own death – they won’t like to think about their own death or the death of others around them in a realistic sense.

They question what has happened – they may want to know “why me?” or “why my family?” and feel that things are unfair. They may act out what happened in their heads or through play, sometimes changing the story or saving the person who died. This is normal when they are working through something that confuses them. Expect questions and short conversations about what happened as they learn more.

They are superstitious – they may believe that the person who died can still see or hear them; either closely or from a distance. This can be either comforting or upsetting for them. They may believe they caused the death by something they did or thought (like being angry or naughty). Simple and clear explanations from you can help them understand what happened.

Sudden death frightens them – they feel scared and helpless when they are threatened, and worry more about their safety afterwards. If your child is more easily scared or irritated, this is because their bodies react strongly to feeling unsafe or threatened. They will rely on you to calm them down and take their fears seriously.

They will remember what happened – some memories of what happened (or what they think happened) are hard to forget. You will not always know how much your child thinks about these. Some things that they see, hear, smell, or feel will remind them of what happened. Loud noises or sudden shocks may make them feel unsafe without knowing why. They may think more about what happened at quiet times of the day or night.



They feel stress – stress may affect their friendships, sleeping, concentration, and schoolwork. Some children will be quieter when stressed; others will play up more. Stress and upset in the family will also affect them. The longer they stay frightened or worried, the more energy they use. Over days and weeks this can drain their body and may leave them open to illness or injury.

Changes in routine distress them – mealtimes, bedtime, chores, play, and school are predictable parts of a child's day which make them feel secure. A sudden death can disturb these routines. They will feel safest when they are with you or close family members and they know what to expect.

They try to understand other people's feelings – they are developing the ability to share in the feelings of people they know, but (boys especially) won't always say how they are feeling. They understand that death brings sadness to people.

They can become upset about being different – older children in this age-group may feel that what has happened is unfair. They may feel different from others around them – especially if they've lost a parent.

What makes things worse?

Witnessing a sudden death – this is very frightening for children who will need explanations and reassurance about what happened. They will remember in detail what they saw, heard, smelled, tasted, or felt at the time. This can make them feel very unsafe and stop them from coming to terms with what happened. It is very important that they understand what they have seen.

Not understanding what has happened – they may think they are responsible in some way for what happened, or that they could have

prevented it by doing something differently. They may think the person who died can still see or hear them. They need to be reassured that there is nothing magical about death and that they are not to blame.

Witnessing uncontrolled emotion – they watch and listen closely to your reactions. If you are upset, they will probably become upset as well. They may be more affected if they sense strong anger, sadness, or worry in you or another family member.

Hiding what they are feeling – they may hide their feelings because they don't want to think about them or they don't want to upset you. They may not feel comfortable talking to friends or teachers about what happened. They need to know they can talk to you about their feelings, even if what they have to say is upsetting.

Feeling unsafe – some children feel very unsafe after a sudden death. Involving them in safety routines (such as locking doors, checking windows, turning on alarms, leaving a light on at night) can help them feel safer. They need to feel safe in school, and on the journey there and back home.

Children with special needs or circumstances

Children with special needs or circumstances will react to sudden death according to their level of understanding. If your child has a learning disability their development may be similar to that of a younger child. They need simple explanations of death and trauma, and encouragement to talk and ask questions. With care and support they will recover.



ADOLESCENCE (10-18 YEARS)

General development

Adolescents have a clearer understanding of death than younger children. They understand the long-term consequences, and think about their own mortality.

They care about what other people think of them, especially their friends. Socialising and being liked by friends outside the family become very important. They change their interests and have different ways of coping – girls are more likely to talk about their emotions and boys are more likely to act them out.

Adolescence is a natural period of change. Physical and psychological changes bring emotions very close to the surface, at a time when adolescents want to become more independent. Misunderstanding and feeling misunderstood are common for both parents and adolescents. Privacy and control can become hot-topics.

They react with their emotions; their responses can appear exaggerated. This is a normal part of growing up. They take more risks (e.g. with drugs, alcohol, sex), and feel more pressure to conform to friends, fashion, or ideals.

If your adolescent has a learning disability their understanding may be similar to that of a younger child. You may find it helpful to read the guidelines for younger children.

Reactions to sudden death

Adolescents understand death – they understand that death is final and happens to everyone. They think about loss, and what this means for the future. However, they have less life experience than adults, so learning to cope will be challenging. They may want to know how the death occurred, and who is to blame.

They are sensitive to emotions – they often hold back feelings they are uncomfortable with. They use friends for emotional support.

They need to understand what happened – they may feel that what happened was unfair or undeserved; or that there is no justice without someone to blame or punish. Making sense and finding a meaning for what happened can take a long time. Many families must wait for criminal or scientific investigations to discover the truth – for some this will never be known. Memories and feelings are hard to forget – their memories or fears about what happened can be upsetting, distracting, and hard to control. They remind adolescents of what happened, leaving them feeling nervous and unsafe. Some reminders will trigger these feelings more than others.

Sudden death is frightens them – fear can be difficult to control or forget. They may feel more nervous or unsafe at different times. This is a natural bodily reaction after a strong fright. Dealing with confused feelings and the shock of what happened makes going back to old routines and friendships more difficult. It may also exaggerate difficulties at home, school, and other settings. Anxiety and upset can lead to fatigue and vulnerability to illness.

They experience stress – feeling frightened or unsafe, or thinking a lot about what happened uses up time and energy needed for other things (e.g. growth, education and pastimes). Over days or weeks this drains their body and may leave them open to illness or injury. They may show signs of being irritable, easily startled, or nervous of things that remind them of the trauma. Nightmares, social withdrawal, poor concentration and difficulties in school are common signs of stress in adolescents.

They can be overwhelmed – sudden death is harder to deal with than normal shock or bereavement. Your child may find anger, blame,



or guilt difficult to talk about. Media involvement, justice, historical and criminal proceedings can make this process longer and more public. School sometimes becomes a relief from the unreality of what has happened. Sometimes dramatic changes occur in your child's behaviour as they avoid or confront different feelings (e.g. class-clowning, risk-taking, social withdrawal, or sudden maturity).

They fear the worst – they may feel guilty or embarrassed about how they acted or wish they had been more patient with the person who died. They realise that what has happened affects their home and social life, and that things can never go back to the way they were. They may feel hopeless or different from other adolescents. They need reassurance that things can get better with time.

What makes things worse?

Witnessing a sudden death – is a frightening experience and your child will need explanations and reassurance about what happened. Some things that they saw, heard, smelled, tasted or felt at the time will be remembered in great detail. This can make coming to terms with what happened more difficult and unsettling.

Having private beliefs and emotions – they may believe that the death could have been avoided somehow. Blame and the need for retribution may be important to them. These feelings are not always shared openly, particularly in the family. They need to be encouraged to open up about their private fears and anger.

Feeling isolated– sudden death can make them feel isolated and family, friends and community are important sources of support. They may need help to go back to clubs, old friendships, etc.

Hiding their feelings – they may hide their feelings because they don't want to make you

feel worse. They may not want to talk to friends or teachers, and pretend they are doing better than they are (e.g. playing the clown when they are actually very upset).

Feeling unsafe– they feel safest when they are with friends or family in a familiar place. Sudden death disrupts these routines, and makes their world less predictable.

The sudden death of someone from school poses particular problems, for example, daily reminders of the person who died and the upset or insensitive actions of other pupils. Because these are experienced at school it is difficult for you to know how the death is affecting your child.

Adolescence is a naturally stressful time – exams, friends, hormones and conflict are big pressures. Sudden death makes these pressures harder to cope with. Adolescents require support and reassurance to deal with their emotions, and understand the world in a more mature way.

Adolescents with special needs or circumstances

Adolescents with special needs or circumstances will react to sudden death according to their level of understanding. If your child has a learning disability their development may be similar to that of a younger child. They need simple explanations of death and trauma, and encouragement to talk and ask questions. With care and support they will recover.



GUIDELINES FOR HELPING CHILDREN OF ALL AGES

It is important to remember that children are more sensitive to their family's emotions than they seem. They will constantly watch the reactions of those around them and will become upset if adults act in ways they don't understand.

Adolescents use friends as well as family for support following a sudden death. They cope in creative and unusual ways, but may hide how they feel or need help coming to terms with anger, blame, or unfairness.

Immediate needs

Children need to feel safe – immediately after the death and in the long term.

Avoiding unnecessary separations, having consistent routines, taking your child's concerns seriously and giving them affection can help reassure them that they are safe.

- Return to daily routines quickly (e.g. home, playgroup/school and leisure activities)
- Avoid unnecessary separations and when they are necessary prepare your child for them
- Provide emotional reassurance by giving your child affection and spending time with them
 - Take any fears about safety seriously and, if necessary, have a safety routine (e.g. check doors and windows, leave lights on at night).

They need clear and honest information – to avoid misunderstandings and fears. Death is best explained to younger children as meaning that a person stops moving and thinking and they don't breathe or feel pain. They also need to know that once a person dies they cannot come back to life.

- Explain the meaning of death as early as possible, and repeat this explanation when your child needs it
- Use your family's belief system to explain death
- Use language and ideas your child will understand – be clear, consistent and not misleading
- Give as much detail as necessary – older children will know when you are holding back.

They need help to make the loss real – by being prepared for, and taking part in mourning ceremonies and doing something personal in memory of the person who died. Receiving a keepsake can be very special for them.

- Involve your child in the mourning rituals (e.g. viewing the person, attending their funeral). Prepare them for this by explaining what will happen before they go
- Encourage them to do something for the person who died (e.g. putting a drawing, letter, or present in the coffin)
- Share mementos and photos with your child (they may want to choose their own keepsake)
- Share your own feelings of sadness but be aware that excessive displays of emotion can be overwhelming and frightening.

Long term needs

Children need to understand – it is normal for them to need to talk about the death from time to time as their feelings change. Younger children may only want to ask questions on things they are confused about (such as why



people cannot come back to life). They may act out what happened through play. This can be upsetting for parents, but is a sign that they are working through confusing or emotional topics. Adolescents may want to talk about the unfairness of what happened.

- Talk about what happened - short conversations may be most helpful
- Answer their questions simply and truthfully. You may need to do this more than once as they try to understand
- Check what your child understands by asking them to tell you what they think happened
- Be prepared for a younger child to act out what happened using play
- Allow adolescents time to talk through difficult issues like unfairness, anger or blame
- Visit the grave and other places where they feel close to the person who died
- Look through photo albums together.

They need help to cope with emotions – children need to talk about their feelings, have their fears taken seriously and be given reassurance and affection.

- Talk to your child about their worries
- If your child has feelings like guilt, anger or blame, reassure them that this is normal and that things can get better with time
- Let them know it is okay to play, have fun and enjoy hobbies
- Take their fears seriously – talk to them and give them support
- Help them find what works best for them, for example, young children will use simple ways of coping such as art, play or stories
- Be aware that adolescents may need to talk to friends as well as family.

They can be supported by adults outside the family – teachers, carers, and other adults in the community can support your child to return

to normal life outside the home. They can prepare your child's friends, and answer their questions.

- Talk to your child about the information you need to share with other people
- Contact adults who are important to them and let them know what has happened (e.g. playgroup/school teachers, leaders of community organisations).

They need to get back to routines – as change and lack of routine can cause stress or upset. They feel safest when they know what to do and what to expect. They like people, places, routines, and activities to be predictable.

- Re-introduce old routines as soon as possible, or develop new ones if necessary
- Plan regular bed times and routines with familiar activities beforehand
- Keep mealtimes to the same time and place each day
- Support their return to school, work, sports or other activities
- Encourage or organise your child to spend time regularly with friends.

They need help to deal with reminders – some things will remind them of the sudden death or trigger unpleasant feelings and worries. They will need a break from these and a safe place to go to relax and talk.

- Be aware of the things that are likely to remind your child of what happened
- Avoid the ones you can and have a plan to cope with those your child has to come in contact with
- Do something special for anniversaries, birthdays, or other occasions
- Prepare an older child for court cases, coroner's investigations, and public interest by explaining to them what will happen
- Be prepared for media interest in your family, or media coverage of other events



that may remind your child of their own experience

- Reassure them that things will get better with time.

The future

Growing up – children understand more about the world as they get older. They may feel differently about what happened as they gain more understanding. Keepsakes and anniversaries will be special to them in the future.

- Expect your child to change how they feel about what happened as they understand more
- Reassure them that these changes are normal
- Expect more complicated questions as they get older
- Involve them in remembering anniversaries, birthdays, and other occasions
- Be optimistic about the future – things can get better.

Each child's grief is different, so it is difficult to say much about the future. Sudden death can be shocking, and change a child's life forever. However, most children will get through this with time, affection, and the support of their family and friends. The most intense grief and upset will usually be experienced within the first two years.

Your child will think about the person who died and what happened many times as they grow older. Talking, remembering, and sharing will help them to understand better what happened.

Looking after yourself - remember your health and wellbeing is very important to the wellbeing of your child so look after yourself and accept help from others if you need it.



Dealing with sudden death: information for young people



Common experiences following the sudden death of someone you know

When you are bereaved by sudden death you may experience some, none or all of these feelings. These are normal reactions to a sudden death. Although the feelings can be very strong, they will usually weaken over time and with reassurance.

Anxiety

You may feel more anxious than usual about your own safety or the safety of important people in your life. You may want to protect yourself from, or avoid, situations in which you feel unsafe or unsettled.

You may become concerned about crowds, traffic, or safety in general – sometimes in an unreasonable way. Loud noises, sudden movements, or being alone can make you jumpier than you were before. This can be difficult for you to understand and you may find it hard to talk to other people about.

Vivid memories

You may have very vivid dreams about the person who has died or the death itself. These dreams can seem very real at the time, causing strong feelings. You may notice, for example, that your breathing or heart beat speeds up. You may be frightened, from time to time, by very vivid thoughts of the person who died. These can be so real that you think you can see, hear, smell or even speak to them. Don't worry – this is a normal reaction.

You may become frightened of being in another traumatic situation (e.g. witnessing a death, hearing the news of a death). This can happen when you are reminded of or think about the incident, or sometimes at random. Distracting yourself with other thoughts or actions can help. Do something that makes you feel safe and relaxed instead.

Problems with sleeping

You may have difficulties with sleeping, for example, being unable to fall asleep and having (or being afraid of having) nightmares. You may also be concerned about your safety (or the safety of your home) overnight. It is okay to leave the light on, the bedroom door open, or to share a bedroom with someone.

Feelings of sadness and longing

It is normal to feel very sad and to really miss the person who died. This sadness usually comes and goes and seems to hit you when you least expect it. You may find that this sadness causes physical reactions such as tightness in your throat or chest.

You may wish you could have your life back the way it was before. You may feel sad that you will never have that life again, that things have changed forever. All of these feelings come and go, but eventually fade over time.

Mood swings

You may have mood swings and become easily upset. You may find that others have mood swings too. This can make spending time with friends or family difficult as everyone can react more emotionally or aggressively than they used to.

You may lose interest in the things or activities that you used to enjoy. These changes may affect your choice of friends, or cause you to become more distant from some of the people you used to be close to. These are normal reactions – with space, time, and patience they will gradually improve.

Feelings of anger

Many people experience very strong feelings of anger. You may feel anger towards the following:

- The death itself
- Yourself



- The person who died (for dying and leaving you alone)
- The cause of death (person or group you believe to be responsible)
- People or groups who could have prevented the death
- Northern Ireland/"The Troubles"
- God (for letting this happen)
- Friends or the rest of the world for getting on with life.

Anger is often related to life being unfair or to a sense of injustice in the world. These are understandable responses following the death of someone you know. It is important that you recognise these feelings and find a safe way to deal with them, for example, taking exercise or talking to a friend.

Feelings of guilt or shame

It is very common to feel guilty. You may feel that:

- You have caused or could have done something to prevent the death
- You wished death or bad luck upon the person through something you said or did (e.g. your last words to the person were part of an argument)
- The person will only remember bad things about you (especially if you were not on good terms before they died)
- You should have died instead of the person who did.

It is common to feel shame or embarrassment. You may feel that:

- You have had a role in the death, which you can't talk to other people about
- You and your family are now different from others
- You are very vulnerable.



Remember – It is not your fault that the person died. Feelings of guilt, shame, and anger are normal following a sudden death.

Changing personality/behaviour

Other people may say to you that you have changed or you may notice changes in your own behaviour. You may find that you:

- Isolate yourself and want to be alone more
- Become very serious
- Feel useless or struggle to keep control
- Retreat into a fantasy world or withdraw from others
- Become more aggressive or more easily provoked
- Take less care of yourself
- Have difficulty with concentration and memory (e.g. become disorganised or forgetful).

Some of these behaviours can cause other problems in your life; you may need help to overcome them.

School difficulties

School may become hard for you. You may find that you:

- Have problems with school work, sometimes these can last a long time
 - Are not as interested in school as before
 - Have difficulties with concentration and memory, which make paying close attention to school-work difficult
 - Wish to think about delaying an examination until a later date. Discuss this with your family and your teachers
 - Get into trouble
 - Find it difficult to keep friends or get along with teachers. They may find it



difficult to understand why you are behaving differently

- Have to deal with teachers and other pupils who do not know or understand what happened, with people who make hurtful comments either accidentally or deliberately and with people who know or think they know a lot more about what happened than you are comfortable with.

You may not experience any of these difficulties and may even find that you improve and work harder as school offers a release from your grief.

Reminders

Powerful reminders of death or trauma can be unsettling if you aren't prepared for them. Sometimes they are predictable (e.g. anniversaries) and sometimes they come at random (e.g. daydreaming). Most often they are started by something ordinary that is associated with the person who died (e.g. hearing their name spoken, seeing the place where they died, hearing music). Taking control of reminders involves developing an awareness of them and the reactions they cause in you, and changing those reactions over time. You should be able to do this on your own or with the help of a friend.

- Identify reminders in your life
- Develop a plan to avoid unnecessary reminders which are unsettling
- Plan ahead for significant dates such as anniversaries, birthdays or other occasions
- Develop a method for dealing with reminders when they arise
- Be reassured that reminders and triggers will become weaker and less frequent over time.

Events such as court cases, coroner's investigations, or media coverage involving you or the death should be prepared for. It is helpful for you to know in advance what topics will be

covered at these events, and the details that are likely to be discussed.

Remember

It is important to talk to other people about your feelings, for example, a friend, parent or family member, someone from school, your GP, or a trusted adult.

The booklet "Common Grief Reactions", in this series, may be helpful if any of the feelings covered in this booklet become too troublesome for you.



Dealing with sudden death
in adulthood



Common experiences following the sudden death of someone you know

When you are bereaved by sudden death you may experience some, none or all of these feelings. These are normal reactions to a sudden death. Although the feelings can be very strong, they will usually weaken over time and with reassurance.

Anxiety

You may be worried about your own safety or the safety of important people in your life. You may want to protect yourself from, or avoid, situations in which you feel unsafe or unsettled. Crowds, traffic, or safety may worry you – sometimes in an unreasonable way. Loud noises, sudden movements, or being alone can make you jumpier than you were before. You may find it hard to talk to other people about this.

Vivid memories

You may have very vivid dreams or memories about the person who has died or the death itself. These dreams can seem very real at the time, causing strong feelings. You may notice, for example, that your heart beat or breathing speeds up when you think about what happened.

You may be frightened or saddened, from time to time, by very vivid thoughts about the person who died. These can be so real you think you can see, hear, smell or even speak to them. Don't worry – this is a normal reaction.

You may become frightened when you are reminded of or when you

think about the incident, or sometimes at random. Distracting yourself with other thoughts or actions can help. Do something that makes you feel safe and relaxed instead.

Problems with sleeping

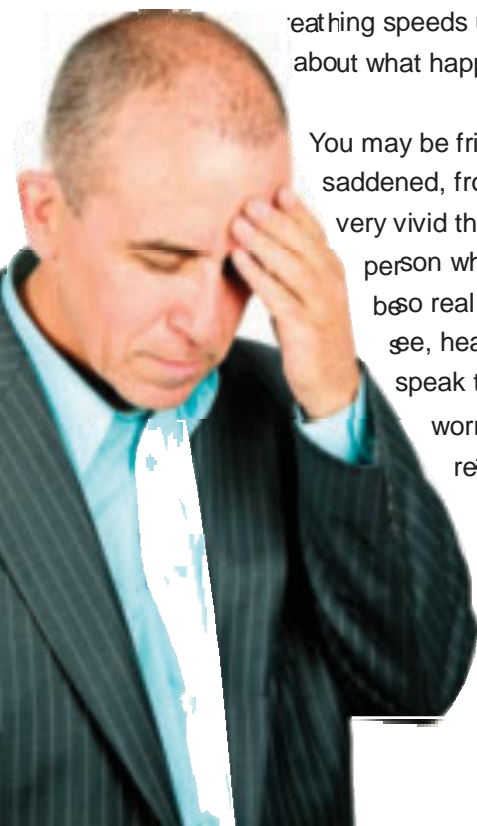
You may have difficulties with sleeping, for example, being unable to fall asleep and having (or being afraid of having), nightmares. You may also be concerned about your safety (or the safety of your home) overnight. It is okay to leave the light on, the bedroom door open, or to share a bedroom with someone.

Feelings of sadness and longing It is normal to feel very sad and to miss the person who died. This sadness usually comes and goes and seems to hit you when you least expect it. You may find that this sadness causes physical reactions such as tightness in your throat or chest.

You may wish you could have your life back the way it was before. You may feel sad that you will never have that life again, that things have changed forever. All of these feelings come and go, but eventually fade over time.

Mood swings

You may have mood swings and become easily upset. You may find others have mood swings too. This can make spending time with friends or family difficult as everyone can react more emotionally or aggressively than they used to. You may lose interest in things or activities you used to enjoy. These changes may affect your friendships, or cause you to become more withdrawn from some of the people you used to be close to. These are normal reactions – with space, time, and patience they will gradually improve.





Feelings of anger

Many people experience very strong feelings of anger following sudden death. You may feel anger towards:

- The death itself
- Yourself
- The person who died (for dying and leaving you alone)
- The cause of death (person or group you believe to be responsible)
- People or groups you believe could have prevented the death
- Northern Ireland/"The Troubles"
- God (for letting this happen)
- Friends and the rest of the world for getting on with life.

Anger is often related to unfairness and a sense of injustice. This is understandable following sudden death. It is important that you recognise these feelings, and find a safe way to deal with them, for example, taking exercise or talking to a friend.

Feelings of guilt or shame

It is very common to feel guilty. You may feel that:

- You have caused or could have done something to prevent the death
- You wished death or bad luck upon the person through something you said or did (e.g. your last words were part of an argument)
- The person will only remember bad things about you (especially if you were not on good terms before they died)
- You should have died instead of the person who did.

It is common to feel shame or embarrassment. You may feel that:

- You had a role in the death which you can't

talk to other people about

- You and your family are now different from others
- You are very vulnerable.

It is not your fault. Feelings of guilt or shame are normal following a sudden death.

Changing personality/behaviour

Other people may say to you that you have changed or you may notice changes in your own behaviour. You may find that you:

- Go into a fantasy world or withdraw from others
- Isolate yourself and want to be alone more
- Notice a change in sexual behaviour or attitude towards your partner
- Become very serious
- Become more aggressive or more easily provoked
- Take less care of yourself
- Feel useless or struggle to keep control
- Have difficulty with concentration and memory (e.g. become disorganised or forgetful).

Some of these behaviours can cause other problems in your life and you may need help to overcome them.

Difficulty in caring for others

Dealing with your own grief and distress while taking care of others is difficult – it involves balancing the need to grieve with the need to be in control. You may feel overwhelmed by:

- The work and responsibility
- Struggling to return to old routines or create new ones
- Feeling isolated, if you've lost your partner or source of support
- Exhaustion
- The future.



Caring for others is demanding; you need to seek and accept support for this. The more you take care of yourself the better able you will be to take care of others.

Work difficulties

Work may become hard for you. You may find that you:

- Have difficulties in the workplace or with work colleagues – sometimes these can last a long time
- Have difficulties with concentration and memory that make paying close attention difficult
- Have difficulty keeping existing friends or getting along with others; they may find it difficult to understand why you are behaving differently
- Have to deal with people who do not know or understand what happened, with people who make hurtful comments either accidentally or deliberately and with people who know or think they know a lot more about what happened than you are comfortable with.

You may not experience any of these difficulties and may even find that you improve and work harder at your job as it offers a release from your grief.

Guidelines for self-care

Every adult has their own needs – no two people will feel the same after a sudden death. Family and friends can help you meet practical and emotional needs. Information, meaning-making, and physical safety will also have a big part to play in how you cope.

Immediate needs

You need to feel safe – it is important for you and your family to feel as safe as possible. If necessary have a safety routine (shutting windows, checking locks, leaving lights on at

night), and someone you can call when you feel unsafe. Daily routines, such as going to work, should be restarted as soon as you feel able. Avoid long or unnecessary separations from family and friends.

- Have a consistent routine at home, work, and with friends
- Avoid unnecessary separations
- Give time and emotional support to others, and accept help in return
- Take your fears about safety seriously and have a safety routine to help you relax.

You need to talk to other people – following a sudden death you may lose interest in other people and not want to talk to them about what happened. Talking honestly with friends and family about your feelings and confusion can help bring you back in touch with them and yourself. Talk to people or organisations who can answer your questions about what occurred as the truth can be less painful than what you imagine happened.

- Ask questions to help you understand what happened
- Make the effort to talk to friends or family when you feel the need for support
- Find people you can feel comfortable talking to and being emotional with.

You need to make the loss real – sometimes it is difficult to believe that the person who died is gone, or that they won't just walk into the room like nothing happened. This is a normal reaction to sudden death. Find positive ways to remember or honour the person who died now and in the future.

- Take part in mourning ceremonies (e.g. attending the funeral, leaving a gift on the grave)
- Share your feelings of sadness
- Keep photos or special mementos of the person who died.



Long-term needs

You need to understand – everyone needs time to adjust after a sudden death. You will need to talk and think repeatedly about what happened before you can understand it fully. Allow yourself more time to come to terms with unfairness, blame, or anger. Visit the grave or places where you feel close to the person. Looking through photo albums can be helpful.

- Try to clear up any confusion or unanswered questions
- Talk with a trusted friend, counsellor or therapist about difficult feelings and issues related to the death; many voluntary agencies offer support and experience
- Look at albums and photographs, and hold on to good memories
- Visit the grave or other relevant places from time to time.

You need to deal with reminders – unsettling thoughts or images of the death can come at random or in response to things that remind you of what happened. These can make you upset, physically and emotionally unsettled, prevent sleep, and interfere with your work. Managing reminders and triggers can give you more stability and a greater sense of emotional control.

- Avoid unnecessary reminders of what happened until you think you are ready for them
- Be aware that significant dates such as anniversaries or special occasions will be reminders
- Have a plan for dealing with reminders when they occur
- Prepare for court cases, coroner's investigations, and public interest by finding out what will happen and talking to other people about how you feel. Find out what details will be released at these events and how long they are likely to last. A PSNI

family liaison officer, coroners liaison officer or advocacy organisation will help support you through this time

- Be prepared for media interest in you and your family; or media coverage of other events that may remind you of your own experience.

Reminders will get weaker and fewer over time and you will get better at dealing with them.

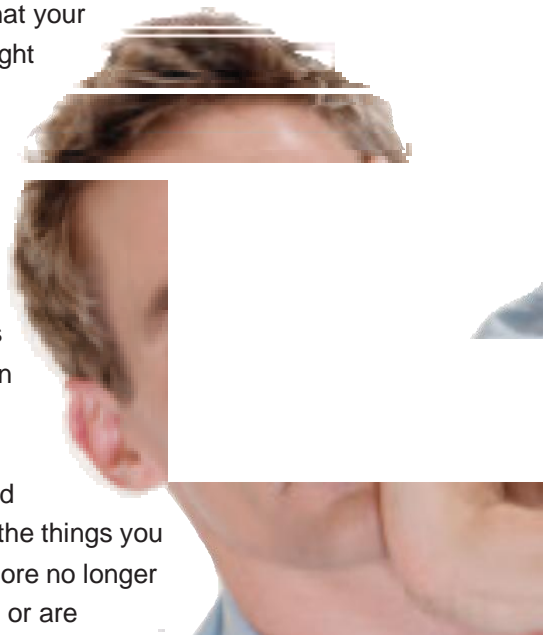
You need to share the burden – it is important that you seek support following a sudden death, especially if you have a caring role.

- Take time out for yourself
- Plan to have adult company
- Seek out/ accept help from others (family, neighbours, agencies, social services)
- Make contact with others in a similar position.

The future

Most people recover from a sudden death in the family, but there is no right way to grieve. There is no timetable for grief; for many people it has a lifelong effect. However, the most intense grief and upset will usually be experienced within the first two years.

- Be aware that your opinions might change over time
- Be prepared for new questions from friends and family in the future
- Find new interests and pastimes if the things you enjoyed before no longer interest you or are available





- Hold onto mementos and keepsakes
- Mark anniversaries and significant occasions
- Be optimistic about the future – although things will not be exactly as they were before, things can and do improve.

You may need additional support to deal with some specific feelings of grief, anger, or anxiety as family and friends will not always be able to help you with these. The booklet “Common Grief Reactions”, in this series, may be helpful if vivid memories, problems with sleeping or anger become too troublesome for you.



Dealing with sudden death: common grief reactions



SLEEP DISTURBANCE

Sleep

Sleep is essential for our health, memory, concentration, and energy. Without sleep it is hard to work and get things done. Most of us do things around bedtime that make us sleepy and ready for bed. Some people drink warm milk, read a book, or watch late night television to help them settle down; others don't like watching television or reading close to bedtime and won't find these things relaxing. The things we do before bedtime (especially the last hour before bedtime) strongly affect our ability to sleep.

Different people need different amounts of sleep to stay healthy, so there is no definite amount of sleep a person should have. Just like adults, children's routines before bedtime will affect their sleep. Some things help them to get to sleep quicker, and some things keep them awake. Some children need more or less sleep than average. Some have night time fears that keep them awake.

Dreaming

As well as being necessary for our physical well-being, sleep also allows us to dream. We use dreams to make sense of our emotions, organise our memories, and prepare ourselves for the day to come. Dreams can be senseless, enjoyable, or terrifying; but they all have a use. Normally we forget dreams that don't wake us up.

Nightmares and upsetting dreams are normal following a shock or sudden event. Some dreams might be about what happened or about the person who died. These usually become less frightening and more general as a person come to terms with what has happened. Sometimes dreams can be so vivid or upsetting that they wake us up; or someone else may waken us when they realise we are having a nightmare. Interrupted dreams, where we wake

up before the end, are easier to remember and therefore most upsetting. Even though it may seem uncaring it is better to allow someone to dream and finish nightmares without being wakened.

What are sleep disturbances?

Sleep disturbances are common after the trauma of a sudden death. They can be:

- Difficulty getting to sleep
- Difficulty getting good quality sleep
- Difficulty staying asleep — night waking or waking very early in the morning.

SLEEP DISTURBANCE IN ADULTS AND ADOLESCENTS

Usually people are able to work out their ideal sleeping pattern by themselves, but sometimes sleeping habits change. Everyone experiences sleep disturbance at some time in their life. It is often temporary and most likely to be caused by one or more of the following:

- Stress or difficulty in relaxing
- Background noise
- High or low temperatures
- Sleeping in a different bed/bedroom
- Change of sleeping hours or bedtime
- Side effects of medication, drugs or alcohol.

What makes sleep disturbance worse?

- Drinking alcohol/tea/coffee/caffeine drinks at night
- Smoking before bedtime
- Lack of exercise
- Napping during the day
- Not having a regular bedtime
- Watching TV throughout the night
- Changes to bedtime routine
- Worrying about not sleeping.

Long term or chronic sleep disturbance can be hard to overcome, and will affect emotions, concentration, work, appearance and health.



Sleep disturbance is normal following a sudden death. With time, your sleeping patterns should return to normal without any outside help; however, there are some things you can do which may help overcome your sleeping difficulties.

Improving sleep

You may find that, following a sudden death, you cannot relax or get to sleep like you used to. Relaxation, exercise, diet and planning are ways of improving sleep that do not carry risk in the short and long term. (Although some people find that sleeping pills or alcohol help them get to sleep quicker in the early stages, in the long run these make it more difficult to sleep and feel refreshed).

Awareness and preparation – there are many ways of managing sleep disturbance. Some people need to sleep with music on, others need total silence. Only you can make these individual choices so try out different things and see what works for you.

Your sleeping habits may change over time, for example, it is normal to feel uneasy for a while after a sudden death and you may want to sleep with a light on or in a room with someone else. These are natural feelings, and not being alone or in the dark can help you to relax and get to sleep quicker. However these solutions may not be practical and you may need to find a suitable long term sleeping arrangement.

Distraction – thoughts and memories of what happened can sometimes stop you getting to sleep (or back to sleep). These thoughts can be brought on by a dream or nightmare, by something that reminded you of what happened, or sometimes at random. Distraction (e.g. playing soft music, counting backwards from 100) is a good way of dealing with these thoughts as they switch attention away from the images or thoughts that are

keeping you awake, before they can play out in your head.

Relaxation – most people are good at finding one or two ways of relaxing, that they find calming. However, not all ways of relaxing work for everyone and you may find that what used to relax you doesn't work as well anymore. The following are some popular ways of relaxing:

- Taking a bath
- Reading a book
- Watching TV/Video
- Taking long walks
- Playing sport
- Exercising
- Talking with a friend
- Prayer/Meditation
- Listening to music
- Deep breathing
- Muscular relaxation
- Positive thoughts/images
- Relaxation tape.

Guidelines

Take a flexible approach – your needs and emotions will change as you work through the changes in your life. Be flexible and creative about what you need:

- What works for one person in the family may not work for another
- What works at one time may not work later on
- Men and women are likely to



have different coping methods

- Be prepared to try different approaches.

Develop a bedtime routine – a bedtime routine is useful for letting your body know it should get ready for sleep. Preparing for sleep can start early (e.g. avoiding caffeine, nicotine, or alcohol in the four to six hours before bedtime); or five minutes beforehand (e.g. drinking warm milk just before going to bed). If you have high levels of muscle tension or stress take at least half an hour to unwind (e.g. take a warm shower/bath, listen to music).

Staying in bed when you cannot sleep can make things worse. If you cannot sleep after you've gone to bed it may help to get up and keep yourself occupied. Do something relaxing and once you feel sleepy, go back to bed.

- Identify your favourite ways of relaxing at night
- Avoid doing things that make you more alert (drinking tea or coffee, clock-watching, computer games)
- Do something relaxing if you cannot sleep (drink warm milk, listen to soft music)
- Try not to nap or lie in bed during the day
- Restful relaxation is almost as good as sleep, so try not to worry that you are awake at night.

Use distraction – if you can't sleep because you are thinking about what happened, do something to keep your mind occupied. Focusing on a sensation, image, memory, or action can block out all other thoughts.

- Try different methods of distraction until you find one that works well for you (e.g. counting backwards from 100)
- Practice using your chosen distraction during the day
- Use relaxation at night (e.g. soft music or some other calming activity), or exercise during the day to reduce stress.

Make time to think about what happened – set some time aside regularly to think about what happened. You may want to spend this time alone; or with a friend, a therapist or counsellor. You could use this time to create a diary or scrap book to help you work through your feelings and concerns.

- Make time in your daily or weekly routine to think about what happened
- Plan what you will do in this time (e.g. thinking or writing)
- Allow time afterwards for relaxation.

Practice relaxation – relaxation is the quickest way to prepare for sleep. You can practice it alone or with a partner or friend, preferably in a quiet place that you find peaceful. Spend at least ten to twenty minutes during the day practicing relaxation until you feel comfortable doing it. As you continue to practice your body will learn to relax more easily and quickly. It is helpful to have a way of calming down quickly, for example, deep breathing. It is also a good idea to learn at least one formal relaxation method such as controlled breathing, positive imagery, or progressive muscular relaxation. These three relaxation methods are given at the back of this booklet and are suitable for most people.

- Choose your favourite method of relaxation
- Make time to practice regularly during the day
- Try using more than one method (e.g. muscular relaxation and controlled breathing)
- Decide whether to guide your own relaxation or to have instructions played from a tape or read out by a friend.
- Involve a friend or family member to help you.



SLEEP DISTURBANCE IN CHILDREN

Sleeping patterns change with time, so your child can have different problems at different ages. You may find your child:

- Doesn't want to go to bed
- Wants to sleep in your bed (or a brother/sister's)
- Goes back to wetting the bed after being dry at night
- Has nightmares
- Wakes during the night (regularly, or from time to time)
- Has night terrors (wakes screaming with no memory of a dream)
- Wakes very early in the morning
- Is sleepy or irritable during the day.

Problems like these usually fade with time. However, some children will need support from you to overcome their sleep disturbance (particularly if they have shocking memories or fears about what happened). You can help your child by checking for and dealing with:

- Signs of stress (irritability, anxiety, clinginess)
- Fears about safety (for themselves or other family members)
- Bedtime fears
- Changes to the bed/bedroom – different temperature, amount of background light or noise, etc.
- Side effects of medication (some decongestants affect sleep)
- Lack of exercise
- Changes to the bedtime routine – different time, activities (stories, tucking in), adults involved, etc.
- Naps during the day (if your child is older than 5 years of age)
- Worries that sleeping problems will get worse.

For some children returning to old bedtime routines is comforting, others need to find new ways to wind down at night.

How you can help

Deal with the causes of poor sleep: Bedtime routines: brushing teeth, reading stories, tucking a child into bed, cuddling, etc. should be carried out by same person, at a regular time each night. Getting your child back to a familiar and comforting bedtime routine is very reassuring.

Bedroom: changing where your child sleeps also changes the temperature, light level, background noise, and other things that your child is used to when they go to sleep. Try to make any necessary changes as similar to what your child is used to as possible.

Medication: some children's medicines (such as decongestants) interfere with normal sleep so you may need to check this with your GP.

Lack of exercise: exercise during the day helps use excess energy. If your child is not sleepy at night create opportunities for them to take exercise during the day.

Fears about safety: if your child is worried about something happening to themselves, their family or family home take their fears seriously and reassure them that they are safe (e.g. lock doors and windows together at night).

Scary dreams and memories: bedtime and early morning are the times your child is most likely remember or dream about what happened. This can make going to sleep difficult. Comforters such as favourite blankets, toys, and teddies can help.

Sleeping arrangements: your child's sleeping habits may change over time. For example, most children will have concerns about safety



following a sudden death and may want to sleep in a room with someone else. It is important to take a balanced approach to meeting these needs. When your child is ready, they will have to sleep and feel safe in a room on their own.

You can address all of the above issues on your own, or your GP or health visitor will help you if you need them to.

Distraction – some children are unable to get to sleep because they cannot stop remembering or thinking about what happened. Distraction is one of the most effective ways of overcoming this. It can involve:

- Switching your child's attention away from memories or thoughts of what happened
- Focusing their attention on something that blocks out other thoughts (e.g. a mental exercise or activity)
- Playing low, soothing background music (loud enough to comfort but quiet enough to allow sleep)
- Providing a favourite toy, or something else that is soothing or relaxing
- Have a method of distraction ready before your child's bedtime.

Relaxation – for a child, relaxation can mean getting good exercise and playtimes during the day; or watching a favourite DVD, listening to music or reading/having a story read to calm them down at night. Having a quiet, safe place to play can be very helpful. Younger children may use favourite toys or blankets as soothers. Following a sudden or shocking event your child may need to find new ways of relaxing. The following are some popular things children find relaxing:

- Arts and crafts
- Reading/Colouring in
- Watching (suitable) TV
- Sitting on a parents knee

- Being read or sang to
- Repeated play
- Comfort toy/object
- Sports and games
- Exercise
- Board games
- Playing and talking with friends
- Water play
- Structured relaxation (from a tape or parent)
- Music or singing
- Controlled breathing.

Most children are able to find their own ways to relax and play. You can help your child by making sure they get enough time to relax before bed.

Guidelines

Be flexible – try to find your child's best way of relaxing. Get back to their normal bedtime routine (or a routine as close as possible to normal), and think about the things that may be affecting their sleep. They may have specific fears that you need to deal with.

- Be patient – some children will return to normal sleeping quite quickly while others will take longer
- What works for one child may not work for another
- What works at one time may not work later on
- Routines will change as your child gets older
- Be prepared to try different things.

Take your child's fears seriously – your child needs to feel safe before they can sleep. Encourage them to face their fears in creative ways. If you think your child is nervous at night gently encourage them to share any feelings they have and work from there. Do this during the day so that you don't remind your child of their fears near bedtime.

- Take your child's fears seriously and have a



safety routine if necessary (e.g. check under bed, lock windows and doors etc.)

- Comfort them going to bed by giving hugs and reassurance
- Talk with them about how to overcome nightmares and other worries. Creative or fun ideas will appeal to some children
- Practice these ideas during the day until your child is comfortable using them. Get your child to imagine what they will do when they have a nightmare, for example, special karate chops to kill monsters, anti-ghost spray cans or becoming invisible to bad people.

Have a bedtime routine – getting ready for bed can start early (e.g. no sugary drinks or foods for two hours before bed); or five minutes beforehand (e.g. drinking warm milk just before going to bed). If your child is not sleepy or is stressed, give them thirty minutes to an hour to wind down using quiet activities like colouring in or reading. If they cannot sleep after they have gone to bed give them something quiet to do to keep them occupied and relaxed. This is the next best thing to sleep.

- Have a routine of soothing things you and your child can do for up to one hour before bedtime
 - Avoid activities that make your child more alert, for example, rough play, eating sugary foods and playing computer games
 - Avoid drinks in the evening if your child has started bedwetting again, and get them to

use the toilet just before getting into bed

- Provide a toy for your child to play with, or a comic for them to read if they cannot sleep.

Aim to build up a consistent and reassuring routine. When children have safety fears and find it difficult to sleep being alone in their own bed can make things worse. Sleeping in a room with someone else often helps them relax and sleep soundly, but not being able to sleep alone is not helpful in the long term. It is important to take a balanced approach and to gradually return them to their normal sleeping routine over time, for example they may initially sleep in your bed and have a staged return to their own bed.

Deal with upsetting thoughts and memories – these can be scary and prevent your child from relaxing enough to sleep. Use distraction or relaxation to prevent or block these thoughts out. Children will not know how to do this for themselves.

- Practice using distraction (or relaxation) with your child until they can do it for themselves
- Make sure your child gets enough relaxation and exercise
- Set time aside during the day to talk with your child about their upsetting thoughts and memories. Think about what triggers these thoughts and how they relate to what happened. Reassure your child that it is normal to have upsetting thoughts.

Relaxation – this is the best way to prepare for sleep. Children can become very good at this in a short space of time. They learn to relax more quickly with practice so spend ten to twenty minutes a day practising relaxation until they feel they can do it alone. There are three formal relaxation methods that are suitable for older children at the back of this booklet. Younger children can be soothed by stroking their back, brushing their hair, cuddles etc.





- Practice a method of relaxation regularly with your child
- Practice during the day as well (not just at bedtime)
- Try using more than one method (e.g. muscular relaxation and then controlled breathing)
- Try to make the experience fun and creative.

DEALING WITH NIGHTMARES

Facts about nightmares

- Nightmares are a normal part of childhood from the ages of about three or four years upwards
- Most people are not awake or aware of their nightmares
- Nightmares, like dreams, are a natural way of dealing with painful or emotional issues
- Although nightmares can be very vivid, even to the point where they wake a person up, they are usually more distressing to the person watching than the one dreaming
- Dreams and nightmares are meant to be forgotten and they will be if time isn't spent thinking about them immediately afterwards.

Guidelines for night time

- Allow people who are having nightmares to continue dreaming (this can be the hardest thing to do). They can be gently soothed by softly-spoken reassurance, singing or holding, that does not wake them up properly but can divert the flow of the nightmare
- Work towards getting them back to sound sleep as soon as possible, this means avoiding the “wake up, wake up – you’re having a nightmare” approach. People will have trouble getting back to sleep if they wake up scared
- If they wake up hold them, make soothing noises, put on soft lighting and stay with them until they calm down. Give a child what comforts them, for example, their favourite teddy or blanket
- Only allow your child to sleep in your bed as a last resort; instead try leaving a light on in their room, playing low music or sleeping in their bed with them
- Do not share any of the details of what you heard or suspect the nightmares are about, the person will most likely forget it when they wake up. Take your cue for action from them: ask them if they slept well or how they feel when they get up in the morning.



Guidelines for day time

If the person has no anxiety about nightmares:

- Avoid discussing nightmares, but talk about feelings of sadness and grief.

If the person has anxiety about nightmares:

- Discuss nightmares; try to get them to describe what they feel. They may be able to trace the nightmare back to their trauma and need help to deal with specific fears or memories
- Help them feel safe but avoid making them feel that you've saved them or protected them from anything
- Help the person realise dreams and nightmares only exist in their imagination, and that they cannot be hurt or controlled by them
- Get them to imagine happy endings to their nightmares or bad dreams. After some practice, these will be remembered in the nights to come.

The future

Sleep disturbance is one of the first signs of stress, and often the last to disappear. It is a natural response to sudden or dramatic changes in your life. Most people will have some trouble sleeping or dreaming after a sudden death. Unless there is an ongoing medical or physical reason for disturbed sleep, you will return to your normal sleeping pattern with care and support.

Sometimes sleep disturbance continues because poor sleep can become a habit. This may affect work, education, family, friendships or health. Understanding more about sleep and trying out some of the suggestions included in this booklet may help you or your child get back to a normal sleeping pattern. If sleeping patterns do not return to normal you should consult your GP, for further information on sleep disturbance or help with related difficulties such as anxiety or intrusions.

Sleep disturbance can start at the time of the death and then re-appear around the time of anniversaries, birthdays and other occasions; or even a number of years later if something reminds you of what happened.



INTRUSIONS

What are intrusions?

Intrusions are powerful memories, thoughts or feelings about what happened (or about the person who died), that are difficult to ignore. They may be upsetting and make it hard for you to concentrate or forget what happened.

Intrusions occur when your normal flow of thoughts is interrupted and you are reminded powerfully of what happened. They happen following a reminder of the trauma (e.g. the smell of smoke, a loud noise, the sight of blood, or a news story). Sometimes they happen at quiet times (e.g. around bedtime or first thing in the morning); sometimes they seem to appear at random.

They can be repetitive, and sometimes the only thing you can think about. Although they are difficult to control, they are a normal reaction following a sudden death.

For some people intrusions may not be distressing at all, others find them very upsetting. Some can interfere with your ability to work, concentrate and sleep; or make you angry, sad, or afraid. Usually, you will find you get fewer intrusions as time goes by, and that they become less upsetting. However, if intrusions are making it difficult to get on with life there are ways of managing them.

Types of intrusions

Nightmares – these are one of the most common forms of intrusion, and are a natural reaction to a sudden death. It is normal to have some type of night waking, disturbed sleep, disturbing dreams, nightmares or night terrors following a bad fright or scare. Bad dreams and nightmares following sudden death are not always about what actually happened.

Repetitive thoughts – these are everyday fantasies, daydreams, and imaginary situations

that run through your head during the course of the day. They can be triggered at random or by a reminder (e.g. something seen, heard, or smelled). Repetitive thoughts can be:

- “Why did it have to happen?” or “Why me?”
- Memories of what happened
- Impulses such as the urge to check doors and windows.

Unlike normal daydreams which can be enjoyable or neutral, you may find intrusions of this type unpleasant. They may make you feel sad, agitated, guilty, angry, or less hopeful about the future.

Flashbacks – these are like daydreams only more intense and realistic. People who have flashbacks feel as if they are back at the time of death, being able to see, smell, feel, or hear what happened in great detail. Some people have vivid daydreams about what they imagine happened. During a flashback or vivid daydream:

- The event is re-experienced very vividly
- It feels very frightening or scary
- Your emotions take over
- Your breathing and pulse become faster.

Flashbacks can seem difficult or impossible to control, but they can be managed with specialist help. For most people flashbacks will fade with time.

Repetitive play/actions – this is a form of intrusion that usually only affects children. After a sudden death, they may repeatedly act out what happened through play. This is normal for children and may help them understand what happened. Older children and adults may find that they repeat activities as a way of going over what happened or as a means of coping. These actions usually fade with time.



Ways of managing intrusions

Avoidance of unnecessary reminders – some places, people, or objects will remind you of the person who died or what happened. These may overwhelm you when you need to be in control (e.g. during school or working hours). At night they may affect your sleep or dreams. You can manage the stress of intrusions by:

- Avoiding thinking about what happened during work or school and making time to do so later
- Avoiding painful reminders (e.g. location of the death) until you feel ready to deal with them
- Avoiding being alone late at night or at other times when your powerful memories usually come.

As time goes on the strength of your intrusions will weaken.

Distraction – this is the most effective way of dealing with intrusions when they happen. When an intrusion occurs, if you deliberately think of something else it won't be able to play out in your head. There are simple ways of thought-stopping to help you interrupt an intrusion. They are quick movements or thoughts that demand your attention.

- Shout "STOP" in your head or out loud
- Clap your hands or snap your fingers quickly
- Snap an elastic band that you wear on your wrist.

Once you stop the intrusion you need to prevent it starting up again.

Distracting your mind with an enjoyable job or mental exercise is a useful way to do this.

Examples of distraction include:

- A sensation (slowing down breathing)
- An action (counting backwards in threes from a hundred, singing)
- A thought (replacing negative thoughts with good ones or positive memories).

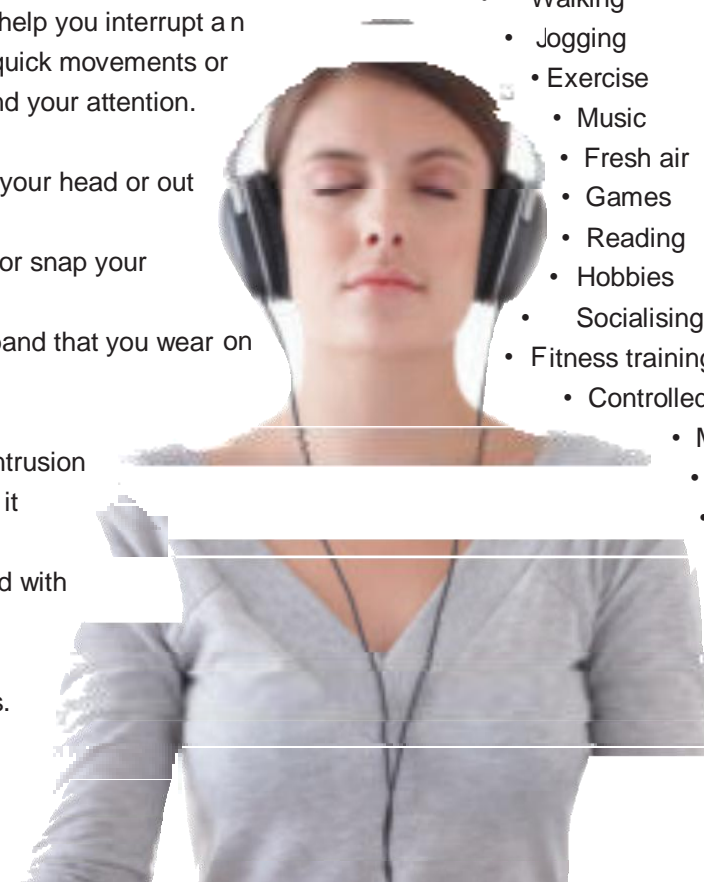
Some methods of distraction will suit you more than others, so find those that work for you and practice them.

Relaxation – being able to relax is important following a sudden death. Learning to relax can take time, especially if you feel unsafe.

People relax in different ways, from taking a bath, reading a book or watching television; to long walks, running or playing sports. Not all ways of relaxing suit everyone, but most people will find at least one that works for them.

Relaxing helps you calm down after upsetting thoughts or memories. Following a sudden death you may find that what used to relax you doesn't work as well anymore. The following are some popular ways to relax:

- Yoga
- Walking
- Jogging
- Exercise
 - Music
 - Fresh air
 - Games
 - Reading
 - Hobbies
- Socialising
- Fitness training
 - Controlled breathing
 - Massage
 - Phoning friends
 - Structured relaxation
 - Taking a bath
 - Prayer/meditation.





Guidelines

Take a flexible approach – your needs and emotions will change over time. Be flexible and creative in helping yourself.

- What works for one person in the family may not work for another
- What works at one time may not work later on
- Men and women are likely to cope in different ways
- Be prepared to try different things.

Make time to think about the things that worry you – you may be tempted to avoid thinking about what happened if it is too distressing. Having a set time (every day or week) to think about this is helpful. You may want to do this alone; or with a trusted friend, a therapist or counsellor. You can use this time to create a diary or scrapbook to help work through their worries and other feelings.

- Make time for thinking in your daily or weekly routine
- Plan what has to be done in this time (e.g. reflection, writing)
- Spend time doing something relaxing or enjoyable afterwards.

Be aware of your reminders – some things will remind you of what happened. Knowing what these are and when to expect them will give you more control and can make life less overwhelming.

- Identify the people, places, memories or other things that remind you of what happened
- Be prepared for reminders due to media involvement or legal processes.

Develop ways to deal with reminders – use distraction and thought stopping to deal with intrusions. For powerful reminders (e.g. inquest

or court case) use relaxation, deep-breathing, or having a friend or family member with you to reduce distress. Having a good cry from time to time may help clear your head and deal with reminders. Whatever method you chose, practice it to make sure it works.

- Practice thought stopping or mental distraction to stop your intrusions
- Use relaxation and/or exercise
- Make time to think about your intrusions, when and how they arise, or what they mean to you.

Manage the reminders in your life – avoid too many reminders of what happened until you feel ready. If intrusions affect your concentration, memory, or emotional state then you will need to take time away from things that remind you of what happened. It is a good idea to control or limit your reminders, so that you can get used to them at a manageable pace.

- Be aware of your limits
- Identify reminders which are overwhelming
- Develop a plan for making severe triggers more manageable (e.g. having someone else around to calm you down).

Beware of using coping methods that will become a problem in the long term, such as the use of alcohol and drugs.

The future

Most intrusive memories will weaken and fade over time, with the most intense intrusions occurring in the first two years. If your intrusions do not fade with time or if they interfere with work, education, or family life you may wish to consult your GP for help with related difficulties (such as sleep disturbance) or further information on specialist services which manage traumatic bereavement. Intrusions can start at the time of the death and then re-appear around the time of



anniversaries, birthdays and other occasions; or even a number of years later if something, perhaps in the media, reminds you of what happened.

ANGER

What is anger?

Anger is a normal emotion that can vary from annoyance to rage. It is natural for us to have different levels of anger at different times in our lives.

Anger is caused by what other people do to us and by what we do ourselves. Stress, upsetting memories, poor sleep, drugs, alcohol, illness, worry and poor communication all play a role in making us angry. It is okay to feel angry, but it is important to remember that acting on this feeling usually makes things worse.

Anger is a natural response when we feel threatened. The brain releases hormones and other chemicals to give a rush of energy. The way we think changes, so that we focus on feeling threatened or wronged instead of what other people think. In highly threatening situations this can be the way we protect ourselves as a last resort.

Sudden death can make people very angry. Dealing with unfairness, blame, abandonment and, at the same time, having to carry on with life is difficult. Anger will resolve itself with time, but sometimes you need help to control your anger or express it safely.

Usually you know if you have a problem with anger. You may act in ways that feel frightening or out of control, or sometimes other people (especially family members) will notice a change. Things that were not a problem in the past may now make you very angry.

Managing anger

The goal of anger management is to reduce the physical and emotional pressure to act out aggression. This is done by identifying your anger triggers (e.g. not being listened to) and developing a plan for dealing with these as they arise. You can learn techniques such as



relaxation (deep breathing) or distraction (counting) to control anger; or use safe methods of expressing anger (exercise or keeping an anger diary).

Awareness and preparation – this is the most effective way to manage anger. Finding out what causes your anger and planning what to do when things go wrong can give you back a sense of control.

It is important to recognise the changes that occur when you begin to get angry:

- Heart beat speeding up
- Breathing speeding up
- Frowning
- Feeling flushed
- Tension in the shoulders
- Headache
- Racing thoughts
- Shaking/sweating.

Once you feel these changes you know you are getting angry and need to do something to stop it. You may choose to ignore the feeling, to avoid other people until you are feeling calmer; or to use relaxation or distraction to calm down immediately. You could also release your anger in a safe way (shouting into a pillow, taking exercise).

Talking to a friend or keeping an anger diary of when and how anger builds up can help you see patterns in your reactions. See if there are triggers for your anger:

- Places, people, times, or occasions

- Memories of what happened
- Stress and lack of sleep
- Caffeine, alcohol, drugs
- Family members, co-workers, finances.

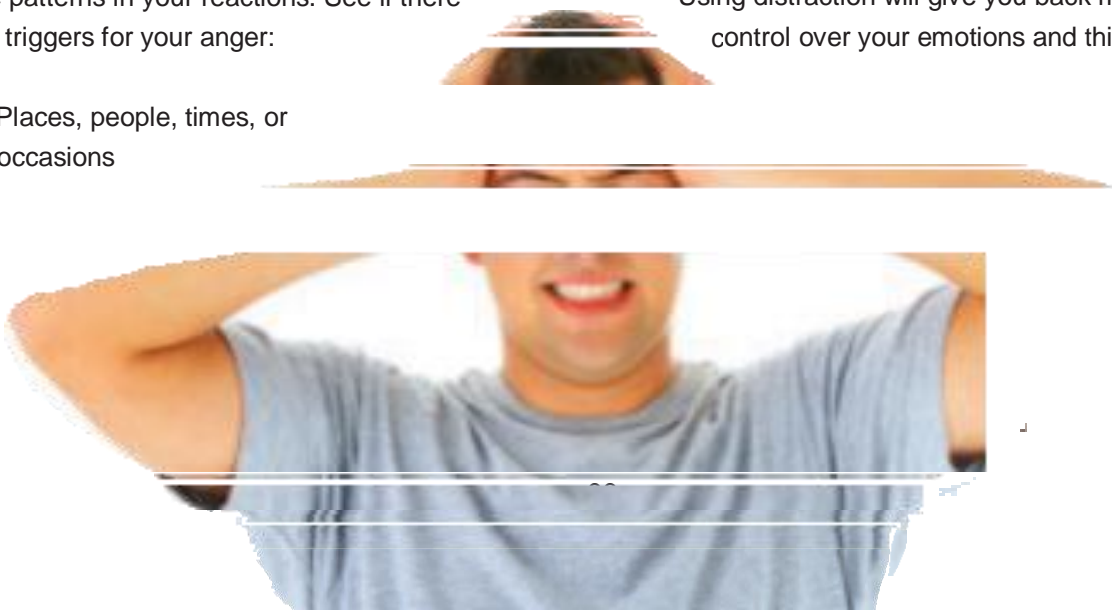
Avoidance – avoidance is a good way of managing the sources of your stress. Sudden death can leave you with overwhelming feelings of sadness, anger, and injustice. Memories and reminders of what happened will be difficult to deal with early on. Avoid unnecessary reminders and responsibilities until you are ready for them. For example, you may avoid thinking about what happened during working hours, but make time to think about it later.

Distraction – distraction is a good way of dealing with anger when you can't avoid the situation. Switch your attention away from your anger when it is destructive and think about what causes it when you feel calmer.

Try to focus on:

- A sensation (slowing down breathing)
- An action (counting backwards in threes from a hundred)
- A thought (repeating "I am calm" to yourself).

Some methods of distraction will suit you more than others, so choose one that works for you. Sometimes the distraction can be something that relaxes you, such as taking long deep breaths to calm down or listening to music. Using distraction will give you back more control over your emotions and thinking.





Relaxation – being able to relax is important following a sudden death. Learning to relax can take time, especially if you feel unsafe.

People relax in different ways, from taking a bath, reading a book or watching television; to long walks, running or playing sports. Not all ways of relaxing suit everyone, but most people will find at least one that works for them.

Relaxing is an important way of calming down after a bout of anger or a hard day. Following a sudden death you may find that what used to relax you doesn't work as well anymore. The following are some popular ways to relax:

- Yoga
- Walking
- Jogging
- Exercise
- Music
- Fresh air
- Games
- Reading
- Hobbies
- Socialising
- Fitness training
- Controlled breathing
- Massage
- Phoning friends
- Structured relaxation.

Guidelines

Be flexible – your needs and emotions will change as you work through the changes in your grief and anger. Be flexible and creative in helping yourself:

- What works for one person in the family may not work for another
- What works at one time may not work later on
- Men and women are likely to cope in different ways
- Be prepared to try different things.

Make time to think about what happened – you may be tempted to avoid thinking about what happened if it is too distressing. Having a set time (every day or week) to think about it will allow you to prepare for being upset and angry. You may want to do this alone: or with a trusted friend, therapist or counsellor. You could use this time to create a scrapbook or diary to help work through your feelings and concerns

- Make time for thinking in your daily or weekly routine
- Plan what you will do during this time (e.g. reflection, writing)
- Allow time afterwards for relaxation.

Speak about your feelings – talking things through can remove the need for anger. This is because it allows you to release emotional stress and make yourself understood without the need for aggression. When you are angry, a lot of what you say and do will affect other people and make the situation worse. Bottling up your anger and saying nothing will also make things worse. If you avoid talking about the underlying causes of your anger or hide it, it will surface again later.

Try to think about why you are angry, and talk to a friend about it when you are calm. Ask them to help you identify the early warning signs.

- Think about how you act when angry (and how you would like to act instead)
- Think through what you want to say before speaking to someone (this may feel slow at first but you will get faster)
- Speak in a clear voice, and go slowly
- Listen to other people and their concerns
- Check that people understand you
- Make your complaints as specific as possible (try not to use words like always, never, and every time)
- Keep talking.



Be prepared for triggers – find out exactly where, when, and what makes you angry (e.g. not being listened to), and use this to understand why you react the way you do. Knowing your personal warning signs that anger is on the rise (e.g. flushed face, faster heart beat and breathing) can help you stop it before it takes hold. If you have to face a situation that will definitely make you angry take a friend with you to help you stay calm, or practice relaxation before and after you go there.

- Find out what triggers your anger – do certain things, people, or situations make you angry more than others? Why?
- Be aware of day-to-day triggers (e.g. finance, work, other people)
- Be aware of your warning signs (e.g. faster heart rate).

Find ways of dealing with your anger – practice how to deal with anger. Some people use distraction to take a step back from their anger, others use relaxation, humour, or the support of a friend or family member. Think about what works best for you. The method you choose should be something you are comfortable with and you can use at any time.

- Identify and practice a method of distraction (e.g. a happy memory, a breathing exercise) to interrupt angry thoughts
- Remind yourself that you are in control of your anger and can overcome it
- Use relaxation or exercise to reduce stress
- Make time to think about what triggers your anger, and why that is important to you
- Express anger in a controlled way (e.g. in an anger diary, shouting into a pillow)
- Get help and advice from others.

The future

Many people, following a sudden death, will experience only moderate amounts of excessive anger, or none at all. Anger is likely to be directed at particular people or groups, and should fade and or be resolved naturally without having to complete any of the steps outlined here.

For some people, anger can take longer to fade, and will affect work, education, family, sleep, etc. It can be helpful to understand more about anger, how to recognise it before it takes control, and how to develop your own ways of managing it.

If your anger does not fade with time or causes you a lot of distress you may wish to consult your GP, health visitor, social worker and the websites listed at the end of this leaflet for further information on anger management or help with related difficulties (such as anxiety or sleep disturbance). Your GP will also have information on specialist services which manage anger and traumatic bereavement.

Anger can start at the time of the death and then re-appear around the time of anniversaries, birthdays and other occasions; or even a number of years later if something, perhaps in the media, reminds you of what happened.



RELAXATION TECHNIQUES

Deep breathing

One of the main reasons many of us are tense is our breathing. Most people breathe very shallowly, using only the top part of their lungs. Deep breathing allows you to use your entire lungs, providing more oxygen to your body. It is probably the most effective and beneficial method of relaxation.

1. Lie on your back or sit in a relaxed position
2. Slowly relax your body, starting with your feet and moving through every part of your body until you have reached – and relaxed – your face and head
3. Check over your body to see if there are any remaining areas of tension. If so, relax them
4. Slowly breathe in:
 - (a) First fill the very bottom of your stomach
 - (b) Then your entire stomach area
 - (c) Then your chest
 - (d) Finally the top of your lungs almost up to your shoulders
5. Hold for a second or two, and then begin to exhale. Empty the very bottom of your lungs first, then the middle, then finally the top.

Continue this breathing for 4 or 5 minutes. Don't force your breathing; it's not a contest to see how much air you can take in. Just do it in a relaxed, peaceful manner. Deep breathing is the basis of a lot of relaxation techniques, and once mastered, can be used with either progressive muscular relaxation or guided imagery to help further relaxation.

Progressive muscular relaxation

One of the most common reactions to stress is muscle tension. Deep muscle relaxation helps to relax your entire body from head to toe by first tensing, about 15 minutes and can be done almost anywhere.

1. Sit or lie down and close your eyes
2. Tense the muscles in your hands by making

a tight fist

3. Hold for 5 seconds
4. Relax your fist and feel the difference between tension and relaxation in these muscles
5. Move on to the forearms and upper arms (both sides separately), then feet, calves, thighs, buttocks, belly, lower back, chest, shoulders, neck, and face (e.g. jaw and forehead).

By the time you have focused on all the areas of your body, your muscle tension will have drained away and you'll feel relaxed. Use deep breathing or other relaxation technique to maintain this state.

Guided imagery

Lie in bed with your eyes closed and imagine you are in your favourite, most peaceful place. It may be on a beach, a hilltop, a garden, or somewhere you feel peaceful. It does not have to be a real place, as long as you can picture it in your mind.

Imagine you are there now. You can see your surroundings, hear the peaceful sounds, smell the fragrance of the flowers, and feel the warmth of the sun or whatever sensations are there. Just relax and enjoy it - and drift off to sleep.

Once you've found a place that's especially peaceful and effective, you'll find that the more you use it, the more you can count on it to help you relax and get to sleep. Its comfort and familiarity will make it more and more effective.

The worry stone

A worry stone is a small smoothed stone (small enough to fit in the palm of a small child) which is rubbed, rolled, squeezed, or squashed whenever a child feels worried. Children's worries are sucked into the stone, where they become trapped and unable to bother anyone.



The more a child uses a stone the more powerful it becomes and the quicker it absorbs worries. Children have used worry stones through history – they are a free, easy, and private way to control anxiety. Nowadays people use them to help control worries, quit smoking, reduce panic-attacks, and control bad memories or thoughts.

- Either buy a worry stone or select a small, smooth stone from a beach/garden
- It is best to pick a few worry stones and then let your child decide which one they want to use
- The stones can be painted or carved afterwards, but they work just as well if left blank.
- It is best to pick a small, smooth stone because it will allow your child to carry it round in their pockets without damaging clothes, or to use the stone in a public place without being noticed
- Make sure you wash the stone clean of germs before use.

Sit down with your child and explain to them how to use a worry stone:

- Worry stones suck up worries like sponges suck up water
- Once a worry is in a worry stone, it can never get out
- When you want to get rid of a worry, close your eyes, and squeeze the stone gently until it is tight in your hand (you may want to demonstrate or practice this with your child)
- Concentrate on the stone in your hand and imagine the worry getting trapped in the strong hard stone as you squeeze
- When you open your eyes, the worry will be gone and you can relax
- The more you use worry stones the better they become at taking your worries away.



Some children will want to bring their worry stone to school or bed with them. There are different rules for using worry stones in these places.

- When in school, leave the stone in your pocket or someplace near where it is out of view. You don't have to close your eyes when you use a worry stone in school, just squeezing and imagining the worry getting trapped will be enough. As time goes by you will get better at using your worry stone like this, and will be able to use it in class or on the street without anyone noticing. (It is important to inform teachers about worry stones – otherwise teachers may take them away)
- When in bed, don't keep the stone in your hand or in a pocket. Leave the stone in a safe place near the bed (e.g. a locker top) where you can reach for it if you need it. This means you will be able to get the stone without having to turn on the light or move very much.

If your child feels that the worry stone is full or not working as well:

- Washing worry stones in clear water washes all the worries out of them
- Washed worry stones are brand new and completely empty; they will suck up worries extra fast.



Availability of booklets and bibliography

The booklets in this series:

- Dealing with sudden death: Helping children and adolescents
- Dealing with sudden death: Information for young people
- Dealing with sudden death in adulthood
- Dealing with sudden death: common grief reactions

are available electronically to download from the bereavement page on Belfast Health and Social Care website - www.belfasttrust.hscni.net and Cope with Life website www.copewithlife.org.uk

The Eastern Trauma Advisory Panel Services Directory provides information on a range of support services that are available through the health service, voluntary and community-based organisations, which offer specialist provision for individuals and families affected by the trauma of the 'Troubles'. Psychotherapy and counselling, training, befriending and social support are available. The directory is also available electronically to download from the bereavement page on Belfast Health and Social Care website - www.belfasttrust.hscni.net



Books for children

"Mum, will dad ever come back?" by Paula Hogan
Publisher: Blackwell Raintree ISBN 086256-002-0

"Remembering Mum" by G. Perkins & L. Morris
Publisher: A&C Black ISBN 0-7136-4541-5

"The goodbye boat" by M. Joslin
Publisher: Lion ISBN 07459-3693-8

Books for teenagers

"Straight talk about death for teenagers" by Earl Grollman
Publisher: Beacon Press ISBN 0-8070-2501-1

"Facing change: falling apart and coming together again in the teen years" by D. O'Toole
Publisher: Compassion Press ISBN 1-878321-11-0

"Tiger eyes" by Judy Blume
Publisher: MacMillan ISBN 0-330-26954-2

"The Charlie Barber treatment" by C. Lloyd
Publisher: Walker ISBN 0-7445-5457-8



Eastern Trauma Advisory Panel

STATUTORY REPRESENTATION ETAP

Name	Title	Agency/Organisation
John McGeown	Co-Director for Mental Health	Belfast HSC Trust
Aidan Murray	Assistant Director of Social Care	Regional HSC Board
Arlene Healey	Director	NI Family Trauma Centre
Mary Corry	Director	Trauma Resource Centre
Brian Mullan	Victims and Survivors Development Officer	Community Relations Council
Alex McFarland	Senior Educational Psychologist	BELB
Dr Oscar Daly	Consultant Psychiatrist	Lagan Valley Hospital
Bette McMullan	Senior Manager Mental Health	South Eastern HSC Trust
Lorna Martin	Senior Educational Psychologist	SEELB
Gary Paul	Complex Needs Officer	NIHE
Lisa Jane McIlveen	Policy Lead, Victims & Survivors	OFMDFM
Heather Russell	Trust Bereavement Co-ordinator	Belfast HSC Trust
Peter Bohill	Primary Mental Health Care Manager	Belfast HSC Trust
Martina Mullin O'Hare	Eastern TAP Co-ordinator	Eastern Trauma Advisory Panel
Dr Alistair Black	Clinical Psychologist	Police Rehabilitation & Retraining Trust
Bridie McElhill	AMH Psychology Services Manager	Mental Health, Belfast HSC Trust

VOLUNTARY/COMMUNITY

Name	Title	Agency/Organisation
Sandra Peake	CEO	Eastern TAP Co-Chair & WAVE CEO
Irene Sherry	Project Director	Bridge of Hope, Aston Community Trust
Susan Reid	CEO	Victim Support NI
Joe Conlon	Manager	Holy Trinity Counselling Centre
Wendy Stewart	Adult and Family Counsellor	New Life Counselling
Zora Molyneaux		Connecting Cultures & Psychotherapist
Fiona Murphy	Manager	Victims and Survivors Trust
Francis Murphy		Lifespring Health & Healing Centre
Patricia Jamshidi	Trauma Counsellor	Corpus Christi Counselling Services
Maggie Lawrence	Counsellor	Top of the Rock Counselling Services
Sharon Gibson	Project Manager	Lisburn Prisoners Support Project
Pauline Fitzpatrick	Family Support Worker	Relatives for Justice
David Colvin	Welfare Rights Manager	Ex Prisoners Interpretive Centre (EPIC)
Sam Lamont	Manager	NI Retired Police Officers' Association
Dave Stewart	Director	Primary School Counselling Services, Barnardos
Fiona Davidson	Director	NI Music Therapy
Debi Madden	Area Co-ordinator Belfast	CRUSE Bereavement Care Belfast
Gail Levingston	Area Co-ordinator North Down & Ards	CRUSE North Down & Ards Area
Michael Patterson	Director	TMR Professional
Guy McCullough	Manager	Combat Stress
Paddy O'Dowd	Services Support Manager	Coiste na niarchimi
Gary Teer	Project Co-ordinator	Survivors of Trauma Centre
Martin Snoddon	Manager	Conflict Trauma Resource Centre
Paula Beattie	Regional Manager	Trauma Recovery Network
Pauline O'Flynn	Area Manager	(SE Trust area) Lifeline, Contact
Graham Logan	Policy Development Manager	NI Assoc Mental Health

INDIVIDUAL SERVICE USER

Name **Title**



John Swift
Beth McGrath

Service User
Service User