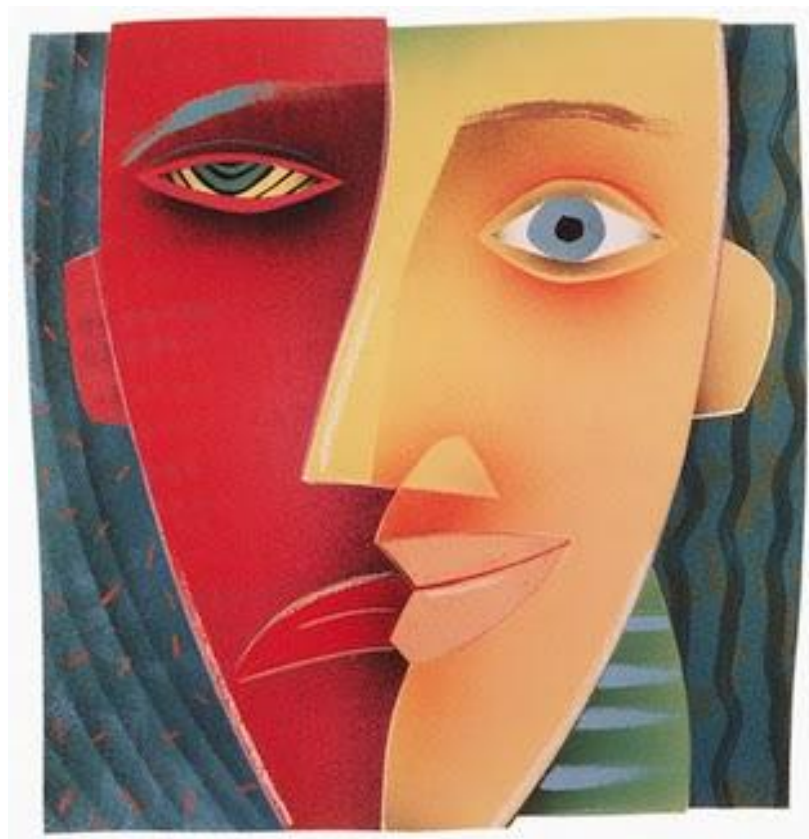


# This is my Bereavement Support Plan

## **Vision**

All children and young people have a right to be consulted in their bereavement needs and if they choose to do so compile a plan of support to help in their well being and development.



My name is .....

School.....

My Bereavement Support worker is.....

**What are your best hopes for your situation?**

**Imagine your best hopes coming true. How will this be good for you?**

**And when your best hopes come true, how will this be good for other people at home, in school and with your friends?**

# The story of happiness and best hopes

0 1 2 3 4 5 6 7 8 9 10



Answer the following questions and circle the numbers on the scale above that apply to you in relation to your loss or losses. When you have done this you could say or write your story down – if you want!

1. How would you rate your happiness before the person who was important to you died?
2. At the time, or after the person died, what was the worst your happiness became?
3. In general, how would you rate your happiness right now?
4. When do you notice your self being the happiest and what number is that?
5. When do you notice your self being most unhappy and what number is that?
6. What is your best hope for happiness?



In order to achieve your best hopes, there are some things which you may need to know. For example do you know what grief is? Do you know about trauma and how this affects your ability to grieve healthily? If you want to find out please refer to the grief curve and explanation of trauma.

Now that you know about grief and trauma you can think about the Doors of Grief and Trauma below and which ones you came through when the person, people or pets you know died.



## Doors of grief and trauma

1	2	3	4	5	6	7	8
Expected loss	Expected loss	Unexpected loss – sudden death - illness	Unexpected loss – accident Disaster - war	Unexpected loss – murder Suicide	Unexpected loss – sudden death - illness	Unexpected loss – murder Suicide	Unexpected loss – accident Disaster - war
Child prepared	Child unprepared	Child not present	Child not present	Child not present	Child witness	Child witness	Child witness

Who died?	When did they die?	How old were you when they died?	What was the cause of death?	Which door of grief and trauma for you?

## Scale for Grief

0 1 2 3 4 5 6 7 8 9 10



Grief Chart/Table – for .....

	At time of death	1 <sup>st</sup> meeting	Review 1 Date:	Review 2 Date:	Best hope
Shock					
Disbelief					
Denial					
Anger					
Guilt					
Blame self					
Blame others					
Sadness					

If you have more than one bereavement you can split the columns and name the person who died (the deceased) at the top of a new row so you can see all your grief experiences in one chart or table. When you are ready you can also consider the scale for Tasks of Mourning and Moving on.

## Scale for Tasks of Mourning and Moving on

0 1 2 3 4 5 6 7 8 9 10



<b>The 4 tasks of Mourning</b>	At time of death	1 <sup>st</sup> meeting	Review 1 Date:	Best hope
Acceptance of the loss				
Experiencing the pain of the loss				
Adjustment to life without the deceased				
Relocating with the deceased				

<b>Moving on overall</b>	At time of death	1 <sup>st</sup> meeting	Review 1 Date	Best hope

# Outcomes, or things that might be good for you to achieve

0 1 2 3 4 5 6 7 8 9 10



Outcome	Initial score	Best hope	Review date	Review date	Final review
Improved general happiness					
Improved family communication					
Recovery from trauma/bereavement					
Able to develop healthy trusting relationships					
Able to describe safety strategies					
Able to describe impact of own behaviour					
Improved management of self harm					
Satisfactory progress in learning and development goals					

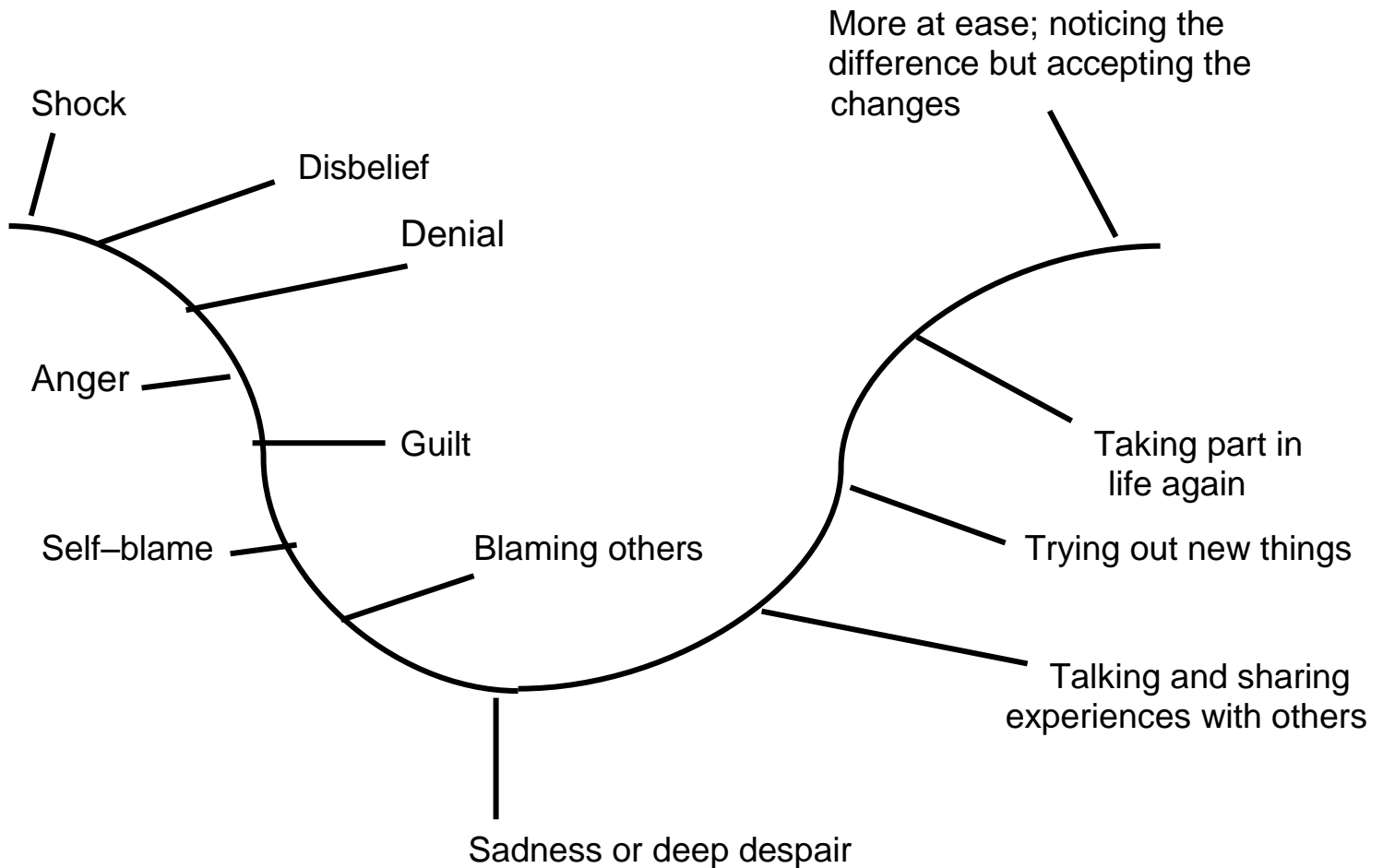
You decide which of the above outcomes would be good for you to work on.

## Who will help with outcomes?

Of course, you cannot work on all of this on your own so you will have to think about who will help you and more importantly what you will both do together. In this way you can work out how they can help you and how you can help them and yourself at the same time. Below is a table to help put down your plan.

Who will help	Family or carers at home	Extended family members	School staff	Friends	Others
What you will do and what they will do to help					
How you will achieve this and when					

# Grief Curve



## Explanation

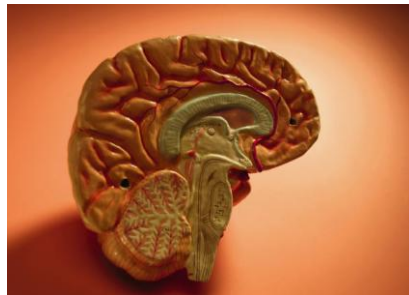
Grief is not an event but a process which happens over time. When we lose something we are attached to we always go through a grief experience because this is the normal reaction we have to all of a sudden having to come to terms with our loss. Have you ever lost your mobile phone? At first it is a shock. You can't believe it. You tell your self "no! It must be here somewhere". You start to look for it but when you can't find it you may become annoyed or angry with your self for being so careless. You might blame someone else for losing it because they might have distracted you and you left it behind somewhere? You might feel guilty because it was a present and you might think you will get into trouble. When you begin to realize it is really gone you think "Oh NOOOO....all my contacts are on there and my personal stuff, what if someone uses these or runs up credit and... and .....and..." You may then get really upset and sad and don't know what to do. You might ask around. You might report it missing to the Police but eventually you will have to accept your phone is gone and is not coming back. You then have to decide what you are going to do about it. If you stay stuck in shock or anger or sadness life will be unbearable. Imagine staying in your room the whole time feeling rotten because you lost your phone. You might start to think "OK, I should start to save up for a new one and then figure out how to do this. Eventually you will get another phone and take part in life hopefully learning how to look after your stuff.

Now when someone important to us dies we go through exactly the same thing but it is multiplied by a million squillion. The only bit that is not the same is the bit about getting a new phone. We cannot replace a person who has died because they are unique. What we can do however is keep them in our hearts and minds and keep talking about them with people who care. Grief is normal but we have to make sure we do not get stuck. That is why it is good to explore all of this with a bereavement support worker.



## Trauma and Grief

We experience trauma when something really scary or shocking happens to us or someone we care about. While we talked about grief as being a process happening over time, trauma is an event. So trauma happens suddenly, unexpectedly and this causes us to react in certain ways. It is now a good time to think about our brain and how this works.



Not a lot of people know this but we all have 3 brains. One brain for the body like our heart and other organs, muscles and stuff, one for emotions and one for how we think and talk. Usually all three brains work together so we can take part in life without too much bother. When we are under threat however like in a traumatic situation the brain automatically goes into a fight, flight or freeze mode. It does this for survival. Imagine a tiger coming to eat you – Arghhhhh! Do you want to stand around thinking about it? Do you go “hmmm, what am I feeling about this situation right now? No you don’t because if you do you are tiger food. In other words you will be killed. So your brain helps you at these times by shutting down your thinking brain and sending lots of adrenalin to your body to help you either run fast or put up a good fight by trying to kill the tiger. Your brain also helps you play dead in the event that you can neither run away fast enough or fight fiercely enough. Playing dead is a last resort. It also helps if you have not washed for ages. In this way the tiger might think you are too stinky to eat.

Seriously though, just hearing the news that someone you care about has died can be traumatic. This is especially true for children and young people when it is their parent or carer who has died. We need our parents or carers for our survival. They look after us. When they die it brings about massive changes and this is a big shock or trauma.

What can make trauma worse is if we witness the event happen like in an accident for example. All the information we take in through our senses like what we saw happen, the sounds, smells, tastes and body sensations, these all get logged on to our brain but because we are getting ready to run away, fight or play dead by freezing we do not process this information like we normally would because our thinking brain is offline. For example if I asked you what you had for breakfast you would access the thinking brain and go to the memory cabinet, look under breakfast and be able to tell me all about it without too much trouble at all. If however you had been in a traumatic accident and I asked about that you might have real difficulty telling me about it because your thinking brain may not have had time or the right conditions to recover. All the information about the accident is there but it is all jumbled up and you might think about the accident like it was happening right now instead of an event which happened in the past. This can be really scary which leads me to tell you about trauma symptoms.



## Trauma symptoms

Trauma symptoms come under 3 categories

1. Intrusion
2. Avoidance
3. Hyper arousal

**Intrusion** – this is when thoughts, feelings and body sensations about what happened keep on happening without you having any control over it. Pictures just come into your mind uninvited, you might feel panicky or agitated or angry or sad. Another name for this experience is flashbacks. It is like we are there experiencing the event again and again. This is really scary so what do we do? We try to avoid (**Avoidance**) thinking about it. People do this in many ways. Here are a few examples;

Listening to loud music

Annoying everyone around them

Get angry with people and get into arguments or fights

Self harm

Eat too much, drink too much, take drugs, run away, have inappropriate sex – the list is endless

If we are unable to deal with our trauma symptoms we are always expecting the next bad thing to happen and we become extremely alert, vigilant and sensitive (**Hyper arousal**). If this is the case we really need to have someone help us to assess if we have trauma symptoms and then work out how we can make them go away. What is meant to happen when we experience a traumatic event is that we are able to think about it and speak to people about it and try and make a story about what happened which we can tell over and over again until we begin to realize that it was an event which happened in the past and that we survived. It is normal to not talk about the event for a while but then we must come out of this and begin to let all the scary stuff out. If we don't as in grief we become stuck and our hopes for happiness begin fade away. The good news is that life does not have to be this way. We can do loads of stuff to help make trauma symptoms go away. That is why it is good to speak with a bereavement support worker to help figure all this stuff out. When we do this we can work out how we are going to make the trauma symptoms go away and we will be much happier.



## Impact of Event Scale - Revised

Instructions: Below is a list of difficulties people sometimes have after stressful life events. Please read each item and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to:

How much were you distressed or bothered by these difficulties?

		Name:	Not at all	A little bit	Moderately	Quite a bit	Extremely
		Date filled out:					
		Review date:	0	1	2	3	4
I	1	Any reminder brought back feelings about it					
I	2	I had trouble staying asleep					
I	3	Other things kept making me think about it					
H	4	I felt irritable and angry					
A	5	I avoided letting myself get upset when I thought about it or was reminded of it					
I	6	I thought about it when I didn't mean to					
A	7	I felt as if it hadn't happened or wasn't real					
A	8	I stayed away from reminders about it					
I	9	Pictures about it popped into my mind					
H	10	I was jumpy and easily startled					
A	11	I tried not to think about it					
A	12	I was aware that I still had a lot of feelings about it, but I didn't deal with them					
A	13	My feelings about it were kind of numb					
H	14	I found myself acting or feeling like I was back at the time					
H	15	I had trouble falling asleep					
I	16	I had waves of strong feelings about it					
A	17	I tried to remove it from my memory					
H	18	I had trouble concentrating					
H	19	Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart					
I	20	I had dreams about it					
H	21	I felt watchful and on-guard					
A	22	I tried not to talk about it					

I	A	H	TOTALS	
			I	
			A	
			H	
/ 28	/ 32	/ 28	Total	/ 88

### Scoring

0 – 8 = subclinical: 9 – 25 = mild: 26 – 43 = moderate: 44+ = severe