

**NHS**

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**Supporting Children And Young People Within The School or College Community Following Suicide or Traumatic Bereavement**

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**CHUMS**  
Child Bereavement  
Trauma & Emotional  
Wellbeing Service

**Effects of bereavement on children**  
(Dowdney, 2000)

- Methodological difficulties in research
  - (e.g. Difficult to separate impact of loss, trauma, other adverse circumstances and subsequent disruption – it may not matter when we consider the individuals that we are working with)
- On the whole, compared to non-bereaved children, bereaved children are:
  - More Sad
  - More anxious (particularly death-related anxieties and separation anxiety)
  - More angry
  - Feel more guilt and despair
  - Less able to concentrate
  - More prone to “regress” (e.g. start bed wetting)
  - More likely to have sleep problems

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**Dowdney’s conclusions**

- “Children do experience grief, sadness, and despair following parental death. Mild depression is frequent, and can persist for at least a year”
- Range of psychological symptoms, rather than a specific disorder
- Severe enough to warrant referral in 20% of cases
- Long term outcome remains difficult to clarify
- Closely related to parental mental health

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**What helps straighten the path?**

```

    graph TD
      Bereavement --> Grief
      Grief --> Adjustment
      subgraph Path
        direction TB
        P1[Saying goodbye]
        P2[Safety & stability]
        P3[Knowledge & information]
        P4[Expressing grief & emotions]
        P5[Good attachment & family relationships]
        P6[Social support]
        P7[Meaning making]
        P8[Continuing bonds]
      end
      Grief -.-> Path
      Path -.-> Adjustment
  
```

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**What makes an event traumatic?**

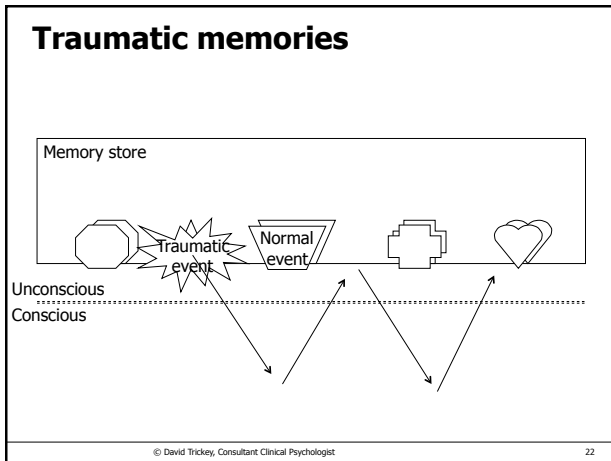
- Memory
- Meaning
- Avoidance

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**What makes an event traumatic?**  
**Memory**

- Memories for traumatic events are different:
  - Sensory information rather than words and stories
  - Easily triggered rather than recalled on purpose
  - Fixed rather than fluid
  - Disorganised and incoherent rather than organised and coherent
  - Difficult to forget rather than difficult to remember
  - “Here and now” rather than “there and then”

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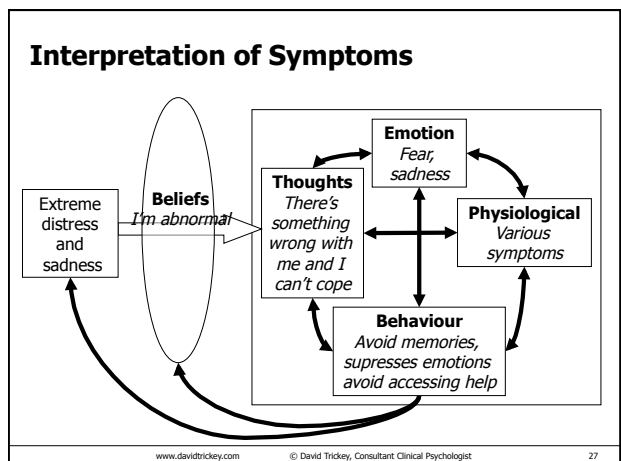
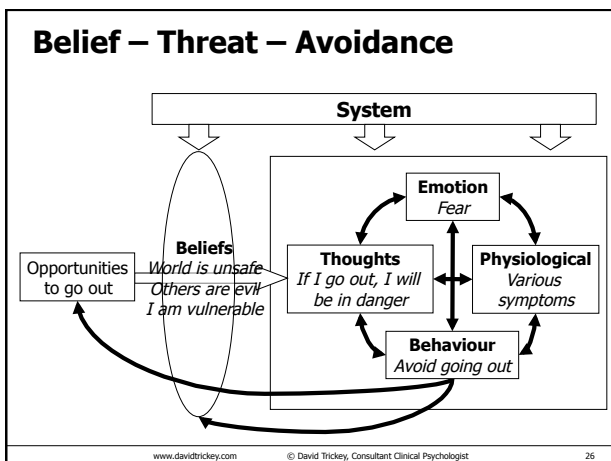
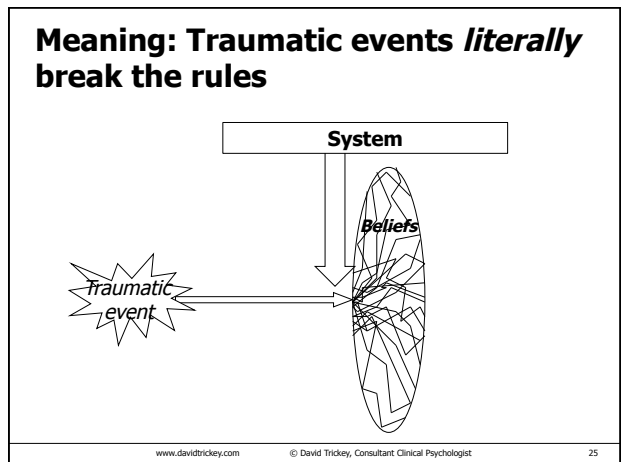
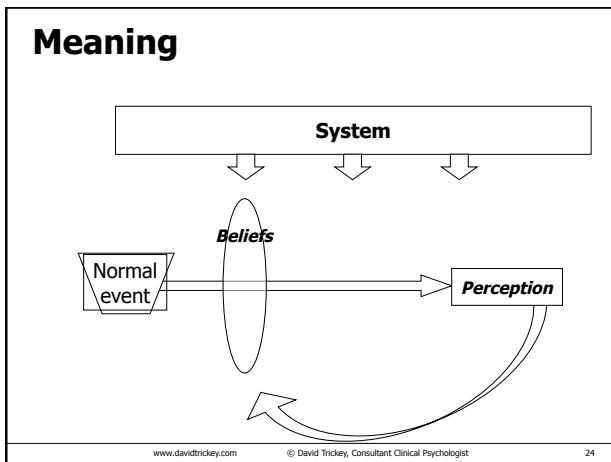


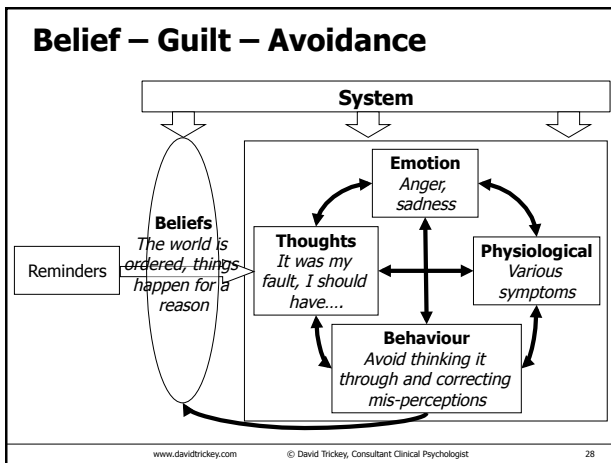
### What makes an event traumatic?

#### Meaning

- To help us in life, we hold onto certain assumptions that we believe to be true about the world, ourselves, and others
- Some events do not fit with these assumptions and cannot be ignored, so the assumptions and beliefs are shattered and replaced with new ones based on the trauma

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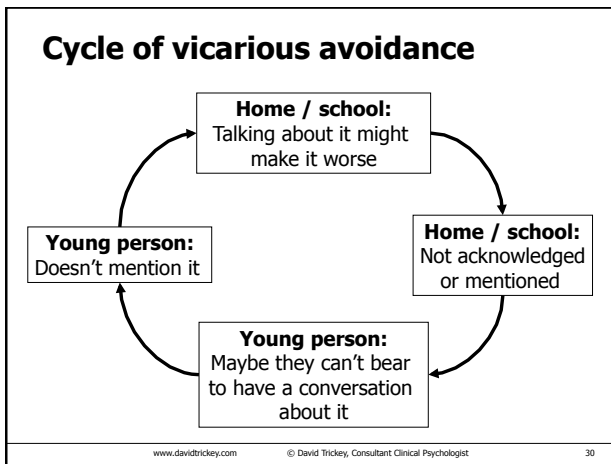




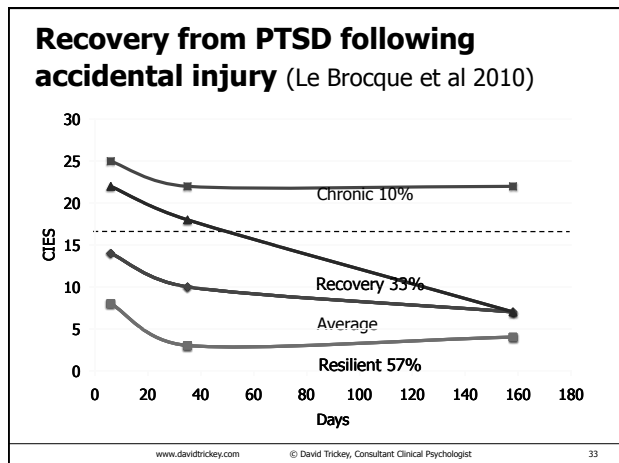
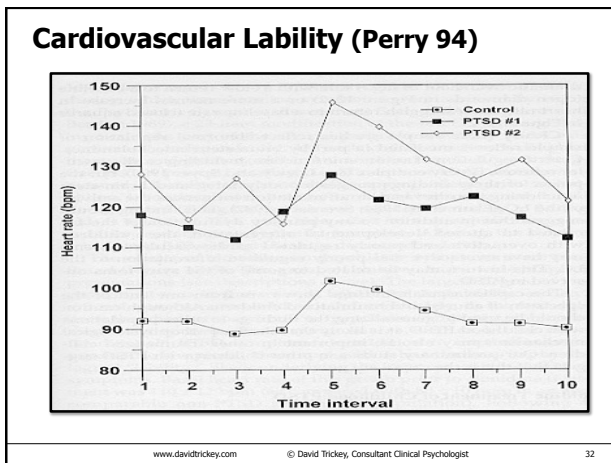
### What makes an event traumatic? Avoidance

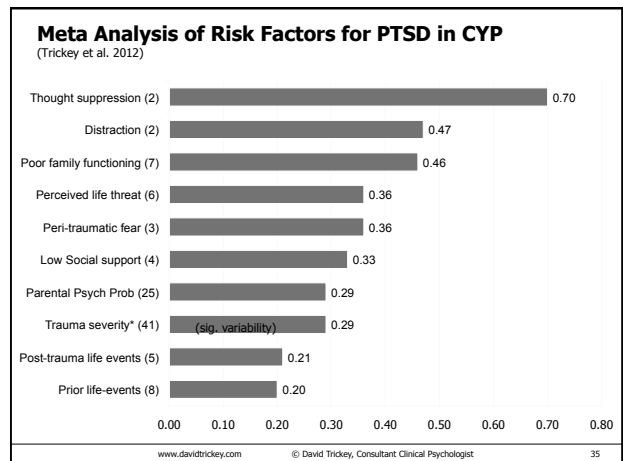
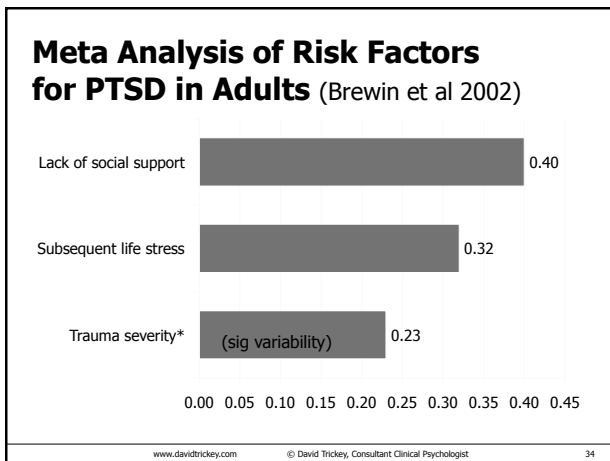
- Problems are maintained by avoidance
- The event is distressing to recall so people try hard *not* to think or talk about it
- So they do not “process” the memory, which means:
  - The memory remains as a trauma memory
  - It is difficult to make useful sense of it

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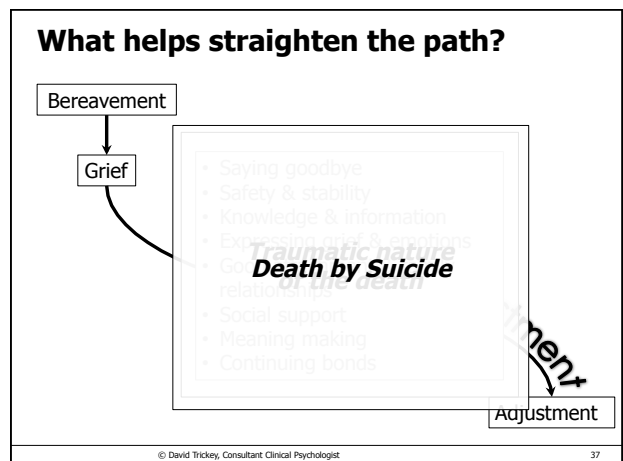


- ### Diagnostic Criteria PTSD (DSM-5, 2013)
- Exposure
  - Intrusions** (1 of 5)
  - Avoidance** (1 of 2)
  - Changes in cognitions and mood** (2 of 7)
  - Arousal & reactivity** (2 of 6)
  - Duration
  - Distress
  - Due to event, and not substance or medical condition
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- ### Other reactions following traumatic events
- Depression, sadness
  - Anxiety
  - Obsessive Compulsive Disorder
  - New fears
  - Dissociation
  - Self-harm
  - Chronic Fatigue Syndrome
  - Use of drugs
  - Attachment problems (e.g. clinginess, rejection)
  - Omen formation
  - Sleep problems
  - Regression
  - Memory problems
  - School problems
  - Ripple effects
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- ### Is being bereaved by suicide different to other bereavements? (Hawton & Simkin 2003, Trickey 2005, Cerel, 2009)
- Meaning making
    - Why?
    - Shame
    - Guilt
    - Rejection
  - Stigma and isolation
  - Avoidance of telling and talking
  - Lack of trust in helping professions
  - Bureaucracy (e.g. Police involvement, inquest)
  - Media intrusion and sensationalisation
  - Traumatic imagery
  - Shock – delayed reaction yet often short-term professional response
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- ### Brent et al. (1993)
- Interviewed 146 close friends and acquaintances of 26 adolescents who had completed suicide 7 months afterwards and compared them to 146 matched young people who had not been bereaved by suicide
  - This study found no increase in suicide attempts in close friends and acquaintances
  - But, increase in:
    - Depression
      - 3.4x more likely (even after controlling for family history of depression, personal history of depression and inter-personal conflict, so even more at risk if any of those factors present)
      - Which may be secondary to complicated bereavement
    - PTSD
    - Suicidality
      - Secondary to depression, rather than as a direct response to being bereaved by suicide
  - Possible that "contagion" or mimicking may be more of a risk for those on the periphery rather than in direct contact because they would be aware of notoriety and martyrdom, but not the impact
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### Brent et al. (1993)

- Implications:
  - Consider long term not just immediate impact
  - Don't forget those on the periphery
  - Don't dismiss depression as "normal grief"
  - Risk of depression and then suicidal ideation is bigger than short term risk of contagion or mimicking

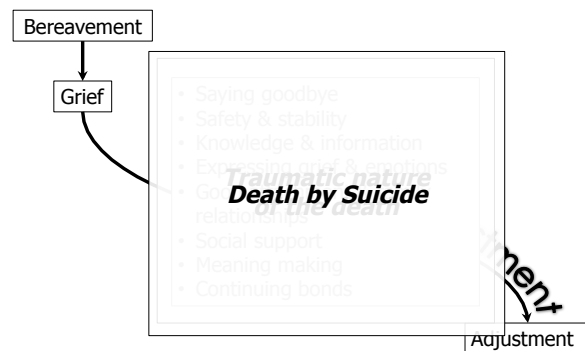
### An evidence-based approach to evaluating risk of suicide (Hawton et al. 2012)

- Male
- Low SES
- Low educational attainment
- Parental separation / divorce
- Parental death
- Adverse life events (especially relationship breakdown in under 14s)
- Family discord
- Parental history of mental health problems
- Family history of suicide
- Interpersonal difficulties
- Mental health problem (especially depression)
- Hopelessness
- Media reports, especially if dramatic, detailed, glamorised reports in media (what about social media?)

### Bereavement by suicide = Much more than the sum of its parts:

- Impact of bereavement
- +
- Impact of trauma
- +
- Impact of suicide
- +
- Suicide enhances trauma
- +
- Trauma impedes grieving

### What helps straighten the path?



### Limited goodbyes

- Young people bereaved unexpectedly do not have the opportunity to say goodbye
- They may deny or not understand the death, and therefore not see the need to say goodbye
- Body may be disfigured, withheld by authorities, or missing; further denying a chance to say goodbye

### Making the best goodbye possible

- Support families and young people to make well-informed decisions
- Make use of rituals (e.g. Memorial services, school assemblies)

### **Sense of safety and stability undermined**

- Bereavement may *undermine* view of the world as safe-enough; bereavement by suicide may *shatter* that view
- The world usually seems safe enough because of secure attachment, social support, predictable routines and familiarity:
  - Changes may remove sense of predictability
  - Familiar people and places may be unavailable
  - Young People may start to ask
    - Who else?
    - Could I?

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### **Repairing sense of safety and stability**

- Basic needs must be met first
- Re-establish normal routines
- Help carers and staff to mobilise their own support systems
- Provide lots of “ordinary”, even though it seems like they need lots of “special”
- Provide opportunities to ask (and answer) questions

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### **Disrupted attachments**

- Research consistently indicates quality of “caring relationships” is crucial for bereaved young people
- Good attachment is like an “antidote” to trauma
- But the attachment to a caring adult (including staff) may be impaired by:
  - Young person’s trauma-based belief that “others will die” leading to clinginess, rejection, ambivalence
  - Adults being unavailable (due to their own grief, trauma, dealing with pragmatics, or avoidance)
  - Adult’s belief that young person needs “special” attention, rather than ordinary loving care

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### **(Re-)establishing good attachment**

- Provide (or signpost) support to family
- Specifically target the relationships with caring adults

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### **Lack of helpful social support**

- Friends may not know what to say and may avoid saying anything
- Friends may be grieving themselves
- Bereaved young people may feel different to their peers, and so isolate themselves
- Bereaved young people may try to protect others by not talking about it, or not getting upset

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### **Presence of unhelpful social support**

- Peer-group may heighten emotionality rather than emotional expression
- Peers may say apparently cruel things
- Secondary wounds of media
  - Sensational more important than accurate
  - Approaching families and young people at their most vulnerable
- Such events sometimes attract “helpers” who may not actually be that helpful
- Media, “helpers”, police, school community may all move on just when young person needs their help

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### Enhancing Social Support

- Media intrusion:
  - Use Local Authority and Police to “manage” media and limit intrusions
  - Warn and prepare young people
  - Help young people to understand why the media do what they do
- Short-term helpers:
  - Ensure they are in it for the long haul
  - Help young people to be fussy about whom they let into their lives
  - Provide or signpost longer term help
- Friends and family:
  - Enable expression of emotions in a contained way
  - Encourage open and honest communication
  - Signpost alternative sources of support (e.g. Penhaligon’s Friends)

### Groups

- Many services offer their intervention in groups
- Universality; normalises experiences and reactions
- Altruism
- Credibility of peers as counsellors
- Sometimes, you really do have to have been there (or somewhere similar)
- Reduces stigma of receiving support
- Gives “permission” to grieve
- Social support more accessible
- Schools and colleges provide ready-made groups

### Traumatic inhibitors to grief

- Grieving usually involves bringing the deceased to mind, thinking about their life, and being sad about the loss. But those bereaved by suicide may be:
  - Too scared
    - Images of *the event of the death* take precedence over memories of the person who died
  - Too guilty
    - Feelings of guilt take precedence over sadness, or the bereaved thinks that they deserve to feel this way
  - Too angry
    - Feelings of anger pre-occupy the person at the expense of grief

### Enabling expression of grief & emotions

- Enable processing of the *event* of the death, to allow grieving of the loss
- Activities (e.g. Stokes 2004)
- School or college may need help to tolerate different emotions, at different times by different people

### Continuing Bonds

(Klass et al 96)

- Relationship between the bereaved and the deceased does not end
- But it does usually need to change
- The bereaved person does not “get over it and move on”, but may “get alongside it” and continue to have a relationship with the deceased

### Continuing bonds hampered

- Some young people may be avoidant because vivid sharp frightening traumatic memories or images of the *death*, may take precedence over other softer, sadder memories of the *person’s life*.
- Some young people may prefer to focus on negative stories of deceased

### Enhancing continuing bonds

- Enable processing of the event of the death, to allow access to memories of the person
- Reminiscing:
  - Listening to and telling stories
  - Tolerating good and bad stories
  - Tolerating strong emotions
  - Can be aided by activities (e.g. salt sculptures, memory boxes, story telling, memorial visits, letter writing. See Stokes (2004) and Monroe & Kraus (2009))

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### Meaning making difficult

- Fitting any *loss* into a helpful view of the world can be hard enough
- But accommodating and assimilating the *event of the death* is more than doubly difficult
- Meaning making requires bringing the death to mind and so is hampered by avoidance
- Need to be able to answer the questions "why?" and "what if...."
- Guilt obstructs meaning making
- Young people may rely on those around them to help to make sense of the world and events

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### For a young person, what might be the meaning or the "message" of a peer's suicide?

- In pairs just for a few moments, discuss what a young person might take away from one of their friends taking their own life. What would such an event say about them, about others and about the world?

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### Information may be withheld

- *What* and *how* may need to come before *why* or *why me*, so an adequate account is needed to enable some sort of meaning-making
- Traumatic nature of death may mean that information is delayed, uncertain or absent
- In an understandable attempt to protect them from further distress, young people are often not told the whole truth...

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### ...but what if

- What they are told does not tally with what they see or overhear
- They fill in the gaps with a fantasy that is worse than the reality
- They find out the truth in an unhelpful way (e.g. playground, Facebook, t.v., 30 years later)
- Media and social media present a different version
- They ask "awkward" questions
- Different adults have different views on what should be said
- It gets harder not easier to tell them the truth

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### Processing of traumatic memories

(Developing a description and explanation)

- Overcome avoidance and bring the traumatic event to mind
  - (i.e. "think" about it)
- Develop a coherent narrative (necessary to decrease any intrusions)
  - (i.e. "wrap up" the sensory information with words)
- Make realistic and helpful meaning e.g.
  - Realise how safe the world is, rather than just how dangerous it is
  - Be more appreciative of others and own good-fortune

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## Processing of traumatic memories

- Requires: safety, support, information, all of which may be lacking
- Opportunities to talk or think it through may also be lacking because of
  - Stigma
  - Not knowing what to say
  - Fear of the bereaved person's distress
  - Fear of their own distress
- But whilst something is unmentionable, it's likely to remain unmanageable

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## NICE Guidelines (2005): Early Intervention, Children and Young People

- 9.6 The evidence does not support the use of single-session debriefing for children of any age
- 9.9.2.1 Trauma-focused cognitive behavioural therapy should be offered to older children with severe post-traumatic symptoms or with severe PTSD in the first month after the traumatic event. (C)

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## Hobfoll et al. 2007

- Evidence-informed, rather than evidence-based
- Guidelines not a prescriptive manual
- Post crisis psycho-social interventions should seek to promote:
  - Sense of safety
  - Calming
  - Sense of self- and community-efficacy
  - Connectedness
  - Hope

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## Penhaligon's Friends

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## Small groups for 10 minutes

- How does working with children and families following a traumatic event impact on us (in terms of thoughts, feelings and behaviour)?
- How do we manage the impact?
- What could we do better to manage the impact?

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### **What stops you from doing more to look after yourself?**

- Are you worried what people will think if you do look after yourself a bit more?
- Do you think you're invincible and you can go on indefinitely?
- Do you think you're indispensable and no-one else could possibly do what you do?
- Do you think that you're a bit rubbish, but if you work hard enough, no-one else will notice?

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### **Self-preservation**

- Be prepared to witness, and experience, extreme emotions
- Self-monitoring
- Process events realistically and helpfully
- Set realistic expectations
- Be clear about what you are and are not responsible for
- Diet and exercise
- Be prepared to say "No" and "Why?"
- Social support
- Organisational support
- Supervision
- Compassionate vs professional

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