

suffer from depression or other mental illnesses. Appropriate supervision can reduce such problems, and can also be particularly useful when counsellors suspect that they may be dealing with somebody suffering from a mental illness.

The following checklist may be a useful *aide memoire* when trying to determine whether a young person is at risk of self-harm.

Pointers towards risk of self harm in (recently bereaved) adolescents

- Depressed mood
- Recent change in behaviour
- History of self-harm
- History of mental illness
- Threats of self-harm
- Substance abuse
- Impulsivity
- Hostility/help-rejecting attitude
- Deteriorating support
- Legal problems

After an incident of self-harm

Should self-harm occur it is important to actively listen to the young person's story, empathise with their feelings and offer further support. It is usually helpful to try and mobilise any forms of social support that may be available. In addition the adolescent and their family should be advised to consult their local doctor, who may refer to child and adolescent psychiatric services. Unfortunately, no single intervention has been shown to reduce the risk of ultimate suicide. Child and adolescent psychiatric services usually use an eclectic approach, including problem-solving, individual and family therapy. Some areas operate a 'green card' scheme¹⁰ in which a card is given to young people who have harmed themselves, allowing them to be admitted, without question, to a paediatric ward without their having to self-harm. This facility is not abused and has been found to be useful.

Although the risk may not be large, bereavements can increase the likelihood of suicide and self-harm in adolescents. The key issue is to recognise that a problem exists and then to try to minimise the risk, while accepting that no single agency or strategy can provide a definitive solution. Essentially, workers worried by what they hear from a young person should not hesitate to contact a mental health professional for advice. ■

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LETTER TO THE EDITOR

Dear Editor

A number of issues raised in the review of my third book, *Critical Incident Debriefing*, (17 [3]: 47), need to be addressed.

The reviewer comments that I 'do not make it clear what level of qualification is required to do what with whom.' In fact, the basic qualifications for debriefers are outlined in chapter 7, but I believe that some level of assessment about who should conduct particular debriefings is sometimes necessary.

The first 86 pages are included, not to educate the novice, but to give my understanding of how the debriefing model evolved from experiences of war, civilian disasters and crisis intervention theory, and also to counter criticism of the book as 'atheoretical'. The debriefing response to those in crisis – what has happened? (facts), how are you? (feelings), what can I/we do to help and what do you need? (future) – is as old as humanity itself but, on pp 73-4, I do mention the similarities between debriefing and other familiar helping models.

Sensory reactions do need to be emphasised, as well as feelings and other reactions, because the core work of the debriefer is to help people make sense of an incident by placing them firmly in the event, which then enables them to restore a balance between their emotional reactions and cognitive processes.

Debriefing should be conducted within a wide context of response including training, education and preparation and the use of other techniques, such as defusing, as well as ongoing monitoring

and supervision and, where necessary, referral. Bereavement counsellors are finding debriefing helpful when faced, for example, with a client who has accidentally killed someone. After attending a debriefing course, some said they had previously largely ignored such an incident as a formative and important event, but now realised that it was important first to use a shortened form of debriefing to deal with an incident before moving on to counselling. I would commend the debriefing model for consideration by bereavement counsellors because events and particular incidents or experiences can determine reactions and perceptions about self, life and others. Once the incident is addressed, counselling can more usefully follow.

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FORTHCOMING EVENTS

Aspects of Bereavement. 4th annual one-day conference; speakers: Jim Kuykendall, Carol Davies, Virginia Dunn, Sr Frances. 14 May 1999. Brighton, Sussex, UK. Further details from Dave Adamson or Elaine Chamberlain ☎ 01273 696955 ext 4971.

Bereavement Forum Workshops. Hampshire, UK. 13 September 1999: 'Shattered Dreams and Hope: A Hospice Challenge', led by Ted Bowman. Contact Marion MacGregor, The Rowans, Purbrook Heath Road, Purbrook, Waterlooville, Hampshire PO7 5RU, UK. ☎ 01705 250001