



Ground Zero, site of the bombed World Trade Center. New York, 21 September 2001.

or yoga) can be very helpful. All of these techniques help to break the vicious circle and restore peace of mind.

DEPRESSION AND SUICIDAL IDEATION

A minority of people may plummet into severe depression or become inclined to suicide. The simple way to find out if someone is at risk of suicide is to ask, 'Has it been so bad that you have wanted to kill yourself?' A positive response to this question should always be taken seriously even if you think that it is 'only a cry for help' (A cry for help is, after all, a cry for help and should be answered).

You should always discuss such threats with a supervisor or refer on, even if the client has asked you not to. This is one of the two circumstances (the other is threat of injury to other people) in which confidentiality can, and must, be broken and this is recognised by the governing bodies of responsible counselling and therapeutic organisations.

Depression is characterised by intense feelings of helplessness and hopelessness which may be so great that people are unable or unwilling to talk. They turn in on themselves or become severely agitated. Often the mood swings are at their worst early in the morning when people wake from sleep in utter despair. Even if not associated with suicidal risk, severe depression often requires special treatment by anti-depressant drugs (which, contrary to popular belief, seldom interfere with grieving and may facilitate it) or cognitive behaviour therapy. When referring people for treatment try to liaise with the therapist, who may well be glad of your further involvement.

IN CONCLUSION

It is very likely that the aftermath of the New York disaster will be felt for a long time and may not be the last of its kind. People affected by disasters do not require preferential treatment – we care for the ordinary as well as the extra-ordinary – but they may be at special risk. In addition, the care which we give to them may, in a small way, contribute to reduce the risk that violence will escalate. **BC**

APPENDIX

Diagnosing PTSD

The following criteria are modified from The Diagnostic and Statistical Manual of Mental Disorders IV (1994).

There must have been exposure to a traumatic event which entailed:

Threat of injury or death

Experiencing, witnessing or being confronted by an event which results in actual or threatened death, or serious injury or threat to the physical integrity of the self or of others.

Fear, helplessness or horror

In children, intense fear, helplessness or horror may be expressed through behaviour and play rather than verbally.

There must also be the following symptoms:

- Re-experiencing of reactions, feelings and emotions associated with the incident
- Persistent avoidance behaviour and numbing of responses
- Persistent symptoms of arousal

In addition:

- The symptoms should have persisted for more than a month
- The symptoms should cause significant distress and impairment of functions in the individual, with family or with friends, and at work

Symptoms are:

Acute if they persist for less than three months after the incident

Chronic if they persist for more than three months after the incident

Delayed or intermittent when they occur later

NEWS AND VIEWS

LETTER TO THE EDITOR

Dear Editor

I write in response to your article in the Spring issue, 'Responding to the needs of schools in supporting bereaved children' (*Bereavement Care* 2000; 20(1): 6-7).

As there is a growing interest and recognition of the need for dealing with grief in children, it is becoming more important that those who have done some work on the subject share resources.

The Gone Forever project has now produced three sets of guideline pamphlets, and two more will be published very shortly. These were influenced by similar publications from Bradford local education authority, so we were not starting from scratch. Already published are *Guidelines for Children*, *Guidelines for Young People* and *Guidelines for Teachers*. Those in press are both for parents. We have also produced a booklet *Gone Forever – Helping Children and Young People Cope with Bereavement*. Copies can be obtained from the Gone Forever Trust, Cornerways, Padley Road, Grindleford, Hope Valley S32 2HR, UK.

In the editorial comment to the article you suggest that Yule and Gold's book, *Wise Before the Event* (London: Calouste Gulbenkian Foundation, 1993) is 'gathering dust' in some areas. This may well be true, but some have certainly taken heed of it. Sheffield local education authority has had staff from every school attend a seminar on contingency planning, based on this publication. Yule and Gold suggest strategies for dealing with a major incident, however, not child bereavement as implied in your comment.

You also mentioned the need for bereavement services to let local schools know of their services. Rotherham Cruse has already done this and receives regular referrals.

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FORTHCOMING EVENTS

The social context of death, dying and disposal. 6th International Conference. 5-8 September 2002. York, UK. Papers and bookings to Julie Rigg, Cemetery Research Group, University of York, Heslington, York YO10 5DD, UK. ☎ 01904 433689; jr10@york.ac.uk

Working with bereaved couples. Workshop run by Tavistock Marital Studies Institute. 11, 25 January, 8 February 2002. London. Contact Sheila McAuliffe, Tavistock Centre, 120 Belsize Lane, London NW3 5BA. ☎ 020 7447 3725

Lost for words. Workshops. 27 February, for teachers; 6 March 2002 for trainers in education. Kingston-upon-Hull, UK. Contact John Holland, City Psychological Service, Essex House, Manor Street, Kingston-upon-Hull HU1 1YD ☎ 01482 613747; john@puma.karoo.co.uk

Aspects of bereavement. Workshops with Marilyn Relf, Daphne Briggs and Colin Murray Parkes. 26 January, 16 February, 9 March 2002. Oxford, UK. Apply to Oxford Cruse, Wesley Memorial Hall, New Inn Hall Street, Oxford OX1 2DH. ☎ 01865 202242.