Groupwork with bereaved children

Helen Culhane

Social Worker, Bereavement Services, Milford Care Centre, Limerick, Republic of Ireland

As social workers working directly with bereaved children, we became aware of the isolation and pain often experienced by these young people. In light of this, we decided to run a six-week group programme for bereaved young people in May/June 2002. It was a challenging experience and we learned a great deal. Bereavement groups are now a regular feature of our work.

Milford Care Centre is a 77-bed, in-patient unit providing both palliative and geriatric care over a major central region of Ireland. It offers a range of services for patients and their families both in the centre and in patients' homes, as well as traditional and complementary therapies and bereavement support for adults and children.

DEVISING THE PROGRAMME

Professionals can, at times, find it hard to work with bereaved children. Hopkirk has written: 'The pain of children is so distressing that it is very much easier to devote our energies to working around them than to working directly with them'[1]. However, we know that children who experience the death of a loved one have a need to understand and make some sense of this difficult period in their lives. They can react differently from adults: they may not show their feelings as openly, or they may lack the skills to put their emotions into words. Nonetheless children, like adults, express their loss by grieving; the difference is that their grief often comes through in their behaviour and they may need help to release their feelings in a safe way.

To try to engage with these issues, our social work team devised a group programme for children. Our aims were:

- To provide bereaved children with an opportunity of meeting other bereaved children
- To normalise their grief experience
- To provide the children with an accepting and safe environment to facilitate the expression and acknowledgement of grief
- To help the children to look at healthy ways of dealing with their feelings
- To open and encourage communication between children and their parents
- To give bereaved children information on the grief process

Planning

We planned to offer the programme to children between the ages of 11 and 15 because, as Dyregrov confirms, 'from 10 years of age the child's concept of death becomes more abstract and they are able to understand more of the long term consequence of a loss'[2]. In practice, however, for our first group we decided that it was also important to accommodate requests from parents for younger siblings to attend, and so we agreed to accept children from 9 years to 15 years.

EDITOR'S NOTE

Cruse's popular new website for bereaved children (www.rd4u.org.uk) illustrates how important it is for them to be able to identify with and communicate with their peers and how, if well-directed, as in the specific age-appropriate group described in this paper, it can move children on in the process of mourning and grief. The use of art as a tool is well illustrated in another description of group work with children*. Culhane here makes the point too that children's difficulties in understanding cancer were echoed by the adult facilitators, so that importing a friendly medic for one session to help answer the children's questions has been helpful in the subsequent groups run by this team. ***DB***

***Fleming S, Balmer L. Group intervention with bereaved children. In: Papadatou D, Papadatos C (eds). Children and Death. New York/London: Hemisphere Publications, 1991.**

We first wrote to 32 families in which a member had died in the hospice between 2000 and 2001. Nine families replied (see Table). With the letter we enclosed a brochure describing the programme, and a registration form requesting details of the child's needs, name of deceased and their relationship to the child, how the person died and how the child had reacted to the death. In all, 11 children registered, from five families. We then wrote to the individual children, welcoming them to the group and giving details of place, times of sessions etc.

We looked for some differentiating factors between responders and non-responders but there were no significant differences in gender, nor in the time that had elapsed since death. Of the attenders, 62% were female and 38% male, whereas non-attenders were 56% female and 44% male. For attenders, the time since the death ranged from 6-18 months (average 12.5 months). For non-attenders, it ranged from 4-18 months (average 11.8 months).

As a rule of thumb, we would not encourage young people to join a group like this until at least three months after a death because we find that they are usually out of touch with their feelings in the early stages. However, this time scale is flexible and we would not turn away a child who wanted to come sooner. A parent or guardian has to sign a consent form, but it is more important that it is the child's decision to attend the group, so we always check that with each child.

Programme

We based our programme on the work of Haasl and Marnocha[3] but also included a range of activities devised by ourselves. We chose the Haasl and Marnocha six-step programme designed for children between the ages of 6 and 15 because we find it contains good therapeutic methods to help children express their feelings. Each session was planned to include opportunities for sharing, self-disclosure, and building trust. We decided that it would be a closed group and would run over a period of six weeks.

The sessions were as follows:

Session 1 Introduction to the programme and sharing ideas about life and death
Session 2 Feelings and how to cope with them
Session 3 Expressions of grief
Session 4 How to express memories in a

The first children's bereavement group

Name (grouped by family)	Age (years)	Gender	Who died	How long ago (months)
Mark	15	M	Mother	6
Harry	13	M	Mother	10
Mary	12	F		
Tom	10	M		
Cian	9	M		
Ann	14	F	Father	18
Helen	11	F		
Kay	14	F	Mother	16
Aoife	10	F		
Ciara	13	F	Father	3
Margaret	9	F		

positive way
Session 5 Funerals and a question-and-answer session
Session 6 Ways to share and cope with grief; wrap-up with parents

The group was held weekly, from 5.00 - 6.30 pm, in a spacious room in the centre's education department with adjacent kitchen and toilet facilities. We brought in beanbags and a variety of materials: paints, paper, pens, clay, worksheets, feelings cards (each describing an emotion) and memory boxes. Sessions ended with snacks and drinks to allow the children to bond in a relaxed atmosphere and also to debrief before going home.

The parents were invited to attend part of the first session and most of the final session. During sessions they could wait in an adjoining lounge where tea and coffee were served and a member of the social work team was available.

THE SESSIONS

Launching the group

The first session began with introductions, an outline of the programme, a discussion on the purpose and content of the group, housekeeping rules and general guidelines. After this the parents left. As at the beginning of each session, a candle was lit as a sign of confidentiality and for our part we made it clear that we would not relay back to the parents what was shared within the group. Asked to set their own ground rules, the children made the following suggestions and these were written on a flip chart and revisited each week:

- Have manners
- Be kind to each other
- Help someone in trouble
- Share with others
- Don't go walking around the building
- Don't interrupt.

During this first session, the children got to know one another by swapping information about themselves and how they were feeling with someone they did not know, and then sharing their discoveries with the group. Feelings that emerged were 'excited', 'fun', 'all right' and 'sad'. After completing a worksheet on their experiences of death, the children spoke spontaneously about missing the person who had died and wishing they were still alive, some thinking they might yet come back.

Other exercises included painting pictures of life and of death, and using feelings cards to explore emotions. Painting was a real ice-breaker, though the younger children had difficulty in understanding and depicting the word 'death'. The cards chosen were: lonely, scared, depressed, guilty, sick, self-conscious, stressed, worried, confused, angry, mad, empty and hurt, with loneliness and sadness identified as the predominant feelings. Two children mentioned how difficult it was for them to return to the place where their parents had died.

Expressing feelings

Over the following weeks, we used a variety of techniques to help the children express their feelings. In one exercise they each wrote movingly to a best friend about their grief. In another they were asked to complete sentences, such as 'If I had...' and 'If only...'. It became clear from this session that there was a lot of unresolved guilt in the group.

One of these broken hearts is the young person's and the other is her mother's, brokenhearted to be leaving her family. The writing says 'Laughing is Forbidden'

Helen: 'If only I had held his hand and told him that I loved him and said goodbye. I am sorry that I got cheeky with him.'
Brid: 'If I had a chance to go to hospital to see her but my aunt told me that I could not.'
Mary: 'If I had not been born would my mum still be alive – I'm angry with God, and I'm sorry that I didn't pray hard enough.'

Art activities were very effective, such as the children painting how they felt when they thought about the person who had died.

Ann: 'Sometimes I feel sad on the inside but pretend to be happy on the outside.'

Memory boxes

Research has shown that bereaved children need to be given opportunities to remain connected with the person who has died[4] so we asked the young people to bring in objects and photographs. Over the weeks they filled and decorated memory boxes, using some materials from Winston's Wish (address on p24).

Questions session

In the early sessions, some children indicated that they felt they might have done something to cause their parent's death (all from cancer in this group). To explore this, we asked everyone to write down anonymously any questions they had about cancer and put them in a box. Reading these revealed that many of the children were confused about the disease (How can you get cancer? Why can't scientists cure it? Why does it happen to good people?). They had important questions about their parents' illnesses that had not been satisfactorily answered before ('What does tummy cancer do? What is chemotherapy?). They also had fears about getting it themselves (Can mobile phones give you cancer? Is it going to happen to me? Can cancer be passed on?).

We found the book, *The Secret C*[5], a good source for some of the questions but it was apparent that the presence of a medical practitioner would have helped. Now, therefore, one of the hospice consultants joins each group for the whole of session five. She is introduced by her first name and participates in all the activities, which helps to break down any barriers. We gather in written questions throughout the first four sessions, and let the consultant see a typed version (to maintain confidentiality) in advance.

PARENTS

The parents of this group all stayed in the nearby lounge during the first meeting attended by one of the social work team. They talked together, first as a group and then in pairs. Each adult spoke to the person sitting closest about how their children were coping and compared notes. They also commented favourably on the value of the individual invitations that had been sent to each child. At the following sessions the parents were less inclined to linger though all stayed, as they were invited to do, for the final one. These interactions gave the parents an understanding of the group process and an opportunity to ask questions.

As a closing ritual during the final session, each child and parent was presented with a candle with their name and the name of their loved one printed on it. Accompanying this was a sheet inviting them to light the candle on important dates when they wanted to remember the person who had died. On follow-up visits, parents said that they had found this exercise helped the children to communicate more openly with them.

EVALUATION

We compiled a report after each session and set up a meeting with the children and parents one month after the programme had ended. At the meeting, a number of the teenagers suggested that we should run separate groups for younger and older children. As a result we now run two groups, one for those aged 5–10 years and one for those aged 11–16 years.

In conclusion, we feel that the main benefits of group work are those expressed by the children themselves.

> Mark: 'Knowing that there were other people feeling the same way.'
>
> Tom: 'I could say things with confidence and I am not afraid to talk about my mum. It was fun and I'm glad I went.'
>
> Mary: 'I liked remembering Mam and everything about her. It was lovely that you weren't pressured into doing things. I am very proud of all the work I did and it is all dedicated to Mam.'

References

1. Hopkirk E. Adoption after bereavement. *Adoption and Fostering* 2002; **26**(1): 15-24.
2. Dyregrov A. Grief in Children: A Handbook for Adults. London: Jessica Kingsley, 1998.
3. Haasl B, Marnocha J. Bereavement Support Group Programme for Children, 2nd edn. Philadelphia, USA: Accelerated Development, 2000.
4. Silverman PR, Worden JW. Children's reactions to the death of a parent. In: Stroebe MS, Stroebe W, Hansson RO (eds). Handbook of Bereavement. Cambridge, UK: Cambridge University Press, 1993.
5. Stokes J. The Secret C: Straight Talking About Cancer. Cheltenham, UK: Winston's Wish, 2000.

Winston's Wish materials can be obtained from The Clara Burgess Centre, Bayshill Road, Cheltenham GL50 3AW, UK.

BOOK REVIEWS

GRIEF SUPPORT GROUP CURRICULUM FACILITATOR'S HANDBOOK

Linda Lehmann, Shane Jimerson, Ann Gaasch

Philadelphia, USA/ Hove, Sussex, UK: Brunner-Routledge, 2001, 41pp. £12.50 pb, ISBN 1 58391 096 4

Although this handbook was designed to accompany a Californian programme, the principles it describes apply to all young people's grief support groups. It would, therefore, be a useful, practically-based introduction for anyone wishing to set up and facilitate such groups elsewhere.

The title is misleading in that the book describes an overall approach rather than specific 'curriculum' components. The content is based on the authors' experience of children's groups, incorporating other facilitators' evaluations and the children's viewpoint. The authors make some sound general observations on developing a curriculum, such as 'Structure is important, but flexibility and openness that allows the children to direct each session to some extent are key'. I also liked their reference to cognitive and psychological development as ' head and heart connections'.

Specific guidance is offered in the first section for sessions of around 90 minutes over a ten-week period. Age appropriateness is unclear. Topics areas used are fairly traditional, although my own experience of running children's groups leads me to question the timing of some of these. I have found a session on 'Memories/Remembering' more effective when done earlier, around the second week, as part of happy memories. 'Identifying and Expressing Feelings' needs to be introduced around week four to give children time to develop their vocabulary and ability to understand and express their feelings in subsequent sessions through various activities. There are a number of ideas on the format of the sessions with advice on routines such as opening, centring, sharing and closing activities, which play an important part in engaging children.

A second section covers developmental considerations and age-related issues. The focus of the group is seen as support, not therapy, and bereavement as a ongoing family process. A final chapter gives some basic practical tips, and support and reassurance for would-be facilitators, looking at venues, training, breaks, discipline and snacks.

It would have been helpful if some information about the original curriculum had been included for reference. However, used in conjunction with the comprehensive resource section provided, this handbook offers a valuable, easy-to-read, basic introduction to children's grief groups, addressing many of the facilitating issues for those who work, or plan to work, with bereaved young people.

Mary Jones

Bereavement Counsellor and Trainer

HOW TO DESIGN AND FACILITATE GRIEF SUPPORT GROUPS

Kim Logan

Kansas, USA: Kansas City Hospice, 1993, 82pp. $15.95*

Written for the novice, this handbook provides an amenable and practical approach whose simplicity will be attractive to a busy practitioner. The author communicates clearly and shares experiences on the the practical aspects of setting up and running a grief support group.

The strength of the guide is also potentially its weakness. Offering much practical advice and pitched at an accessible level, it unfortunately conveys the message that 'anyone can do it'. The author encourages the well-intentioned, who may not have the necessary experience or theoretical foundations, to launch into a support group. For example, 'much of group facilitating is common sense' is a statement that fails to acknowledge the complexities involved. To the intuitive practitioner, group facilitating may seem like common sense but this is a job that needs knowledge and skills.

Though Kim Logan refers to some pre-reading, the uninitiated would benefit from the introduction of appropriate theoretical models. She offers a sound summary of basic information about group dynamics, but does not consider how members should be assessed for suitability for involvement in a group intervention or, specifically, the criteria for inclusion or exclusion. The author appears to work on the premise that participants can join a support group without assessment, except perhaps where someone is already receiving mental health care. In the case of child bereavement services, this raises a notable difference between the self-select, peer support model pioneered in the USA, and the UK provision where a range of services may be offered, often after an assessment by a professional familiar with the intricacies of family systems. There are other cultural and languages differences specific to the USA that would need to be taken into account by readers from other parts of the world.

This is a useful companion to group development, but perhaps not a stand-alone resource. We remain impressed, however, by any practitioner who finds the time to capture the realities and challenges of the nitty-gritty world of service delivery.

Julie Stokes, Katrina Alilovic

Clinical Child Psychologists

* Jeannette Ford, #100, 9211 Ward Parkway, Kansas 64114