Such a process may seem very time-consuming for events that rarely happen, yet those who have accepted the challenge have discovered that the benefits go far beyond the original intention and create much healthier, more open and better managed schools. Nor are the crisis response teams short of work, as they expand to deal with events such as youth suicide and abuse, which previously remained hidden. A school that can deal with stress as part of its normal routines will provide an environment in which students can be helped to become whole, mentally healthy adults equipped to deal with whatever life has to bring.

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*Disasters – Planning for a Caring Response is available from Cruse—Bereavement Care, 126 Sheen Road, Richmond, Surrey TW9 1UR. £14.00 + £2.25 p&p.

CLINIC FOR CHILDREN WHO HAVE SUFFERED ACUTE PSYCHOLOGICAL TRAUMA

A new Children's Psychological Trauma Clinic, the first of its kind in the United Kingdom, has been established in the Department of Child Psychiatry at the Royal Free Hospital, London under the direction of Dr Dora Black. The clinic will break new ground in the treatment of children who have suffered traumatic bereavement, that is who are bereaved as a result of violence and disaster. It offers a national specialist service to children and adolescents who, without skilled intervention, are liable to suffer severe long-term psychiatric disorder and academic failure. The clinic will also specialise in children traumatised by criminal violence, natural or man-made disaster and by war and civil conflict. In addition, it will undertake research and offer advice, teaching and training to professional workers.

The project is partly funded by the Department of Health and is associated with the national UK voluntary organisation Cruse—Bereavement Care. Dr Black is a consultant child psychiatrist and honorary senior lecturer whose work with traumatised children is well-known internationally. She is co-editor of *Bereavement Care*, a past vice-chairman of Cruse—Bereavement Care and co-author of the recent book *Father Kills Mother: Guiding Children Through Trauma and Grief*, to be reviewed in a future issue of *Bereavement Care*. She is assisted at the Trauma Clinic by Dr Jean Harris Hendriks and Dr Tony Kaplan.

LETTERS TO THE EDITOR

Dear Editor

We are interested in editing a book on 'Interventions with Bereaved Children'. We would very much like to hear from anyone who would like to contribute a chapter, particularly those who use Art Therapy, Dance, Psycho Drama or Music Therapy in their work. We would also be interested in hear from those who work with children from different cultures.

SUE SMITH
Social Worker
Social Work Dept
General Hospital
Cliftonville
Northampton, NN1 5BD
England
Tel 0604 235559

AND

SISTER MARGARET PENNELLS
Social Worker
Child and Family
Consultation Service
Springfield
Cliftonville
Northampton, NN1 5BE
England
Tel 0604 30082
Fax No 0604 30283

Dear Editor

We were interested to read Rebecca Abrams' article 'Helping Teenagers and Young Adults Cope with the Death of a Parent' (*Bereavement Care* 1993; **12**(2): 16–18).

We are hospice based, have lots of bereaved adolescents and not much time to see all of them individually. Our experience is that, although we offer to see the family together, adolescents often escape the net . . . so what to do? We invited them to a group to talk together – we knew some of them from our pre-death contact with the family.

After making badges, introductions and general conversation between themselves, they talked fairly readily about their parent's death. They were then asked to write out questions on an index card for a Question/Answers box.

Issues they raised were funerals; school friends and their reactions; expectations by older members of the family who thought they should be sad when they wanted to laugh and have fun, birthdays and celebrations; and feeling that they wished the other parent had died, and then experiencing guilt about this.

We held three sessions, but it was our impression that the first session was the most productive. Some of them told us afterwards that they now felt less isolated and more confident about dealing with other people.

Our view is that some adolescents may benefit from long-term therapy. However, within limited resources, we were able to provide a safe environment for some therapeutic work on a short-term basis. We were able to 'normalise' their grief reactions and yet keep the door open between us and them.

MARGERY PIKE, Senior Social Worker
MARGI ABELES, Senior Social Worker
DAVID OLIVIERE, Social Work Director
North London Hospice
London, England