



Bereavement Support Foundation Course

BSF PRECOURSE HANDOUT

Nov17/RV01

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FOREWORD

Thank you for your interest in volunteering for Cruse Bereavement Care and ensuring that bereaved people have somewhere to turn when someone dies.

Cruse is the largest bereavement charity in the UK and now through our local services, websites and national helpline provide support to nearly half a million people every year. Since Cruse was established in 1959 our Bereavement Volunteers (BV) have made a difference to the lives of millions of people facing the most challenging experience of their lives.

During the last ten years Cruse has developed the way in which we support bereaved people and we now offer a range of services including website, telephone and email support, and face to face services including bereavement support, bereavement counselling, and facilitated, peer support and friendship groups.

Support is provided whatever the nature of the death and regardless of the length of time elapsed. Cruse works with people in the immediate aftermath of major incidents and is still there for people ten or even twenty years later if they need support.

Cruse seeks to reach under-represented groups developing new ways of working, often in partnership with other voluntary organisations.

Cruse is consulted as the voice of bereaved people by government and other bodies and advocates on issues affecting bereaved people such as bereavement benefits and death certification. Cruse raises awareness about the impact of bereavement, offering expert training and advice to organisations and individuals, as part of our mandate to improve society's care of bereaved people.

The backbone of Cruse is its nearly 5,000 volunteers who receive acclaimed, accredited training at the start of their journey with Cruse and subsequently have Continuing Professional Development (CPD). The Bereavement Support Foundation (BSF) course provides core training for all those interested in volunteering to support bereaved people. Following successful completion of this mandatory foundation course trainees go on to attend one (or more if they wish) elective modules which train volunteers to deliver specific services. All BVs also undertake training in safeguarding and attend an induction and skills module.

The electives are:

Face to Face Support (Two Days) where bereaved people meet up with a trained BV on a one to one basis over a range of sessions (up to six normally).

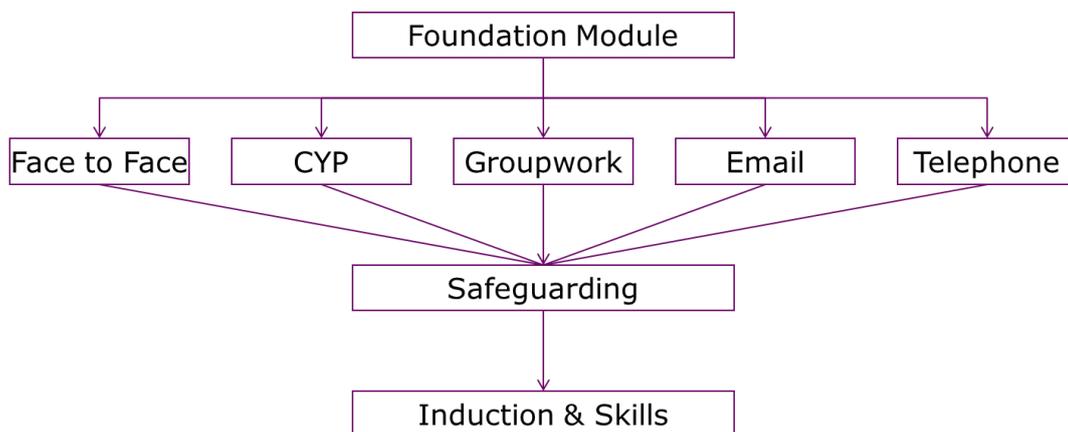
Telephone Support (Two Days) where BVs provide ongoing telephone support over a number of sessions (up to six normally).

Email Support (Two Days) where BVs provide support via email over a number of sessions (up to six normally) carried out via email.

Group Support (Three Days) where bereaved people come together and share the common bond of experience. In these groups, each person can share his or her unique grief journey in a non-threatening, safe atmosphere. The groups can be information, therapeutic, friendship or activity groups.

Children and Young People (CYP) Support (Four days) where bereaved children and young people meet up with a trained BV on a one to one basis over a range of sessions (up to six normally)

The model of delivery of the new Bereavement Support Foundation (BSF) programme is as follows;



Cruse recognises that our most valuable resources are our volunteers and staff. To deliver specific services all BVs also undertake training in safeguarding and attend an induction and skills module.

To offer the highest quality of service to bereaved people we must provide excellent foundation training that prepares volunteers for the vital role they are taking on, being alongside people in their journey of grief.

Thank you for your interest in this programme and welcome to the Cruse community.

Debbie Kerslake

Chief Executive of Cruse Bereavement Care

Fiona Edwards

Chair of Cruse Bereavement Care

CRUSE OUR CHARITY

OUR VISION

All bereaved people have somewhere to turn when someone dies

OUR MISSION

To offer support, advice and information to children, young people and adults when someone dies and to enhance society's care of bereaved people.

OUR STRATEGIC PRIORITIES

OUR CLIENTS

We will reach even more bereaved people

We will support bereaved people in helping themselves

OUR PEOPLE

We will strengthen our Cruse community

We will develop the skills of our volunteers and enhance the support available to them

OUR CHARITY

We will improve the way bereaved people are treated

We will develop our role as advocates for bereaved people

OUR VALUES

These underpin everything that we do:

Responsive - we respond promptly and personally to the individuals' experience of grief and recognise there is no 'normal' or 'right way' to grieve.

Compassionate - we empathise with our clients' feelings, care about their grief and work with them to alleviate their distress.

Respectful - we treat our staff and volunteers with respect, appreciate their contributions and value their diversity.

Supportive - we listen to bereaved people, learn from their experience and work to promote their needs.

Innovative - we take pride in our professionalism and aim to develop, promote and lead the best practice of bereavement care.

Cruse is the UK's largest bereavement charity and last year we:

- Gave 69,857 bereaved people advice and information
- Gave 49,677 people one to one, face to face, telephone or email support
- Supported 5,379 children and young people face-to-face (groups and 1-to-1)
- Enabled 4,915 volunteers to give 584,816 hours of their time

Cruse operates through a network of 76 Areas across England, Wales, and Northern Ireland with a sister organisation in Scotland. Services to bereaved people are provided by trained and skilled volunteers.

You can find Cruse online at

<http://www.cruse.org.uk>

Our national email support service is

helpmail@cruse.org.uk

Cruse's Children and Young People's website is <http://www.hopeagain.org.uk>

Our national helpline number is 0808 808 1677

On the following pages, for your information you will find a sample copy of the study plan as well as some useful information including

- guidelines on how to present your portfolio
- suggestions on what to include in your Personal Profile
- what your reflective journal should contain

This is to give you an initial idea of how your work will be recorded and presented. There will be ample opportunity to discuss this further with your trainer as the programme progresses.

STUDY PLAN

It is important that your Portfolio of work Day 1 to 3 is completed by _____ and handed in to the trainer.

In order to help you achieve this target, please plan your studies around these dates.

Please be aware that non-completion of Portfolio work including Day 3 on the final required date of

(_____) will automatically result in being declined as a Cruse Bereavement Volunteer.

Day One: Beginnings

Date to be completed	Date In	Trainee Initials	Date Marked	Trainer Initials
Reflective Journal				
Portfolio 1.1 Personal Loss Exercise				
Portfolio 1.2 Loss and Help Quadrants				
How Maggie’s Story demonstrates the Dual Process Model approximately 500 words				
Personal Profile				

Day Two: Middles

Date to be completed	Date In	Trainee Initials	Date Marked	Trainer Initials
Reflective Journal				
Portfolio 2.1 Making Closed Questions Open				
Research one cultural/faith groups attitudes and rituals around death and dying				
Review of a media article				
Personal Profile Create your Personal Genogram				
Reflection on your own mortality				

Day Three: Endings

Date to be completed	Date In	Trainee Initials	Date Marked	Trainer Initials
Reflective Journal				

CRUSE TRAINING PORTFOLIO GUIDELINES

Your Portfolio is a range of documents held by you and Cruse Bereavement Care that will, at the end of the programme, be put forward for internal moderation and external moderation should you choose.

Please be aware that portfolio work including Day 3 must be completed by the final required date for the trainee to be put forward for consideration as a Cruse Bereavement Volunteer.

It will contain:-

- The completed exercises detailed on the Study Plan
- Front page with trainee name, course dates, venue and title of course
- Trainer Assessment feedback - leave page for this to be inserted
- Group agreement which you will have signed and dated
- Skills Feedback sheets – at least 4

Please note that where possible Cruse encourages its volunteers to complete as much of their course work electronically. However, we recognise that this is not always possible.

WRITING A PERSONAL PROFILE

These are suggestions of what to include in your personal profile:

- Who am I?
- Family influences on you – diversity
- Support network
- Training
- Work experience
- Strengths
- Qualities
- Experience of bereavement
- Why attend training in bereavement now?
- Where to next?

WRITING YOUR REFLECTIVE JOURNAL

Your reflective journal will contain:

- Awareness
- Skills
- Knowledge

Your journal contains your reflections of how you feel, what your fears are, and gains you have made. It gives you an opportunity to look at the impact of training, specific events and insights on you and how you react to situations and to others.

It should show development over the course so needs to be started on the first session and considers your thought process throughout the programme.

RELIGIOUS BELIEFS, CUSTOMS AND PRACTICES RESEARCH

Choose one religious or cultural group and research death and bereavement rituals.

Write a brief reflection on your learning from this.

Not less than 150 words.

MEDIA RESEARCH

Locate a local or national newspaper, or online publication, and cut out or print the articles in them which relate to death or bereavement. Write a short piece for your portfolio on either:

- How one particular article reflects society's attitude to death and bereavement
- How our different newspapers reflect society's attitude to death and bereavement

READING LIST

Below is a reading list which you may find helpful to help prepare you for the training programme. It is optional. It includes links to some articles from Bereavement Care - the international journal Cruse publishes in conjunction with Taylor Francis; some general books on bereavement as well as some that address theories and models that will be presented during the course.

Christopher Hall, *Bereavement Theory: Recent developments in our understanding of grief and bereavement*, Bereavement Care, Vol 33 No 1 (see Appendix A for summary)

Gross, Richard, *Understanding Grief: An Introduction*, 2015, Routledge Taylor and Francis, ISBN 978-1138839793

Robert Bor, Sheila Gill, Riva Miller, and Christine Parrott, *Doing Therapy Briefly*, 2003, Palgrave Macmillan, ISBN 978-0333947630

Parkes CM, *Love and Loss: The Roots of Grief and its Complications*, 2008, London: Routledge, ISBN 978-0415477185

Dickenson, Johnson and Katz (eds.), *Death, Dying and Bereavement*, 2000, Open University Publication, ISBN 978-0761968573

Colin Murray Parkes, Holly G. Prigerson, *Bereavement (4th Edition): Studies of Grief in Adult Life*, 2010, London: Routledge, ISBN 978-0141049410

Dyregrov, Kari, and Atle Dyregrov. *Effective Grief and Bereavement Support: The Role of Family, Friends, Colleagues, Schools and Support Professionals*, 2008, London: Jessica Kingsley Publishers, ISBN 978-1843106678

APPENDIX A

Summarised Bereavement theory: Recent developments in our understanding of grief and bereavement

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Director, Australian Centre for Grief and Bereavement

Abstract: In recent decades research evidence on the experience of grief has led to a broadening of attention from the traditional focus on an emotional journey from distress to 'recovery'. This article looks at how early stages of grief came to be rejected and examines more recent theories which also consider the cognitive, social, cultural and spiritual dimensions of grief and loss. It goes on to highlight emerging trends in bereavement theory, potential complications of grief, and the evidence for the efficacy of grief interventions.

INTRODUCTION

The field of grief and bereavement has undergone a transformational change in terms of how the human experience of loss is understood and how the goals and outcomes of grief theory are conceptualised. Long held views about grief have been disregarded with research evidence failing to support popular notions. We have also witnessed a shift from the idea that successful grieving requires "letting go" of the deceased and a move towards a recognition of the potentially healthy role of maintaining healthy bonds with the deceased.

Loss and grief are fundamental to human life. Put simply, grief is the price we pay for love, and a natural consequence of forming emotional bonds to people, projects and possessions. All that we value we will someday lose. There is also a growing awareness that losses can provide the possibility of life-enhancing 'post traumatic growth' as one integrates the lessons of loss and resilience. Personal growth following even seismic experiences of loss is common.

THE REJECTION OF THE STAGES AND PHASES OF GRIEF

The first major theoretical contribution on grief was provided by Freud in his paper "Mourning and Melancholia (1917/1957). For Freud "grief work" involved a process of breaking the ties that bound the survivor to the deceased.

The 3 elements were:

- freeing the bereave from Bondage to the deceased

- readjustment to new life circumstances without the deceased
- building of new relationships

The grief work model stresses the importance of “moving on” as quickly as possible and return to a “normal” level of functioning.

Several later theorists conceptualised grief as proceeding along a series of predictable phases, stages and tasks. However, stage models do not address the multiplicity of physical, psychological, social and spiritual needs experienced by bereaved people.

MULTIPLE TRAJECTORIES THROUGH GRIEF

A more recent prospective study of spousal bereavement identified the most common trajectories to adjustment to loss (Bonanno et al, 2002) and made the compelling finding that resilience is the most common pattern and that delayed grief reactions are rare. Five distinct trajectories covered the outcome patterns of most participants.

- common grief or recovery (11%)
- stable low distress or resilience (46%)
- depression followed by improvement (10%)
- chronic grief (16%)
- chronic depression (8%)

In Bonanno’s research, those who experienced the highest levels of distress tended to exhibit high levels of personal dependency prior to the death of their spouse. For those not depressed before their loss, dependency was an important predictor of grief reactions. The distinction between chronic grief and chronic depression, which this study illuminates, is of critical importance.

The early stage theories of grief became unpopular because they were considered to be too rigid. There are however new models which succeed in identifying definite patterns and in the complex and idiosyncratic grief experience. Including *The Dual Process Model of Strobe and Schut* (1999) and task based model developed by *Woeden* (2009).

A stigmatising death, such as that by suicide or as a result of autoerotic asphyxiation, can “disenfranchise” the griever (*Dooka*, 2002).

Those who helped bereaved people must recognise the unique reactions, needs and challenges as individuals and families cope with loss. Subscription to a stage theory can lead to a failure of empathy, where we fail to listen to and address the needs of bereaved people.

CONTINUING BONDS

There has been a movement away from the idea that successful grieving requires “letting go” with writer such as *Klass, Silverman and Nickman* (1996). There is more a recognition that death ends a life not necessarily a relationship. For example the deceased may be seen as a role model and the bereaved may turn to the deceased for guidance or to assist them in clarifying values.

A number of studies have found that half of the bereaved population experience the sense of presence of the deceased (*Datson and Marwit* 1997) although the true incidence is thought to be much higher.

COMPLICATIONS OF BEREAVEMENT

Nearly a century ago, Freud (1917/1957) wrote:

Although mourning involves grave departures from the normal attitude toward life grave departures from the normal attitude toward life, it never occurs to us to regard it as a pathological condition and to refer it to a medical treatment. We rely on its being overcome after a certain lapse of time, and we look upon any interference with it as useless or even harmful.

Research has proved Freud largely correct, although not completely. Most people will ultimately adapt well to bereavement, typically regaining their psychological equilibrium after some weeks or months of acute mourning, although they will continue to miss their loved one for a considerably longer period of time.

PROLONGED GRIEF DISORDER AND THE DSM- V

In the late 1990s two research teams independently published a set of diagnostic criteria to assess CG (Horowitz et al, 1977; Prigerson et al, 1999). Recently these two diagnostic entities were integrated and the concept of CG was renamed as Prolonged Grief Disorder (PGD).

Although prolonged grief disorder failed to be included in the DSM-5 the most recent edition has included Persistent Complex Grief Disorder (PCGD) as a condition that merits further study. The criteria for PCGD has been established to encourage future research and is not designed for clinical use.

GREIF INTERVENTIONS

There is sufficient evidence to show that intervention is not effective for the bereaved in general, but is effective for those at high risk or for those who are already experiencing complications in their grief. See *Shut and Stroebe* (2005).

General patterns emerging are that the more complicated the grief process, the better the chances of bereavement interventions leading to positive results.

A large body of research has supported the value of grief counselling as long as clinicians undertake careful assessment and interventions are carefully tailored.

CONCLUSION

It is clear that clinical research has expanded our understanding of the distinctive symptoms, risk factors, psychological processes and outcomes of bereavement, which has contributed to more appropriate interventions for the bereaved. No “one size fits all” model or approach to grief is justifiable.