



The 411 on Professional Grief and Trauma Counseling

Clinical Support and Helpful Interventions

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Presented by Boeing



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Learning Objectives

By the end of this session, participants will be able to:

1. Identify characteristics of persons with traumatic loss;
2. Select evidenced-based techniques to work therapeutically with traumatic loss; and
3. Apply a two-process model for coping with loss.

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What is Grief?

Grief is the reaction to a loss

- From the death of a loved one
- A relationship
- A valued object
- A job
- Status



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What is Traumatic Loss?

Deaths that are:

- Sudden
- Unpredictable
- Violent
- Preventable (in many cases)



Traumatic loss can lead to a greater severity of reactions

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What is Complicated Bereavement?

Complicated Bereavement is characterized by a unique pattern of symptoms following bereavement that are typically slow to resolve and can persist for years if left untreated.

Please note: "Bereavement" is a state following a death loss, whereas "grief" refers to the numerous reactions that a bereaved person might experience. Some researchers focus on the state of "bereavement" and some focus on the range of reactions in bereavement, called "grief."

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Persistent Complex Bereavement Disorder

"A prolonged and excessively debilitating grief that keeps an individual from recovering from a loss. It is a condition likely requiring a different treatment approach" (*Diagnostic and Statistical Manual of Mental Disorders, 5th edition, 2013*).

(Note: this diagnosis is being tested currently)

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Criteria for Complicated Grief (CG)

- The mourner must present with symptoms of:
 - separation distress** (e.g., yearning, searching, and preoccupation with the loss) and
 - traumatic distress** (e.g., disbelief, emotional detachment, bitterness)
- Symptoms must have been causing **significant impairments** in functioning for at least 2 months (Prigerson et al., 1999)
- Bereaved persons experience worse **physical health** and higher rates of **suicidal ideation** than those who have integrated their grief more successfully (2014)

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How Many Bereaved Persons Meet These Criteria?

Between 5 and 10 percent [of the bereaved population] experiences clinically significant distress and impairment due to unresolved or complicated grief.

(Prigerson et al., 2009; Kersting et al., 2011).



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Consider This Personal Introduction

• *I'm the surviving spouse of _____. I come to the TAPS National Military Survivor's Seminar because it has helped me and my family. I want to help others recognize that one's life doesn't end due to the death of your service member. You can experience happiness and hope again. We can help you get there.*



• Have you met people who have this perspective?

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Complicated Grief (CG): Severity and Symptoms

- The severity of symptoms of a person with CG is highly associated with:
 - **global negative beliefs** about the self, the world, life, and the future, and
 - **catastrophic misinterpretations** of grief reactions
(Boelen, van den Bout, & van den Hout, 2003; Boelen & Lensvelt-Mulders, 2005)

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Persistent or Occasional Symptoms?

- CG symptoms are not necessarily indicative of disturbance but occur transiently in many bereaved individuals
(Bonanno, 2004)
- For patients coping with complicated grief, symptoms persist rather than subside

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Cognitive/Behavioral Framework

Three processes critical to the maintenance and increase of CG symptoms:

- Insufficient integration of the loss into existing autobiographical knowledge;
- Negative beliefs and catastrophic misinterpretations of grief reactions; and
- Anxious and depressive avoidance strategies



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Intrusive Thoughts and Memories

- Thoughts, feelings, and recollections about the deceased/death event can be **triggered very easily**, can be triggered by a **wide range of stimuli**, and have a **disruptive** quality.
- Thoughts that the loved one is dead often continue to intrude into consciousness on confrontation with loss-related cues, **as if one just received the news of the death.**

(Prigerson et al., 1999)



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Beliefs That Interfere With Adaptation to Loss

- Self-worthlessness
- Life has no meaning
- The future is blank

These views likely keep attention away from the present and strengthen the urge to dwell on what was lost.



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What can a counselor do to help?

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Procedures for Treating Traumatic Loss and Complicated Bereavement

- Rule out physical disease; refer to a physician for check-up
- Establish an agreement to explore a specific loss (Worden, 2019)



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Confronting the Reality of the Loss

Treatment should focus on:

- Lessening the fear of confronting the reality of the loss
- Discouraging inactivity
- Strengthening healthy behaviors
- Curbing negative views of the self, life, and the future

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Three Focus Areas for the Alleviation of Complicated Grief Symptoms

- Encourage additional elaboration and integration of the loss
- Identify and re-focus maladaptive beliefs and interpretations
- Replace avoidance behaviors with more helpful strategies

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Imaginal Exposure (imagining accompanied by thoughts, feelings, and sensations)

- Encourage the client to tell the whole story of the loss.
- Identify “**hot spots**,” moments that represent aspects of the loss that are most distressing; treatment then focuses on working through these hot spots.
- Repeatedly ask the patient to rate her or his level of distress on **Subjective Unit of Distress (SUD)** scales ranging from 0 (no distress) to 100 (very severe distress), allowing the opportunity to follow changes in distress. (cf. Wolpe, 1973)

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Imaginal Exposure (cont.)

At a later stage, encourage the client to focus attention on what is missed most and to carefully review the implications of the loss, working to integrate it with the client’s autobiography.



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Revive Memories of the Deceased

- Talk about the deceased, then assess:
 - Are the memories all positive, all negative, or mixed?
 - What do you miss about them?
 - What don't you miss about them?
 - How did they disappoint you?
- Build groundwork of positive memories
- With multiple losses, explore the loss with the fewest complicating factors first

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Death Notification and Funeral

- How were they were informed (who, when, where...)
- What happened next?
- Were they involved in planning the funeral or memorial?

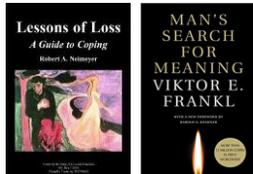


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How Are They Adjusting?

- Overcome helplessness by trying out new skills and new roles
- For those struggling to find meaning in loss, see:
 - *Lessons of Loss: A Guide to Coping* (Neimeyer)
 - *Man's Search for Meaning* (Frankl)



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A New Relationship With the Deceased

Help the client find an enduring connection with the deceased, so as to be free to embark on a new life and cultivate new relationships.



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Deal with Affect or Lack of Affect Stimulated by Memories

- Allow client to describe the deceased as larger than life (at least at first)
 - Often there is unexpressed anger beneath the surface that needs to be expressed
- If it is real guilt, utilize:
 - role playing
 - visualization
 - writing and reading a letter to the deceased

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Explore and Defuse Linking Objects

- Keepsakes: A reminder; if lost, it's not the end of the world.
- Linking object: Symbolic objects that maintain the relationship with the deceased.
(Volkan, 1972)



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Explore and Defuse Linking Objects

- A belonging of the deceased
- An object that the deceased used to extend his/her senses
- A representation of the deceased
- An object that is directly associated with the moment that news of the death was received or when the mourner saw the dead body



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A Linking Object

- A pathological attachment
- Doesn't really keep the person safe
- Must know where it is at all times and may have a panic attack without it, similar to separation anxiety in young children
- Represents a conflicting wish to annihilate the deceased and at the same time keep them alive
- Differs from a transitional object (such as a child's stuffed animal) which is not needed after a while

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Sharing Information about Objects

- Ask clients what things they have saved after the death and why.
 - Suggest that the client bring objects to the sessions.
- (Worden, 2002)



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Continuing Bonds

- The concept of *continuing bonds* challenges the long-standing belief deriving from the psychoanalytic tradition (Freud) that a deceased person need to be relinquished in order for adaptation to bereavement to take place
- *Continuing bonds* encourages an ongoing inner relationship with the loved one

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Continuing a Bond to the Deceased: Good or Bad?

- "Maybe, maybe not"
- It depends on the bereaved person and the role of the "continuing bond" in his or her life

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Write About It

Write about what keeps you awake at night. The emotional upheaval bothering you the most and keeping you awake at night is a good place to start writing.

- From *Expressive Writing: Words that Heal* (Pennebaker & Evans, 2014)



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Help the Client Acknowledge the Finality of the Loss and Its Implications

One client refused to admit that her father had died; from a puritanical family, now she would have to make her own decisions, which was a threat to her: the chronic hope for reunion.
(Volkan, 1972)

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Help the Client Design a New Life Without the Deceased

- Restoration orientation of the Dual Process Model
- *Therapists ask patients to envision what they would want for themselves if their grief could be magically removed and then work with them to articulate new life goals that might be done without the deceased*
(K. Shear, in *Solution Focused Therapy*)

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Dual Process Model (Stroebe & Schut, 1999)



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Assess and Help Improve Social Relationships

Another restoration focus and goal of mourning...loss of former friendships



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Ways of Describing the “End” of Grief

- Recovering?
- Letting go?
- Closure?
- Resolution of grief?
- Acceptance?
- Adaptation?

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Help the Client Say a Final Goodbye

- The final goodbye ushers in a great deal of relief; ask clients when **they** are ready for this (Worden, 2002)
- *I accept that you aren't here anymore. I realize that you aren't coming back*



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Help the Client Deal With the Fantasy of "Ending" Grieving

- What would completing grieving be like for you?
- What would you be losing or giving up to complete your grieving?
- Who would be disapproving of your completing your grieving?

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Techniques and Timing

- Writing a letter to the deceased
- Explain the process and be sure to ask for the results

Readiness is an often-overlooked concept by many doing grief counseling and grief therapy (Worden)



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Evaluating Results: Three Types of Change

- **Subjective Experience**
 - Increased feelings of self-esteem and less guilt
 - Increase in positive feelings about the deceased
- **Behavioral Changes**
 - Cessation of searching behavior or compulsive need to visit places frequented by the deceased
 - Increase in socializing and returning to former activities; formation of new relationships
- **Symptom Relief**
 - Cessation of symptoms reported upon entering treatment
 - Reduction in body aches or other physical symptoms

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Qualifications of the Counselor

- Does the counselor/therapist talk about "stages of grief?"
- If counselor acknowledges a limited experience in dealing with grief but is open to gaining knowledge and skills, support may work if options are limited
- For complicated grief, try to find an expert, not a new counselor



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Self Care

- When working with persons who have experienced traumatic losses, it is essential that we take care of ourselves
- Live the good life to which we hope our clients will return or achieve





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Summary

- Therapy for Traumatic Loss and Complicated Grief requires a specialist. With effective therapy, the bereaved can live a life of hope and happiness; the kind of life that the deceased would want for his or her loved one.



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Questions?



Seven horizontal lines for taking notes.

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About the TAPS Institute for Hope and Healing®

Launched in March 2018 through an alliance with HFA, the TAPS Institute for Hope and Healing® serves as a resource and training center, providing programs for both professionals working in the field of grief and loss and the public.



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