



Grief, Trauma & Loss: Interventional Strategies for Practitioners & Caregivers



CFC #11309

The Association for Death Education and Counseling® has deemed this program as counting toward the continuing education requirements for the ADEC CT and FT program.



Welcome

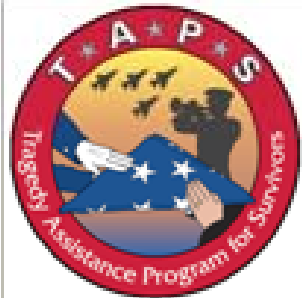
Moderator

Jill Harrington LaMorie, MSW, LSW, ACSW

Director, Professional Education

Tragedy Assistance Program for Survivors

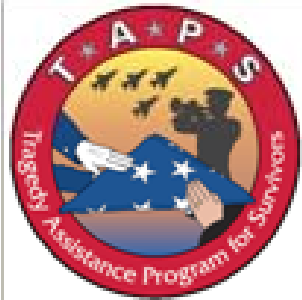




Suicide Prevention

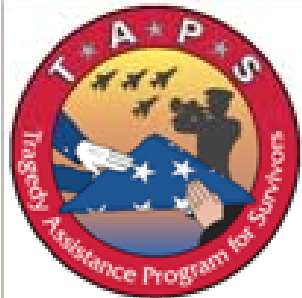
If you or someone you know may be
having thoughts of suicide





Learning Objectives

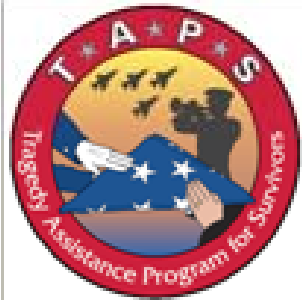
- Describe three stage based models of grief.
- Understand two task-based models of grief.
- Explain the normal symptoms of grief.
- Identify the factors influencing grief.
- Implement Worden's grief model in working with the bereaved.
- Integrate the principles of grief counseling in your work with survivors.



Continuing Education Credits

- Certificates of Attendance will be provided for those who attend the entire program and complete the evaluation.
- Please check with your state licensing board for your professional discipline requirements for continuing education.





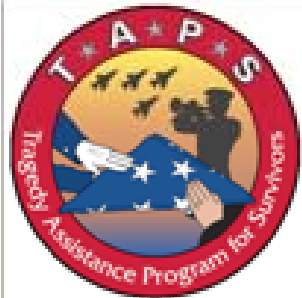
Approved CE Providers

- **Chaplains:**

The **Association for Professional Chaplains** will accept certificates of attendance for use in reporting continuing education hours.

- **Social Workers:**

This program is approved by the **National Association of Social Workers**, Provider # 886505639, for 1.0 continuing education contact hours.



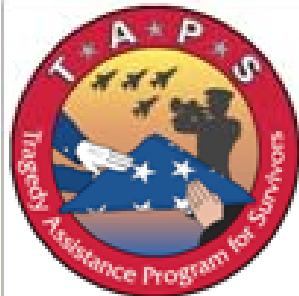
Approved CE Providers

- **Nurses:**

Provider approved by the **California Board of Registered Nursing**, provider # CEP15218, for 1.0 continuing education contact hours.

- **LPC:**

Provider approved Licensed Practical Counselor (LPC)
Credits for 1.0 continuing education contact hours through
the **Grief, Loss and Life Transitions Graduate
Certificate Program, Counseling Department, The
George Washington University, Washington, D.C.**



Evaluation

- **ALL** participants seeking continuing education credits **MUST** fill out the online evaluation within **30 days** of the program.
- You **MUST** provide your state and license number, as well as your email address on your evaluation in order to receive credit. **CE certificates will be sent to you via email within 3-7 weeks of completion of the program.**
- The evaluation will appear instantly after today's program. The form can also be found on www.taps.org/professionaleducation under the program title.



Questions Today

- If you have any questions today, please submit them through the webinar toolbar located at the bottom left of your screen. Time at the end of the program will be dedicated toward questions and answers.
- To **Download** a copy of today's powerpoint presentation, click on the toolbar to the left of your screen to **PRINT DOCUMENTS** and **VIEW LINKS**.

The Tragedy Assistance Program for Survivors (T★A★P★S)

Our Mission

TAPS provides ongoing emotional help, hope, and healing to all who are grieving the death of a loved one in military service to America, regardless of relationship to the deceased, geography, or circumstance of the death.

TAPS meets its mission by providing peer-based support, crisis care, casualty casework assistance, and grief & trauma resources.





T★A★P★S

Since its inception, T★A★P★S has assisted more than 30,000 surviving family members, casualty personnel and professional caregivers.



FOR MORE
INFORMATION or TO
REFER SOMEONE
YOU KNOW:

www.taps.org

or

800-959-TAPS (8277)

Grief, Loss & Trauma

“The reality is that the typical military family is faced with transitions in which they experience change, accompanied by the sense of loss and grief, on such a consistent basis that many don’t even realize they have not grieved the previous transition before planning for the next...for the military family, loss includes the loss of parent, spouse, or child, and the adjustments necessary to deal with the physical or emotional scars incurred during conflict. They need to be understood and supported, for this is a very stressful lifestyle” (Hall, p.192)

~ Counseling Military Families

Transitions Military Experience

- **Those that are planned:** require forethought, decision making, and the choice has gone into the creation of transition.
- **Those that are unplanned:** unanticipated, unexpected event which places another level of psychosocial demands on the individual/family.
- The constants with each are that they each include elements of loss and change. Either in response to an event or due to an event.



Losses

- These losses can come from :
 - physical injuries (loss of a limb, function, memory) (35,000+ wounded)
 - psychological injuries (PTSD, depression/anxiety, suicidality) (increasing rates of suicide in all service branches)
 - job losses (can no longer perform tasks of chosen career)
 - identity losses (provider/caretaker)
 - loss of control over one's life (stop losses, multiple deployments/moves, extended separations from families, addictions)
 - injuries to relationships (losing touch with loved ones, difficult peer relationships, estrangement, divorce)
 - loss of a sense of self (loss of an assumptive world view)
 - loss of a sense of security (assault, exposure to violence, loss of innocence/fear of attachment)
 - loss through death (5,500 + casualty deaths)

Guest Speaker



Howard R. Winokuer, Ph.D., LPC, NCC, FT

**Immediate Past President Association for Death
Education & Counseling**

The Winokuer Center for Counseling and Healing

715 Providence Road

Charlotte, NC 28207

704-333-5598

hwinokuer@carolina.rr.com

<http://www.thewinokuercenter.com>

Grief, Loss & Trauma:

**Interventional
Strategies for
Practitioners and
Caregivers**



Generic Grief and Loss

✧ Definitions

Grief – Process of social, somatic and emotional reactions to perceptions of loss.

Bereavement – Objective situation of having lost someone significant.

Mourning – Cultural response to grief, actions and manners of expressing grief.



Generic Grief and Loss

✧ Grief Myths

- Linear event
- Unrelated Events
- Time Frame



Grief Theory

Stage Based Theories

Kübler – Ross

Denial

Anger

Bargaining

Depression

Acceptance

Gorer

Shock

Intense Grief
Work

Reestablish
physical and
mental balance

Parke/Bowlby

Numbness/shock

Yearning/searching

Disorganization/despair

Reorganization



Grief Theory

Task Based Theories

Worden

- **Acknowledge** the reality of the loss
- **Experience** the pain of grief
- **Adjust** to new environment
- **Emotionally** relocated the deceased and moved on with life

Rando

- **Recognize** the loss
- **Reaction** to separation
- **Recollecting** and re-experiencing the deceased and relationship
- **Relinquishing** old attachments to deceased and old assumptive world
- **Readjust** to move adaptively in to new world without forgetting the old



Grief Theory

✧ Neimeyer's Reconstructionist Model

Grief is about the delicate balance between holding on and letting go. Marked ambivalence is often present. Yearning and longing are at the heart of grief. Grief is not completely characterized by one emotional state—lacks the clarity of anger and the longing in sadness. There is continual confrontation with the continual presence of the absence of the lost person(s).



Grief Theory

✧ Neimeyer's Reconstructionist Model

“Overarching cognitive-affective-behavioral structure that organized the micro narrative of everyday life into a macro narrative that consolidates our self understanding, establishes our characteristic range of emotions and goals, and guides our performance on the stage of the social world.”

Neimeyer, *Narrative Inquiry*



Grief Theory

✧ Neimeyer's Reconstructionist Model

Disorganized Narratives—loss of coherence, such as a trauma (Neimeyer, *Constructions of Disorder*)

- * Event disrupts sense of autobiographical continuity and coherence
- * Become dislodged from sense of “who you are”
- * Particularly associated with single incident trauma, high anxiety



Grief Theory

✱ Neimeyer's Reconstructionist Model

Dissociated Narratives (examples might be incest or suicide—highly stigmatized/disenfranchised loss)

- * “Silent stories” that cannot be told, creating invisible barriers between self and other(s)
- * Fosters further compartmentalization of self, attitude of rigorous self-monitoring
- * Associated with secrecy, stigmatizing the loss



Grief Theory

✧ Neimeyer's Reconstructionist Model

Dissociated Narratives

* We learn to silence ourselves in response to the averted gaze, the poignant and uncomfortable silences after we have shared our stories, or the unreturned phone calls; we may also feel protective of others who would be affected by our sharing.



Grief Theory

✱ Neimeyer's Reconstructionist Model

Dominant Narratives and stories that constrict (for example, depression)

- * A problem-saturated account of self, world, future becomes all-encompassing
- * Sense of self becomes “all too clear”
- * Colonizes person as well as social world
- * Associated with repeated trauma, hopelessness



Grief Theory

✧ Stroebe's Dual Process Model

According to the dual process model, loss adaptation involves a fluctuating process of both confronting and avoiding a range of stressors along two primary dimensions: loss orientation and restoration orientation.



Grief Theory

✧ Stroebe's Dual Process Model

Loss oriented stressors – are those losses associated with the loss itself; for example, ruminating about the loss or the pre-loss situation, reacting emotionally to loss, exploring the meaning of loss, missing the absent lost object, experiencing troubled or pleasurable remembering, and reviewing the events surrounding the loss.



Grief Theory

✧ Stroebe's Dual Process Model

When in loss orientation, the griever avoids these stressors at times and confronts these stressors at other times. For example, a griever may feel and express sadness and anger (confronting stressors) with family and friends but actively distract themselves while at work (avoiding stressors).



Grief Theory

✧ Stroebe's Dual Process Model

Both avoidance and confrontation are seen as the normal, natural processes of loss adaptation.



Grief Theory

✧ Stroebe's Dual Process Model

Restoration oriented stressors - are associated with the consequences of loss, that is, dealing with the changes that result from the primary loss. These include: reviving one's identity, adapting family roles, making meaning-of-life changes, reorganizing plans for the future, adapting family roles and rules, learning new skills, engaging in different activities, dealing with loneliness and managing emotions related to the changed situation.



Grief Theory

✧ Stroebe's Dual Process Model

A critical component of the dual process model proposes that adaptation normatively involves a dynamic “oscillation,” or shifting back and forth, between loss orientation and restoration orientation in a self-regulating manner over the course of time and sometimes within a single day.



Grief Theory

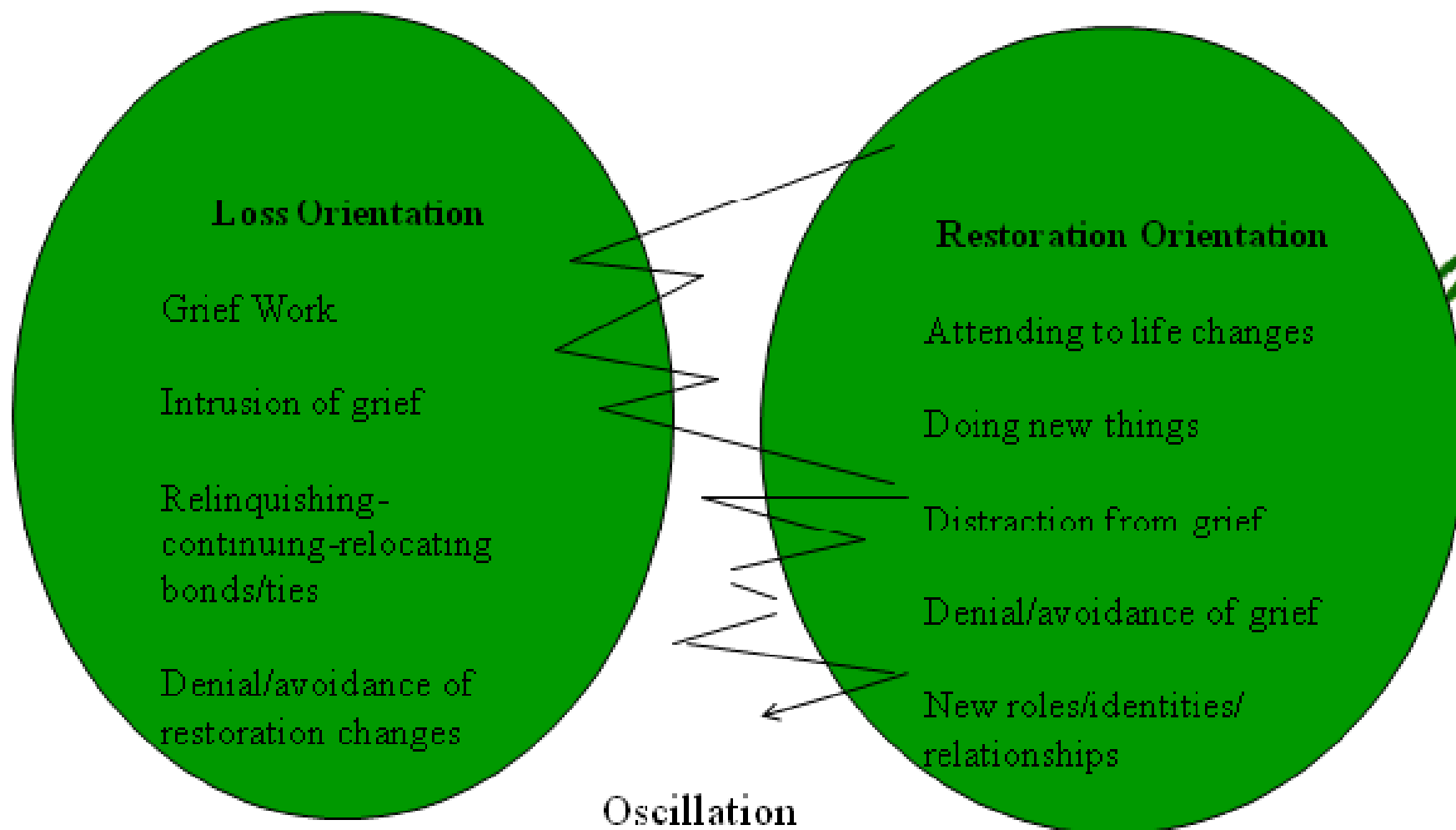
✧ Stroebe's Dual Process Model

The rate and timing of oscillation are affected by the nature and meaning of the loss and the unique personal, social familial, developmental, and cultural influences at work for the griever.



Grief Theory

✱ Stroebe's Dual Process Model



Symptoms of Grief

Physical

- Anxiety/heart palpitations
 - Dry Mouth
 - Tight chest/throat
 - Muscle weakness
 - Overreaction of loud noises
 - Breathlessness
 - Loss of sexual desire
 - Treasuring objects
 - Anorexia
- Health Concerns
 - Lack of energy
 - Depersonalization
 - Weight gain/loss
 - Searching
 - Hollowness in stomach
 - Hyper sexuality
 - Physical pain
 - G.I. disturbance



Symptoms of Grief

Emotional

- Shock/numbness
 - Depression
 - Sadness
 - GUILT/self-reproach
 - Loneliness
 - Anger
 - a) Self
 - b) Others
 - c) Deceased
 - d) God
- Denial
 - Sorrow
 - Relief
 - Anxiety
 - Helplessness
 - Yearning
 - Emancipation
 - Abandonment
 - Powerlessness



Symptoms of Grief

Behavioral

- Sleep disturbance
 - Absentmindedness
 - Dreams of deceased
 - Restless over activity
 - Clinging to reminders
 - Avoidance of reminders of the deceased
 - Inability to initiate and maintain activities
- Appetite disturbance
 - Social withdrawal
 - Searching/calling out
 - Crying



Symptoms of Grief

Cognitive

- Disbelief/denial
- Thought pre-occupation
- Forgetfulness
- Visual/auditory connections
- Confusion
- Sense of presence
- Concentration difficulty
- Repetition of events

Spiritual

- Loss of faith and belief systems
- Questioning faith/belief



Factors Influencing Grief

(* indicates high risk factors)

- 1) Relationship*
- 2) Age
- 3) Individuals' characteristics*
- 4) Characteristics of the deceased
- 5) History*
- 6) Social, cultural, ethnic, and religious background



Factors Influencing Grief

(* indicates high risk factors)

- 7) Sex-role conditioning
- 8) Unfinished business
- 9) Perception of preventability*
- 10) Circumstances of death*
- 11) Primary/secondary loss*



Cultural Issues affecting Grief

- A. Rituals for dying, dead body, burial, commemoration
- B. After death belief systems
- C. Appropriate emotional experience
- D. Gender rules
- E. Stigmatized or traumatic for group



Personal Issues affecting Grief

- A. Dynamics
- B. Professional implications
- C. Transference/counter transference issues

Gender Issues affecting Grief

- A. Feminine coping styles
- B. Masculine coping styles



Disenfranchised Grief

- ✦ **Definition:** Grief that a person experiences when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially accepted. Person experiences sense of loss but does not have a socially recognized right, role, or capacity to grieve.



Disenfranchised relationships

- 1) **Relationship is not recognized** – lovers, friends, neighbors, foster parents, colleagues, in-laws, stepparents, stepchildren, caregivers, counselors, co-workers, roommates.
- 2) **Relationship not socially accepted** – extra-marital affairs, cohabitation, gay and lesbian relationships, lovers.
- 3) **Past relationships** – ex-spouse, past lovers, former friends, death of unknown father.



Principles of Grief Counseling

Help the Survivor Actualize the Loss

Encourage the person to talk specifically about the circumstances surrounding the death. Ask questions: “Where did the death occur?” “How did it happen?” “What was the funeral like?”



Principles of Grief Counseling

Help the Survivor to Identify and Express Feelings

Anger – Help the person find a balance between negative and positive feelings toward the deceased. Ask, “What do you miss about him/her?” Then ask, “What don’t you miss?”

Guilt – Irrational guilt yields itself up to reality testing. Ask, “what else did you do?” “And what else?”



Principles of Grief Counseling

Help the Survivor to Identify and Express Feelings

Anxiety and Helplessness – Help the individual recognize the ways they managed on their own before the loss. Some individuals may need to address the issue of their own mortality. With others, it is better not to address this directly.



Principles of Grief Counseling

Help the Survivor to Identify and Express Feelings

Sadness – The individual may need permission and encouragement to cry. He or she also needs help in identifying the meaning of the tears, which will change as the grief work progresses.



Principles of Grief Counseling

Assist Living Without the Deceased

Help the individual develop decision making, problem solving and coping skills.



Principles of Grief Counseling

Facilitate Emotional Withdrawal from the Deceased

Encourage the survivor, in time, to form new relationships.



Principles of Grief Counseling

Provide Time to Grieve

Help the individual recognize that grieving requires time. Particularly difficult times are three months, six to nine months and one year following the death. Holidays, birthdays and other special occasions should be anticipated and prepared for in advance.



Principles of Grief Counseling

Interpret “Normal” Behavior

Familiarity with the grief process allows the counselor to reassure the bereaved individual that his or her feelings and experiences are normal grief reactions.



Principles of Grief Counseling

Allow for Individual Differences

Recognize that there is a wide range of behavioral responses to grief.



Principles of Grief Counseling

Provide Continuing Education

It is helpful to maintain some contact with the individual for the first year following the death. Encourage participation in support groups (such as TAPS) and the use of other community resources.



Principles of Grief Counseling

Examine Defenses and Coping Skills

Help the individual evaluate his or her coping mechanisms and develop healthy alternatives.



Principles of Grief Counseling

Identify Pathology and Refer

Recognize your limitations and refer to another professional when necessary

Worden, J. W. (2009). Grief counseling and grief therapy (4th ed). New York: Springer.



Nietzsche quotes:

“He who has a *why* to live for can bear with almost any *how*.”

“That which does not kill me, makes me stronger.”



**Remember that only
the strong know
when to ask for help!!**



Thank You!!

Howard R. Winokuer, Ph.D., LPC, NCC, FT

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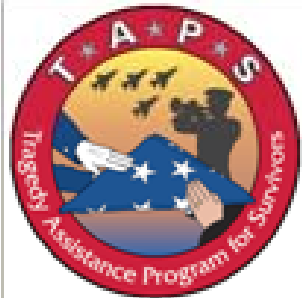
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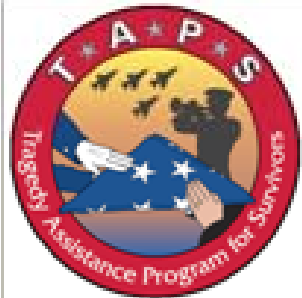


QUESTIONS



Certificates and Evaluations

- To receive credit or certificate of attendance, fill out an evaluation of today's program at:
www.taps.org/professionaleducation
- This evaluation must be completed within 30 days. Your CE certificate will arrive in 4-6 weeks via the email you have provided. If you do not receive your certificate, please contact us at education@taps.org



Thank You for Joining Us

Please join us for our next webinar on Thursday,
November 16, 2010, 1:15 PM-2:15PM EST featuring:

Judith A. Cohen, M.D. &

Heather Renee Campagna, MA, EdS, CT,

*“Child Traumatic Grief: Issues and Interventions Related to
Military Children”*

For more information and to register:

www.taps.org/professionaleducation