

GROUP INTERVENTIONS FOR TREATMENT OF PSYCHOLOGICAL TRAUMA

MODULE 10: GROUP INTERVENTIONS FOR BEREAVEMENT FOLLOWING TRAUMATIC EVENTS

By

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I. INTRODUCTION

Bereavement following any loss is challenging. While there is increasingly more information about the process of mourning and the tasks that are intrinsic to recovery (Worden, 1982), there is also more documentation about the myriad of problems on emotional, physical, economic and social levels that are often secondary to the process, even when it is considered to be uncomplicated (Osterweis, Solomon, & Green, 1984). When bereavement is complicated by any one of a number of factors, the possibility of an increasingly negative outcome is even greater (Raphael, 1993).

Complicated bereavement is unfortunately not uncommon. Factors that can complicate the grieving process include: an unanticipated loss, sudden, random or violent circumstances, multiple losses, the death of a child, or an angry, ambivalent or dependent relationship with the deceased. The mourner's history of losses, personality style, and pre-morbid mental health adjustment also impact the grief process (Rando, 1993).

Clearly, the traumatic circumstances that surrounded the events of September 11th added an unprecedented degree of complexity to the grief of those who experienced losses that day. While it appears reasonable that issues related to the trauma itself must be resolved before there is sufficient intrapsychic energy to deal with the loss per se, parsing out the differences between the symptoms of post-traumatic stress and those of complicated grief can be challenging (Figley, Bride, & Mazza, 1997). Depressive symptoms may also be confusing and interfere with recognition of and response to the symptoms of complicated grief (Rando, 1993).

Especially in the initial phases of recovery from a traumatic loss, individual interventions are an appropriate modality of treatment. The process of assessment for the variety of co-morbid risks that can accompany traumatic loss is facilitated in individual sessions. There is also the opportunity to provide support and problem solving that specifically address the challenges that have been generated by both the loss itself, the circumstances surrounding it, and its intrapsychic concomitants. But because of the sense of emotional isolation that commonly accompanies both trauma and the loss of a significant other, support groups are an excellent adjunct to individual treatment (Figley et al., 1997). Studies report the importance of the supplemental support system such groups provide, and the critical necessity for the normalizing discussions about reactions and difficulties that take place in group sessions (Yule & Udwin, 1991; Fitzgerald, 1994; Rando, 1988; Underwood & Dunne-Maxim, 1992). In later stages of recovery, group support can be essential to the process of going on with life.

II. TRAINING OBJECTIVES

- A. To provide a definition for the process of grief
- B. To review the range of bereavement reactions secondary to traumatic loss;
- C. To review how the dynamics of group interventions address the tasks of complicated bereavement
- D. To outline the role and challenges of the group leader

III. COURSE OUTLINE

- A. Introductions and Personal Assessment
- B. Understanding Death
 - 1. Developmental conception of death
 - 2. Prior to age two
 - 3. Ages two to five
 - 4. Ages six to nine
 - 5. Ages nine and older
 - 6. Special issues in adolescence
- C. Understanding Grief and Mourning
 - 1. Definitions and characteristics of grief and mourning
 - 2. Tasks of grief
- D. Understanding Complicated Grief
 - 1. Characteristics of complicated grief
 - 2. Circumstances of complicated grief
 - 3. Sequelae of traumatic death
 - a. PTSD and complicated grief
 - b. Complicated grief versus depression
- E. How Support Groups Address Complicated Mourning
 - 1. Group function
 - 2. Group structure
 - 3. Group composition

4. Group process
- F. Group Leadership
1. Clinical perspectives necessary for bereavement work
 2. Role of the leader
 3. Challenges to the leader
 4. Manifestations of countertransference
 5. Recognizing compassion fatigue

IV. COURSE OUTLINE EXPANDED

- A. Introductions And Personal Assessment
1. This course includes two specific elements:
 - a. Didactic information about the process of grief and mourning and how this information must be incorporated into a psychoeducational support group for those experiencing complicated mourning
 - b. Specific focus on the challenges and responsibilities that will face leaders of these types of groups.
 2. This latter element, with which the course begins and ends, is as critical to the success and efficacy of the group as is knowledge of complicated bereavement. As a beginning self-assessment, clinicians are invited to consider their answers to the following questions:
 - a. What personal characteristics do I bring to working with the bereaved?
 - b. What personal and professional challenges might I face in doing this type of work?
 - c. What is my own loss history? What is the first death I remember and what were the circumstances that surrounded it?
 - d. What loss/death has been the most difficult for me?
 - e. How do I think my own experiences with losses will impact my ability to lead a group of bereaved persons?

Thoughtful and honest processing of the answers to these questions is critical preparation for establishing and maintaining a clinical perspective that supports the difficult work of complicated bereavement.

B. Understanding Death: Developmental conceptions of death: Because loss and death are life-long challenges, it's important to arrange our understanding of our reactions to them in a developmental context. Research has outlined a series of stages that can be roughly correlated with age to explain how children conceptualize and understand death.

1. Before the age of 2, children are unable to comprehend the idea of death per se.
2. From age two to approximately age five, children do not understand that death is permanent and irreversible. While they recognize that life is changed by death, young children assume life continues, even though the deceased is now living a more limited existence. There is also a perception that death follows the earth cycle; just as the flowers return in the spring, young children assume that the deceased will also return to life. Adults often add to the misperceptions of children by the ways in which they explain what has happened to someone who has died (e.g. on a trip, gone to sleep, joined relatives in heaven, etc.).
3. After age five, which usually corresponds to when children begin school, understanding of death begins to mature. While they can now appreciate the finality of death, children retain the protective cognitive feature that death is not universal. Death is often personified as the "dead man" or the "boogey man" who stalks his victims at night. If a child is smart enough, he/she can outwit this personification of death and survive.
4. At approximately age nine, children arrive at a mature and adult cognitive understanding of death as final and inevitable. An emotional understanding and acceptance of death, however, usually takes years to develop.
5. Experiencing a death in adolescence can be extremely challenging since it flies in the face of developmental tasks. When the adolescent is trying to figure out the perplexing questions of self-identity and life direction, recognition of personal mortality may be overwhelming. This is one of the reasons that mastery of death in the form of risk taking behaviors is so common for this age group. Unless a teen is "presented" with death, this reality is off the radar screen. Whether or not a teen chooses to acknowledge reactions to a death, at an unconscious level, it is always psychologically disorganizing since it underscores the reality of personal mortality.

C. Understanding Grief And Mourning

1. Characteristics of grief: While the expression of grief may be individual, there are several elements that consistently describe its essence.

- a. It is a dynamic and evolving process, and its dimensions and intensity change over time.
- b. It is natural and expectable in any circumstance in which the mourner has some emotional investment in that which has been lost.
- c. The process of grief includes psychological, behavioral, social, and physical reactions to loss.
- d. Grief is attached to all the types of losses that may be experienced in life, not just to losses related to death.

2. Process of mourning: The term mourning usually refers to the public display of grief in social situations. Rando (1993), however, provides a definition that focuses on the intrapsychic work and is more useful in clinical interventions. Her definition consists of three elements:

- a. Undoing of the psychosocial ties to the lost object—focus on the deceased;
- b. Revisions of perceptions about life, roles, etc., and development of a new identity—focus on self;
- c. Moving on without the lost object—focus on the external world.

3. Tasks of grief and mourning: A model that incorporates both grief and mourning into the emotional work necessary to accommodate to and accept a loss is offered by J. William Worden (1982). Worden provides a four-task paradigm for the work of grief and healing.

- a. To accept the reality of the loss: While initial reactions to the news of a death may be shock and disbelief, these are usually replaced by a dawning recognition of what has taken place and the fact that the deceased is gone from our lives forever. Obviously, this recognition is complicated when the circumstances of the loss are in themselves hard to comprehend—like the events of 9/11. When there is time to anticipate and prepare for the loss, there is less likelihood of getting stuck in denial about the reality of the death. The degree of acceptance may come and go, but over the course of time, even in an unexpected death, the balance usually shifts so that acceptance of the reality of the loss increases and denial is minimized.
- b. To experience the feelings related to the loss: Elizabeth Kubler-Ross's work is instructive as we consider the feelings of grief, which are often sad, uncomfortable, and overwhelming. Her work is often misinterpreted to imply that these feelings occur sequentially. The individuality of the grief and

mourning process make it clear that there is neither a prescribed set of feelings nor an order in which they should occur. What Kubler-Ross's work shows us is that many feelings are called up by loss and these feelings must be acknowledged and processed. Ignoring them does not dismiss them; we simply store them and are often confronted with them at some time in the future. Acknowledging and talking about these feelings gives us the opportunity to understand them and put them in perspective. When the pain of the loss feels unbearable, we may need some support in finding words for it or learning how to manage its magnitude so we can continue with the realities of daily life. Parents often worry about the feelings of children in grief, especially when a parent or caregiver is deceased, and may put their own grief on hold while they attend to the needs of their kids. Balance of needs is the key to successfully navigating the painful shoals of grief that can affect a family. And time, along with actively acknowledging and expressing the pain, does heal. While some of these feelings may resurface from time to time as we are confronted with reminders of the deceased, their frequency does diminish with time. Working through the feelings of grief can increase a sense of personal mastery over some of the more difficult circumstances life can present. To adjust to the changed environment without the deceased: The rearranging, restructuring, and redefining that takes place as we begin to identify and fill the roles formerly occupied by the deceased defines this third task. This readjustment usually takes place over time as we recognize the implications of the loss and come to terms with all of the gaps—both real and symbolic, in the present and in the future—that the death has created in our lives. To emotionally relocate the deceased and go on with life: The resolution of the major work of grieving takes place when the fourth task of grief is completed. In simple language, emotionally relocating the deceased means moving from the feelings of loss and longing that accompany our awareness that the deceased is really gone from our lives to being able to hold the memory of that person in our hearts. The deceased becomes a part of our lives in a way that allows us to go on living without them. We tend to be less conscious of the loss, less preoccupied with the deceased. Although there are always times when sadness catches us off guard and we are reminded of how much the loss has affected us, we have let go of a great deal of the emotional energy we had invested in the relationship with the deceased and it is now available to be invested elsewhere.

D. Understanding Complicated Grief

1. Characteristics of complicated grief: While initially it may be difficult to discern the difference between an uncomplicated versus a complicated grief reaction, the following two processes, which can occur both consciously and unconsciously, are indicators of complications:

- a. Attempt to deny, repress, and avoid aspects of the loss;

b. Attempt to hold onto and avoid relinquishing the loved one. (Rando, 1987)

2. Circumstances of complicated grief: Under certain circumstances, the process of grief can become even more complicated. These complications are related to the additional factors inherent in a particular loss event that add to the grief loading, as it were. Some of the factors that can complicate the grief process include:

a. Circumstances of the loss: When a death is sudden, there is no time to prepare psychologically for the impending loss. This lack of preparation contributes to the feeling many people report that both they—and life itself— are out of control. When the circumstances of the death are violent, especially violence that is intentionally perpetrated, a pervasive sense of horror, vulnerability and helplessness are often present and must be resolved before the mourning process can be pursued with any real energy. Terrorist events like 9/11 bring their own set of complications to the grief process by adding the dimension of fear.

b. Relationship to the deceased: Relationships in which more positive or negative emotional energy was invested during the life of the deceased require more intrapsychic energy in the grieving process.

c. Multiple losses: When more than one loss occurs at the same time, an individual's capacity for grieving is overwhelmed, and an intrapsychic numbing or shutting down occurs. Until the losses can be separated and processed one at a time, grief is immobilized. This concept of multiple losses does not just apply, however, to deaths that occurred during a single incident. There is a cumulative effect of losses, whether real or symbolic, which have occurred over extended periods of time that can also impair the grieving process.

3. Sequelae of traumatic death

a. Posttraumatic Stress Disorder (PTSD) and complicated grief: These dynamics are interrelated and coexist and there is a great similarity in their initial presentation. The symptoms that may be confusing are:

- i. Reexperiencing phenomena;
- ii. Avoidance of stimuli that are reminders;
- iii. Increased physiological arousal.

b. Complicated grief and depression: It is critical that clinicians recognize the differences between complicated grief and depression. Untreated depression can add an additional and unnecessary degree of difficulty to the grieving

process. The following table illustrates some of the significant differences between the two:

GRIEF	DEPRESSION
Fewer cognitive distortions	Persistent negative cognitions
Agitation, restlessness	Lack of energy
Loss acknowledged	Loss denied
Preoccupation with deceased	Preoccupation with self
Mood fluctuates	Mood static
Responsive to support	Unresponsive to support
Parasuicide rare	Parasuicide not uncommon
Pain is reflective of the loss	Pain is pointless

E. How Support Groups Address Complicated Mourning

1. Group function: While a variety of group models have been used successfully to treat complicated mourning, one model that is particularly effective is the support group which functions in the following ways:

- a. Provides members with safety and support, which are often damaged by traumatic loss events;
- b. Educates about the process of grief;
- c. Normalizes and validates reactions to the loss event and the subsequent life changes;
- d. Anticipates and prepares members for future challenges related to the loss;
- e. Facilitates problem solving related to loss sequelae.

2. Group structure: Effective groups don't just happen; they require preparation and thought. Workshop participants will discuss some of the following issues that

should be considered prior to the formation of a complicated bereavement support group:

a. Open versus closed membership: While open membership can potentially reach a larger number of people, if the group has a limited number of sessions, constantly admitting new members can compromise the development of cohesiveness and effectiveness. In a group with open membership, there may be a tendency for group content to perseverate on the telling of stories as each new member is admitted and more emotionally challenging material may be difficult to address.

b. Short-term versus long-term: While there are certainly enough challenges implicit in recovery from traumatic losses to engage group members for an unspecified amount of time, it's important to consider how these challenges have depleted both the emotional and physical energy of group members when considering group length. A short-term group that provides members with a personal appreciation of the value of group involvement may be the ideal way to begin; additional sessions can then be added if appropriate. It is also useful to consider a pulsed-intervention format where the length of a short-term group can be augmented by quarterly check-in sessions or special sessions that are scheduled around challenging times like holidays or the death anniversary.

c. Length: It's important to both start and end groups on time so an optimal length for a group that provides enough time to process emotional material but is not too long (the emotional intensity of group context can be draining for both members and leaders) is one to two hours.

3. Group composition

a. Heterogeneity versus homogeneity of loss: In the first year after a traumatic loss event like 9/11, the circumstances of the event may be so overwhelming that including group members who have experienced other types of traumatic losses may be difficult. After the first year anniversary, however, expanding group membership to include members who have experienced other types of traumatic losses may not only be easier but also advisable. Helping the bereaved to realize that the circumstances of their loss are ultimately secondary to the fact that they have all experienced a loss that has changed their lives is an important step in grief resolution.

b. Therapeutic assessment criteria: (Raphael, 1983) Having information about group members prior to their participation is essential. It will help group leaders understand where individual members are in the grieving process and whether or not there are signs of mourning that would contraindicate membership in a group. There are no right answers to the following areas of

exploration; they merely serve to provide the leader with a pre-group understanding of potential members. Obviously, psychotic individuals or those with a tenuous grasp of reality will be screened out. The following areas should be explored in a pre-group interview:

- i. Circumstances of the loss/learning about the loss: Remember that the circumstances of traumatic deaths will preoccupy the bereaved until they are resolved; depending on the degree of trauma, this could take over a year and still be within normal limits.
 - ii. Relationship history with the deceased: An ambivalent or dependent relationship is predictive of more complicated mourning. If the bereaved feels in any way responsible for the death, this guilt will also compromise recovery.
 - iii. Life since loss occurrence/ concurrent stressors: If the bereaved are preoccupied with issues at the bottom of Maslow's hierarchy of needs, they will have little energy to devote to the intrapsychic challenges of mourning.
 - iv. Support systems analysis: Helpful support systems always predict better recovery. However, since one of the goals of a support group is to provide support, the absence of an effective support system could be considered a criterion for group admission.
 - v. Loss history: How the bereaved has managed losses in the past in another predictor for current recovery.
4. Group Content: Support group content should focus on the following areas:
- a. Permission/prescription to mourn the loss;
 - b. Recognition of primary and secondary losses;
 - c. Exploration of real and symbolic meaning of losses
 - d. Identification, labeling, and differentiation of affective experiences;
 - e. Normalizes and legitimizes appropriate grief responses;
 - f. Addresses absence of appropriate grief responses
 - g. Supports repetition of details of loss event in service of grief resolution
 - h. Actively promotes social support

F. Group Leadership

1. Clinical perspectives necessary for bereavement work: The following perspectives form the clinical baseline for leaders of bereavement groups:

- a. Ability to keep personal needs and perspectives out of the interventions. In an effort to join with the group, inexperienced leaders may share their own stories of loss with group members. This confuses the function of leader is objective observer.
- b. Ability to maintain therapeutic distance. While some of the stories of loss members may share about traumatic loss events may be extremely moving, leaders must be able to hold their own feelings in check. This is critical if they are to demonstrate that it is safe to express feelings and until the group is able to do so, the leader will be able to hold the emotions of the group members.
- c. Understand the importance of lending hope and ego to members
- d. Recognize the therapeutic value of presence

2. Roles of the leader: Grief groups require that leaders play an active role, with conscious awareness of the following key points:

- a. Insure safety. Traumatic loss events violate the sense of personal and emotional safety of everyone whom they touch. Leaders must create a safe space for group members by what they say and what they do. It is important to use the word "safe" when talking about group climate, and to follow that up with behaviors that reinforce this norm.
- b. Reinforce norms. The basic norms of all therapeutic groups (e.g., guidelines for listening, giving feedback, sharing discussion time, confidentiality) apply in grief groups as well, and leaders have a responsibility to members to reinforce them both in the group and in individual contact with members.
- c. Provide emotional balance and support. Using a structured model for the group sessions is one way to provide emotional balance. Another technique is to include group content that reinforces resiliency skills of members.
- d. Model articulation of feelings. Sometimes the sequelae of traumatic loss events are so outside the range of normal experiences that members may struggle with finding the words to express them. (e.g., a discussion about whether or not to tell young children about the finding of remains). Leaders can assist by verbalizing what they hear expressed in the group and modeling ways to handle conversations about difficult material.

- e. Validate feelings. A key element in critical incident stress debriefing is the validation of feelings. While the goal of a grief group is not debriefing per se, it does include a significant element of assisting members in dealing with the circumstances of the trauma so they may proceed with the work of mourning.
- f. Understand the grief process and the distinctive reactions to a traumatic loss. It is critical to talk about the death and its antecedents in accurate language that leaves no room for the denial that can compromise mourning
- g. Allow for obsessive review in service of grief; discourage obsession when it inhibits acceptance. Recognizing that personal acceptance of the reality of a loss often necessitates what can seem to be obsessive review of either the circumstances or the feelings attached to it requires the group leader to find the balance between review in the service of acceptance versus review as a symptom of being stuck.
- h. Partialize tasks of grief and educate about grief process. It's also important that the leader provide some structure and order to what can feel like the miasma of grief, and predict realistic timeframes for moving through the process.
- i. Outline realistic expectations. Since the grieving process is so widely misunderstood, even by those in the field of mental health, providing the bereaved with an understanding of its individuality, as well as its fluidity, can be helpful in assisting the bereaved in assessing the times during which they might need additional support. It can also help in management of the discouragement that is often experienced when the bereaved are told by well-meaning but uninformed others that they "should be farther along" or "be over it by now."

3. Challenges to the leader

- a. Continuing nature of trauma: Because resolution of traumatic deaths is impacted by circumstances secondary to the death itself (e.g., media coverage, court cases, anniversary memorials, additional trauma), leaders must be sensitive to the societal circumstances in which the trauma occurred and address these continuing complications as they occur.
- b. Individuality of mourning process: While individuals impacted by the same trauma will start at the same place in their mourning, the individuality of the process requires leaders' attention to the specific and sometimes subtle differences in group members' progress and facility in pointing these out differences in a way that validates each of them.

c. Intrusion of trauma-related symptoms: If group members are experiencing trauma-related symptoms like flashbacks, dissociation, intrusive recollections, the group leader must first be able to recognize them, second, be able to contain them to one member and third, assist the other group members in responding therapeutically

d. Depth of participants' needs: The emotional needs of a group of individuals who have experienced a traumatic loss event can be overwhelming and leaders must be prepared to confront the extraordinary amount of pain that will wax and wane during the course of the group meetings. Unless leaders monitor their own emotional well-being and have adequate personal and professional support, the needs of a group of individuals experiencing complicated bereavement can be compromising to the leader's ability to lead.

4. Manifestations of countertransference: Given the previous comments about challenges to the leader, the following manifestations of countertransference are self-evident:

- a. Needing to take away the pain;
- b. Feeling overwhelmed in the presence of death;
- c. Feeling inadequate to the task;
- d. Inability to "lighten up";
- e. Being preoccupied with group members or issues;
- f. Needing to comfort members.

5. Compassion fatigue: Understanding that there is a cost to caring is a critical component in the self-awareness that is required to be able to provide effective services to those bereaved by traumatic loss events. The work of Figley (1995) is instructive in defining both the compassion that is necessary to do this work well and the signs that signal when it is in overload. Unlike burnout, which is usually a gradual process that includes an erosion of idealism and is related to the situation and not the person's interaction with the situation, compassion fatigue can appear suddenly, and engenders feelings of helplessness and confusion. Some of the signs of compassion fatigue or secondary traumatic stress include:

- a. Distressing emotions;
- b. Intrusive imagery of client's traumatic material;
- c. Numbing;

- d. Somatic complaints;
- e. Heightened sense of vulnerability;
- f. Alienation;
- g. Victim blame;
- h. Impairment in day-to-day functioning. It is critical for leaders to be sensitive to these signs and develop person strategies to address and alleviate them if they are to continue to work effectively – and compassionately- with this population.

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