The Family Solution Finder

Study Guide & Workbook w/video's

"Certificate of Completion Course"

PHASE III

"Getting Organized"

Seminar # 21

12 Key Issues a Family Faces in Substance use Disorders

Issue # 11 of 12 key issues: Bereavement

Introduction

The family will be traveling on a path that many before them have taken. Each family is different and the circumstances they face are rarely identical. However, there are many aspects by category which remain common to all. So, it is reasonable to assume, the family would benefit to know what is likely to happen prior to it coming up in their journey. We know what will happen, but there is no one to bill for taking the time to tell the family. Therefore, to date the family has been left out of the dialog. These seminars are created to fill this GAP of KNOWLEDGE. These are the 12 key issues a family is likely to face and need to prepare for in their journey. We will present them in three parts: 1. The Issue (define it clearly), 2. The issues obstacle, things that will likely come up when the family addresses the issue, 3. Solution to both the issue and its obstacle. The issues are presented in the Study Guidebook, the Obstacle and Solutions are presented in the Workbook. Please read both and watch the assigned video.

An Example: The Legal System will likely be a part of the family journey, and the issue that will come up is "Drug Court". The Drug Court has a specific process which each family will follow, and this information can be presented and learned in advance. By learning this information in advance, the result for the family is EMPOWERMENT THROUGH KNOWELDGE.

Learning these issues in advance reduces stress of the unknown, saves time, allows the family to budget their expenses, and gives them room to gather the needed resources.

THESE 12 KEY ISSUES ARE A "CERTIFICATE OF COMPLETION COURSE SEMINARS.

They are essential to a family members knowledge base in becoming empowered to address each issue in their journey with substance use disorders.

The next 12 seminars will address each of the 12 key issues a family faces in their journey with addiction. It is our goal to break these issues into three parts for each issue:

Issues the Family Faces

This will clearly explain the issue and by using the F.T.R. model allow the family to break it down into a solution.

Obstacle the Family Faces

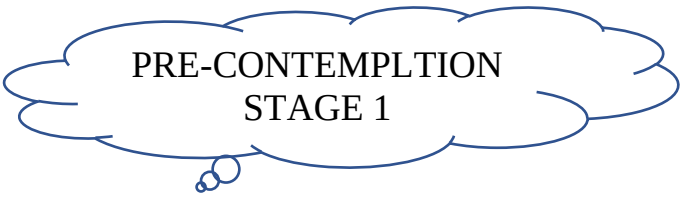
These are obstacle the family faces when trying to address each issue.

Solutions to Issues & Obstacles

Pathfinder
Certificate of Completion Learning Seminar

These seminars are designed in a linear sequence following Prochaska and DiClemente's Stages of Change Model, the five stages. The family is presented an issue and therefore needs to change their approach. So, the study guide introduces the pre-contemplation of change stage and allows the family to do an assessment of the issue, then contemplation where by their options are considered, then preparation where they learn about obstacles and solutions, then action stage where they learn from practical exercise in applying what they learned to their real life situation, then final stage maintenance where a family plan of action is written by the family. This increases the likely acceptance of the family members embracing the content of each seminar.

Each of these will be presented in the 12 Key Issues Seminars.



The 12 Key Issues a Family Faces

ISSUE # 1. Enabling vs. Consequences

GOAL: To use this seminar content as a foundation towards *building denial techniques* that do not enable substance misuse. Also learn the consequences of enabling and denial that disables the positive habits of successful recovery. How communication makes a safe place for the family.

ISSUE #2. Addiction Behavior

GOAL: To learn the *behavior traits of substance use disorder*. To understand how boundaries work to create change over time. Also, learn how to responds to these behaviors.

ISSUE #3. Family Intervention

GOAL: Gain a practical understanding of the *5 Stages of Change* theory. Be able to apply the motivational interview (family level) work sheet for each stage.

ISSUE #4. The Police Intervention

GOAL: To learn the typical steps needed when the police intervein. Create a *missing person's report* in advance. Learn the options and paths this intervention might take. Be able to bridge from the police intervention to the next level of intervention.

ISSUE #5. The Emergency Medical Services Intervention

GOAL: Learn what to do in the case of a medical emergency. Understand what to expect at an Emergency Room. Be prepared to make the needed decisions required at this part of the journey.

ISSUE #6. The Legal System Intervention

GOAL: Learn how to navigate the court system. What is the requirement for drug court and other options?

ISSUE #7. The Treatment Center Intervention

GOAL: Learn what the treatment center will do and what it will not do. How to select the right treatment center using a criterion check list.

ISSUE #8. Support Agencies Mapping

GOAL: Learn how to create a family Resources Plan by using a *Family Resources Plan of Action Work Sheet.* Using the list of available agencies to properly match the agency with the needs of the family.

ISSUE #9. Relapse

GOAL: Learn how to create a *Getting Back to Work Plan*. Using the Getting Back to Work Planning Guide match each step with the proper agency or program.

ISSUE #10. Successful Lifelong Recovery

GOAL: Learn how to create a supportive and safe space for the family and the loved one in recovery.

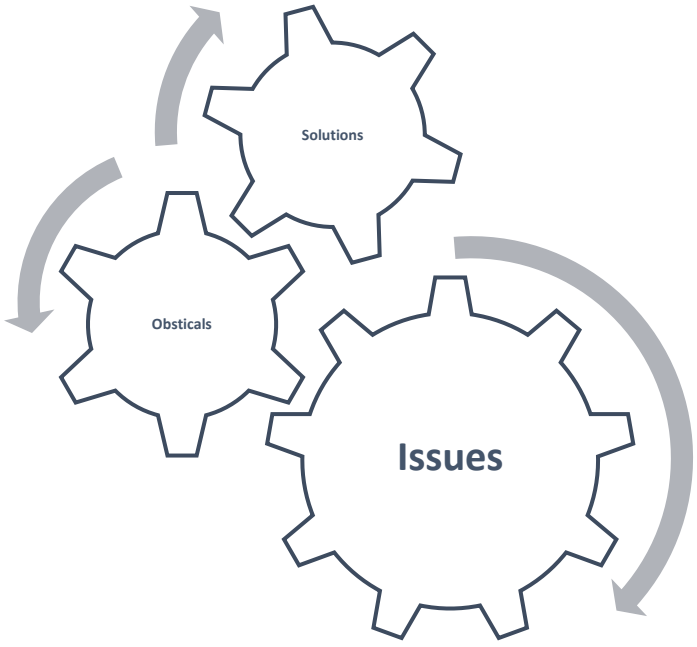
ISSUE #11. Bereavement

GOAL: Learn how to navigate the journey of grief and all that life give us in these times.

ISSUE # 12. Faith, Spiritual Practices

GOAL: To introduce a ministry for faith organizations to use in development their own faith-based family ministry. Invest in the Family Ministry for families on a journey with substance use disorders.

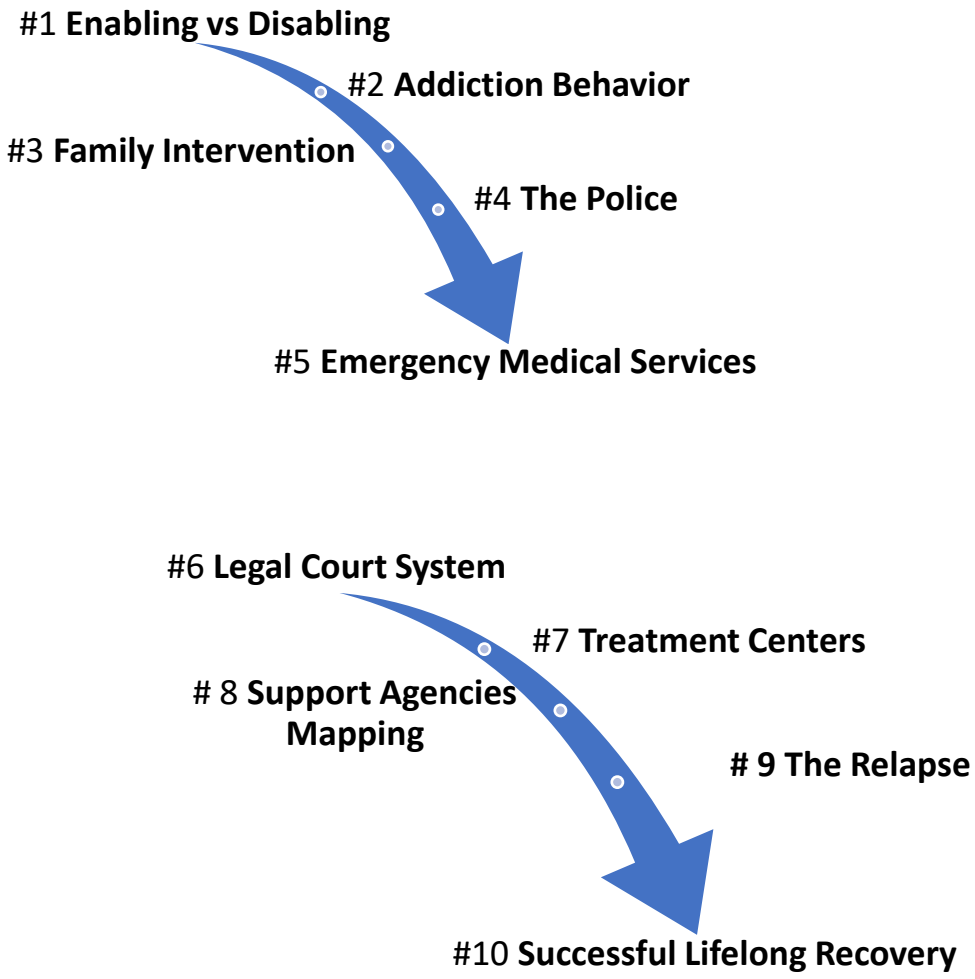
An Issue has obstacles, before the solution can be obtained



Plan to Address All Three

Sequence (consider relapse occurrences)

The 12 Key Issues a Family Faces



#11 **Bereavement (Learning how to move forward)**

#12 **Faith, Spiritual Practices**

Family Transformational Response Model (F.T.R.)

Instruction: Take this issue and in clear details define what the issue is, then state how this issue will impact the family, then identify what steps your family can take to prepare or respond to this issue, then find those organizations/professionals who can help the family in dealing with this issue**.**

This model creates a known expectation for the outcome. This model/tool is part of the family's empowerment response.

The F.T.R. Model:

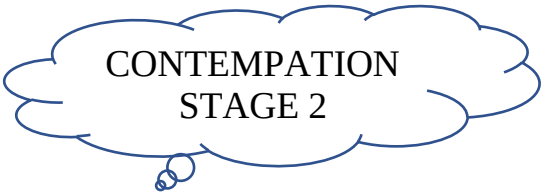
I. Define the Issue?

II. How does this issue impact the family?

III. What steps can the family take to prepare and respond to this issue?

IV. Creates of list of who can help and assist the family in their response?

V. What should the family expect as their outcome?



The F.T.R. Model Worksheet

I. Define the Issue?

- ❖ Clearly State what happened or will happen.

_____
_____
_____

- ❖ Identify who is involved or should be involved.

_____
_____
_____

- ❖ What would you like to have happened, or like to see happen?

_____
_____
_____

II. How does the issue impact the family?

- ❖ Who in the family?

_____
_____
_____

- ❖ In what way?

_____
_____
_____

- ❖ What is needed to move forward?

_____
_____
_____

III. What steps can the family take to prepare and then respond to the issue?

- ❖ What needs to be done, prioritize the list.

_____
_____
_____

- ❖ Who needs to be involved?

_____
_____
_____

- ❖ What will it look like when completed?

_____
_____
_____

IV. Who can help and assist the family in their response?

- ❖ How to search for an organization to help.

_____
_____
_____

- ❖ What to ask from them?

_____
_____
_____

- ❖ What to expect?

_____
_____
_____

V. What should the family expect as their outcome?

- ❖ Timeline.

_____
_____
_____

- ❖ The expenses/cost involved in this issue.

_____
_____
_____

- ❖ Required changes to successful respond to this issue.

_____
_____
_____

Use the F.T.R. model for every issue, to find your best solution.

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Study Guide

PHASE III

"Getting Organized"

Seminar # 21

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Issue # 11 of 12 key Issues: Bereavement

The 12 Key Issues a Family Faces

#1 **Enabling vs Consequences**

#2 **Addiction Behavior**

#3 **Family Intervention**

#4 **The Police**

#5 **Emergency Medical Services**

#6 **Legal Court System**

#7 **Treatment Centers**

8 **Support Agencies Mapping**

9 **The Relapse**

#10 **Successful Lifelong Recovery**

#11 Bereavement (Learning how to move forward)

#12 **Faith, Spiritual Practices**

Introduction: Bereavement

There is more than one type of grief in the bereavement process. Lt us take a look to more closely examine the three most common griefs and learn how to determine the difference.

In most journals there are many topics of bereavement under the heading of Greif. Psychiatrists often are ill prepared to identify complicated grief and grief-related major depression and may not always be trained to identify or provide the most appropriate course of treatment. Both conditions overlap with symptoms found in ordinary, uncomplicated grief, and often are written off as "normal" with the faulty assumption that time, strength of character and the natural support system will heal. While uncomplicated grief may be extremely painful, disruptive and consuming, it is usually tolerable and self-limited and does not require formal treatment. However, both complicated grief and grief-related major depression can be persistent and gravely disabling, can dramatically interfere with function and quality of life, and may even be life threatening in the absence of treatment; and both usually respond to targeted psychiatric interventions.

This is a journey of time, reflection and love, for the other and for yourself. You might benefit from creating your own guidebook on how to deal with the loss of your loved one. Go on-line and research what the professionals say about this journey. Meet with a hospice counselor and ask them to guide you. Your local hospice has bereavement counselor that will meet with you at no charge. Join a support group and participate/contribute to the discussions.

What is uncomplicated (Normal Grief?

Some investigators have attempted to define discrete stages of grief, such as an initial period of numbness leading to depression and finally to reorganization and recovery. However, most modern grief specialists recognize the variations and fluidity of grief experiences, that differ considerably in intensity and length among cultural groups and from person to person 2, 3. To date, no grief stage theory has been able to account for how people cope with loss, why they experience varying degrees and types of distress at different times, and how or when they adjust to a life without their loved one over time.

The terms bereavement and grief are used inconsistently in the literature to refer to either the state of having lost someone to death, or the response to such a loss. Researchers have suggested that the term bereavement be used to refer to the fact of the loss; the term grief should then be used to describe the emotional, cognitive, functional and behavioral responses to the death. Also, grief is often used more broadly to refer to the response to other kinds of loss; people grieve the loss of their youth, of opportunities, and of functional abilities.

Mourning is also sometimes used interchangeably with bereavement and grief, usually referring more specifically to the behavioral manifestations of grief, which are influenced by social and cultural rituals, such as funerals, visitations, or other customs.

Complicated grief, sometimes referred to as unresolved or traumatic grief, is the current designation for a syndrome of prolonged and intense grief that is associated with substantial impairment in work, health, and social functioning.

What constitutes “normal” grief? There is no simple answer. Grief is different for every person and every loss, and it can be damaging to judge or label a person’s grief, especially during early bereavement.

However, a clinician needs to make a judgment about whether a person’s grief is progressing adaptively in order to make categorical decisions about whether to intervene.

A clinician who does not understand the range of grief symptoms is at risk for intervening in a normal process and possibly derailing it. At the same time, knowledge about the boundaries of uncomplicated, adaptive grief can guard against failure to recognize complicated grief and/or depression occurring in the wake of a loved one’s death. Not all physicians understand these differences.

How long does grief last?

The intensity and duration of grief is highly variable, not only in the same individual over time or after different losses, but also in different people dealing with similar losses. The intensity and duration is determined by multiple forces, including, among others: the individual's preexisting personality, attachment style, genetic makeup and unique vulnerabilities; age and health; spirituality and cultural identity; supports and resources; the number of losses; the nature of the relationship (e.g., interdependent vs. distant, loving vs. ambivalent); the relation (parent vs. child vs. spouse vs. sibling vs. friend, etc.); type of loss (sudden and unanticipated vs. gradual and anticipated, or natural causes vs. suicide, accident or homicide) 4.

First, grief is not a state, but rather a process. **Second**, the grief process typically proceeds in fits and starts, with attention to and from the painful reality of the death. **Third,** the spectrum of emotional, cognitive, social and behavioral disruptions of grief is broad, ranging from barely noticeable alterations to profound anguish and dysfunction.

Bereavement can be one of the most gut-wrenching and painful experiences an individual ever faces. Shock, anguish, loss, anger, guilt, regret, anxiety, fear, loneliness, unhappiness, depression, intrusive images, depersonalization, and the feeling of being overwhelmed are but a few of the sentient states grieving individuals often describe.

At first, these acute feelings of anguish and despair may seem always present, but soon they evolve into waves or bursts, initially unprovoked, and later brought on by specific reminders of the deceased. Healthy, generally adaptive people likely have not experienced such an emotional roller coaster, and typically find the intense, uncontrollable emotionality of acute grief disconcerting, even shameful or frightening.

Yet, grief is not only about pain. In an uncomplicated grief process, painful experiences are intermingled with positive feelings, such as relief, joy, peace, and happiness that emerge after the loss of an important person. Frequently, these positive feelings elicit negative emotions of disloyalty and guilt in the bereaved. Of note, at least one investigator has found that positive feelings at 6 months following a death are a sign of resilience and associated with good long-term outcomes 7.

Fourth, for most people grief is never fully completed. However, there are two easily distinguishable forms of grief 8. First, the acute grief that occurs in the early aftermath of a death can be intensely painful and is often characterized by behaviors and emotions that would be considered unusual in normal everyday life.

These include:

- intense sadness
- crying
- other unfamiliar emotions
- preoccupation with thoughts and memories of the deceased person
- difficulty concentrating
- relative disinterest in other people and in activities of daily life (apart from their role in mourning the deceased).

This form of grief is distinguished from a later form of grief, integrated or abiding grief, in which the deceased is easily called to mind, often with associated sadness and longing. During the transition from acute to integrated grief, usually beginning within the first few months of the death, the wounds begin to heal, and the bereaved person finds his or her way back to a fulfilling life.

Even though the grief has been integrated, they do not forget the people they lost, relinquish their sadness nor do they stop missing their loved ones. The loss becomes integrated into autobiographical memory and the thoughts and memories of the deceased are no longer preoccupying or disabling.

Unlike acute grief, integrated grief does not persistently preoccupy the mind or disrupt other activities. However, there may be periods when the acute grief reawakens. This can occur around the time of significant events, such as holidays, birthdays, anniversaries, another loss, or a particularly stressful time.

Fifth, grief is not only about separation from the person who died, but about finding new and meaningful ways of continuing the relationship with the deceased 9, 10. Faced with the dilemma of balancing inner and outer realities, the bereaved gradually learn to accept the loved one back into their lives as deceased.

What occurs for survivors is the transformation of a relationship that had heretofore operated on several levels of actual, symbolic, internalized, and imagined relatedness to one in which the actual (living and breathing) relationship has been lost.

However, other forms of the relationship remain, and continue to evolve and change. Thus, it is not unusual for bereaved individuals to dream of their deceased loved ones, to half look for them in crowds, to sense their presence, feel them watching out for or protecting them, to rehearse discussions or “speak” to them.

Auditory or visual hallucinations of the deceased person are often seen during acute grief. Sometimes people maintain a sense of connection through objects such as clothing, writings, favorite possessions, and rings, which may be kept indefinitely. Some people continue a relationship with the deceased through living legacies, such as identification phenomena, carrying out the deceased’s mission, memorial donations, or seeing them live on in others through genetic endowments. For others, periodically visiting the grave or lighting candles may help keep memories alive. Bereaved individuals may take some comfort in learning that the relationship does not need to be totally severed, but that it is perfectly acceptable and even normal for the relationship to endure indefinitely.

There is no evidence that uncomplicated grief requires formal treatment or professional intervention

11. For most bereaved individuals, the arduous journey through grief will ultimately culminate in an acceptable level of adjustment to a life without their loved one. Thus, most bereaved individuals do fine without treatment. They should have access to empathic support and information that validates that their response is typical after a loss. When support, reassurance, and information generally provided by family, friends, and, sometimes, clergy is not available or sufficient, mutual support groups can help fill the gap. Support groups can be particularly helpful after traumatic losses, such as the death of a child, a death after suicide 12 or deaths from other "unnatural" causes 13.

Complicated Grief

Complicated grief, a syndrome that occurs in about 10% of bereaved people, results from the failure to transition from acute to integrated grief. As a result, acute grief is prolonged, perhaps indefinitely.

Symptoms include:

- Separation distress (recurrent pangs of painful emotions,
- Intense yearning and longing for the deceased,
- Preoccupation with thoughts of the loved one) and traumatic distress (sense of disbelief regarding the death, anger and bitterness,
- Distressing, intrusive thoughts related to the death,
- Pronounced avoidance of reminders of the painful loss) 10.

Characteristically, individuals experiencing complicated grief have difficulty accepting the death, and the intense separation and traumatic distress may last well beyond six months 1, 4.

Bereaved individuals with complicated grief find themselves in a repetitive loop of intense yearning and longing that becomes the major focus of their lives, albeit accompanied by inevitable sadness, frustration, and anxiety.

Complicated grievers may perceive their grief as frightening, shameful, and strange. They may believe that their life is over and that the intense pain they constantly endure will never cease. Alternatively, there are grievers who do not want the grief to end, as they feel it is all that is left of the relationship with their loved one.

Sometimes, people think that, by enjoying their life, they are betraying their lost loved one. Maladaptive behaviors consist of over-involvement in activities related to the deceased, on the one hand, and excessive avoidance on the other. Preoccupation with the deceased may include daydreaming, sitting at the cemetery, or rearranging belongings. At the same time, the bereaved person may avoid activities and situations that remind them that the loved one is gone, or of the good times they spent with the deceased. Frequently, people with complicated grief feel estranged from others, including people that used to be close.

An assessment is available:

Complicated grief can be reliably identified using the Inventory of Complicated Grief (ICG, 14). It is indicated by a score ≥ 30 on the ICG at least six months after the death. It is associated with significant distress, impairment, and negative health consequences 14, 15.

A targeted intervention, complicated grief treatment (CGT), has demonstrated significantly better outcomes than standard psychotherapy in treating this syndrome 21.

CGT combines cognitive behavioral techniques with aspects of interpersonal psychotherapy and motivational interviewing. The treatment includes a dual focus on coming to terms with the loss and on finding a pathway to restoration. It includes a structured exercise focused on repeatedly revisiting the time of the death as well as gradual re-engagement in activities and situations that have been avoided.

Grief Related Major Depression

Many clinicians are confused by the relationship between grief and depression and find clinical depression difficult to diagnosis in the context of bereavement. Bereavement is a major stressor and has been found to present in major depression, resulting in a diagnostic quandary that may have profound clinical implications 24, 33.

Although there are overlapping symptoms, grief can be distinguished from a full depressive episode. Most bereaved individuals experience intense sadness, but only a minority meets criteria for major depression.

The principal source of confusion is the common occurrence of low mood, sadness, and social withdrawal in both bereavement and major depression. However, there are also clear differences between the two states.

Grief is a complex experience in which positive emotions are experienced alongside negative ones. As time passes, the intense, sad emotions that typically come in waves are spread further apart. Typically, these waves of grief are stimulus bound, correlated to internal and external reminders of the deceased.

Furthermore, grief is a fluctuating state with individual variability, in which cognitive and behavioral adjustments are progressively made until the bereaved can hold the deceased in a comfortable place in his or her memory and a satisfying life can be resumed. In contrast, major depression tends to be more pervasive

and is characterized by significant difficulty in experiencing self-validating and positive feelings.

Major depression is composed of a recognizable and stable cluster of debilitating symptoms, accompanied by a protracted, enduring low mood. It tends to be persistent and associated with poor work and social functioning, pathological immunological function, and other neurobiological changes, unless treated. This is as true of major depression after the death of a loved one as in non-bereaved individuals with major depression 34, 38. Moreover, untreated major depression after bereavement carries the extra burden of prolonging the pain and suffering associated with grief.

When a major depressive syndrome occurs soon after the death of a loved one, according to the ICD-10, it should be classified as major depression. The key to successful treatment is the recognition that bereavement related major depression is similar to other, non-bereavement related major depression.

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PMCID: PMC2691160
PMID: 19516922
Grief and bereavement: what psychiatrists need to know
SIDNEY ZISOOK1 and KATHERINE SHEAR

VIDEO ONE:

ASSIGNMENT VIDEO: On www.youtube.com/
Search Title: When to Treat Grief and Bereavement

TEDx Talks

Sidney Zisook, MD, Phd, describes the circumstances when bereaved patients may benefit from treatment.
Duration: 5:08 min
Link: https://www.youtube.com/watch?v=_jfsvcFEmVI

The Family Solution Finder

Workbook

PHASE III

"Getting Organized"

Seminar # 21

12 Key Issues a Family Faces in Substance use Disorders

Issue # 11 of 12 key issues: Bereavement

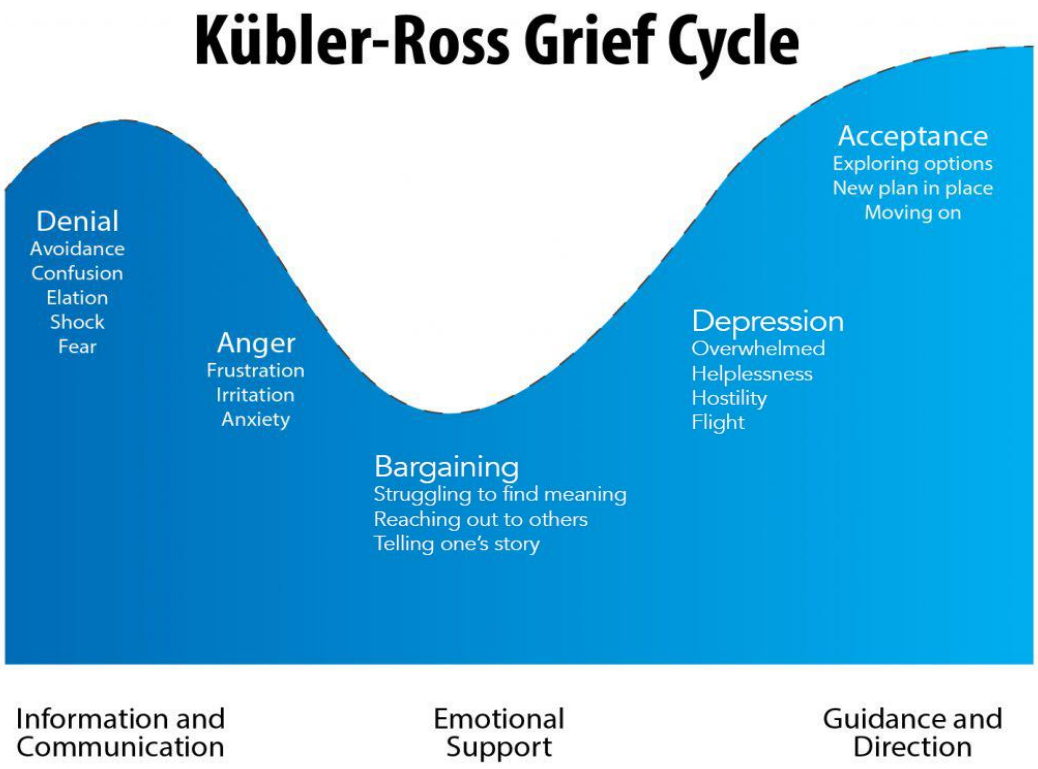
Introduction

Coping with the death of a loved one is a tremendous load to bear. It sparks a traumatic grief that can lead to feelings of abandonment or anger, in addition to deep sadness. During wartime, parents of fallen service members grieve the loss of the child they tried to protect. A grieving spouse or significant other may have the additional responsibility of caring for the children, helping them cope with the loss and change in their lives. Families also experience an additional sense of loss from having to move outside of their military community, which often includes a change of schools for their children. The surviving spouse or other family member may suddenly be solely responsible for the family's financial situation or simply have to face the challenges of being alone.

Grief Model Background:

Throughout life, we experience many instances of grief. Grief can be caused by situations, relationships, or even substance abuse. Children may grieve a divorce, a wife may grieve the death of her husband, a teenager might grieve the ending of a relationship, or you might have received terminal medical news and are grieving your pending death. In 1969, Elisabeth Kübler-Ross described five popular stages of grief, popularly referred to as DABDA. They include:

- Denial
- Anger
- Bargaining
- Depression
- Acceptance



Denial

Denial is the stage that can initially help you survive the loss. You might think life makes no sense, has no meaning, and is too overwhelming. You start to deny the news and, in effect, go numb. It's common in this stage to wonder how life will go on in this different state – you are in a state of shock because life as you once knew it, has changed in an instant. If you were diagnosed with a deadly disease, you might believe the news is incorrect – a mistake must have occurred somewhere in the lab–they mixed up your blood work with someone else. If you receive news on the death of a loved one, perhaps you cling to a false hope that they identified the wrong person. In the denial stage, you are not living in 'actual reality,' rather, you are living in a 'preferable' reality. Interestingly, it is denial and shock that help you cope and survive the grief event. Denial aids in pacing your feelings of grief. Instead of becoming completely overwhelmed with grief, we deny it, do not accept it, and stagger its full impact on us at one time. Think of it as your body's natural defense mechanism saying "hey, there's only so much I can handle at once." Once the denial and shock starts to fade, the start of the healing process begins. At this point, those feelings that you were once suppressing are coming to the surface.

Anger

Once you start to live in 'actual' reality again and not in 'preferable' reality, anger might start to set in. This is a common stage to think "why me?" and "life's not fair!" You might look to blame others for the cause of your grief and also may redirect your anger to close friends and family. You find it incomprehensible of how something like this could happen to you. If you are strong in faith, you might start to question your belief in God. "Where is God? Why didn't he protect me?" Researchers and mental health professionals agree that this anger is a necessary stage of grief. And encourage the anger. It's important to truly feel the anger. It's thought that even though you might seem like you are in an endless cycle of anger, it will dissipate – and the more you truly feel the anger, the more quickly it will dissipate, and the more quickly you will heal. It is not healthy to suppress your feelings of anger – it is a natural response – and perhaps, arguably, a necessary one. In every day life, we are normally told to control our anger toward situations and toward others. When you experience a grief event, you might feel disconnected from reality – that you have no grounding anymore. Your life has shattered and there's nothing solid to hold onto. Think of anger as a strength to bind you to reality. You might feel deserted or abandoned during a grief event. That no one is there. You are alone in this world. The direction of anger toward something or somebody is what might bridge you back to reality and connect you to people again. It is a "thing." It's something to grasp onto – a natural step in healing.

Bargaining

When something bad happens, have you ever caught yourself making a deal with God? "Please God, if you heal my husband, I will strive to be the best wife I can ever be – and never complain again." This is bargaining. In a way, this stage is false hope. You might falsely make yourself believe that you can avoid the grief through a type of negotiation. If you change this, I'll change that. You are so desperate to get your life back to how it was before the grief event, you are willing to make a major life change in an attempt toward normality. Guilt is a common wing man of bargaining. This is when you endure the endless "what if" statements. What if I had left the house 5 minutes sooner – the accident would have never happened. What if I encouraged him to go to the doctor six months ago like I first thought – the cancer could have been found sooner and he could have been saved.

Depression

Depression is a commonly accepted form of grief. In fact, most people associate depression immediately with grief – as it is a "present" emotion. It represents the emptiness we feel when we are living in reality and realize the person or situation is gone or over. In this stage, you might withdraw from life, feel numb, live in a fog, and not want to get out of bed. The world might seem too much and too overwhelming for

you to face. You don't want to be around others, don't feel like talking, and experience feelings of hopelessness. You might even experience suicidal thoughts – thinking "what's the point of going on?"

Acceptance

The last stage of grief identified by Kübler-Ross is acceptance. Not in the sense that "it's okay my husband died" rather, "my husband died, but I'm going to be okay." In this stage, your emotions may begin to stabilize. You re-enter reality. You come to terms with the fact that the "new" reality is that your partner is never coming back – or that you are going to succumb to your illness and die soon – and you're okay with that. It's not a "good" thing – but it's something you can live with. It is definitely a time of adjustment and readjustment. There are good days, there are bad days, and then there are good days again. In this stage, it does not mean you'll never have another bad day – where you are uncontrollably sad. But, the good days tend to outnumber the bad days. In this stage, you may lift from your fog, you start to engage with friends again, and might even make new relationships as time goes on. You understand your loved one can never be replaced, but you move, grow, and evolve into your new reality.

The prescription of medication and engagement in counseling have been the most common methods of treating grief. Initially, your doctor may prescribe you medications to help you function more fully. These might include sedatives, antidepressants, or anti-anxiety medications to help you get through the day. In addition, your doctor might prescribe you medication to help you sleep. This treatment area often causes some differences in opinion in the medical field. Some doctors choose not to prescribe medications because they believe they are doing you a disservice in the grieving process. That is, if a doctor prescribes you anti-anxiety pills or sedation pills – you are not truly experiencing the grief in full effect – you are being subdued from it – potentially interfering with the five stages of grief and eventual acceptance of reality.

Counseling is a more solid approach toward grief. Support groups, bereavement groups, or individual counseling can help you work through unresolved grief. This is a beneficial treatment alternative when you find the grief event is creating obstacles in your every day life. That is, you are having trouble functioning and need some support to get back on track. This in no way means it "cures" you of your loss, rather, it provides you with coping strategies to help you deal with your grief in an effective way. The Kubler-Ross Model is a tried and true guideline but there is no right or wrong way to work through your grief and it is normal that your personal experience may vary as you work through the grieving process.

If you or a loved one is having a hard time coping with a grief event, seek treatment from a health professional or mental health provider. Call a doctor right away if you experience thoughts of suicide, feelings of detachment for more than two weeks, you experience a sudden change in behavior, or believe.

The Five Stages of Grief

Issues the Family Faces

VIDEO ONE:

ASSIGNMENT VIDEO: On www.youtube.com/

Search Title: The Grieving Process: Coping with Death

There is no right or wrong way to deal with the loss of a loved one. The grieving process is rough—and it's different for everyone. It's not just a matter of coping with a loss, but coping with change—and that takes time.

Duration: 4:14 min

Link: https://www.youtube.com/watch?v=gsYL4PC0hyk

Loss can take many forms, some of which are more devastating than others. When our spouse blindsides us by asking for a divorce, when an immediate family member dies, when we get let go from our long-term place of employment or when we become disabled by chronic illness or injury—our lives can feel as if they have been upended. Indeed, loss forces us to confront five specific psychological challenges.

1. **Overcoming Paralyzing Emotional Pain:** The first and most immediate challenge we face is that of excruciating and paralyzing emotional pain. At first, the pain is so severe we might be in shock and feel as though in a haze, trapped in a terrible alternate reality from which we cannot escape. We might lose the ability to think straight or even to function in the most basic ways. The one thing that helps diminish the pain is time. Therefore, our challenge is to find ways to simply get through those first terrible hours, days, and weeks. Once the initial shock begins to fade and the new realities set in, we face our second challenge:

2. **Adjusting to Changes in Our Daily Lives:** Grief and loss can change almost every aspect of our daily routines. We might no longer have a spouse with whom to socialize, losing our jobs means we have nowhere to go each morning, becoming disabled can mean having to retrain ourselves to do the most basic tasks. To recover we face the challenge of coming to terms with the changes that were forced upon us. Only then can we begin the process of finding new ways of living and being that can substitute for those we've lost.

3. **Reformulating Our Identities:** Significant grief and loss can impact our very sense of identity—how we define who we are. We feel as if the person we once were is lost and that the person facing us in the mirror is a stranger. We might have defined ourselves by our career but lost our job (or retired), we might have defined ourselves by our couple hood but lost our spouse, or we might have defined ourselves by our physicality but become crippled by Multiple Sclerosis. To recover we face the challenge of reexamining and redefining who we are, how we see ourselves, and how we want others to view us. We have to reconstruct our identities and come to peace with our new selves and our new lives.

4. **Reconstructing Our Relationships:** It is common for people to respond to profound loss by withdrawing into themselves. We might try to hold on to a deceased loved one by talking to them in our heads throughout the day, trying to keep them alive and present in our minds. At times, we might avoid other people, as they provide stark reminders of our loss. After failing out of college or losing our jobs we might lose touch with classmates and colleagues. Unfortunately, sickness and disability often make others uncomfortable and make them withdraw from us. To recover we face the challenge of reconnecting to those who remain and forming new connections that reflect the new realities of our situation.

5. **Adjusting Our Belief Systems:** Trying to make sense of our experiences in life is a compelling human drive. Although some of us articulate it more clearly than others do, we each have our way of understanding how the world works; a unique set of beliefs and assumptions that form the lens through which we view the world and our place in it. Loss and grief can challenge these basic assumptions and make us question everything we thought we knew. We're flooded with doubts and questions, the simplest and most compelling of which is often simply—why? Our challenge is to find ways of making sense of what happened and adjusting our belief systems accordingly. And to thrive, we must find within ourselves a way to ascribe meaning to the events and discover a new purpose to drive our existence.

REF: Psychology Today: The 5 Psychological Challenges of Loss and Grief
How loss disrupts our lives and how to heal
Posted Apr 01, 2014

Obstacles the family will likely address

The Children see grief having different faces:

It is increasingly clear that not only do children grieve, but they also grieve in different ways or express their grief differently than do adults. "Kids often grieve in spurts because they can't seem to tolerate grief for long periods of time," says Susan Thomas, LCSW-R, FT, program director for the Center for H.O.P.E. at Cohen's Children's Medical Center of New York. Adults, she explains, "have one foot in grief and one foot on the outside, but kids jump in and out of grief." Children may give the appearance of coping well, when suddenly a seemingly innocuous event unrelated to the loss triggers a disproportional response. For example, says Thomas, "A child may scrape her knee and say, 'I wish Daddy were here. If he were here this wouldn't have happened.' Kids are masters at being able to distract themselves and focus on other things, but when something happens, all of the emotion they've been pushing away comes back." This coping mechanism, Thomas says, allows them to "handle the intensity of the experience."

Not only may children and adults grieve in dissimilar ways, but, McNiel says, "Children also grieve in different ways at different ages and stages of life. Their grief might be expressed in an array of emotions such as anger, sadness, fear, and sometimes relief, particularly when there had been long-term illness or perhaps a contentious relationship with the person who died."

It's important to remember, however, DeCristofaro says, that when it comes to grief, those developmental stages are fluid and permeable. "Sometimes you'll see a 3-year-old grappling with something existential as a teenager might."

"Grief does not happen in nice, neat stages, but is unique to the person grieving and influenced by a number of factors in addition to age, including temperament and personality, the relationship they had with the deceased, the relationship they have with the surviving caregiver, the type of death, and the reaction of the adults around them," McNiel says. Grief, he adds, is not very well structured, and all children, like all adults, grieve in their own ways.

Solutions to Issues & Obstacles

Practical Exercise One:

Source:
Prigerson, H. G., Shear, M. K., Frank, E., Beey, L. C., Silberman, R., Prigerson, J., et al. (1997). Traumatic grief: A case of loss-induced trauma. American Journal of Psychiatry, 154(7), 1003-1009. Reprinted with permission from the American Journal of Psychiatry, Copyright 1997, American Psychiatric Association

Module 7 Table 6: Inventory of Complicated Grief

PLEASE fill in the circle next to the answer which best describes how you feel right now:

1. I think about this person so much that it's hard for me to do the things I normally do…
□ **never**□ □ **rarely** □ **sometimes** □ **often** □ **always**

2. Memories of the person who died upset me…
□ **never**□ □ **rarely** □ **sometimes** □ **often** □ **always**

3. I cannot accept the death of the person who died…
□ **never**□ □ **rarely** □ **sometimes** □ **often** □ **always**

4. I feel myself longing for the person who died…
□ **never**□ □ **rarely** □ **sometimes** □ **often** □ **always**

5. I feel drawn to places and things associated with the person who died…
□ **never**□ □ **rarely** □ **sometimes** □ **often** □ **always**

6. I can't help feeling angry about his/her death…
□ **never**□ □ **rarely** □ **sometimes** □ **often** □ **always**

7. I feel disbelief over what happened…
□ **never**□ □ **rarely** □ **sometimes** □ **often** □ **always**

8. I feel stunned or dazed over what happened…
□ **never**□ □ **rarely** □ **sometimes** □ **often** □ **always**

9. Ever since s/he died it is hard for me to trust people…
□ **never**□ □ **rarely** □ **sometimes** □ **often** □ **always**

10. Ever since s/he died I feel like I have lost the ability to care about other people or I feel distant from people I care about…
□ **never**□ □ **rarely** □ **sometimes** □ **often** □ **always**

11. I have pain in the same area of my body or have some of the same symptoms as the person who died…
□ **never**□ □ **rarely** □ **sometimes** □ **often** □ **always**

12. I go out of my way to avoid reminders of the person who died…
□ **never** □ **rarely** □□□□□□ **sometimes** □ **often** □ **always**

13. I feel that life is empty without the person who died…
□ **never**□ □ **rarely** □ **sometimes** □ **often** □ **always**

14. I hear the voice of the person who died speak to me…
□ **never**□ □ **rarely** □ **sometimes** □ **often** □ **always**

15. I see the person who died stand before me…
□ **never**□ □ **rarely** □ **sometimes** □ **often** □ **always**

16. I feel that it is unfair that I should live when this person died…
□ **never**□ □ **rarely** □ **sometimes** □ **often** □ **always**

17. I feel bitter over this person's death…
□ **never**□ □ **rarely** □ **sometimes** □ **often** □ **always**

18. I feel envious of others who have not lost someone close…
□ **never**□ □ **rarely** □ **sometimes** □ **often** □ **always**

19. I feel lonely a great deal of the time ever since s/he died…
□ **never**□ □ **rarely** □ **sometimes** □ **often** □ **always**

Practical Exercise Two:

Module 7 Figure 4: Self-Care Assessment

Self-Care Assessment

Take a moment to consider the frequency with which you do the following acts of self-care. Rate using the scale below:

4 = Often 3 = Sometimes 2 = Rarely 1 = Are you kidding? It never even crossed my mind!

Physical Self-Care

__ Eat regularly (no skipping meals)

__ Eat healthfully

__ Exercise at least 30 minutes five times a week

__ Sleep 7–9 hours per night

__ Schedule regular preventative health-care appointments

__ Take time off when ill

__ Get massages or other body work

__ Do enjoyable physical work

Psychological Self-Care

__ Read a good novel or other nonwork-related literature

__ Write in a journal

__ Develop or maintain a hobby

__ Make time for self-reflection

__ Seek the services of a counselor or therapist

__ Spend time outdoors

__ Say “no” to extra responsibilities when stressed

__ Allow the gift of receiving (instead of just giving)

Emotional Self-Care

__ Stay in contact with important people

__ Spend time with the people whose company is most comfortable

__ Practice supportive self-talk; speak kindly in internal thoughts

__ Allow both tears and laughter to erupt spontaneously

__ Play with children and animals

__ Identify comforting activities and seek them out

__ "Brag" to a trusted friend or family member; be proud of accomplishments

__ Express anger in a constructive way

Spiritual Self-Care

__ Make time for regular prayer, meditation, and reflection

__ Seek community among friends, neighbors, or other gatherings

__ Cherish optimism and hope

__ Contribute to or participate in meaningful activities of choice

__ Be open to inspiration

__ Use ritual to celebrate milestones and to memorialize loved ones

__ Be aware of the nontangible of life

__ Listen to or create music

Workplace Self-Care

__ Take time to eat lunch

__ Make time to address both the physical and emotional needs of residents

__ Take time to chat and laugh with co-workers

__ Seek regular supervision and mentoring

__ Set limits with residents, families, and colleagues

__ Find a project or task that is exciting and rewarding in which to be involved

__ Decrease time spent comparing work performance to others

__ Seek a support group – even if it is only one other person

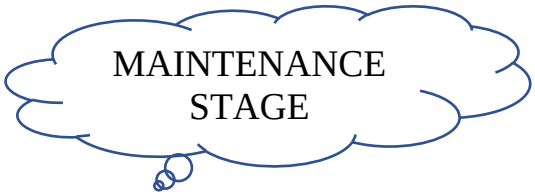
Scoring the Results:

121-160 You’re a self-care guru! Share the wisdom with everyone around you.

81-120 You’re on the right track. Get creative in the areas of least scoring.

41-80 Uh-oh. There’s some work to do. Hunker down and focus on yourself.

 40 Are you still reading this? You’re about to self-destruct. Call 911!



MASTER FAMILY PLAN OF ACTION FOR:

"Bereavement"

Complete answers and move to "Master Family Plan of Action" found in back of workbook.

1. The family member will have a working knowledge of the Kubler-Ross Grief Cycle.
2. The family will understand the difference between, Uncomplcated Grief, Complicated Grief and Grief Related to Major Depression.
3. The family members will use the "Self Care" steps for care for themselves in managing the stress of grieving.

As part of the Master Family Plan of Action the family members will complete the review and needed "points of contact" list of agencies they will possibly need to work with in addressing this issue.