

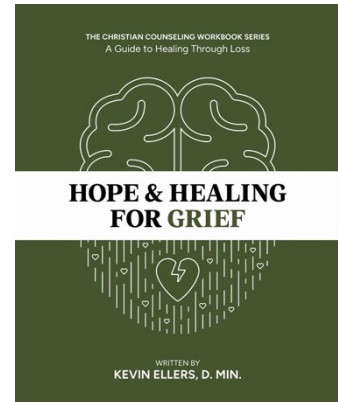
2024 Stand Strong AACC Conference: Preconference Workshop

When Grief & Trauma Meet: *Support and Recovery Strategies for Individuals and Families Facing Sudden Unexpected Death*

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Scriptures:

- Matthew 5:4
- Ecclesiastes 3:1-8
- Isaiah 30:20
- Romans 5:1-5
- 1 Corinthians 1:2-5
- Psalm 63:1-8



Grief Discoveries from Hope & Healing for Grief

1. Healthy grievers have an awareness and understanding of grief and its impact on their lives
2. Healthy grievers are aware of their losses and face them
3. Healthy grievers are aware that people grieve differently and seek to facilitate the individual needs of each person
4. Healthy grievers carefully assess their support system and seek to surround themselves by people who can help facilitate their grief, growth, and emotional and spiritual wellness
5. Healthy grievers strategically engage in activities that help facilitate grieving for healing and growth
6. Healthy grievers understand that there are seasons in life, forward movement, and change. Life is about surrender
7. Healthy grievers are intentional about assessing their emotional, spiritual, and relational growth and getting the feedback of trusted others
8. Healthy grievers are real with their emotional and spiritual struggles with God and others
9. Trauma

“Trauma is perhaps the most avoided, ignored, belittled, denied, misunderstood, and untreated cause of human suffering”
Peter Levine

Normal Responses to Trauma & Loss

- Physically
- Emotionally
- Cognitively
- Behaviorally
- Interpersonally
- Spiritually

Complicating Factors with Sudden & Unexpected Death

- Shock
- Making sense of it
- No time for goodbye
- Shattered assumptions
- Insecurity and anxiety
- Pre-death unresolved issues
- Secondary reactions and losses

Traumatic Bereavement & Grief

- A form of grief that happens in response to a sudden, unexpected loss
- Loss by traumatic means i.e. homicide, suicide, accidental death
- Some studies done with those who have lost loved ones in high profile traumas such as Oklahoma City Bombing, 9/11, mass shootings.
- (Prigerson, et. Al 1999) suggested a completely distinct diagnosis of traumatic bereavement that is separate from PTSD or complicated grief (PGD)
- Some have argued that the term "Traumatic Bereavement" should include the unique experience of losing a significant attachment figure to sudden, violent or accidental means
- Individual must deal with both:
 - traumatic stress & the process of grieving the death
 - Failure to adequately deal with and process the trauma and impair the ability to grieve which created an overall level of functional impairment that was greater than either single incident trauma or non-traumatic loss

Two categories of symptoms

1. Symptoms of separation distress
 - (a) intrusive, distressing preoccupation with the deceased
 - (b) yearning, longing, and pining
 - (c) searching for the deceased
 - (d) extreme loneliness.
2. Symptoms of traumatic distress
 - (a) feeling unfulfilled without the deceased
 - (b) avoidance of painful reminders of the loss
 - (c) futility about the future
 - (d) feeling that a part of the self has died;
 - (e) numbness and detachment
 - (f) shattered world view
 - (g) feeling shocked, stunned, and dazed
 - (h) disbelief about the death
 - (i) emptiness and bitterness

Neria Y, Litz BT. BEREAVEMENT BY TRAUMATIC MEANS: THE COMPLEX SYNERGY OF TRAUMA AND GRIEF. *J Loss Trauma*. 2004 Jan 1;9(1):73-87. doi: 10.1080/15325020490255322. PMID: 23633929; PMCID: PMC3637930.

Assumptive World

An organized schema containing everything a person assumes to be true about the world and the self on the basis of previous experience – expectations and beliefs, automatic habits of cognition and behavior. The assumptive world determines the individual's needs, emotions, and behavior, and gives rise to hopes, wishes, fantasies, and dreams. It is the internal model against which the person constantly matches incoming sensory data in order to orient self, recognize what is happening, and plan behavior. (Parkes, 1988)

Primary Needs Disrupted After Trauma

- Safety
- Trust
- Control
- Esteem
- Intimacy

SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH (SAMHSA)

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

Four Requirements for Traumatic Encoding

1. Event
2. Meaning
3. Landscape
4. Perceived Inescapability

(Ruden, 2010)

Unconditional Threat Stimuli (UTS)

1. Abandonment
2. Being killed
3. Heights
4. Suffocation
5. Novel situations
6. Being trapped
7. Open spaces – no where to hide
8. Ground-based predators:
9. Air-based predators
10. Culture-based fears (loss of reputation)

ACE's Scores – important to assess for clients

Clinical Implications of Grief

1. Grief is experienced all facets of a person's life
2. Grief is a continuing development. It is not static and changes with time
3. Grief is a natural, expectable reaction to all types of loss not just death.
4. Grief is greatly dependent upon one's perception of the loss. (Rando, 1993)
 - Grief experienced

Grief is experienced in four major ways:

- **Psychologically** (Affects, cognitions, perceptions, attitudes, and philosophy/spirituality)
- **Behaviorally** (Personal action, conduct, or demeanor)
- **Socially** (Reactions to and interactions with others)
- **Physically** (Bodily symptoms & physical health.)

Sympathetic Nervous System (SNS)

- Body control at threat
- Flight, fight or freeze
- Shortness of breath, shallow breathing, appetite disappears or increases dramatically
- Body produces energy – positive
- Long-term cortisol - negative
- Sleep disturbance or insomnia
- Lack of appetite, digestive issues

Parasympathetic Nervous System (PNS)

- Body control at rest
- Handles rest, breathing, and digestion
- Longer pathways slower system
- Decreased heart rate – relax
- Increase urinary output

Prefrontal Cortex

The functions of this area include the ability to find meaning, planning, self control, and self expression. Scientific brain scans show that loss, grief, and trauma can significantly impact your emotion and physical processes. Articulation and appropriate expression of feelings or desires may become difficult or exhausting.

The Limbic System

- Emotion-related brain region
- In charge of personal recall, emotion and memory integration, attention, and your ability to take interest in others
- During grief, it creates a sensory oriented, protective response to your loss
- Perceives loss and grief as a threat, the amygdala portions of this system instructs your body to resist grief
- May experience strong instinctual or physical responses to triggers that remind of losses

Cognitive Changes & Challenges

1. Difficulty accepting the loss
2. Sense of loss of part of oneself
3. Uncertainty about the future
4. Search for meaning. In most bereaved persons, these 4 domains of disrupted functioning are common in the first few months of bereavement and generally decline during the first year.

4 Types of Disrupted Functioning

Commonly experienced symptoms during first few months and a general decline during the first year

1. Cognitive disorganization
2. Dysphoria
3. Health deficits
4. Disruptions in both social and occupational functioning

DSM – Prolonged Grief Disorder

- March 2022 added to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V-TR).
- It can happen when someone close to the bereaved person has died within at least 6 months for children and adolescents, or within at least 12 months for adults.

- DSM – Prolonged Grief Disorder
- May experience intense longings for the deceased or preoccupation with thoughts of the deceased
- These grief reactions occur most of the day, nearly every day for at least a month.
- The individual experiences clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- Things To Watch For

Complicated grief is a chronic, heightened state of mourning. Its *symptoms can include:*

- Extreme focus on the loss and reminders of the loved one
- Intense longing or pining for the deceased
- Problems accepting the death
- Numbness or detachment

Things To Watch For

- Preoccupation with your sorrow
- Bitterness about your loss
- Inability to enjoy life
- Depression or deep sadness
- Trouble carrying out normal routines
- Withdrawing from social activities
- Feeling that life holds no meaning or purpose
- Irritability or agitation
- Lack of trust in others
- Keep the yearning process alive through their habits
- May create shrines of the deceased
- Constantly look at their pictures, or talk about them
- Don't permit space in their lives for anything else but their memories of the lost loved one.
- May appear to be addicted to the memories of the deceased.
- Remember the past and imagine the future through a distressed yearning for the deceased
- Hopelessness about the future
- Intense waves of painful emotion
- Preoccupation with memories of the deceased and find it difficult to recall past and future events that do not include the deceased loved one
- May appear that other memories that do not include the deceased are not recalled
- They only focus on significant past life events in which the deceased was alive
- Thoughts about the future are centered on what life would be like if the deceased loved one was still with them

The Big Three

Watch most for:

1. "Everything is missing" vs a "piece of me is missing"
2. Lack of life focus, interests, goals, pleasure
3. Life is dominated by yearning

State of Crisis

Definition: Psychological Crisis

1. Psychological homeostasis is disrupted;
2. One's usual coping mechanisms have failed to reestablish homeostasis, and
3. The distress engendered by the crisis has yielded some evidence of functional impairment.

Grieving styles

Instrumental

- * Focus on cognition/moderated affect; while they share common feelings with intuitive grievers, feelings are less intense
- * Brief periods of cognitive dysfunction are common
- * A desire to master environment; thus a majority of grief energy is focused on problem-solving and planned activities as an adaptive strategy
- * A general reluctance to talk about feelings
- * Grief is more of an intellectual experience
- * May initially respond by explaining the circumstance of their losses rather than to affective cues
- * May experience grief physically as augmented energy and take the form of restlessness or nervousness
- * May be unaware of internal arousal
- * May feel disenfranchised as others do not accept their grief pattern
- * May be uncomfortable with the strong expressed emotions of others

Intuitive Griever

- * Focus on affect over cognition
- * Longer term cognitive impairment as there may be prolonged periods of confusion, inability to concentrate, disorganization, and disorientation
- * Are less likely than instrumental grievers to seek out potential problems and solve them
- * Feelings are intensely experienced
- * Expressions such as crying and lamenting mirror inner experience
- * Grief expressed is a grief experienced
- Intuitive Griever
- * Go with the experience of grief
- * Majority of grief energy is focused on feelings – less energy for cognition
- * Successful adaptive strategies facilitate the experience and expression of feeling
- * Physical exhaustion and/or anxiety may result
- * May feel that people do not allow for adequate expression of their grief
- * May be unable or unwilling to distance themselves from feelings expressed by others

Dissonant Pattern Grief Responses

- A persistent way of expressing grief that is at odds with the griever's primary internal experience.
- Lack of congruence and harmony between internal state and external expression

Primary Needs Disrupted After Trauma

- Safety
- Trust
- Control
- Esteem
- Intimacy
- Effects of Exposure to Suicide: Potential Mediating Factors

- Kinship relationship to the deceased
- Perceived emotional closeness and/or attachment to the deceased
- Direct exposure to the suicide or to the death scene
- Perceived responsibility for causing or preventing the suicide
- Perceived degree of deceased's willfulness, intent, and/or volition
- Inability to make meaning of the death
- Attachment style
- Preexisting psychiatric or substance abuse disorder
- Previous exposure to suicide and suicidal behavior
- Mourner's own history of suicidality
- Demographics (age, sex, race, etc.)
- Quality of perceived social support and degree of perceived stigmatization
- Protective factors such as resources, connectivity, and coping skills.

L. A. Burke & Neimeyer, 2013; Lobb et al., 2010

Forward Movement: Assessment should include:

- Do you find fulfillment and meaning in life?
- On a scale of 1-10 how would you compare your life to how it was pre-trauma/death?
- How do your friends think you are doing?
- What are the indicators of your emotional health?
- What has changed for you and how is your life different?
- Are you happy? Were you happy before?
- Look for Changes in
 - Frequency
 - Intensity
 - Duration

Reinvesting

- New dreams
- New relationships
- Making meaning from loss
- Significance

Bereavement Science

- Resilient people are less likely to use avoidance and distraction as coping strategies
- Understand that waves of grief will come episodic
- Find comfort in talking about or thinking about the deceased - feel happy or peace
- Bereavement Science
- It is common to experience a full range of emotions following loss
- Feelings of happiness and sadness are normal
- It is common to have continuing bonds (CB) with the deceased but the relationship must change

Key Points for Grievers

- People often need permission to explore the ways they need to grieve
- People often have an ongoing relationship with the deceased but it must change
- Both sadness and joy can be a part of healthy grieving

Essential Concepts

- You are not the healer
- How you show up & what you bring is essential
- Vertical and horizontal connections are vital
- What happens outside the session is as important as what happens in session
- Both explore and educate
- Expectation of recovery is critical
- Language matters
- Define what healing and wholeness looks like - Imago Dia restoration
- Look for & celebrate growth & transformation
- They must do the work with God

Warning

- Just talking about it repeatedly doesn't necessarily heal or promote growth
- Continuously immersing in the trauma story may not only not heal but may make it worse

Common Problems

- Survivors are sometimes not aware of the trauma they have experienced or impacts
- People around them don't understand impacts
- Survivors and support systems don't know how to help
- Tend to stuff it and not get help

Key Questions

- How prevalent is the past traumatic experienced in the present?
- Are they stuck in the past? Do they feel safe?
- How much is the past impacting ability to live fully in the present?
- Repositioning/Remapping

Grievors must be able to: (A. Hubberman. May, 29, 2022. "The Science & Process of Healing from Grief")

- Reframe and shift to where our loved one is
- Map our experience of where people are
 - **Space** - where people
 - **Time** - when people are
 - **Closeness** - attachment - bonding
- How far you are from someone in your mind
- Part of the brain that maps people
- How long would it take to see someone you are absent from?
- If I want to see ____, I could see them in...?
- After loss, it needs to be revised - episodic memories
- Need to uncouple from current life and reorder in space and time

Brain Activity

- Grief and pain show activation
- Dopamine – desiring and reaching for something – puts us in an anticipatory state desiring something to resolve craving
- If you can't relocate – constant activity trying to reach that which is lost
- Continuing Bond
- Old perspectives on grief: bereaved must relinquish/disconnect attachment to deceased
- Originated from Freud's work *Mourning and Melancholia*

- goal of “grief work” is not detachment
- Repositioning
- Adaptation - life style, readjusting, habits and routine
- Psychosocial transitioning
- Repositioning in life
- Readjusting

Healthy Continuing bond

- Rando (1993) two conditions for a healthy CB with deceased:
 1. Recognizing that the person is dead and the implications
 2. The bond must not interfere with moving forward into a new life

Grief Tools for Repositioning

- You don't want to readjust what they meant to you
- Shift mindset to real attachment but uncoupled from current space and time
- Avoid counterfactual thinking – what ifs...
- Guilt – assigns more agency/capability than exists in reality – infinite possibilities don't know and can't win

Trauma Resolution Steps

1. Awareness of indicators & symptoms of trauma & complicated grief manifestation
2. Show up & create a safe environment for exploration & healing
3. Go within for spiritual & emotional grief & trauma work
4. Identification & acknowledgement of trauma & loss
5. Give voice to impacts and assess SUDS
6. Assess willingness to address trauma & desire for healing
7. Assess their attempts at resolving trauma
8. Assess resources – internal & external
9. Education on what to do
10. Utilize trauma resolution resources & techniques
11. External support and homework
12. Define what healing & transformation looks like & revised narrative
13. Implement strategic renewal resources

Perspective Maturation?

- How has the story changed?
- How is the past showing up in the present?
- Can we review the event through a different lens?

9 Acupressure Points for Tapping

1. Karate chop (KC): small intestine meridian
2. Top of the Head (TOH): governing vessel
3. Eyebrow (EB): bladder meridian
4. Side of the eye (SE): gallbladder meridian
5. Under the eye (UE): stomach meridian
6. Under the Nose (UN): governing vessel
7. Chin (Ch): central vessel
8. Beginning of the collarbone (CB): kidney meridian

9. Under the arm (UA): spleen meridian

Setup/Activation Statement. Revised SEFT Process:

1. Acknowledgement: "I acknowledge that I am [state your symptom, issue or stressor]...overwhelmingly sad because...
2. State impacts and resulting emotions, challenges, thoughts
3. I acceptance of emotions as okay
4. I choose to...surrender, give it to God, let it go...

Resources & Techniques for Grief

- Art
- Music
- Family systems
- Inner-child work
- Story & Narrative reconstruction
- Sound
- Psychosensory
- Nature
- Animals
- Sand tray
- Play
- Meditation/Yoga
- Spiritual practices
- Psychosensory
- Nature
- Animals
- Sand tray
- Play
- Meditation/Yoga
- Spiritual practices

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