MANY TYPES OF LOSSES:

UNDERSTANDING AND TREATING THE COMPLEXITIES OF TRANSITIONAL LOSS AND LOSS THROUGH DEATH.

ELIZABETH SHEPPARD HEWITT MSW, RSW

- In today's session we will:

- 1. Look at death and transitional or non-death grief and loss
- 2. Discuss the difference between adaptive or normative grief, complicated grief and depression with diagnostic guidelines.
- 3. Discuss treatment approaches to working with grief and loss

CLIENTS EXPERIENCING LOSS

- Each of us…social workers too… experience many levels of loss every day.
- From losses experienced when our children first go to daycare, loss of relationships and losses through death, each is significant and has the potential to become a depression.
- While some of these losses may not seem as challenging to us, it is important to recognize the significance of both transitional losses and losses through death in the lives of our clients.

WHAT IS LOSS?

- Loss permeates every area of our lives.
- It doesn't have to be crippling to be loss but transitions in of themselves simply…are.
- It means that something of value was taken away.

LOSS

- Most of us tend to associate loss with the finality of death.
- But there are other challenging losses that can also impact our mood and ability to cope.

LOSS

- Transitional or non-death losses account for much of the emotional instability our clients encounter in their day to day lives.

HOW IS LOSS DIFFERENT FROM GRIEF?

Although the words are often used interchangeably, loss may be best described as the absence of something valuable.

Grief is the reaction to this absence, the normal emotional process of reacting to this loss.

The way we experience grief can change as the person adapts to the loss.

ACUTE GRIEF

Acute grief occurs in the early period after loss and often dominates life.

Strong feelings of yearning, sorrow and longing are present.

Insistent thoughts and painful memories are present, and activities are focused on doing or avoiding things to cope with the loss while feeling tremendous emotional upheaval.

INTEGRATED GRIEF

Integrated grief is the lasting form of grief in which thoughts, feelings and behaviours related to loss are integrated into the bereaved person's ongoing life.

Loss is a part of life without dominating life.

GRIEF

- Although the process of grief is individual, on average a typical course of bereavement might last 1-2 years with intermittent symptoms throughout the lifespan. (Zisook, 2013)

GRIEF

- We each grieve in a way that is personally meaningful to us.
- It does not have to meet societal expectations. All that matters is that it works for us and does not hurt others.
- If we feel stuck however, then it is time to reflect and seek help.

COMPLICATED GRIEF

- Complicated grief occurs when something interferes with learning that is the core process of healing.
- The result is feelings of being "stuck" in the acute loss.

COMPLICATED GRIEF

Many people incorrectly use the term complicated grief to describe grief that has many variables.

Situations with a complex death story such as those with addiction, or relationship issues are challenging to treat, but multi-problem issues related to death do not necessarily fit the diagnostic label of complicated grief.

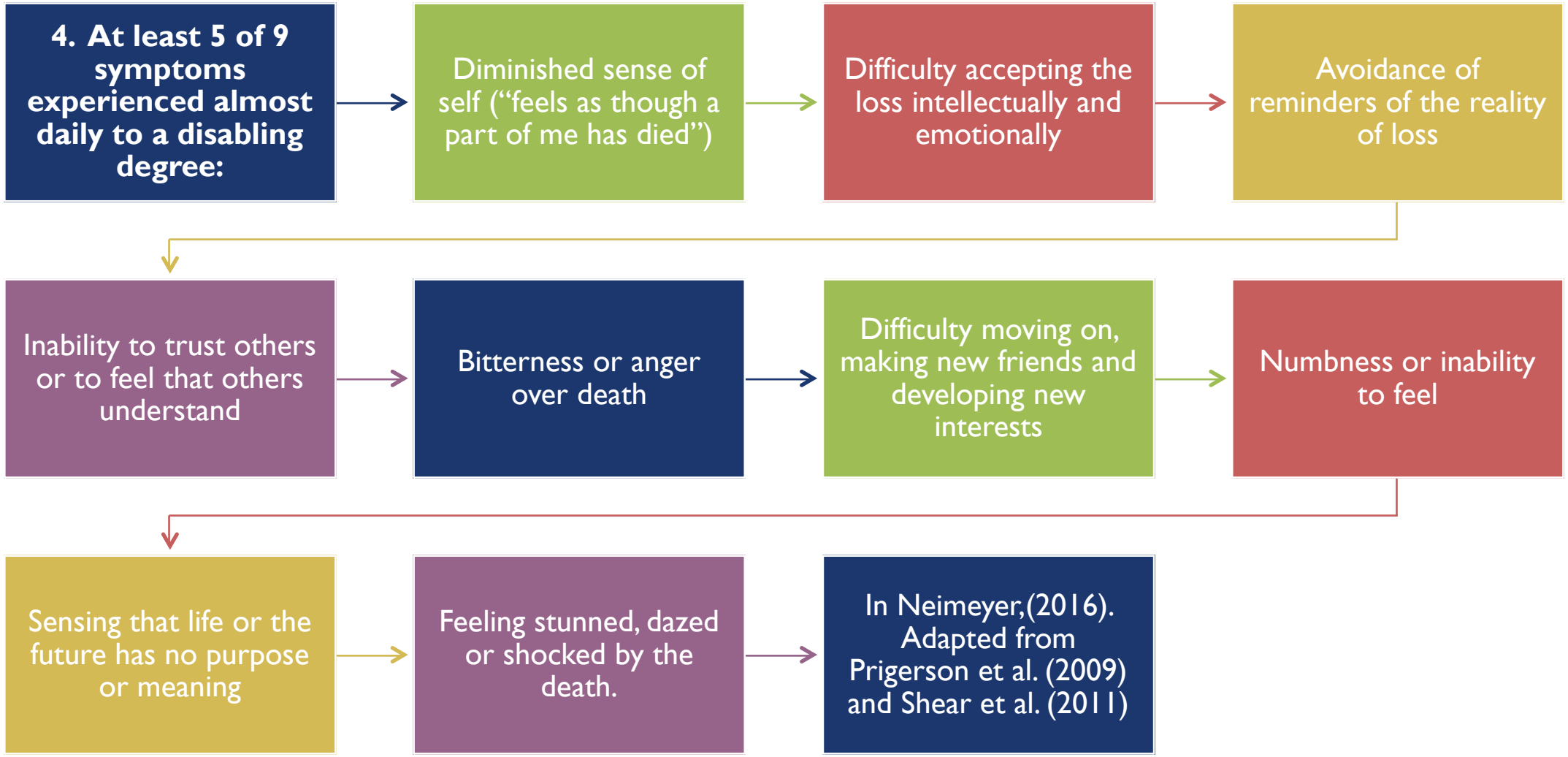
DIAGNOSTIC FEATURES OF COMPLICATED GRIEF

1. Bereavement for at least 6 months

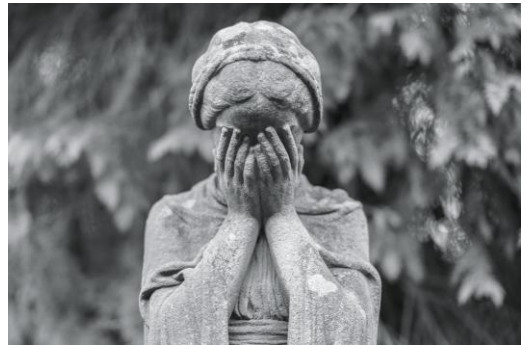
2. Marked and persistent separation distress, with intense feelings of loneliness, yearning for or preoccupation with the person who has died.

3. Significant impairment in social, occupational or family functioning.

DIAGNOSTIC FEATURES OF COMPLICATED GRIEF (CONTINUED)



COMPARISON OF INTEGRATED VS. COMPLICATED GRIEF



INTEGRATED

- Acknowledges the reality of death
- Retains access to bittersweet emotions such as a funny story about the deceased
- Revises how they remember the deceased and the bond they shared
- Develops a narrative of loss
- Redefines life goals and roles

COMPLICATED

- Can't accept the death, may avoid reminders of loss
- May be so stuck in pain of loss can't access anything positive
- May be stuck in relationship issues and separation distress
- Can be fixated on the story of death and self blame

WHAT IS CLINICAL DEPRESSION?

- **Major depressive disorder (MDD)**, also known simply as **depression**, is a mental disorder characterized by:
  - at least two weeks of low mood that is present across most situations.
  - often accompanied by low self-esteem
  - loss of interest in normally enjoyable activities
  - low energy, and pain without a clear cause

HOW DO WE DIFFERENTIATE BETWEEN GRIEF AND DEPRESSION?

CLINICAL INDICATORS OF GRIEF:

- May isolate, but generally maintains emotional connection with others.
- Hope that grief will end (or get better) someday.
- Maintains overall feelings of self-worth.
- Guilt, if present is focused on "letting down" the deceased person in some way.

CLINICAL INDICATORS OF DEPRESSION:

- Extremely self-focused, feels like an outcast or alienated from friends and loved ones.
- Sense of hopelessness, believes that the depression will never end.
- Experiences low self-esteem and self-loathing.
- Guilt surrounds feelings of being worthless or useless to others (not related to the loss).

HOW DO WE DIFFERENTIATE BETWEEN GRIEF AND DEPRESSION?

CLINICAL INDICATORS OF GRIEF:

- Loss of pleasure related to longing for the deceased.
- May want to die to join the loved one.
- May find comfort in being with friends, family.
- Ruminating is related to the death ie. "If only I had made him go to the doctor sooner."

CLINICAL INDICATORS OF DEPRESSION:

- Pervasive anhedonia.
- Chronic thoughts of not wanting to live.
- Often inconsolable.
- Ruminating may be about feelings of being a bad person, a burden to others or thoughts that nothing good happens in the world.

COMPLICATED GRIEF

Complicated grief is more commonly is used to describe loss through death, however research has shown that it is possible to experience this in non-death losses as well.

In 2011, Dr. Kathy Shear, an authority on complicated grief, published a paper in the journal Depression & Anxiety with researchers looking at complicated grief associated with Hurricane Katrina.

They concluded that complicated grief is associated with losses other than death, and that non-death grief might make up a large portion of grief after a natural disaster.

TRANSITIONAL OR NON-DEATH LOSSES

- Let's talk about some of the key non-death losses our clients may experience:
  - Loss of connection
  - Loss through job change
  - Loss through chronic illness
  - Loss through addiction

LOSS OF CONNECTION

- Because humans are social creatures, interpersonal connection is a vital part of our existence.
- Losing the connections that help to give our life meaning can be shattering.

LOSS OF CONNECTION: CUSTODY

- The research regarding the impact of loss of child custody is clear: significant trauma results from changes in custody for mothers and children alike.
- Wall-Weiler et al (2018) looked at the impact loss of custody through CPS had on maternal mental health in Manitoba between 1992-2015.
- They determined that mothers who had children taken into care had significantly higher rates of suicide attempts and completions as compared with their biological sisters and other mothers involved with CPS who did not lose custody.

LOSS OF CONNECTION: CUSTODY

- Kenny, KS et al (2015) explored the impact apprehension by CPS had on 19 substance using women in Toronto.
- They described PTSD and mental health conditions following apprehension and increased drug use.
- The authors reported that survival hinged on hopefulness of reuniting with their children in the future.

LOSS OF CONNECTION: CUSTODY

- Youth in foster care experience ambiguous loss of parents, grandparents, siblings and friends.
- For many, the loss of siblings is most challenging (Mitchell, 2017).
- Other losses included psycho-social losses such as loss of independence and self, loss of community.
- Those who had loss acknowledged, reported it significantly increased adaptation and ability to cope.

LOSS OF CONNECTION: ROMANTIC RELATIONSHIPS

O'Sullivan et al. (2018) out of UNB conducted a study collecting data from 886 individuals in their late teens and early twenties living in Canada and the US via social media (twitter, facebook, kijiji) and crowd sourcing through Amazon's Mechanical Turk.

They created two groups: one who had experienced a breakup within the last 3 months, and the other who had experienced a breakup less recently.

The objective of the study was to explore to what extent self esteem, grit and optimism impact resiliency and create a barrier for depressive symptoms and rumination after a breakup.

LOSS OF CONNECTION: ROMANTIC RELATIONSHIPS

- A number of scales were used to measure these variables including:
  - The Rosenburg Self-Esteem Questionnaire
  - The Short Grit Scale
  - The Life Orientation Test-Revised (to measure optimism vs pessimism)
  - The Beck Depression Inventory
  - The Ruminative Responses Scale

LOSS OF CONNECTION: ROMANTIC RELATIONSHIPS

1

The results showed that individuals who reported low self esteem and grit were already experiencing distress and a breakup did not contribute to the depression.

2

Individuals reporting high self esteem and grit experienced more distress following a breakup, but still less than the other group.

3

Those with higher pre-morbid self esteem, optimism and grit experienced lower levels of depressive symptoms and rumination overall in the 3 months following a breakup.

LOSS OF CONNECTION: ROMANTIC RELATIONSHIPS

Some research has found that women experience higher levels of breakup distress, however a recent meta-analysis found weak evidence for gender based discrepancies (Mirsu-Paun and Oliver, 2017).

It is acknowledged that men are generally less prone to seek psychological help. (Lehr, R. & MacMillan, P., 2001; Myers, M., 1989).

LOSS OF CONNECTION: ROMANTIC RELATIONSHIPS

Variables assisting in healthy recovery from loss of a relationship are:

- 1. Clear understanding of reason for breakup

-Inability to understand the cause of the break up and rumination can lead to increased risk of rumination and depression.

LOSS OF CONNECTION: ROMANTIC RELATIONSHIPS

- 2. Lack of personal responsibility for the end of the relationship

-Clients who initiate the breakup can face greater challenges in moderating the guilt and shame than may accompany being the person to leave.

LOSS OF CONNECTION: ROMANTIC RELATIONSHIPS

- 3. Being in a new relationship vs. staying single

-Clients who are distracted by new relationships receive the external validation that they are worthy of a partner and love and attention and often struggle less.

LOSS OF CONNECTION: ROMANTIC RELATIONSHIPS

- 4. Having strong social supports to help through the loss

-They are less inclined to socially isolate and are encouraged to seek help should low mood and rumination become problematic.

LOSS OF CONNECTION: PETS

- Adjustment to the loss of a pet can be very challenging.
- Losing a pet can result in significant loss yet often this loss can be minimized by those around us.

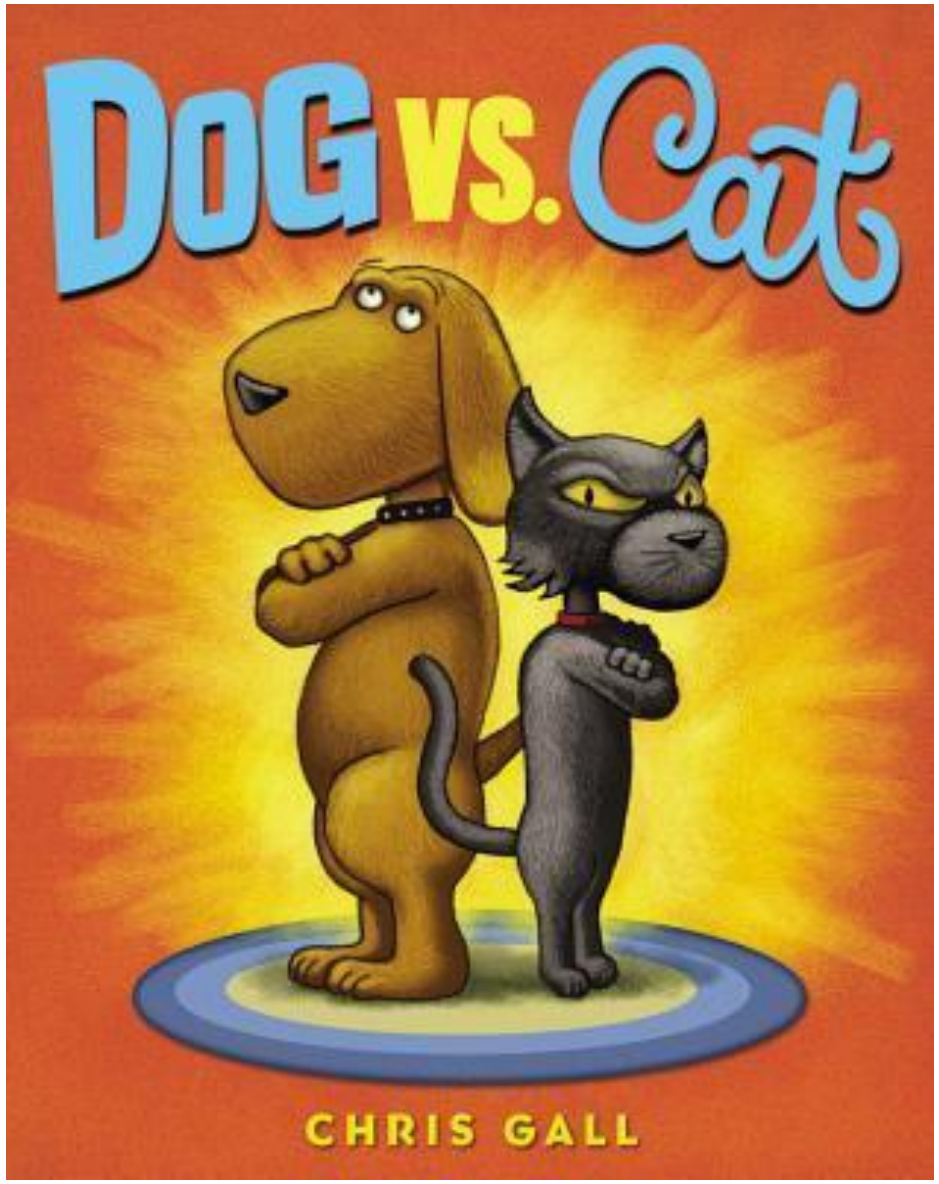
LOSS OF CONNECTION: PETS

- Variables impacting the depth of the loss appearing in the literature (Archer and Winchester, 1994) include:
  - the degree of affective attachment to the pet
  - the suddenness of the death
  - and whether the respondent lived alone

  But interestingly, not with the type of pet, the time since it had died, and how long the owner had been with it.

LOSS OF CONNECTION: PETS

- Studies comparing bereaved dog owners vs cat owners found no differences (Archer & Winchester, 1994; McCutcheon & Flemming, 2002)
- As well, research has shown that pet owners who euthanize their pets experienced lower grief severity than owners whose pets died a natural death (McCutcheon & Flemming, 2002).



LOSS OF CONNECTION: PETS

Eckerd et al.(2016) compared grief severity in college students experiencing the loss of a pet and the death of a person within the past 2 years.

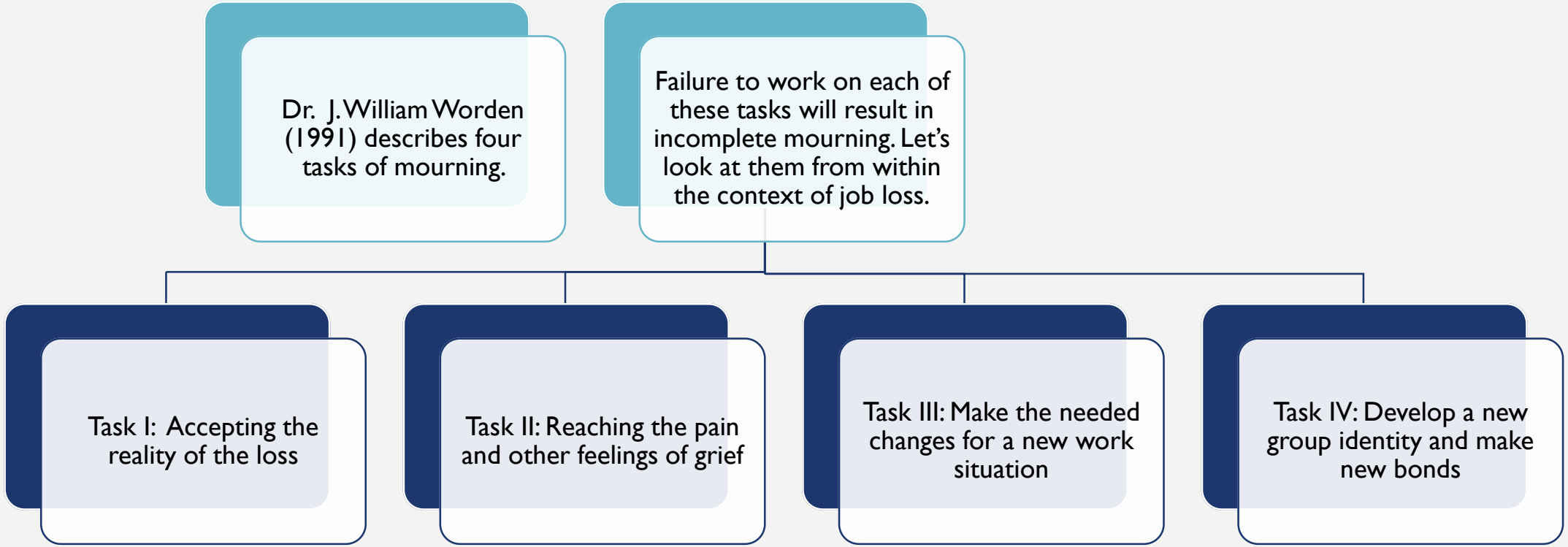
The results showed the death of a person scored higher but the differences were low.

The authors suggested that closeness was the key variable determining impact and that for some college students the loss of a pet was far more impactful for this reason.

LOSS RELATED TO EMPLOYMENT

- Many clients are adjusting to losses in workspace as they move from offices to cubicles and pods and new sites, changes in the way departments and organizations are managed, changes in staffing ratios and new personnel and changes in responsibility.
- With pressure to do more for less many clients (and social workers too) are enduring significant loss as it relates to daily life.

LOSS RELATED TO EMPLOYMENT



COPING WITH WORKPLACE CHANGE: DEALING WITH LOSS AND GRIEF

- For those interested in a nice, practical book that talks about adjusting issues for survivors of layoffs and other organizational change check out:
  - **Coping with workplace change. J. Shep Jeffreys, Ed. D**

LOSS RELATED TO EMPLOYMENT: RETIREMENT

- We don't tend to think of retirement as a period of loss, but for some clients it is.
- It is important for us to be mindful of these losses because they can undermine adaptation to retirement and overall coping.

LOSS RELATED TO EMPLOYMENT: LOSS OF IDENTITY

Some clients may not have balanced lives and employment is the central part of their identity.

Leaving work means separating from who they feel they are.

If poor health forces early retirement, it may be a struggle to do simple things like introduce yourself in social situations. This can significantly impact self esteem.

LOSS RELATED TO EMPLOYMENT: LOSS OF CONNECTION

Many clients struggle with, social isolation and this can be a significant threat for those who do not have a big friend circle outside the office.

One study suggests that women have a more difficult transition because they lose the emotional support they get at work.

LOSS RELATED TO EMPLOYMENT: LOSS OF FINANCIAL SECURITY

- Many of our clients are fearful of retirement because they do not have retirement income.
- Many clients also have grown up with big dreams about how exciting retirement will be and now are faced with recognizing they simply can not afford their fantasy.

LOSS RELATED TO EMPLOYMENT

Recognising the impact of job loss on our clients is very important as it connects significantly to emotional wellbeing.

Whether your client is personally experiencing job loss, or your client is the partner, parent or child; each can feel the impact.

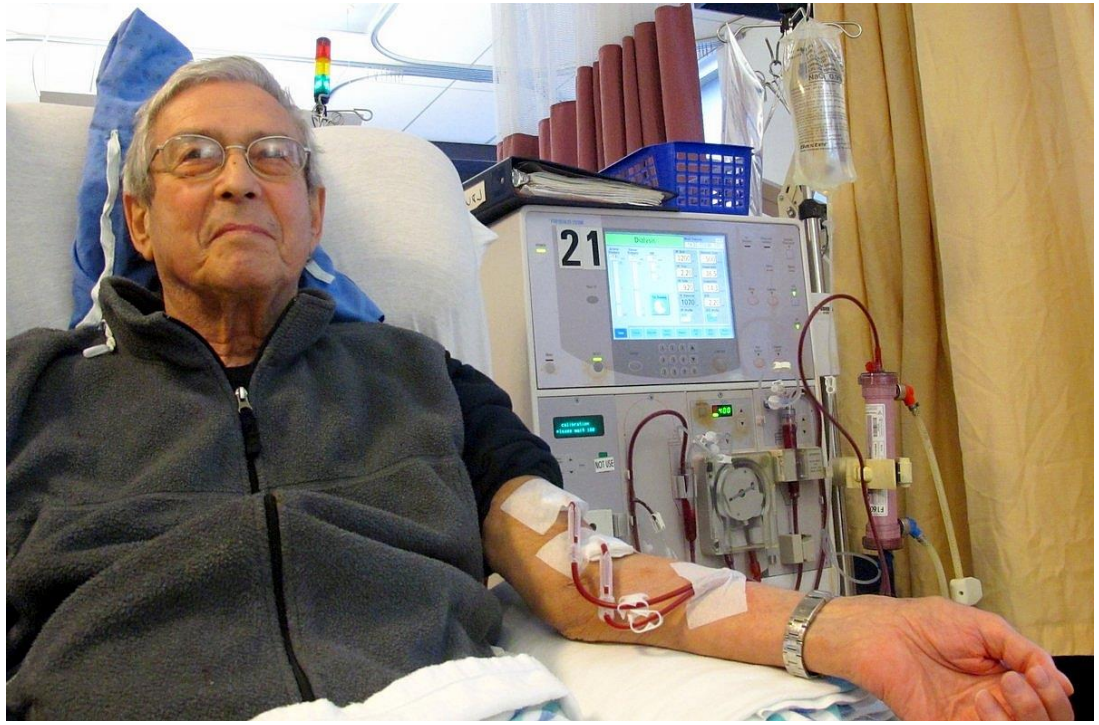
Always check, never assume!

CHRONIC ILLNESS

- Clients can experience loss with the diagnosis of chronic illness.
- Accepting that they can longer do the things they love because of physical limitations can be a huge loss.

CHRONIC ILLNESS LOSSES

- A key component of chronic illness adaptation is acceptance (Li & Moore, 1998).
- Adapting to chronic illness often means the client must come to terms with the fact that not only will the health issue not resolve, it may also result in further deterioration.
- Integrating this knowledge into daily life often results in many losses.



CHRONIC ILLNESS LOSSES

- This can be as simple as a runner being told she can't run again, a woodworker developing rheumatoid arthritis in her hands, a singer damaging her vocal cords or our children being diagnosed with a peanut allergy.

CHRONIC ILLNESS LOSSES

- Clients expressing difficulty adjusting to these losses might express them in response to:
  - Their own diagnoses
  - Their children
  - Their parents or other family members
  - Their friends and co-workers

CHRONIC ILLNESS LOSSES

Adaptation to the losses associated with the chronic illness in people around us can create significant burden.

Clients may experience increased physical, emotional and social demand and burnout caring for those around them with chronic health issues.

CHRONIC ILLNESS LOSSES

- Clients must face a host of losses including:
  - Loss of independence
  - Loss of productivity
  - Loss of self esteem
  - Loss of control
  - Loss of dreams for the future

CHRONIC ILLNESS LOSSES

- Losses may also impact their ability to work, continue much loved activities and interact with family and friends in preferred ways.

CHRONIC ILLNESS LOSSES

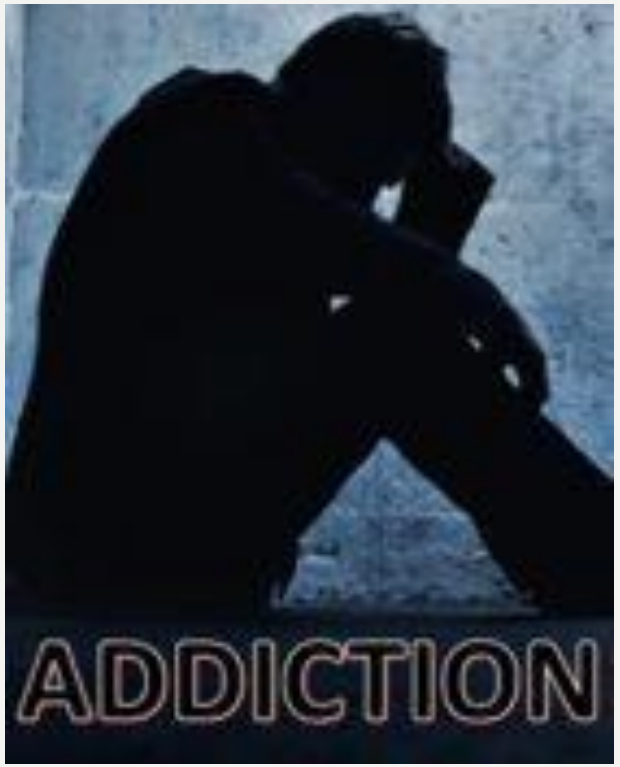
It's important to be mindful of the impact of chronic illness when working with our clients.

It's not uncommon for clients presenting with a depression to also be impacted by fibromyalgia, chronic pain or diabetes, or for a client with anxiety to have a child with a food allergy.

Taking these needs into consideration ensures we meet the holistic treatment needs of our clients.

ADDICTION

- Addiction is an area where tremendous loss is apparent for individuals coping with substance use disorder (SUD), and their loved ones.
- There is a strong relationship between traumatic loss and the development of a substance use disorder (SUD), as well as losses endured as a result of the development of an addiction.



LOSS AND ADDICTION

Loss alone is not a determinant for addiction, nor do certain losses lead to substance abuse.

Scholnick (1979) reported that people who experienced addiction and kept returning to drug use appeared to have encountered deeper losses in life and couldn't talk about them.

While we can't definitively state what causes one person experiencing loss to develop a SUD, there can be significant variables

LOSS AND ADDICTION: EARLY LIFE LOSSES

Variables:

1. Children who lose one or more parents between the ages of 6-18 years appear to have a greater risk of developing a substance use problem (Hoeg et al., 2017; Kaplow et al. 2010)

2. The likelihood of developing a substance use disorder is nearly doubled among young adults who experience multiple deaths in a short period (Gayman, Cislo & Hansard, 2016).

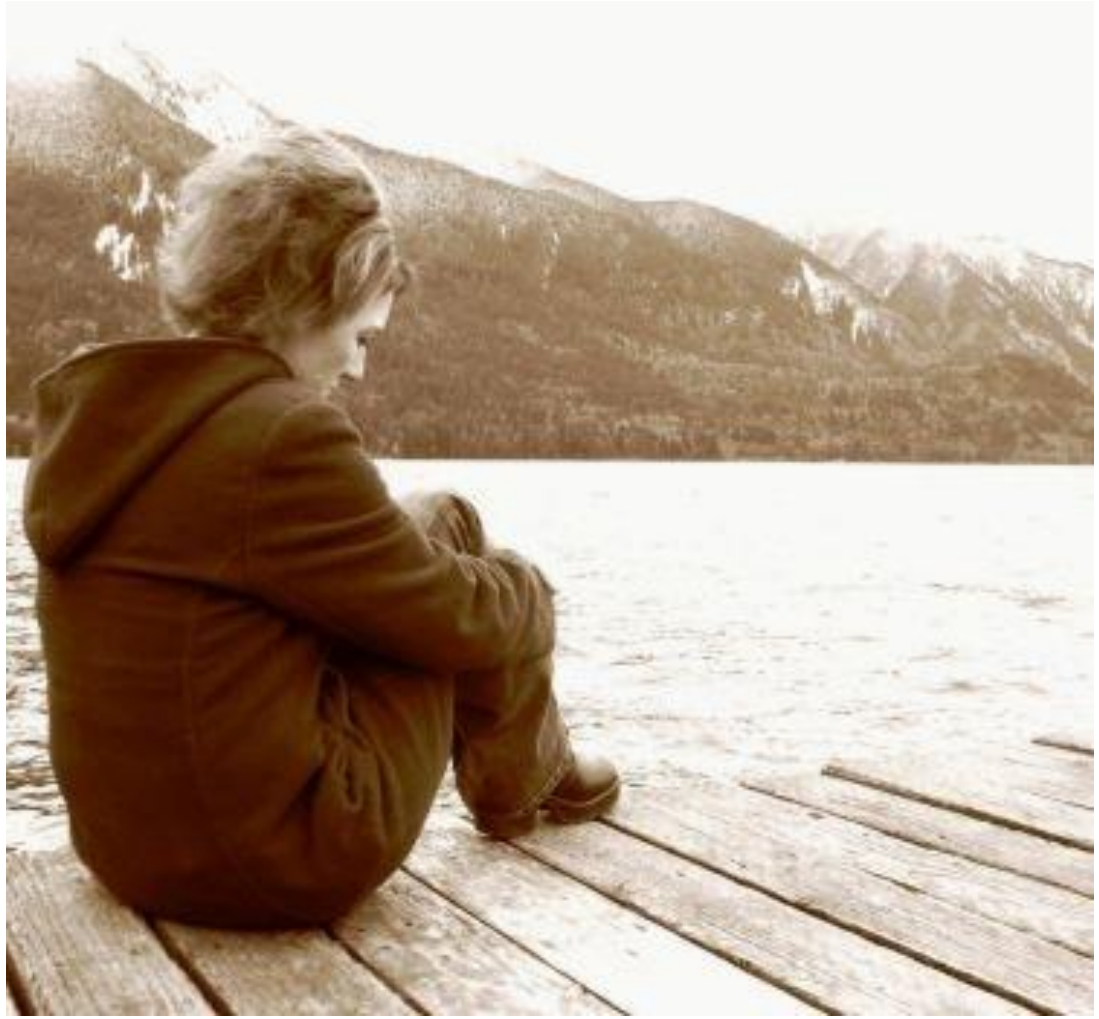
3. Women in substance abuse treatment often have a history of childhood physical, emotional or sexual abuse (McComish et al., 1999; Raghavan & Kingston, 2006)

LOSS AND ADDICTION

- Variables impacting development of a SUD following loss can also include:
  - Lack of additional coping strategies
  - Social acceptance (society, friends/family) of substance use as a coping strategy
  - Difficulty identifying, understanding and communicating personal needs
  - Difficulty accessing emotional supports
  - Inability to assimilate loss into a system of meaning

LOSS IN ADDICTIONS

- Individual grief and loss associated with substance use has been connected with:
  - Early life losses
  - Losses that occurred while abusing substances
  - Losses encountered while entering recovery



LOSSES WHILE ABUSING SUBSTANCES

Loss of relationships, jobs and financial losses, physical issues with memory and related illness, and psychological losses including self respect, and self confidence can also result.

Friedman (1994) stated " the alcoholic who is actively drinking is involved in a perpetual state of grief- a response to the many losses that are experienced over the years of uncontrolled drinking."

LOSSES WHILE ABUSING SUBSTANCES

Individuals with SUD may be excluded from different moments of mourning, including funerals. Sometimes the death scene is avoided to prevent confrontation with the authorities.

Those who experience this type of grief may experience confusion about how to express grief once clean and sober.

Because of the multiple experiences with death, death is viewed as a part of life and there is a general acceptance of their own mortality. "I lived longer than I expected. I thought I would die before my 40th birthday" (Wojtktkowiak et al., 2019)

LOSSES ASSOCIATED WITH ENTERING TREATMENT

01

Because dependency on substances is often in response to an inability to fulfill needs, abstinence can mean a loss of coping strategies.

02

This can result in resurgence of pain from unresolved issues the substance was helping to block.

03

McGovern and Peterson (1986) found that awareness of loss was higher upon completing treatment.

LOSSES ASSOCIATED WITH ENTERING TREATMENT

- With recovery, the individual also loses membership in the addiction community and are separated by friends and family who use substances.
- Longstanding relationships and supports may now be taken from the individual as maintaining connections may threaten sobriety.
- Social activities and hobbies may also be lost because of their association with substance use, such as pool and dart leagues held in bars.

LOSS AND ADDICTION: FAMILY

Also significant is the experience of addiction through the eyes of the family.

Grief and loss can occur as loved ones cope with the changes in the individual using substances

- Loss of hopes and dreams for the individual using
- Loss of connection- personality and relationship changes related to use
- Loss of quality of life- quitting jobs to care for loved ones, financial strain for rehab, and rescuing
- Loss of support- Feeling stigmatized and unsupported by society, friends and family
- Loss of stability- rollercoaster emotions associated with loved one's addictions and demands
- Loss of personal health- anxiety, worry, stress, depression, physical health issues

LOSS AND ADDICTION: FAMILY

- Parents of adult children with SUD often struggle with living with blame and shame, feeling humiliated, guilt and coping with disruption to the family and relationships to others.
- Many parents struggle with chronic sorrow and hopelessness in addition to the loss of what could have been (Dion, 2014).

LOSS AND ADDICTION: FAMILY

- While any death can be devastating, there appear to be additional implications for a death related to substance abuse.
- Stanton and Todd (1988) summed it up nicely stating " It is an abrupt loss by non-natural causes that is loaded with social/moral stigmas, secrecy, shame and denial, in addition to producing strong feelings of anger, helplessness and guilt".

TREATMENT: HOW DO WE HELP OUR CLIENTS?

We can start by having a good understanding of the loss the client is experiencing from a biopsychosocial perspective.

George Engel's (1977) biopsychosocial (BPS) model firmly believes that a combination of three important factors; namely, biological, psychological, and social is the best way to completely understand health and its issues.

Using the BPS model as a framework can be useful in exploring the individual variables involved in the production of the client's grief reaction to loss.

USING THE BPS MODEL TO EXPLORE LOSS: BIOLOGICAL

If we apply the BPS model to loss, we can explore the indicators from the diagnostic tables:

Biological variables:

Does the client have an appetite and are they eating?

Is the client able to get restful sleep at night?

Does the client have any illnesses impacting their ability to cope with the loss?

Does the client have a thyroid issue?

USING THE BPS MODEL TO EXPLORE LOSS: BIOLOGICAL

- Changes in eating and sleeping are normal after a significant life disruption.
- Sleep hygiene is essential. Monitor this, encouraging regular eating and sleeping patterns.
- Notice if the appetite changes, if they can't fall asleep or stay asleep, or if they wake early.
- Napping during the day can also impact good quality REM sleep.
- Continued issues could indicate the development of a depression.

USING THE BPS MODEL TO EXPLORE LOSS: BIOLOGICAL

Illnesses such as diabetes are significantly impacted by changes in eating and sleeping. Illness instability can negatively impact mood.

Chronic pain might be impacting the ability to sleep.

Thyroid issues can often mimic depression

Any significant biological changes should be redirected to the GP or psychiatrist involved.

USING THE BPS MODEL TO EXPLORE LOSS: PSYCHOLOGICAL

Psychological variables:

How is the client processing emotion?

Are they experiencing shock, denial, anger, or sadness?

Are they processing or do they appear stuck?

Are they experiencing cognitive impact from the loss such as low self esteem or self loathing?

USING THE BPS MODEL TO EXPLORE LOSS: PSYCHOLOGICAL

Is there hopelessness?

If there is guilt, why?

Are they ruminating and if so about what?

Do they want to die?

Exploring these variables can help you determine if the client is in pain but is experiencing integrative grief vs. complicated, or if there is a depression.

USING THE BPS MODEL TO EXPLORE LOSS: SOCIAL

USING THE BPS MODEL TO EXPLORE LOSS: SOCIAL

It is important to explore why these behaviours are occurring.

Isolating because they feel alienated from others (depression) is different than isolating but maintaining emotional connection to others (grief).

Inconsolable indicates depression as does anhedonia.

GRIEF AND DEPRESSION

- Major depression can occur within the context of bereavement in the same way that it can occur following any other significant life event… the loss of a job, pet, relationship or traumatic event.
- You can grieve and be depressed.(Dr. Sidney Zisook, 2013)

BREAKUPS AND DEPRESSION

- Breakups are often linked to a number of serious outcomes including suicidal ideation and attempts, clinical depression, anxiety, irritability, trouble concentrating and substance use (O'Sullivan et al, 2018)
- Always screen carefully for indicators that your client's loss has shifted into something requiring medical intervention.

TREATMENT

- So we have assessed our clients using the BPS approach that is now loss informed and discovered the client is experiencing multi-level losses.
- What do we do now?

MASLOW'S HIERARCHY OF NEEDS

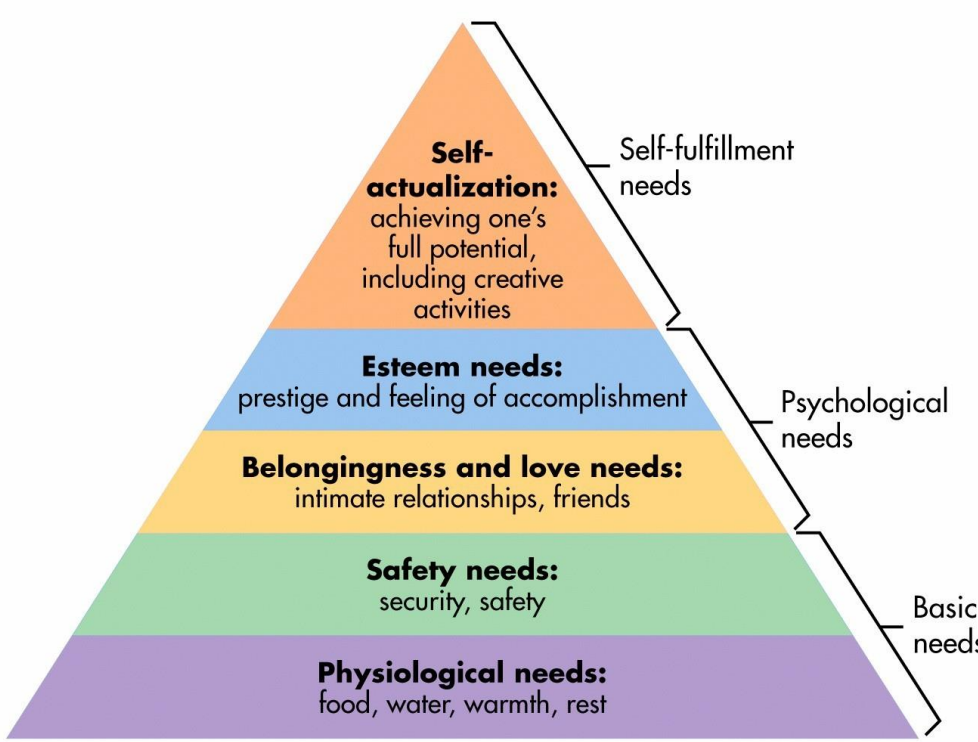
Maslow's Hierarchy of Needs is relevant in addressing treatment, reminding us that base level needs must be ensured before higher level goals can be attained.

A client struggling with financial losses jeopardizing shelter and food can not focus on how they feel the loss of employment impacts self esteem.

A client experiencing depression is more focused on inability to sleep, eat or a lack of desire to be alive.

With these base level needs impacted, clients have difficulty striving to meet other goals of self-actualization in the shadow of loss.

Any loss can become a depression with risk to safety.



TREATMENT

- Depending on what the assessment is, we need first to start with safety.
- If a depression is determined to be a risk, work to stabilize this.
- If the client is unsafe because of SUD, address this.
- Other losses while significant and important they must be secondary to those impacting safety.
- We can still validate the additional losses, but the primary goal must be safety.
- Bring in other team members and the GP to work to stabilize as needed.
- Enlist support of family and friends as necessary.

TREATMENT

Once safe, exploring the impact of loss with the client is the next step.

Building emotional language to start adapting to loss is key.

Offer the client a list of emotion words and ask them to find a word that might more accurately describe the feeling.

Mad may become powerless, betrayed, hurt etc.

Each of these words are important because having the correct label facilitates greater understanding in communicating needs with others.

TREATMENT

Once the client has increased their emotional language increases consider exploring the somatic response to help them build increased awareness of how it relates to daily coping.

Many times our emotions become over-extended dealing with loss that we have little resiliency to deal with day to day issues like being cut off in traffic, having a disagreement with a co-worker etc.

Recognizing how we are somatically feeling assists the client to be more self aware and cautious as we feel emotions like anger and sadness building.

Where do you feel betrayal in your body?	How do you first recognize that's what it is?	What does your body need to do to release it?

TREATMENT

Educate your clients about non-adaptive strategies and their danger.

Many people will go out drinking with friends to convince themselves that they are ok following any kind of loss. The struggle with this is that feeling sad and low and then drinking can be a terrible combination.

Alcohol is a depressant and instead of helping the client feel better, it can make mood plummet.

As well, staying out late will mean seeing people at their worst…tired, unfiltered, drunk and this can only highlight the loss.

TREATMENT

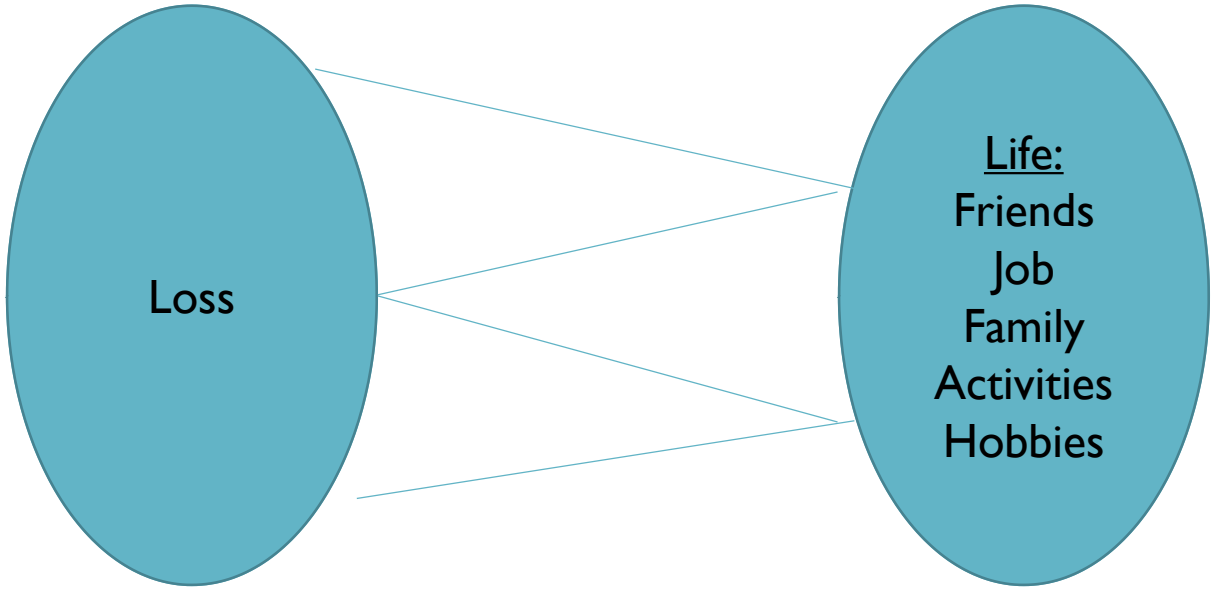
- Encourage your clients to maintain positive social connections with people they love who love them too…friends, co-workers, family.
- Go out during the day, spending time with people who are positive, optimistic about life and easy to spend time with.
- Engage in activities that distract from the loss and give them positive experiences to compete for space in their minds.

TREATMENT

- Focus on helping clients value themselves separate from the loss, working on
  - Self love
  - Resilience
  - Optimism
  - Boundary setting
  - Healthy expectations in all areas of their lives.

TREATMENT

- Give clients permission to be sad, but not be trapped by it



TREATMENT

- Assist clients to grieve the loss, but also to view the loss realistically and not idealistically.

TREATMENT

- There are a number of wonderful approaches to grief therapy… many of them I highlighted in my last webinar and you can check them out online if you are interested.
- I'd also highly recommend reading anything by Dr. Robert Neimeyer and he has published extensively or doing one of his workshops.

TREATMENT

- Dr. Kathy Shear at Columbia University has also developed a wonderful Complicated Grief treatment program that is widely acclaimed. I recently purchased an online manual and video series for a reasonable fee from her.

TREATMENT

- EMDR Therapy is another very useful therapy in treating all types of traumas, and loss can be treated quite effectively with it as well.
- I am trained in EMDR and have used it with great success in combination with other narrative approaches. I find it very effective at facilitating the processing necessary in moving through loss.
- EMDR is considered one of the top two therapies for treating trauma and of course loss and trauma are very closely connected.
- For more information on training check out EMDRcanada.org

TREATMENT

There are also great opportunities to do group work with any of these client groups. Here in our community, we have wonderful groups for individuals impacted by addiction and others for family and friends.

We have chronic pain groups, and grief groups. Some follow a peer support model, and others are structured psycho-educational and therapeutic groups.

The commonality of group work can be very empowering for clients and rewarding for us as clinicians.

CONCLUSION

As good clinicians, social workers have always done our best to help our clients through loss and grief.

My hope in presenting today is that I have illustrated how many layers of loss our clients can actually be experiencing, layers that we may not have been actively searching to understand.

Awareness assists in developing good treatment goals and validating the needs of our clients, something social workers have always been very skilled at doing.

THANK YOU

HAPPY SOCIAL WORK MONTH EVERYONE!