

ABSTRACT

WIDOWHOOD AND GRIEF SUPPORT: GERONTOLOGY CURRICULUM FOR OLDER ADULTS

By

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Although older adults are more susceptible to loss, there are more support groups aimed towards helping young widowed persons than those ages 65 and over. The purpose of this project was to develop a curriculum for an 8-week grief support class for New Hope Grief Support Community in Long Beach, California. This curriculum will allow older adults who have lost a spouse or partner to learn how to cope with their loss while also learning to rely on new relationships as their main point of support. The curriculum is based on James William Worden's four tasks of mourning and New Hope's grief education format.

WIDOWHOOD AND GRIEF SUPPORT: GERONTOLOGY CURRICULUM
FOR OLDER ADULTS

A PROJECT REPORT

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Master of Science in Gerontology

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CHAPTER 1

INTRODUCTION

The death of a spouse may be one of the most stressful events an individual will ever encounter and often requires more psychological and behavioral adjustment than any other life transition (Atchley, 1989). To date, most bereavement studies have focused primarily on the emotional and psychological responses to widowhood rather than the social and behavioral implications of spousal loss (Stroebe, Hansson, Stroebe, & Schut, 2001). Because the majority of older adults has solidified and internalized a lifetime of habits, behaviors, and attitudes the behavioral adjustment associated with grief in late-life may be one of the most difficult challenges an older adult will face (Atchley, 1989). Upon widowhood, the surviving spouse or partner must learn to relinquish the status of “married” and assume the identity of a widow(er). To facilitate this transition, grieving older adults may be forced to realign their social networks and activities.

According to Kahn and Rowe (2002), a central component of successful aging is an active and productive engagement in society. When applied to grief, social engagement could also be considered a critical component of coping (Kahn & Rowe, 2002). Widowhood may not only create psychological distress, but may also bring about significant changes to the surviving spouse or partner (Stroebe et. al, 2001). One of these changes may be the shift in social support and the importance of learning to rely on alternate relationships for emotional backing. Although widowed individuals often have

increased contact with loved ones during the initial grieving period, that contact typically tapers off as time goes on often leaving the widow(er) disengaged.

Social support while grieving has been demonstrated to be widely beneficial in moderating the effects of both chronic and acute stress (Konigsberg, 2011). Although family and friends are vital resources to grieving the loss of a spouse or partner, support groups can become an even more valuable resource (Cox, 2010). Grief support groups are able to offer companionship and empathy from others who have experienced a similar loss.

New Hope Grief Support Community in Long Beach currently offers support groups for adults and parents, as well as a family camp that offers grief support for the entire grieving family. However, New Hope does not offer support groups specifically designed for older widowed individuals age 65 and older. The purpose of this directed project is to create a facilitator's manual for an 8-week grief support group that will take place at New Hope. This grief support group will allow members to build networks within their cohort while also learning how to cope with their own grief.

Background of the Problem

Grief is a life changing universal experience in which the grieving individual will express a set of responses and behaviors. These responses/emotions can vary and include denial, anger, bargaining, depression, and acceptance (Konigsberg, 2011). The way a person grieves will depend on the relationship they had with the deceased and the personality of the grieving person (Konigsberg, 2011). When one's spouse or partner dies, the widowed individual must learn how to adjust to the loss and must be able to face daily responsibilities that may have once been shared by both spouses and/or partners.

Widowed older adults may also experience a greater rate of mortality and morbidity that can result from not only expected decline in health from aging, but also from the increase in stress that is associated with the loss of a spouse or partner.

Grief is very challenging and can appear in many different forms. It may be overwhelming physically, emotionally, mentally, and spiritually. The roller coaster of emotions and memories that are unexpectedly triggered may also result in spiritual questioning (Konigsberg, 2011). As people begin to move along their journey towards hope and healing, being with others who are experiencing the same emotions may provide comfort, support, and hope (New Hope Grief Support Community, 2013).

There have been multiple studies that have found positive relationships between the psychological well-being and the social support of the widowed person (Konigsberg, 2011). Contact with friends and relatives is often associated with better psychological and physical health among the widowed (Konigsberg, 2011). In fact, widowed older adults who receive social interventions such as grief support often show increased positivity and well-being (Konigsberg, 2011). The single most important factor in healing from loss is having the support of others, and being able to share ones loss will make the burden of grief that much easier to carry (New Hope Grief Support Community, 2013).

Statement of the Problem

Widowhood is a common experience among older adults, and about 30% of those individuals age 65 and older identified as widows or widowers in 2010 (Administration on Aging, 2012). Furthermore, widows accounted for 36% of all older women in 2013 (Administration on Aging, 2012). In 2011, persons reaching age 65 had an average life

expectancy of an additional 19.2 years (20.4 years for females and 17.8 years for males), and as individuals live longer, the number of widows and widowers will increase gradually (Administration on Aging, 2012).

At one time or another every individual will be affected by grief, so it is no surprise that grief response has been widely studied over the years. Although individuals at every age group experience grief, grieving older adults are also experiencing additional losses in their daily life that can make the grieving process more difficult (i.e., physical decline, change in social roles, and fewer relationships with others). Additionally, these losses may lead to isolation and/or depression, as well as frequent illnesses (Lewis & Trzinski, 2006).

Although older adults are more susceptible to loss, there are more support groups aimed towards helping young widowed persons than those ages 65 and over (Cox, 2010). Thus, more data is needed to clearly understand the effectiveness of support groups used by grieving older adult widows and widowers. In addition, there is a need to develop curriculum that is specially designed for meeting the grieving needs of this cohort, specifically at New Hope Grief Support Community.

Purpose Statement and Project Objectives

The purpose of this project was to develop a facilitator's manual for an 8-week grief support group at New Hope Grief Support Community. This manual contains a curriculum that will allow older adults who have lost a spouse or partner to learn how to cope with their loss while also learning to rely on new relationships as their main point of support. Several objectives have been applied to this directed project:

1. Review past literature related to grief support;

2. Review existing grief support group curricula;
3. Create a facilitator's manual that incorporates curriculum for an eight-week grief support group for older adult widows and widowers;
4. Have the facilitator's manual evaluated by expert reviewers;
5. Add revisions to the manual based on the expert reviewers evaluations.

Definition of Terms

Bereavement

A period of mourning or sadness that follows the death of a loved one. The time that is spent in a period of bereavement depends on how attached the person was to the person who has died, and the amount of time that has been spent awaiting the loss (Konigsberg, 2011).

Curriculum

The planned interaction of pupils with instructional content.

Grief

The normal process of one's reaction to a loss. The loss may be physical—such as a death, social—such as divorce, or occupational—such as a job. This directed project addresses the physical loss of a spouse or partner, and the effects on the widowed person.

Grief Counseling

A specific form of therapy, or a focus in general counseling with the goal of helping the individual grieve and address personal loss in a healthy manner. This project will create a facilitator's manual that incorporates curriculum for an 8-week grief support group that offers grief counseling.

Older Adult

An individual age 65 or older.

Stressor

Something that makes one worried or anxious.

Support Group

A voluntary group of individuals with a common connection guided by a facilitator who assists the group members in providing relevant information, relating to personal experiences and establishing social networks.

Delimitations

Several delimitations have been proposed that may influence the curriculum. The first being that the subject of death may be too sensitive of a subject matter, which may inhibit people's willingness to fully participate in the grief group sessions. Secondly, the curriculum will not be field-tested. Lastly, the curriculum will be prepared for a single agency—New Hope Grief Support Community, and will only be written in English.

Assumptions

Several assumptions have been applied to this directed project. These assumptions are ideas that may be understood by the project developer regarding grief. First, a large assumption is the fact that grief may be stressful for a long period of time, but will eventually end. Secondly, the loss of one's spouse or partner will always cause some degree of stress, no matter the quality of the spousal relationship.

CHAPTER 2

REVIEW OF LITERATURE

The purpose of this project is to develop a facilitator's manual for an 8-week grief support group at New Hope Grief Support Community. This manual will contain a curriculum that will allow older adults who have lost a spouse or partner to learn how to cope with their loss while also learning to rely on new relationships as their main point of support. This chapter will review literature in the following areas: Life expectancy and widowhood, late life spousal loss, grief and bereavement, grief theories and models, stages of grief, grief work, existing curricula, and summary.

Life Expectancy and Widowhood

Compared to a century ago, people are living longer than ever before. The life expectancy at birth in 1900 averaged around 47.3 years. According to the U.S. Census Bureau (2012), in 1996 it increased to 76.1 years, and in 2015 the total life expectancy is estimated to be around 78.9 years. The steady increases in life expectancy are due to advances in medical treatments and decreases in the mortality rates among middle aged individuals. According to data that has been compiled by the Social Security Administration (n.d), a man reaching age 65 today can expect to live, on average, until age 84. A woman turning age 65 today can expect to live, on average, until age 86. Although these are just averages, the Social Security Administration has found that about

1 out of every 4 65-year-olds today will live past age 90, and 1 out of 10 will live past age 95.

Currently, 7.8% of all women in the United States are widowed, while 3.5% of all men in the United States are widowed (U.S. Administration on Aging, 2012). Since the 1960s, there have been significant changes in marriage patterns and family structure as divorce rates have risen, fertility levels have dropped, and life expectancy has continued to increase—especially for men (Jacobsen, Kent, Lee & Mather, 2011). As a result, the proportion of older women who are married increased dramatically between 1960 and 2010, while the proportion of older men who are married increased between 1960 and 1980, but has declined ever since (Jacobsen et al., 2011). Levels of widowhood are much higher among older women than among older men because of women’s higher life expectancy, and because older men are much more likely to remarry after the death of a spouse or partner (Jacobsen et al., 2011). In 2010, the proportion of women ages 65 and older that were widowed was around 40% and was almost equal to the proportion of those who were married. However, the increase in male life expectancy has substantially reduced the number of women ages 65 to 74 who are widowed—from 44% in 1960 to 24% in 2010 (Jacobsen et al., 2011).

Late Life Spousal Loss

More than 900,000 people are widowed each year in the United States, and nearly three-quarters of that population are over the age of 65 (Hanson, Moss, & Moss, 2001). For older married couples, spousal loss is an ever-present experience that is often unavoidable (Miller & Wortman, 2002). Despite the prevalence of spousal loss among older adults, there has been a lack of research examining how older adults are affected by

the death of a spouse or partner (Hanson et al., 2001). This lack of research often stems from assumptions and beliefs regarding how older adults react to spousal loss. Because late life spousal loss is often regarded as a “normal” and expected part of life, it is often presumed to pose less of a coping challenge to older adults compared to spousal loss in early adulthood or at midlife (Silver & Wortman, 1990).

However, there are many reasons why older adults may find it particularly difficult to cope with the death of a spouse or partner. The social networks of older adults are often narrowed by the deteriorating health and death of their peers (Hanson et al., 2001). In the United States, families are often dispersed geographically; so older adults may have few children or other close relatives in a close proximity to provide support. Many older adults have also been raised in relatively tight-knit communities and consequently may have little experience in developing new supportive relationships outside of the family (Hanson et al., 2001). For these reasons, spousal relationships are often the most dominant and often sole relationship among older adult men and women. Due to the centrality of the spousal relationship in late life, the loss of this relationship is likely to result in a profound disorganization of one’s roles in life (Hanson et al., 2001).

Individuals who are grieving may experience a myriad of challenges after losing a spouse or partner, including shifts in familial “roles” and personal identity. Role theory argues that individuals’ identities are largely created through the roles they assume throughout their life. As a result, when an individual is prevented from playing familiar roles they are forced to redefine their identity and make significant life adjustments (Boyd, McGuire, & Tedrick, 2009). Moreover, some older adults may have relied heavily on their spouse or partner for assistance with the tasks of daily living,

particularly if they are ill themselves. Therefore, the loss of a spouse or partner may also be accompanied by a loss of independence (Boyd et al., 2009).

Hall and Irwin (2001) found that late life spousal loss might co-occur with changes in multiple physiological systems. The widowed are more likely to experience disturbed sleep and weakened immune systems (Hall & Irwin, 2001). Perhaps the most severe consequence of late life spousal loss is the increased rate of mortality (Miller & Wortman, 2002). This effect seems to be most pronounced in older adult men, particularly during the first 6 months after the loss has occurred (Bowling & Windsor, 1995). Among older adults, these changes in the physiological systems may become more pronounced if the surviving spouse or partner is also depressed (Hall & Irwin, 2001).

Grief and Bereavement

The terms *grief* and *bereavement* often evoke a sense of sadness, despair, and loneliness. Bereavement is the objective state of loss that refers to the fact that a loss has occurred, while grief is the subjective response that determines an individual's reaction to that loss (Worden, 1991). An individual may have grief reactions in any loss situation, whether the loss is physical and tangible, or symbolic and intangible. The intensity of one's grief will depend on the meaning of that loss to the individual. However, loss does not inevitably create grief (Rando, 1993). Some individuals may be so disassociated from their loss that they may experience little to no grief whatsoever (Rando, 1993).

Grief and bereavement have always been linked with negative psychological and physical health outcomes such as depression, anxiety, poor physical health, and impaired occupational and social functioning (Dutton & Zisook, 2005). Although bereavement

can be a very difficult time in one's life, many widows and widowers make sense of their loss and cope adaptively by managing their feelings in an adaptive way by maintaining emotional stability and developing new relationships (Dutton & Zisook, 2005). Losing a loved one is a traumatic life event that affects everyone at some point in time. Any death has the potential of being painful and difficult, but of all the losses, spousal loss may be the most devastating (Dutton & Zisook, 2005).

Grief Theories and Models

Sigmund Freud, the father of psychoanalysis, was the first person to publish a grief theory. He defined grief as an experience that usually follows a normal course but could potentially lead to a serious psychological issue if the grieving individual failed to emotionally detach from the deceased (Freud, 1917/1957). He determined that healthy recovery required the severing of emotional ties with the deceased and a return to one's pre-loss world (Freud, 1917/1957). Thus, if a grieving individual were unable to sever emotional ties with the deceased through "reality testing" and instead clung to the deceased through the process of "hallucinatory wishful psychosis," the outcome would be the pathological condition, melancholia, or depression (Freud, 1917/1957).

Erich Lindemann (1944/1994), a psychiatrist who specialized in bereavement, studied acute grief reactions experienced among bereaved individuals who lost loved ones due to natural causes, disaster, and war. Based on his observations, Lindemann was able to differentiate between the normal and abnormal reactions to loss. Through his research he found that normal responses to loss include somatic disturbances, guilt, hostility, loss of relationships, and disorganized behavior (Lindemann, 1944/1994). Lindemann's work gave rise to clinical guidelines for the identification of abnormal grief

reactions, some of which included a delay in one's grief response, altered social relationships, hostility, self-destructive behavior, and "agitated depression." Like Freud, Lindemann also believed that in order to successfully cope with one's grief, a severing of emotional ties with the deceased was a must. Although interesting, the grief theories of Freud and Lindemann have never been tested for validity (Wright & Hogan, 2008).

Collin Parkes was one of the first grief theorists to base his conclusions on empirical evidence (Wright & Hogan, 2008). Parkes's research, based on interviews with widows, communicated a dynamic, multidimensional process that represented grief in its fullness, a complex array of emotions (Wright & Hogan, 2008). He found that the emotions experienced by grieving individuals were not constant, leading him to conclude that grief was not experienced uniformly (Parkes, 1998).

The Dual Process Model (Stroebe & Schut, 2005) depicted grief as an oscillatory process in which a grieving individual alternately and simultaneously experiences and avoids suffering as opposed to a linear process involving discrete stages (Wright & Hogan, 2008). Psychologists Stroebe and Schut (2005) introduced the Dual Process Model in order to address the limitations of earlier grief models that presented grief as a series of stages, phases, or tasks. Knowing that grieving individuals suffer greatly after a loss, Stroebe and Schut (2005) theorized that in order to effectively cope with grief, one must oscillate between attending to and coping with loss-oriented and restoration-oriented tasks and stressors. This model proposes that the dynamic regulatory mechanism of oscillation allows the bereaved to confront or avoid stressors based on their level of emotional functioning or the circumstances (Stroebe & Schut, 2005).

Stages of Grief

Dr. Elisabeth Kubler-Ross was an early theorist who studied death and dying by working with the terminally ill (Stang, 2012). She developed her Five Stage Model based on her observations of what individuals usually experience as they come to realize their own mortality (Stang, 2012). Her model suggests that people go through stages of denial, anger, bargaining, depression, and acceptance as they face death. Many individuals find that Kubler-Ross's five stages accurately reflects the grieving process, but those with an instrumental style of grieving are unable to reconcile their own experiences with the five stages of grief (Stang, 2012).

Although Kubler-Ross's five stages have helped so many grieving individuals in the last 40 years, some researchers believe there are reasons for disputing her stages of grief theory (Gillies & Neimeyer, 2006). One argument is that Kubler-Ross was a leader in hospice, death, and dying, which is the reasoning behind her stages of grief theory. The five stages of grief were originally implemented for those who were grieving the end of their own mortality, not for those grieving the mortality of others (Gillies & Neimeyer, 2006). Another argument against Kubler-Ross's five stages is the fact that most individuals do not experience emotions in stages, but rather oscillate back and forth between them (Weaver, 2007).

In 2007, *The Journal of the American Medical Association (JAMA)* published the results of the *Yale Bereavement Study (YBS): An Empirical Examination of the Stage Theory of Grief*. The study is believed to be the first to empirically test the stage theory of grief commonly attributed to Kubler-Ross (Weaver, 2007). The study was based on interviews with 233 grieving individuals living in Connecticut between January 2000 and

January 2003. The majority of the sample was spouses of the deceased and the remaining were adults, children, parents, or siblings of the deceased. The researchers found that people do not experience emotions in stages, but rather oscillate back and forth between them, counteracting Kubler-Ross's stages of grief theory (Weaver, 2007).

As an alternative, James William Worden (2001) developed a model that he called the "Tasks of Mourning." The work of Worden extended grief theory by emphasizing the role that counselors and therapists play in offering care and comfort to grieving individuals (Wright & Hogan, 2008). Through his research, Worden presented a conceptualization of the grieving process and created four distinct tasks of mourning. Worden emphasized that his tasks are not stages, that they are not necessarily addressed in sequential order, and that some individuals may need to return to the same task several times as their grief journey continues (Worden, 2001).

The first task that the grieving individual must undertake is to accept the reality of the loss. The second task, experiencing the pain of grief, includes various emotions such as anxiety, anger, guilt, and other feelings associated with loss (Wright & Hogan, 2008). The third task, adjusting to an environment where the deceased person is missing, involves three types of adjustments to the loss: *External adjustments*, which involve realizing the roles that the deceased played in one's life and developing strategies to fill those roles in his or her absence; *internal adjustments*, which refers to the ways in which the grieving individuals need to redefine their own selves after the loss (i.e., adjusting from being a wife to being a widow); and *spiritual adjustments*, which indicates that loss challenges one's spiritual beliefs. The fourth and last task of mourning, to relocate the deceased and move on with life, is based on the notion that survivors maintain continuing

bonds with the deceased (Worden, 2001). The premise of Worden's four tasks is that grief requires commitment and active participation on the part of the person who is grieving (Worden, 2001).

Researcher and clinical psychologist, Therese Rando, has also developed a stage model of grief based on her observations of those experiencing significant loss. Her model, which she refers to as the "Six R's," involves the need for the grieving individual to *recognize* and *react* emotionally to the loss of his or her loved one, to *relinquish* old attachments and accept that the loss is permanent, and to *readjust* to a changed world and *reinvest* in the present life. Rando reminds us that the nature of the loss, especially if it is traumatic and/or sudden, will affect one's grief process (Dombeck & Patricelli, 2006).

Grief Work

Ha and Ingersoll-Dayton (2011) created a study to map the frequency of interaction between the grieving individuals and their social network. The study found that older adults who had high social contact and high social support experienced less anger and fewer invasive thoughts than their counterparts; and those who had low social contact experienced higher amounts of anger (Ha & Ingersoll-Dayton, 2011). Those who experienced higher amounts of anger found it more difficult to seek out help for their grief primarily because they were not used to a lifestyle that supports bereavement counseling, grief therapy, grief support groups, and behavioral therapy (Ha & Ingersoll-Dayton, 2011). Those who sought out support stated that receiving grief-related intervention socially, such as participating in grief support groups in their community or attending self-help seminars, increased their level of happiness (Ha & Ingersoll-Dayton, 2011). They also reported that the social support they received helped them positively

cope with their grief (Ha & Ingersoll-Dayton, 2011). The more social support that widowed individuals receive in a satisfactory manner, the less psychological stress occurred during their social contact (Ha & Ingersoll-Dayton, 2011).

Grief support groups can be helpful for individuals to discover the meaning of a loss and to find benefits through the therapeutic process of a group (Cruess & Lichtenthal, 2010). In fact, group work may provide several therapeutic benefits for participants, such as a new sense of hope, a sense of belonging, imparting information, and the experience of group cohesiveness (Cruess & Lichtenthal, 2010).

Existing Curriculae

There are multiple resources that are available to support various grieving persons, such as grief support books and videos for children and teens, which have become the most common form of grief support for the youth demographic (Sudden Unexplained Death in Childhood Program, 2013). The National Child Traumatic Stress Network (2005) has created a childhood traumatic grief video and companion curriculum guide in order to educate care providers about childhood grief, and to create more awareness for those going through a traumatic experience.

GriefShare.org was created to help grieving individuals of all cohorts face the challenges of grief while learning to move toward rebuilding one's life (GriefShare.org). Each GriefShare session has three distinct elements: video seminar with experts, support group discussion with a focus, and personal study and reflection. The video seminar features top experts on grief and recovery subjects. These videos are produced in a television magazine format featuring expert reviewers, real-life case studies, reenactments, and video (GriefShare.org). After watching the video, group members

spend time discussing what was presented in that week's video seminar. For the personal study and reflection portion of the group, members will receive a workbook where they are free to sort out their emotions through journaling (GriefShare.org).

New Hope Grief Support Community offers grief support for adults and adolescents who have experienced the death of a loved one, and parents who have experienced the death of an infant (birth- 3 years old), or child (4 years old and up). New Hope's grief support groups address the needs of all kinds of loss and allow grieving individuals to realize that grief is as unique as the relationship they shared with the person who has died (New Hope Grief Support Community, 2013). The groups consist of 8 to 12 members, which creates an intimate home-like atmosphere that helps form a sense of community and support where feelings and memories can be expressed. The groups are curriculum based and allow for sharing, learning, and healing (New Hope Grief Support Community, 2013). Each support group runs for 8 weeks, and meets once a week for one and a half hours. Group members are provided with the curriculum they need for each group meeting (New Hope Grief Support Community, 2013)

Summary

As the number of older adults aged 65 and older continues to grow, the number of widows and widowers is also likely to grow, and we will begin to see a greater demand for support and curriculae for this cohort. For this reason, creating a curriculum for older adult widows and widowers at New Hope Grief Support Community is very important. After the death of a spouse or partner, there are multiple oscillating stages of grief that the majority of people will experience. These stages do not occur in any particular order, but it is very important that grieving individuals know how to manage each stage. Grief

curriculum gives a person permission to grieve in a way that is most appropriate to his or her personality and situation.

There is an abundance of literature and curriculae that exist for children and adults who are grieving, but there is currently not a curriculum that exists for widowed older adults at New Hope. This project will develop an 8-week grief support group for older widowed adults, using evidence based techniques from a variety of sources, while remaining consistent with the philosophy and model used by the facility.

CHAPTER 3

METHODOLOGY

The purpose of this project was to develop a facilitator's manual for an eight-week grief support group at New Hope Grief Support Community. This manual contains a curriculum that will allow older adults who have lost a spouse or partner to learn how to cope with their loss while also learning to rely on new relationships as their main point of support. Several objectives have been applied to this directed project:

1. Review past literature related to grief support;
2. Review existing grief support group curricula;
3. Create an eight week curriculum for a grief support group for older adult widows and widowers;
4. Have the curriculum evaluated by expert reviewers;
5. Add revisions to the manual based on the expert reviewers evaluations.

Setting

This project was created for a specific agency, New Hope Grief Support Community in Long Beach, California. New Hope's mission is to help grieving people find hope and healing. Their vision is to be the one grief organization that best understands and satisfies the needs of everyone who has suffered the loss of a loved one (New Hope Grief Support Community, 2013). New Hope offers existing curricula for adults and young adults who have experienced the death of a loved one, and for parents who have experienced the death of a child (New Hope Grief Support Community, 2013).

New Hope's greatest asset is their ability to care for the grieving in a compassionate and caring way. They are able to recognize that their community partners and the people they serve come from various walks of life, and that their commitment to diversity allows them to promote and celebrate individual and collective achievement (New Hope Grief Support Community, 2013). The addition of this curriculum for older adult widows and widowers will allow New Hope to better their mission and commitment to diversity.

Prospective Program Participants

The curriculum was designed for an eight-week grief support group that will be held at New Hope Grief Support Community for newly widowed older adults who are age 65 and older. The rationale behind this particular curriculum is to teach older widowed adults skills to cope with the loss of their spouse or partner while learning to rely on alternative relationships. Creating a curriculum for older widowed adults is imperative because older adults often suffer many major losses within a short period of time. For example, with widowhood often comes a change in financial security, as well as a decrease in social contact. The natural aging process brings about many losses, which may bring up memories and an influx of emotions if not dealt with properly (Konigsberg, 2011).

Project Development

Five stages were involved in developing this facilitator's manual. The first stage was to review past literature related to support groups for all types of grief. The second stage was to review existing support group curricula for all types of grief, as well as New Hope's current curriculum for adult and parental grief. The third stage was to develop a facilitator's manual for an 8-week grief support group for older adult widows and

widowers. The fourth stage involved an evaluation of the manual and curriculum by a panel of expert reviewers. The fifth and final stage involved adding revisions to the manual based on the expert reviewers evaluations.

The project developer recreated a facilitator's manual that includes lesson plans, group handouts, and teaching charts. The facilitator's manual and curriculum topics are based on James William Worden's Four Tasks of Mourning: (a) To accept the reality of the loss; (b) To experience the pain of grief; (c) To adjust to an environment where the deceased person is missing; and (d) To relocate the deceased and move on with life (New Hope Grief Support Community, 2013).

The facilitator's manual is structured for an eight-week grief support group primarily aimed at creating a new normal for each member. A new normal is considered the survivor's new way of life after they have dealt with the loss of their spouse or partner. Prior to the weekly sessions is an introductory section that includes forms that the facilitator will need, such as a welcome letter, registration forms, a self-care guide, and detailed handouts to educate the facilitator on older adult grief.

Each group session consists of different topics, with each week focusing on an emotion that the majority of grieving individuals will encounter. Week 1 is an introduction to the group process, the 3 Realities, and to the commonalities of normal grief behavior. Week 2 guides the group members through the feelings of shock and denial, and teaches group members strategies for coping with grief. Week 3 is spent discussing sadness, depression, loneliness, and suicide, and the common emotions of grief and mourning. In week 4, group members are given tools on how to deal with fear, panic, anger and apathy. In week 5, the facilitator addresses spousal loss and common

sources of guilt. In week 6, the facilitator guides the group members through “What We Need During Grief” and what grief may bring to one’s life in terms of positive opportunities for change. Week 7 provides information on what “new normal” feels and looks like. Finally, in week 8, group members are challenged to continue their grief journey with the tools they have been given in the past sessions.

The first session will be used to get group members acquainted with each other. The first hour will be spent making introductions and having the group members share their stories about how they lost their spouses/partners, and the last half hour will be spent working through the lesson plan. Weeks 2 to 7 will each start with approximately 15 minutes of teaching, and the remaining time will be spent sharing how each member was able to incorporate the previous week’s lesson into his or her daily lives. Week 8 will be a potluck party, beginning with a short and final lesson plan, and ending with time devoted to mingling, eating, and networking with each other. The final activity consists of each member completing a post grief support evaluation form.

Evaluation Component

The evaluation component was designed as a post-grief support group evaluation form. This anonymous evaluation allows the group members to provide feedback in order to help the facilitators, and New Hope, to improve the program. The evaluation form consists of 11 questions that are aimed to evaluate the effectiveness and accuracy of the overall curriculum. Forced choices are comprised in a 5-point Likert scale and include: 0 = Strongly Disagree, 1 = Disagree, 2 = Neutral, 3 = Agree, and 4 = Strongly Agree. Following these questions, the evaluators will be given an opportunity to qualitatively comment on the overall concept and effectiveness of the group. Once the

evaluation forms have been turned in to the facilitator, improvements to the curriculum can be made. This evaluation component can be found at the end of Appendix B.

Program Critique

Upon completion of the program, a panel of three experts in the field of gerontology and bereavement will evaluate the completed curriculum. A final report on the expert reviewers' feedback, along with a list of changes that were made will be listed in chapter four.

Qualifications of the Project Developer

The project developer interned at New Hope Grief Support Community for a year before going through the agency's grief group facilitator training program. The project developer has facilitated three grief groups—one course for adults, and two for children. The project developer has been enrolled in the Master's of Gerontology Program at California State University of Long Beach since 2012, and has a certificate in Gerontology, as well as a Bachelor of Science in Health Care Administration.

CHAPTER 4

RESULTS

The purpose of this project was to develop a facilitator's manual for an eight-week grief support group at New Hope Grief Support Community. This manual contains a curriculum that will allow older adults who have lost a spouse or partner to learn how to cope with their loss while also learning to rely on new relationships as their main point of support.

This chapter provides an overview of the produced facilitator's manual and curriculum, and discusses the results of the manual's evaluation by three expert reviewers (Appendices A and B). In this chapter all sections of the curriculum are explained. The first section of the manual provides a welcome letter to the facilitator, an introduction to New Hope's organization, and an overview of the contents of the training manual. The second section of the manual discusses the support group's registration process. The third section of the manual provides the facilitator with the necessary teaching charts, which contain greater detail than the materials given to prospective group members during sessions. In the fourth section of the manual, individual group sessions, along with their contents, are described. This chapter concludes with a discussion of the overall feedback provided from the evaluators of this project. The complete facilitator's manual and curriculum can be found in Appendices A and B.

Contents of the Curriculum

Facilitator Introduction

This section provides all of the forms and information a new facilitator will need in order to smoothly implement the developed curriculum. In addition, it contains information to help the facilitator understand the particular challenges of older adult grief and to learn how to start his or her own grief support group for this specific cohort. First, the project developer provides a welcome letter introducing the facilitator to New Hope, as well as New Hope's facilitator training program. Following that is a form about facilitator compassion fatigue, which teaches the facilitator how to care for oneself throughout the weeks of a support group.

Registration Process

Next, the registration process is described. In this section the facilitator learns how to promote his or her grief support group. The facilitator also learns about New Hope's registration process, and is provided with the correct forms and handouts to send to prospective group members. Lastly, this section contains the necessary forms and guidelines regarding how to successfully run a grief support program.

Teaching Charts and Handouts

The facilitator teaching charts contain specific and detailed information to further promote the facilitator's understanding of the curriculum. The teaching charts and handouts in this section have greater detail than the teaching charts that will be handed out to the prospective members during group sessions. The following teaching charts are included: James William Worden's 4 Tasks of Mourning, the 3 Realities of Grief, the

Grief Ball of Emotions, the Healthy Holistic Grieving Person, and the Six Grief Avoidances.

Grief Group Sessions

In this section, the lesson plans and handouts for all eight weeks are listed and described. Each week focuses on an emotion that the majority of grieving individuals will encounter. Session One is an introduction to the group process, the 3 Realities, and to each member's personal story about his or her loss. Session Two guides the group members through the feelings of shock and denial. Session Three is spent discussing sadness, depression, loneliness, and suicide. In Session Four, group members are given tools on how to deal with fear and panic, and anger and apathy. In Session Five, the facilitator addresses spousal loss and common sources of guilt. In Session Six, the facilitator guides the group members through "What We Need During Grief" and what grief may bring to one's life in terms of positive opportunities for change. Session Seven provides information on what "new normal" feels and looks like. Finally, in Session Eight, group members are challenged to continue their grief journey with the tools they have been given in the past sessions. The challenge extends to encourage the group members to continue their grief journey to a place called "new normal," where they will be emotionally strong in life and eager to use their experiences to help others just beginning their own grief journeys.

Feedback from Expert Reviewers

After the facilitator's manual was completed, an expert review of the manual and curriculum was conducted in order to evaluate the appropriateness of the program. Three experts in the field of gerontology and bereavement evaluated the completed manual.

The first reviewer was the Executive Director of New Hope Grief Support Community in Long Beach, California. He has a decade of experience working in the non-profit sector serving children, families, and veterans, and currently cares for grieving individuals. He attended California State University, Long Beach, where he earned his Bachelor's of the Arts in Communication Studies and Marketing. In November of 2014, he became New Hope's second Executive Director. His personal experiences with grief and his compassion for the grieving give him great insight on how to best meet the needs of the grieving community (New Hope Grief Support Community, 2013).

The second reviewer was the Clinical Director of New Hope Grief Support Community. He is a Licensed Marriage and Family Therapist and grief specialist who is certified in Thanatology: Death, Dying, and Bereavement by the Association for Death Education and Counseling (ADEC). His professional background includes work as a minister, an educator, and a businessperson. Following the death of his wife in 2005, he began his journey to become a therapist in order to work with others facing the loss of a loved one. Along the way, he has led grief groups for children and adults, and led workshops for health care professionals on dealing with grief (New Hope Grief Support Community, 2013).

The third reviewer was a Chaplain for the Visiting Nurses Association (VNA) in Irvine, California. She is a certified and trained Chaplain who works closely with the families of older adult hospice patients at the VNA. She recently started her own 13-week grief recovery program at His Place Church in Westminster, California. She works at providing spiritual care and bereavement support for those in need. She received her Bachelor of Arts in Psychology from Vanguard University, her M.A. from Liberty

University, and her ordination from the Refuge and Recovery Chaplain Ministries (RRCM). She has been in hospice for over 16 years and is currently the Spiritual/Volunteer/Bereavement Coordinator for the VNA.

Results of the Evaluation

The three expert reviewers were given 2 weeks to review the facilitator's manual. All communication between the project developer and expert reviewers was conducted via email. The expert reviewers from New Hope suggested that the project developer add a handout to the manual providing more in-depth information about seniors and their grief. The purpose of this handout would ensure that facilitators unfamiliar with the grief of older adult widows and widowers would be educated on the unique background and needs of this specific cohort. In addition, as individuals age, they may begin to experience many losses in addition to spousal loss; as a result, the expert reviewers suggested that the project developer incorporate a separate handout discussing additional losses that group members may be facing. The expert reviewers also suggested adding goals and objectives to each group session so the group members will know what they can expect to learn each week. Another suggestion was to take out all references to God, spirituality, and religion. New Hope's reasoning for this was to make the content more comfortable for all members, no matter what religious affiliation he or she may be. The expert reviewers also suggested that the project developer omit Appendix A, which contains the facilitator introduction, registration process and forms, and the facilitator teaching charts and handouts. Lastly, the expert reviewers from New Hope suggested that the project developer make the grief group nine-weeks long, rather than eight-weeks,

in order for the initial session to focus solely on turning in all the necessary registration forms and paperwork.

The third expert reviewer from the VNA felt that there was too much detail in some of the group member's handouts. The expert reviewer suggested that the project developer put the more detailed forms in the beginning of the manual to promote facilitator knowledge, and create new forms for the group members that emphasize main points only. The third expert reviewer also suggested that the project developer create an additional form for surviving spouses/partners who acted as caregivers to the deceased spouse/partner. Lastly, the third expert reviewers suggested that the project developer simplify the weekly topic descriptions.

Summary

This chapter described and presented the developed facilitator's manual and grief group curriculum for older adult widows and widowers. It also presented feedback on the content of the curriculum from three expert reviewers in gerontology and bereavement.

CHAPTER 5

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

The purpose of this project was to develop a facilitator's manual for an eight-week grief support group at New Hope Grief Support Community. This manual contains a curriculum that will allow older adults who have lost a spouse or partner to learn how to cope with their loss while also learning to rely on new relationships as their main point of support.

This chapter presents the modifications to the facilitator's manual and curriculum that were made based on the feedback from the panel of experts, and the limitations of the project. Finally, a summary of this project is presented.

Modifications to the Facilitator's Manual and Curriculum

The panel of expert reviewers provided qualitative suggestions and feedback in order to improve the content of the manual. In this section, the feedback from the expert reviewers that may contribute to future program development is discussed.

Based on the feedback provided by the expert reviewers, a number of additions were made to the manual and curriculum. These changes included the addition of handouts discussing senior grief, multiple losses for seniors, and guilt for caregiving spouses. These additions were created to better the facilitator's understanding of what grief and bereavement in older adults may look like. Based on the feedback, the project developer also made changes to each weekly lesson plan by adding weekly objectives

and simplifying the weekly session themes. The objectives allow prospective group members to understand the specific goals that the facilitator hopes to achieve each week.

The project developer also decided to expand the curriculum by incorporating a handout for grief over the holidays, as well as a handout on spirituality. Rather than removing the references to God and spirituality, the project developer thought it best to keep them while also adding the spirituality and grief handout. Spiritual beliefs are an important part of grief for survivors because it gives the survivor hope where his or her loved one may be and may also provide a purpose to continue with life without one's spouse or partner. Although the expert reviewers from New Hope also suggested removing the facilitator introduction, registration process and forms, and facilitator teaching charts and handouts (Appendix A) from the Facilitator's Manual in order to leave the focus on the grief group sessions, the project developer chose to keep it for the sake of the facilitator. The project developer is hopeful that the additions to the curriculum will further enhance the coping mechanisms for the prospective group members.

Although the two expert reviewers from New Hope suggested that the project developer add an additional ninth week to the group, it was not feasible at this time. In the future, the curriculum may be improved and further developed by including an extra session.

Limitations of the Project

The main limitation of this project is the manual and curriculum's lack of field-testing. Because this project remained in the developmental phase and was not field-tested, its efficacy in treating older adult spousal or partner grief cannot be guaranteed.

Given the limited research currently available on older adult spousal or partner grief, it is unclear how responsive this specific cohort will be to discussing their losses openly, which is an essential component of the successful completion of this curriculum. In addition, the grieving needs of this specific cohort may differ from those of other groups. Thus, the implementation of the manual is needed in order to evaluate whether it is successful or not, and what adaptations may need to be made. An additional limitation is that this manual was designed for a single agency—New Hope Grief Support Community, and will only be written in English. Unfortunately, this limits the potential reach of the curriculum.

Recommendations for Future Program Development

For future program development, the manual and curriculum will need to be field-tested to determine its overall effectiveness. The prospective facilitator should also conduct a program evaluation to test the effectiveness of the program after it is field-tested. The project developer has provided an evaluation tool that is listed in Appendix C. In order to ensure the usefulness of the evaluation tool, the prospective facilitator should evaluate the effectiveness of the lesson plans providing feedback on the ease and effectiveness of content delivery. By using this evaluation tool, the facilitator, as well as New Hope, will be able to make changes to the curriculum in order to improve the grief group.

This facilitator's manual and curriculum was created solely for the use of New Hope Grief Support Community, where the support groups are to be held. For future program development, prospective facilitators should be aware that those who are age 65 and older may be unable to travel to New Hope for the support groups. Given this

potential constraint, prospective facilitators should look to host the groups within certain agencies, such as assisted living facilities.

Lastly, it may be beneficial to bring down the age of the prospective group members from 65 and up, to 55 and up. Dropping the age group would allow the prospective facilitator to acquire a greater number of group members and ensure that the needs of this slightly younger cohort are also met.

Discussion

The literature for this facilitator's manual and curriculum is based on the adult grief support groups at New Hope Grief Support Community. Although the curriculum is similar to that of their adult groups, it is aimed toward a specific age group and a specific type of grief. This curriculum gives a sometimes forgotten demographic an opportunity to learn how to cope with their loss and how to share their experiences while relying on new relationships. Despite the prevalence of spousal loss among older adults, there has been a lack of research examining how older adults are affected by the death of a spouse or partner (Moss et al., 2001). This lack of research often stems from assumptions and beliefs regarding how older adults react to spousal loss. Because late life spousal loss is often regarded as a "normal" and expected part of life, it is often presumed to pose less of a coping challenge to older adults compared to spousal loss in early adulthood or at midlife (Wortman & Silver, 1990).

As the number of adults aged 65 and older continues to grow, the number of older widowed persons is also likely to grow, and we will begin to see a greater demand for support and curriculae for this cohort. Thus, it is imperative that accessible and

efficacious curriculum is developed, which is the purpose of the developed manual and curriculum.

Summary

In this directed project, the facilitator's manual and curriculum were designed to further educate prospective facilitators on older adult grief, as well teach older adults to cope with the loss of their spouse or partner while also learning to rely on new relationships. Grief is a life changing universal experience in which the grieving individual will express a set of responses and behaviors. Currently, there is limited research illuminating the effects of grief among the older adult population. While there have been some efforts to understand older adult grief, research examining the experience and expression of senior grief associated with grief support continues to be widely unavailable. This project was aimed at developing not only a curriculum, but also a way of making connections for older adult widows and widowers. As people move along their journey towards hope and healing, being acquainted with others who are going through similar losses may provide comfort, support, and hope. New Hope's mission statement is "to help grieving people find hope and healing," and this curriculum fulfills that mission for older widowed adults.

Based on the review of literature, the project developer organized the facilitator's manual and curriculum with a focus on essential content for a successful grief support group specific to older adults. In the process of choosing curriculum elements, the project developer reviewed existing grief support material. After the curriculum was developed and completed, an expert review of the curriculum was conducted in order to evaluate the appropriateness of the program. Three experts in the field of gerontology

and bereavement completed qualitative evaluations of the curriculum content, which were addressed via program changes. The directed project was completed without the implementation of the curriculum.

APPENDICES

APPENDIX A
FACILITATOR'S MANUAL

Facilitator's Manual



Welcome to New Hope Grief Support Community's Facilitator Training Program

We thank you for stepping forward to become a partner in grief support for those the world often forgets—older adult widows and widowers. We trust in the fact that the materials provided will allow the facilitator to confidently create a pathway to wholeness, healing, and a new normal for the group members.

New Hope's comprehensive and easy-to-follow session plans have been created with you in mind as someone just starting out as a grief group facilitator. The training manual is organized in such a way that you will sequentially move through your self-paced learning to a place of understanding and awareness of how to help a grieving widow (er). This manual was specifically designed to help older adult widows and widowers in hopes that each individual will learn to move through his or her pain and readjustment of life using the tools provided.

Out of your passion to serve those who are grieving, you will feel a very memorable, meaningful, and engaging experience as you give yourself to this important work in your community, religious group, or private practice.

We are walking alongside you as you begin this wonderful journey of helping the often forgotten mourners of our community who fear that they will have to be in acute mourning for the rest of their lives. Luckily for those individuals, there is healing near, and that healing is going to be offered by you.

Warm Regards

-Adapted from New Hope Grief Support Community, 2013

About New Hope Grief Support Community

One woman's compassion for grieving persons was the spark that started New Hope Grief Support Community.

In 1986, Susan K. Beeney was a Registered Nurse on the cancer-leukemia ward at Long Beach Veterans Hospital. Each time one of her patients died, Susan was exposed to grief and loss as she witnessed the families in despair. At the time, resources for the grieving families were minimal in the Long Beach area. A heavy burden was laid on Susan's heart to support these grieving families, while pursuing a greater understanding of grief education and support.

Continued studies led her to author a *Journey of Hope* handbook in 1987 as a means of survival for the grieving adult. Not satisfied that a book was enough, Susan developed grief support programs for the community and began offering them within the Long Beach community for the next 14 years.

As a result of seeing the value and endless opportunities through such support groups, Susan left her full-time job as a nurse in 1999 to develop the non-profit organization, New Hope Grief Support Community. Since then, programs have been developed for children, teens, adults, parents, and now widows.

In 2003, New Hope began offering Kid's Camps in Long Beach, California. Kid's Camp provided a unique weekend experience for grieving children and teens. Wanting to grow and to be able to help more grieving people, New Hope retired their Kids Camp in 2010 to make way for helping the entire grieving family.

In 2011, New Hope launched its first Family Camp at Camp Ronald McDonald for Good Times in Idyllwild, California. New Hope's Family Camp provided grieving families a safe place to get the grief support tools they needed to successfully overcome their grief together.

In 2015, New Hope developed a new program specifically designed for older adult widows and widowers. This program was designed to serve a specific cohort that sees the most amount of loss. According to the 2010 U.S. Census, 27% of all adults aged 65 and older were widowed (U.S. Bureau of the Census, 2012). As one can see, loss is a common occurrence among older adults and may result in major depression or complicated grief if not dealt with. Our goal at New Hope Grief Support Community is to lessen the pain of spousal loss for these individuals, while teaching them to rely on other relationships as their main point of support.

Grief Support Group Training Program

New Hope Grief Support Community has provided a unique and comprehensive training program for facilitators.

Across our nation, there are millions of grieving older adults trying to live life with painful grief locked inside of them. Nearly 2 million older adults die every year. In 2012, older adult widows accounted for 37% of all women age 65 and older, where 12% of all older adult men were widowers. As one can see, this cohort's need for grief support is abundant. Through the professional grief support training from New Hope, facilitators will become well-equipped to confidently facilitate their own grief support group.

What makes our program unique is that it offers all the tools you will need to help group members find the hope and healing they will need to find their "new normal." As you facilitate your group, you will have the privilege to witness the change in the group members throughout the eight weeks as they move through their journey of grief.

The tools that are unique to our training program have been carefully written to provide the information and direction you will need to effectively facilitate a support group for older adult widows and widowers.

These tools are:

- **The Four Tasks of Mourning:** By Dr. William J. Worden; in this model, each task will lead the grieving person to a clear understanding of the journey of grief ahead of them.
- **Registration Process and Forms:** These forms provide all the needed tools to initiate a new grief support program in your community. These forms include:
 - **Process of Registration**
 - **Registration Form**
 - **Welcome Letter sample**
 - **What to Expect from Your Grief Group Letter sample**
- **Small Group Dynamics:** Provides education and instruction for leading a group effectively.
- **Group Questions to Stimulate Discussion:** Questions that will help you keep the group discussions going.
- **Facilitator's Checklist:** This is a supportive tool to be used as a reminder of what to bring each week. This step-by-step facilitator list strengthens the leader to be ready to begin the group.

- **Weekly Session Themes:** The Weekly Session Themes form is a complete one-page overview of what your weekly focus will be and which handouts you will need to provide to group members.
- **Teaching Charts:** Simple and concise visuals to be displayed as additional and informative points of direction for the members of your group.
- **Session Plans:** Uniquely structured and written lesson plans focused on the *4 Tasks of Mourning*.

The facilitator will find that New Hope's Facilitator Training Program is a complete guide for the beginner facilitator to have all the tools and resources needed to help those in grief find their "new normal."

A Quick Lesson on Senior Grief

More than 900,000 people are widowed each year in the United States, and nearly three-quarters of that population are over the age of 65 (Moss, Moss, & Hanson, 2001).

Coping with the death of a loved one can be challenging for anyone, but for older adults, the experience can be a greater struggle simply by the nature of their stage in life. Even though the loss of an older adult's spouse or partner may be considered "normal," the survivor may enter a world that is unfamiliar, lonely, and often unwelcoming. The grief of older adults is unique because of the often forgotten losses that are a part of aging.

These include physical changes, changes in family structure, changes in occupational and social roles, changes in financial stability, and relocation.

A few reasons why older adults may find it particularly difficult to cope with the death of a spouse or partner:

- The social networks of older adults are often narrowed by the deteriorating health and death of their peers (Moss et al., 2001). In the U.S., families are often dispersed geographically, so older adults may have few children or other close relatives in a close proximity to provide support.
- Many older adults have also been raised in relatively tight-knit communities and consequently may have little experience in developing new supportive relationships outside of the family (Moss et al., 2001). For these reasons, spousal relationships are often the most dominant and often sole relationship among older adult men and women.
- Due to the centrality of the spousal relationship in late life, the loss of one's spouse or partner is likely to result in a profound disorganization of one's roles in life (Moss et al., 2001).

Older adults who are grieving may also experience a myriad of challenges after losing a spouse or partner, including shifts in familial "roles" and personal identity. As a result, when an individual is prevented from playing familiar roles, they are forced to redefine their identity and make significant life adjustments (Boyd, McGuire, & Tedrick, 2009). Moreover, some older adults may have relied heavily on their spouse or partner for assistance with the tasks of daily living, particularly if they are ill themselves. Therefore, the loss of a spouse or partner may also be accompanied by a loss of independence (Boyd et al., 2009).

Senior Grief

Why Addressing Grief Issues is so Important After a Loss

- Loss affects a person emotionally, physically, mentally, socially, financially, and spiritually
- Loss can lead to depression, suicidal thoughts, and other mental health issues
- Loss alters our identity
- Loss changes our reality
- Loss challenges our personal belief systems
- Loss often goes unaddressed and can impact self-esteem, self-worth, and values

Why target older adults and address their grief issues?

- May be experiencing depression or other mental health issues
- May have little or no support system
- Rising incidence of senior suicides
- Mental health issues for seniors are becoming a growing problem
- There are growing concerns for those experiencing isolation, social withdrawal, and/or late life loneliness
- There may be “layered” losses that have not been addressed
- They may need validation, significance, and to be valued
- May need opportunities to be heard, tell their story, and remember
- Their need to honor their loved ones who have died

What older adults need at this time

- Warm acknowledgement that their loss is important and significant
- Acknowledgement of how their life is now different in many ways
- Safe place to talk, share, and recall memories
- A nonjudgmental allowance of feelings and memories, thoughts, and behaviors
- Your trust
- Your sensitivity and warmth
- Your patience in giving them time and space
- Your empathy
- Grief counseling
- Opportunity to learn coping techniques for loss and ways to honor their loved ones
- Hope—so they can overcome their challenges and rebuild their lives

Qualifications of a Grief Group Facilitator

The person who feels led to the opportunity of the facilitation of a grief support group is one who has found their “new normal” out of their own grief and loss from the death of someone they loved. This person should not be in their first year of grief, but be one who has allowed him or herself to grieve in a healthy, gentle journey to wholeness. The grief group facilitator is a person of integrity who upholds confidentiality, is neither judgmental nor self-centered, and practices intentional self-care.

Role of a Facilitator

New Hope Grief Support Community is dependent on the compassion and creativity of its volunteers. A facilitator possesses many characteristics, but the most prominent attribute is empathetic listening. The role of the volunteer facilitator is to provide a safe and caring environment where older adult widows (ers) can express themselves openly.

Commitment of a Facilitator

All interested facilitators must participate in our Facilitator Training. The Facilitator Training is strictly for those who are interested in volunteering for New Hope Grief Support Community and making a one-year commitment to New Hope. To be placed on the registration list, please complete the Registration Form and return it to our Volunteer Recruiter.

“Facilitating a grief group is a uniquely rewarding and fulfilling volunteer privilege. It is one of the purest forms of offering hope while serving the brokenhearted of our world who fear they will be paralyzed by the pain of grief forever.” -Susan Beeney

-Adapted from New Hope Grief Support Community, 2013

Facilitator Compassion Fatigue

Remember, as a facilitator, self-care throughout the weeks of your support group is of utmost importance for good mental health.

What is Compassion Fatigue? Compassions Fatigue symptoms are often normal displays of chronic stress resulting from the work we choose to do. Simply put, those suffering from Compassion Fatigue are people who were taught at an early age to care for the needs of others before caring for their own needs.

Recognizing Compassion Fatigue: Compassion Fatigue symptoms are normal displays of stress resulting from the work you perform on a regular basis of caring for others. While the symptoms can often be depressive, disruptive, and irritating, an awareness of the symptoms and their negative effect on one's life can lead to positive change and a new resiliency. Symptoms of Compassion Fatigue may include some of the following:

- Excessive blaming
- Bottled up emotions
- Isolation from others
- Receiving unusual numbers of complaints from others
- Voicing excessive complaints
- Substance abuse used to mask feelings
- Compulsive behaviors such as overspending, overeating, gambling, and sexual addictions
- Poor self-care (i.e., hygiene, appearance)
- Legal problems, indebtedness
- Reoccurrence of nightmares
- Chronic gastrointestinal problems and recurrent colds
- Apathy, sadness, no longer finding activities pleasurable
- Difficulty concentrating
- Mental and physical fatigue
- Denial about problems

How to avoid compassion fatigue:

- Be kind to yourself
- Enhance your awareness with education
- Accept where you are on your path at all times
- Understand that those close to you may not be there when you need them most
- Exchange information and feelings with people who can validate you
- Clarify your personal boundaries. What works for you, what doesn't.
- Express your needs verbally
- Take positive action to change your environment

In order to move forward on your path to wellness, you must commit to authentic self-care that includes:

- Health-building activities such as exercise, massage, yoga, meditation
- Eating healthy foods
- Drinking plenty of water
- Using natural healing products to care for and heal your body
- Practicing the art of self-management. Just say no
- Developing a healthy support system: people who contribute to your self-esteem, people who listen well, people who care
- Organizing your life so you become proactive as opposed to reactive
- Living a balanced life

With support, insightful information, and authentic self-care, you can begin to understand the complexity of the emotions you've been balancing and, most likely, suppressing. Most people never take the time to understand how facilitating a grief support group will affect them emotionally. Give yourself a pat on the back for moving forward and affecting change.

Registration Process



Promoting Your Grief Group

In the movie *Field of Dreams*, there was a statement that proved to be true of grief group program marketing, “If you build it, they will come.” This is true of your grief group. With proper planning, networking, and marketing, you will indeed find “...they will come.”

Here is a helpful list that will begin 8 weeks prior to the beginning of your group:

8 Weeks Prior:

- Select a contact email and phone number for group members to call and register
- Secure a location for the group meetings
- Secure free articles and ads from local newspapers in order to advertise your grief group
- Meet with local religious group leaders and clergy to ask if there might be a bulletin, newsletter, or e-letter announcement to post group information
- Create flyers to post in local assisted living and long term care facilities, therapy offices, religious and community organizations, hospitals, and medical offices or mortuaries

6 Weeks Prior:

- Begin the registration of group members using the form provided in the training manual

4 Weeks Prior:

- Continue registering group members until the group contains 10 to 12 members
- Reconnect with local newspapers, and other contacts made previously to launch the advertising of the group information
- Contact any local radio, television, or cable networks for possible free advertisements about the group

1-Week Prior:

- Call group members for any questions or clarifications they may need

Process of Registration

When an individual calls to register for the group, the first thing to remember is how hard it must be for this person to call and ask for help. Being a compassionate listener is key to getting the information you need to make sure your grief support group is the right place for the caller. It is important to listen closely, in order to make sure that there are no red flags that may indicate that the caller needs professional counseling instead.

When speaking to a potential group member, you must be sure to get certain information for the registration form. This information would include:

- Name of the group member
- Home address (or where the forms can be mailed in order to be signed)
- Phone number where the group member can be reached
- When their spouse/partner died, and the cause of death
- Are they receiving professional counseling? If so, instruct them to notify their counselor to be sure a group setting is right for them

This information is necessary to send the forms to group members to be signed. Rather than having them mail the form back, we suggest you have them bring it with them to the first meeting of group. Another suggestion is to include a self-addressed stamped envelope for them to send the forms back. You must also be sure to let the caller know that this group is for those who have lost a spouse or partner, because the word grief may mean different things to different people. Once you have received the correct information, you must make a copy of the referral form for your own records, and send the original to the group member to be signed. Be sure to include a “Welcome Letter,” which explains to the group member where and when the group will be held. Another letter to include is the “What to Expect” letter, which gives the group member a brief overview of what to expect over the next eight weeks of group. Register between 10 and 12 members. You must remember that it is a hard first step for some, and that not everyone who registers will in fact show up. Before the group begins, create a folder with a roster and copies of the referrals. Be sure to call group members a few days prior to the group starting in order to remind them. This is also a great time to answer any last minute questions and to remind them to bring their signed registration form with them to the first night of group.

This will be a very rewarding, engaging, and meaningful experience. Enjoy the journey!

-Adapted from New Hope Grief Support Community, 2013

Grief Group Registration Form

Date: _____

Name: _____ Sex: _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-mail: _____

Referred By: _____

Relationship to the Deceased: _____

Name of the Deceased: _____ Date of Death: _____

Cause of Death: _____

Was the death due to trauma? _____ Professional Counseling? Yes/ No

Religious Affiliation? _____

Comments:

Emergency Contact: _____

Phone Number: _____

Attended Prior Grief Group? Yes: _____ No: _____ When? _____

Disclaimer and Release

New Hope Grief Support Community is designed to provide grief support for the grieving person. Group facilitators are not to render psychological, financial, legal, or any other professional services to group members. Therefore, New Hope Grief Support Community is not liable for any actions or reactions of group participants. **If medical or professional counseling is needed, the services of a competent, appropriate professional should be sought.**

I hereby release from all responsibilities of my actions or reactions, New Hope Grief Support Community, Board of Directors, host locations or churches, and group facilitators from all responsibilities of my actions or reactions as a grieving person.

Signed: _____ Date: _____

Welcome to New Hope

New Hope Grief Support Community is dedicated to helping the grieving older adults of our community by providing grief support groups. Groups are offered to those who have experienced the loss of a spouse or partner.

A group lasts eight weeks. A weekly session is one to two hours long. The groups are safe, caring places where the grieving older adult can come each week to share his or her pain, and find comfort and support. After the second week, the group will be closed to new members.

There is no fee for the support group, but donations are accepted. New Hope is a non-profit organization that relies on the charitable contributions and donations of people who want to share in supporting the organization and be assured that it will continue for others. The donated funds are used for monthly operating expenses and continued grief programs.

I would like to personally invite you to the next older adult widow (er) grief support group.

The next group will begin:

The location of the group is:

To acquire directions call: (*designated contact number*)

It will be a pleasure to join you on your grief journey. We will help you find your way while providing the tools of coping and comfort that will help you move through the grief you may feel at the loss of your spouse or partner.

Respectively Yours,

New Hope Grief Support Community

What to Expect From Your Grief Group

Thank you for considering New Hope to help you along your journey of grief. We hope our caring facilitators and other members in your group will help you better understand your grief and pain. Each support group is made up of twelve or less people and lasts eight weeks. It will be closed to new members after the second week. This keeps the group private and hopefully strengthens the connections you will be making with others who are experiencing similar grief.

In each group session, which generally runs up to two hours, you will learn about and discuss what you may encounter on your individual paths of grief. These include the normal characteristics of grief, which are not just emotional, but physical, spiritual, and behavioral. You will learn that others may relate to how you are feeling, which is why we are a support group. This is not therapy. We want you to come, listen, and share. Be true to your own feelings and respect where other people may be on their own journey of grief. Each individual's grief journey is different. Our hope is that you take as much time as **you** need to walk down the path, headed towards a place of peace, restored life, and a "new normal."

It is very important to remember that you are not alone in this. You have family, friends, and of course, New Hope.

-Adapted from New Hope Grief Support Community, 2013

Facilitating a Grief Support Group



Components of a Weekly Grief Group Program

Who?

Each support group is a small cohort of people with a common thread bringing them together. The common thread for this particular group is that each member has lost their spouse or partner.

What?

Each group is made up of 10-12 members and is based on the model of Dr. J. William Worden's *4 Tasks of Mourning*. Each group lasts up to two hours. No refreshments or food are provided in order to keep the focus on the group, but members are free to bring a beverage of choice if the facility allows food or drink on the premises. No tables, please. Tables tend to provide a barrier between members, so we place chairs in a circle and remove the empty ones as group begins in order to tighten the circle. Always provide two boxes of tissues for those inevitable tears.

Where?

When selecting a location for groups, make sure the location is available for the entirety of eight weeks. Try to select a room with easy access for older adults, like a first floor location, and wide access to the group room to accommodate someone in a wheelchair. For the first two weeks, post more-than-sufficient numbers of signage guiding members to the room. Don't forget comfort measures like bathrooms in close proximity when possible.

When?

Groups are scheduled for once a week for eight weeks at the same time and location each week.

Why?

Coping with the death of a spouse or partner can be difficult for anyone. But if you're an older adult, the experience can be a greater struggle simply by the nature of your stage in life.

Helpful Guidelines of a Successful Grief Support Program

What to Anticipate

As a new facilitator you are looking ahead to your first group. Remember, your training materials will prepare you for leading the group efficiently. The most important tool you have is your willingness to care for those who fear living a life without their spouse or partner. Through the caring, compassionate-filled time with you and the other group members, each person will be able to re-enter life again by learning to rely on new relationships. Facilitating a grief group will help you learn how to be flexible and spontaneous. Do not enter this experience with “I must do this group only one certain way.” Instead, decide at the very beginning to allow your common sense, wisdom, knowledge, discernment, and understanding to lead and guide you to facilitate this group. Keep sensitivity in front of you at all times and be ready to change your plan on your feet as the group discussion is occurring in front of you. There is not a right or wrong way to facilitate a group, so use the Session Plans as your guide and make this group one that you feel confident to lead. You have been given more than enough in the manual, so decide what you want to share and go forward with success in being the “map reader” for their journey of grief.

Who Are the Group Members?

Your marketing, advertising, and word-of-mouth promotion of the group will draw different people from your community. As you register potential group members, listen for any issues or areas of concern in the member’s conversation that indicate that professional counseling may be needed first before attending the group. They can always come at a later time as indicated by the mental health professional. Carefully and with a sensitive spirit, share with the person that their needs appear to be much more in-depth than the group is able to go. Suggest that the person seek professional help. Grief is in all aspects of life. Since grief is from loss or change, this means that people suffering from various kinds of grief will call to register. Those suffering grief from separation of marriage or divorce, or loss of job will call for help. This group is created just for those

who have suffered the death of a spouse or partner, so encourage them to call their local hospital social worker for resources of support groups that match their needs.

-Adapted from New Hope Grief Support Community, 2013

Facilitator's Check List

One Week Prior to Group Start Date:

- Call everyone in your group to confirm start date and time and place of meeting.
- Remind members to bring their signed Referral form with them to the first day of group
- Provide any special directions the members will need to locate the group room
- Print all handouts you will need for the next 8 weeks of sessions
- Complete your roster from the copies you have made of the Referral forms you filled out when you registered members by phone

First Group:

- Place all signage in plain view of the group meeting area
- Have nametags and markers on hand for the first three weeks of the group. Make sure to make one for yourself
- The room is to be arranged with chairs in a circle with tissues available each week
- We do not suggest using tables or desks, as they become a barrier between group members
- Set up the Teaching Charts according to your preference of style
- Remember to have blank Referral forms and pens for new unregistered members who may just show up or come as the guest of another group member
- Collect all completed Referral forms from group members
- Remind group members to sign-in on the Roster/Attendance record each week

Each Week Remember to Bring:

- Completed Referral forms
- Facilitator's Check List
- Weekly Session Themes
- Session plan for the week
- Handouts to refer to for the 5% education time
- Roster/Attendance Record and pens available for members to sign-in
- Teaching Charts if you choose to use them

Group Questions to Stimulate Discussion

An open-ended question is often all that is needed to get a grief group meeting moving. These can be used at the beginning of the group discussion or when discussion stalls during group time.

Sometimes, the discussion will wander far from these questions. A facilitator must always remain alert to the participants' needs and decide whether or not to "bring the discussion back" to the original topic. As a rule of thumb, try once to bring the discussion back, but if the conversation reverts to another topic, stay there.

Here are a few examples of opening questions:

1. What does your grief look like this week?
2. What has been the hardest part of the grief journey for you so far?
3. What and when do you find yourself feeling the most anger and how do you find yourself expressing it?
4. When do you feel the most loneliness in grief and how are you coping with it?
5. What is the stupidest thing anyone has said to you and how would you now respond to the same comment?
6. How has your grief affected your belief system (your faith, your philosophy, your perspective on God, etc.)?
7. When you think about how your family and friends have responded to you in grief, what have you found most delightful and what have you found most disappointing?
8. What scares you the most right now and how are you handling that fear?
9. Where in your grief do you most confront guilt and regrets?
10. How would people around you know you are sad?
11. What do you imagine your life will be like when you are no longer weighed down by your grief?
12. Which special days (holidays, anniversaries, anticipated events) do you expect to be the hardest in your grief?
13. What expectations do you have of yourself in your grief?
14. How well are you sleeping in grief and what have you found helpful in sleeping better?

15. How are you managing the personal effects of your loved one (finding a new home for clothing, choosing the memorabilia to save, etc.)?

-Adapted from Dr. Bill Hoy, 2007

What Are the Weekly Session Themes?

This is your easy-to-read summary of the focus of each week. Let this tool guide you through the week's session, along with the Weekly Session Plans. Each new theme guides the grieving person to a better understanding of his or her own personal journey through grief.

Week 1- Task I—*Living with Grief*

Session one is an introduction to the group process, the 3 realities, and to each member's personal story.

Week 2- Task I—*Living with Grief*

Session two guides the group through the feelings of shock and denial.

Week 3- Task II—*Dealing with Feelings*

In group, the facilitator will provide helpful information on sadness, depression, loneliness, and suicide.

Week 4- Task II—*Dealing with Feelings*

In the fourth week of group, the members will be given tools to deal with fear and panic, and anger and apathy.

Week 5- Task III—*Making a Change*

Session five addresses spousal grief, common sources of guilt, and the grieving adult.

Week 6- Task III—*Making a Change*

In this session, the facilitator will guide the group members through "What We Need During Grief" and what grief brings to our life in terms of positive opportunities for change.

Week 7- Task IV—*Moving Forward*

This session will provide helpful information on what "new normal" feels and looks like.

Week 8- Task IV—*Moving Forward*

In this final session, the group is challenged to continue their grief journey with the tools they have been given in the past sessions. The challenge extends to encourage group members to continue their journey of grief to a place called "new normal" where they will be emotionally strong in life and eager to use their experience to "pay-it-forward" to help others just beginning their own grief journeys.

Facilitator Teaching Tools



Teaching Tools Guide

Weekly session plans indicate which charts to display in your group during the education time. The charts listed in this section are meant to be more detailed than those in the weekly sessions, in order to give the facilitator a more knowledgeable basis.

4 Tasks of Mourning- This chart shows the journey of grief as the *4 Tasks of Mourning* model of grief. It is a useful visual throughout the eight weeks of the group as a gentle reminder of what leads to a healthy grief passage.

3 Realities of Grief- The 3 Realities chart helps to normalize the uncertain emotions, confusion, forgetfulness, and other feelings or mental states that cause fear and concern that they will be like this forever.

Grief Ball of Emotions- This is a very important visual that illustrates most of the various emotions we have to utilize for coping with any situation or circumstances of life.

Healthy Holistic Grieving Person- The essence of who we are as human beings: mental, social, spiritual, physical, and emotional. Grief, stressors of life, and every situation or circumstance that comes our way affects each one of these. This visual provides a healthy way to support each area for a healthy grief experience.

The Six Grief Avoidances- This is a list of potential possibilities of how one might unconsciously avoid having to deal with the grief.

The Four Tasks of Mourning

Task I: To Accept the Reality of the Loss

When someone dies, even if the death is expected, there may be a sense that it hasn't happened. The first task of grieving is to face the reality that your loved one is dead, and that the person is gone and will not return. Denying the facts of the loss, the meaning of the loss, or the irreversibility of the loss only serves to prolong the grief process. Though denial or hope for a reunion is normal immediately after the loss, this illusion is usually short-lived.

Task II: To Process the Pain of Grief

Many grieving individuals try to avoid those painful feelings by "being strong," moving away, avoiding painful thoughts, "keeping busy," etc. There is no way of avoiding it. You must allow yourself to experience and express your feelings. Anger, guilt, loneliness, anxiety, and depression are among the feelings and experiences that are normal during the grief journey. Recall and relate both pleasant and unpleasant memories of the deceased. Ask for the support of your friends and family. Tell them what you need from them, because people often misunderstand the needs of grieving. Be assured that the memory of your loved one will continue, but the pain will lessen in time and will eventually disappear.

Task III: To Adjust to a World Without the Deceased

Many widowed persons resent or fear having to develop new skills and to take on roles that were formerly performed by the deceased. There may be many practical daily affairs you need help and advice with, but there will be a great sense of pride in being able to master these challenges. The emotions involved in letting go are painful but necessary to experience. By not doing so, you will remain stuck in the grief process and unable to resolve your loss.

Task IV: To Find an Enduring Connection with your Loved One in the Midst of Embarking on a New Life

The final task is to affect an emotional withdrawal from the deceased person so that this emotional energy can be used in continuing a productive life. This does not necessarily mean finding a new spouse or partner. It does mean re-entering life without your deceased loved one. You must rebuild your own ways of satisfying your social, emotional, and practical needs by developing new or changed activities or relationships. This is not dishonoring the memory of the deceased and doesn't mean that you love him or her any less. It simply recognizes that there are other people and things to be loved and you are capable of loving.

-Adapted from Dr. James William Worden, 2001

The Three Realities of Grief

These are the most common fears and concerns of the grieving person:

- You are not going crazy
- Everything you feel is normal
- You have permission to grieve

-Adapted from New Hope Grief Support Community, 2013

Healthy Holistic Grieving Person

Our grief affects the entire person, involving all areas of one's life: mentally, spiritually, physically, emotionally, and socially. This visual provides a healthy way to support each area for a healthy grief experience.

Mental

- Thoughts can be positive and/or negative
- Be aware of your thought patterns
- Reduce negative input (e.g., TV, books, movies, news, etc.)
- Be aware of prolonged depression
- Be aware of suicidal thoughts
- Seek medical help and/or counseling if needed

Spiritual

- Read the Bible and/or inspirational materials
- Attend worship and/or church
- Listen to praise music
- Pray
- Seek spiritual counseling

Physical

- Balance your eating
- Stick to good nutrition
- Drink lots of water
- Get a good night's sleep
- Exercise
- Maintain good hygiene
- Do not use drugs or alcohol
- Get a physical and/or medical check up at the beginning of your grief

Emotional

- Be an active participant in your grief journey towards healing
- Find loved ones who are willing to listen
- **Join a grief group!**
- Set healthy boundaries
- Accept that everything you are feeling is normal

Social

- Maintain family relationships and friendships (old and new)
- Attend a support group
- Build new memories

The Six Grief Avoidances

According to Dr. John D. Canine, avoidance is the idea that a person will not deal with a situation. Grief avoidance is a defense mechanism that keeps us from getting in touch with our feelings. There are six of these grief avoidance patterns that you may see in yourself.

The Postponer: The individual who falls into this category believes that if their grief is postponed it will eventually go away. The postponer doesn't realize the need to grieve their loss. As the delaying occurs, the grief builds within and typically comes out in a variety of ways that do not best serve the needs of the survivor. This avoidance/denial may lead to a depressed state.

The Displacer: When an individual feels the pain of losing a loved one, they should direct their feelings of grief toward the deceased. Those who do not do this are considered a displacer. The displacer is the individual who consciously, or unconsciously, directs their grief toward an object other than the deceased. Although the displacer is usually unaware of this displacement, there may be some conscious knowledge of what is happening.

The Replacer: The individual who uses this avoidance pattern takes their feelings of grief and emotion and pours them into another relationship or hobby. It is usually an unconscious replacement effort on the part of the survivor. This individual uses the replacement relationship as a way of avoiding their grief and acknowledging the death.

The Minimizer: This individual will work at minimizing the amount of grief that they feel. He or she will also try to convince themselves that they are not that affected by the loss.

The Somaticizer: To this individual, the symptoms that they are feeling are very real and very perplexing. What happens to this individual is that the feelings of grief are changed into very real physical symptoms. These symptoms can range from minor complaints to severe disorders called: "Somatization Disorder." Somatic disorders can be multiple, vague complaints with no physical reason. The pain and discomfort, however, are very real to the survivor and should not be dismissed lightly.

The Spiritualizer: Sometimes when fearing what others think, and wanting to appear strong spiritually, Scripture is used as a barrier to not allow the honest emotions of grief to be expressed in normal ways. The faith of a person is strength beyond all compare, but to not allow true feelings to be expressed honestly does not allow honest grief.

—Susan K. Beeney

APPENDIX B
WEEKLY SESSION PLANS

Session I: Task I

Living with Grief



Session One

Task I: Accept the Reality of the Loss

I. Objectives: At the end of this session group members will have the basic knowledge of normal grief behavior

II. Facilitator Sharing:

- Introductions of facilitator(s) and group members by name (they will share their stories later)
- Discuss Support Group Ground Rules handout
- Discuss weekly format of sessions
- Remind participants that they will not be over or through their grief after these sessions, but that they will have a healthy direction and map for their grief journey
- Alert the group that although they may feel an increase of depressive feelings from stirring up their grief, this is a positive healing step to begin their grief work toward healing the raw wound of loss

Discuss:

- Task I: To Accept the Reality of the Loss
- The 3 Realities of Grief

Teaching Tools:

- Commonalities of Normal Grief Behavior and Loss

Group Handouts:

- Support Group Ground Rules
- Grief Ball of Emotions
- Mourning and Re-Organization of the Family
- Multiple Losses

III. Group Sharing:

- Have each member briefly share who it was that they lost (i.e., their spouse or partner), and how their loved one died
- Tell participants that they may experience increased depression the following day because they are stirring up dormant or unnoticed emotions of grief
- Note that “fresh grievers” may ramble on because they are sharing their story perhaps for the first time in a caring setting. Use compassionate leadership to gently guide them to keeping their sharing time brief

IV. Closure:

- Close sharing time by having each member share in one or two sentences something that they are thankful for at that moment. As the leader, lead out by sharing first and setting the example for format and brevity
- Invite all participants to stand in a circle and join hands
- Ask for the group's permission to pray for them. If there are any objections, end with a moment of silence

Session I

Teaching Tools

Commonalities of Normal Grief Behavior

No matter how long you have been married, the loss of a spouse or partner comes as a complete shock. Your spouse was your partner in life who helped you enjoy the good times, and endure the bad. When you lose a spouse you will experience grief and loss in different ways than if you had lost a parent, a sibling, a friend, or a child.

The following is a list of some behavior patterns that might or might not occur after the loss of a spouse or partner. It is important to remember that these are all **normal** behaviors that people go through while on their journey of grief. This is a good time to remember the 3 Rules of Grief:

- ✓ You are not going crazy
 - ✓ Everything you feel is normal
 - ✓ You have permission to grieve
-
- **Physical complaints:** There is a clear relationship between mental and physical well-being. Those who have undergone the death of a spouse or partner are more likely to experience both minor and major illnesses, especially in old age.
 - **Denial:** Some people cope by refusing to acknowledge that the death has even occurred. They may even have an “ignore it and it will go away” philosophy.
 - **Rage:** When people feel that they have little control over the present or have regrets about the past, they may react in anger. They may lash out at family members, knowing that these people will still love them in spite of their anger.
 - **Depression and anxiety:** Although not something that most people want to discuss, these are very real behavioral reactions to loss. It is important to help someone know that these feelings are normal and to get help if the feelings begin to interfere with one’s daily living.
 - **Regression:** Going back to old behaviors or ways of coping.
 - **Selective memory:** Some people may distort the reality of who their spouse was and how major life events with their loved one happened. They hold on to a fantasy instead of a reality.

Session I

Group Handouts

Support Group Ground Rules

Welcome to your New Hope Grief Support Group. In these meetings you will find people with feelings and stories similar to yours, along with information to help you understand the grieving process. These meetings are not therapy sessions, but instead they are intended to provide you with the support and education you will need on your journey of grief. We encourage you to come to at least the first two meetings. If after those two initial meetings you decide you do not want to continue, then we will support you in that decision. If you decide to stay with the group, then we ask that you make every attempt to attend all meetings for your sake as well as the sake of the other members. Each person is important to the group. If people drop in and out of meetings, this experience will not be as effective as it is intended to be. Your presence is what makes it work.

1. Respect Commonalities and Differences

Each person's grief is unique. While you may share some commonalities in your experiences, no two people are exactly alike. Consequently, respect and accept what you have in common with others and what is unique to each of you. Each group meeting will feel different. Moods, topics, and feelings change as you go through your journey of grief.

2. No Quick Fix, No Timetables

Grief is not a disease and does not have a "quick fix" solution. Do not set a specific timetable for how long it should take you, or others, to heal. Please keep in mind that you may not be finished with your grief at the end of the eight weeks, but rather you may be just at the beginning.

3. Be Sensitive

Feel free to talk about your grief. However, if someone in the group decides to listen without sharing, please respect his or her preference. Remember, it is not the group leader's job to see that everyone has an opportunity to share. Please respect that by not monopolizing the group's time or conversation.

4. Listen Actively, Don't Interrupt

There is a difference between actively listening to what another person is saying and expressing your own grief. Make every effort not to interrupt when someone else is speaking. Please, no side conversations, as it is not always easy to share what is in our hearts. If others are talking, it is easy to feel that what we have to say is not important and it may inhibit what group members share in the future.

5. Confidentiality

Thoughts, feelings, and experiences shared in this group must stay in this group. Respect others' right to confidentiality. Do not use the names of fellow participants in discussions outside the group. Also, remember to be respectful of the sensitive information that is shared. The only time a group leader is bound by

law to break the code of confidentiality, is if something is shared that implies possible danger to the group member or people they know. A roster, or phone list, of all members will not be provided out of respect of each member's privacy.

6. Commitment

Attend each group meeting and be on time. Inconsistent attendance is not helpful to your grieving process and is also disruptive to others in the group. If you miss two meetings in a row, it is highly recommended that you sign up for a later group when your attendance can be more consistent.

7. Do Not Give Advice

Please avoid giving advice to other group members unless that group member specifically requests it. If advice is not solicited, don't give it. If a group member poses a question, share ideas that helped you if you experienced a similar situation. Remember, this group is for support, not therapy!

8. Accept Others' Thoughts and Feelings

Recognize that thoughts and feelings are neither right nor wrong. Enter into the thoughts and feelings of other group members without trying to change them. There is no right or wrong way to grieve. We ask that you not judge yourself or anyone else in the group while we are in session. Judgments create a negative environment that can get in the way of your healing. Tears and laughter are always acceptable. Acknowledge the courage it takes to cry in front of others and know, too, that we also need periods of laughter. The combination of laughter and tears is necessary during this painful period.

9. Be True to Your Own Feelings and Needs

Create an atmosphere of willing, invited sharing. By sharing honestly, you do not only help yourself, but you also help others to identify their feelings. If you feel pressured to talk, but don't want to, then say so. Your right to quiet contemplation will be respected by the group.

Mourning and Reorganization of the Family

Mourning requires saying goodbye to a relationship that no longer exists. Reorganization of the family cannot happen until the old family form is redefined.

A common course of family grief is to first huddle together in shock and misery, then drift apart as time and pain continue. This drifting apart occurs from a lack of understanding of the grieving process. Fears about death and lack of permission to verbalize those fears and feelings perpetuate the grief and separation within the family.

On an individual level, postponing personal grief to attend to others in the family or keeping a strong front to show others in the family that life goes on is a mistaken approach to loss-adjustment. Another common mistake occurs when an individual isolates himself to the point of neglecting the family.

Healing and wholeness within the new family systems begins to develop when family members learn to mourn on their own, while also providing support for one another at the same time. The key to this process is communication. The long-term effect of talking is the reduction of pain. Expressing one's feelings as they are experienced can help to prevent reappearance of them in unhealthy and inappropriate ways.

Adults, by initiating and encouraging an open expression of feelings, you are providing the model that children need for their loss adjustment. Small children need to hear adults say, "We will take care of you." Do not hide your fears from teens or younger family members. By openly expressing emotions you are modeling normal grieving emotions and reactions besides giving them permission to grieve.

Family members need to sit down and talk about the redistribution of roles in the family system. Some will naturally take on certain roles, but a family discussion will help prevent any one member from taking on more than is wise.

Multiple Losses

On average, older adults age 65 and over will experience around 17 death losses in their lifetime

Each loss demands acknowledgement because:

- The loss causes significant emotional and physical pain
- Losses are a “forever” event
- Death ends a life, it does not end a relationship
- Death changes our relationship with the person who has died from one of physical presence, to one of memory
- If a loss is left unattended, it can lead to depression and/or other mental health issues
- Older adults experience multiple losses
- Grief and mourning is our society’s last taboo

Considerations for older adults and multiple losses:

- Losses occur over a span of years
- Losses may include: spouses, partners, parents, grandparents, siblings, friends, children, extended relative, etc.
- Most losses are not dealt with beyond the funeral service
- Professionals working with older adults need to consider other losses such as decline in health, loss of independence, financial instability, and relocation

Older adults with multiple losses need to know:

- You must seek help for *all* of your losses, regardless of when they occurred
- You must seek a safe place, such as New Hope, to share your feelings
- Each person’s grief journey is unique
- Healing from grief takes time and hard work

Session II: Task I

Living with Grief



Widowhood Support Group Lesson Plans

Session Two

Task I: Living with Grief

I. Objectives: At the end of this session the group members will have a better understanding of grief and mourning, will learn how to grieve in a healthy manner, and will become more familiar with the feelings of shock and denial

II. Facilitator Sharing:

- Sharing Time: Introduce Group (tonight is the last time to add new members)

Discuss:

- Introduce the Four Tasks of Mourning
- Explain that participants will not experience all of the emotions listed in any particular order and that these emotions may repeat many times
- Remind the participants to the fact that their grief work will not be done at the end of the eight weeks; it may just be the beginning.
- Review Task I
 - Shock
 - Denial

Group Handouts:

- Grief and Mourning Overview
- Four Tasks of Mourning: Tear
- Healthy Holistic Grieving Person
- Normal Characteristics of Grief
- Coping with Grief
- Coping with Loss Over the Holidays

III. Group Sharing:

- Introduce each member to new members
- Ask new members to briefly share their stories
- Open group share by asking them:
 - “What does your grief look or feel like this week?” (You may need to choose the first person to share.)

IV. Closure:

- Close sharing time by having members share in one or two sentences something that they are thankful for at that moment. As the leader, lead out by sharing first and setting the example for format and brevity
- Invite all members to stand in a circle and join hands and close in prayer or a moment of silence

Session II

Group Handouts

Grief and Mourning Overview

Grief, mourning, and a variety of feelings are reactions that the grieving person will experience following the death of a spouse or partner.

Four Tasks of Mourning*

1. To Accept the Reality of the Loss
2. To Process the Pain of Grief
3. To Adjust to a World Without the Deceased
4. To Find an Enduring Connection with Your Loved One in the Midst of Embarking on a New Life

Common Emotional Reactions

Shock
Strong Emotions
Sadness

Fear and Panic
Guilt

Anger
Apathy

Adjustment

-Adapted from James William Worden, Ph.D.

The grieving person will experience some of these emotional reactions, but not necessarily all of them and not in any particular order. Grieving people will revisit the emotional reactions to their loss many times during the acute phase of their loss. Acute, raw grief endures one to three years, or a bit longer. One never gets over the death of a spouse or partner, but each widowed person can get through it with the help of grief support groups. In the event that a person feels stuck, or prolonged in his or her grief, the help of professional counseling must be sought. Ask your group leader for a referral.

The grieving person needs to know and rehearse often:

**EVERYTHING YOU FEEL AND EXPERIENCE IN YOUR GRIEVING IS
NORMAL**

YOU ARE NOT GOING CRAZY

YOU HAVE PERMISSION TO GRIEVE.

The Four Tasks of Mourning

Task I: Accept the Reality of the Loss

Task II: Experience the Pain of Grief

Task III: Adjust to a World Without the Deceased

Task IV: Relocate the Deceased and Move on With Life

-Adapted from Dr. James William Worden, 2001

Healthy Holistic Grieving Person

Our grief affects the entire person, involving all areas of one's life: mentally, spiritually, physically, emotionally, and socially. This visual provides a healthy way to support each area for a healthy grief experience.

Mental

- Thoughts can be positive and/or negative
- Be aware of your thought patterns
- Reduce negative input (e.g., TV, books, movies, news)
- Be aware of prolonged depression
- Be aware of suicidal thoughts
- Seek medical help and/or counseling if needed

Spiritual

- Read the Bible and/or inspirational materials
- Attend worship and/or church
- Listen to praise music
- Pray
- Seek spiritual counseling

Physical

- Balance your eating
- Stick to good nutrition
- Drink lots of water
- Get a good night's rest
- Exercise
- Maintain good hygiene
- Do not use drugs or alcohol
- Get a physical and/or medical check up at the beginning of your grief

Emotional

- Be an active participant in your grief journey towards healing
- Find loved ones who are willing to listen
- **Join a grief group!**
- Set healthy boundaries
- Accept that everything you are feeling is normal

Social

- Maintain family relationships and friendships (old and new)
- Attend a support group
- Build new memories

Normal Characteristics of Grief

Because grief can be so painful and seem so overwhelming, it often overpowers us. Many people wonder if they are grieving in the “right” way and if what they are experiencing is normal. The following are normal characteristics of grief that older adult widows (ers) may experience:

Physical Characteristics

- A tightness in the throat or a heaviness in the chest; frequent sighing
- A loss of appetite and/or increased eating
- A chronic feeling of tiredness and/or muscle weakness, numbness
- Feeling dizzy, short of breath, or headache
- Changes in gastro-intestinal habits

Because these symptoms can also be signs of health problems, we recommend that you have a physical examination sometime early in your grief process and consult your physician if the symptoms persist.

Emotional Characteristics

- Initial denial of the loss along with feelings of shock and numbness
- Strong need to remember, relive, tell, and retell memories of the loved one
- Feeling depressed and sad. Feeling isolated and separated from others
- Feeling angry with God. Feeling angry with the one who died
- Feeling anger toward others whose lives seem happy
- Experiencing sudden changes of mood. Crying at unexpected, awkward times
- Feeling a yearning for life as it used to be
- Spending much time reviewing the past, idealizing the deceased while yearning for what used to be
- Feeling apathetic, with loss of interest in usual activities
- Feeling guilt over real or imagined wrongdoing
- An upsurge of emotional distress at anniversary dates, birthdays, and other special occasions

Behavioral Characteristics

- Difficulty either going to sleep or staying sleep. Vivid dreaming about the one who has died
- Replaying memories of the last few days/weeks/hours
- Lowered self-esteem
- Restlessness or difficulty concentrating and making decisions

- Selective sharing about our feelings of loss, no matter how desperate we are to protect others who seem uncomfortable around us
- Forgetfulness
- Sensing the presence of the one who died, sometimes expecting her/him to return
- An urge to fill the days with constant activity/busyness
- Decreased desire for socializing
- Identification with the deceased person, sometimes assuming traits and mannerisms of the deceased

The above are all natural and normal grief responses. It is important to give yourself enough time to cry and to talk with people about your experience.

Sometimes there is a tendency to use alcohol or drugs in the place of grieving. This way of responding to emotional pain is not helpful as it may lead to a delay in the grieving process.

Spiritual Characteristics

- Emptiness
- Reason to live is challenged
- Leads to questioning
- Anger towards God
- Anger toward others who seem happy
- Destruction of ideals/beliefs
- Search for meaning/connection
- Pessimism or idealism
- Acceptance
- Forgiveness
- Experience of connection/wholeness/rebirth
- Compassion and understanding for others

Coping with Grief

The single most important factor in healing from the loss of your spouse or partner is having the support of other people. Even if you aren't comfortable talking about your feelings under normal circumstances, it's important to express them when you're grieving. Sharing your loss with others will make the burden of grief easier to carry. Wherever the support comes from, accept it and do not grieve alone.

Finding support after a loss:

- **Turn to friends and family members-** Now is the time to learn how to rely on new relationships. Keep your loved ones close, rather than avoiding them, and accept the assistance that is offered.
- **Draw comfort from your faith-** If you are religious, embrace the comfort its mourning rituals provide. If you are questioning your faith in the wake of the loss, talk to a clergy member or others in your religious community.
- **Join New Hope!** Grief can feel very lonely, even when your family and friends surround you. Sharing your grief with others who have experienced a similar loss may help.

When you're grieving, it's more important than ever to take care of yourself. The stress of a major loss can quickly deplete your energy and emotional reserves. Being sure to look after your physical and emotional needs will help you get through this difficult time.

Take care of yourself:

- **Face your feelings-** You can try and try to suppress your grief, but you can't avoid it forever. In order to heal, you must acknowledge the pain. Unresolved grief can also lead to complications such as depression, anxiety, and complicated grief.
- **Look after your physical health-** When you begin to feel good physically, you'll also feel better emotionally. Combat stress and fatigue by getting enough sleep, eating right, and exercising. Do not use drugs or alcohol to numb the pain of grief or life your mood artificially.
- **Plan ahead for grief "triggers"-** Holidays, anniversaries, and milestones can reawaken memories and feelings. Be prepared for an emotional roller coaster, and know that it's completely normal.
- **Don't let anyone tell you how to feel, and don't tell yourself how to feel-** Your grief is unique, and no one else can tell you when it's time to move on. Let yourself feel your emotions without embarrassment or judgment. It's completely normal to be angry, to cry or not cry, to laugh, and to let go when you're ready.

Coping with Loss Over the Holidays

After someone you love dies, life seems forever altered. In the weeks and months following a death it may seem difficult to make it through even the most mundane of days, let alone work up the strength to face special days and holidays. It's often true that after someone important dies, the holidays are never the same again. Traditions, events, parties, songs, and movies—all the things you once enjoyed are now triggers for sadness and emotion.

If you are grieving the loss of a spouse or partner this year, here are some important things to keep in mind:

- 1. Only do what feels right:** It's up to you to decide which traditions or events you can handle. Do not feel obligated to participate in anything that doesn't feel doable.
- 2. Accept your feelings—whatever they may be:** Some people feel bad that they aren't up for enjoying a holiday; others feel guilt because they are feeling joy. However you may feel, accept it.
- 3. Call on your family and friends:** Talk with your loved ones about your emotions. Be honest about how you would like to do things this year. If you want to talk about your spouse/partner who has passed, then do so, and let others know it's ok.
- 4. Focus on the kids:** Many holidays place special attention on children, and it often helps to focus on their needs. Realize that your grief reactions may affect the children in your family. If you withdraw, they may not understand why you don't want to join family festivities. Perhaps you can participate in the family rituals that are most important to the kids, and excuse yourself when you reach your limit.
- 5. Plan ahead:** Plan on creating comforting activities in the weeks approaching a holiday so that you have something to look forward to rather than dreading the pain that the holidays may bring.
- 6. Scale back:** If the thought of holiday activities feels painful, overwhelming, or inappropriate this year, cutting back may help. For example, you might opt for minimal decorations at home and take a break from sending holiday greetings. Do whatever feels comfortable to you. Create realistic expectations for yourself and others, but above all be gentle with yourself.
- 7. Give:** It's amazing how in times of grief, sometimes the biggest comfort is to give to others.

- 8. Acknowledge those who have passed on:** When we are grieving the loss of a spouse or partner, it can be helpful to participate in a related holiday ritual in his or her name. Some ideas: lighting candles for them, donating books and/or toys in their name, talking about them, or displaying their photo or placing an item of theirs among holiday decorations
- 9. Do something different:** Acknowledge that things are different; the holiday will not be the same as it once was. Plan new activities, especially the first year after the loss. Many families return to their usual routines and rituals after the first year, but some enjoy incorporating their new experiences permanently
- 10. Skip it:** If you feel as though the holidays will be too much for you and you'd like to simply opt out of participating, let your family and friends know.

-Adapted from the American Association of Retired Persons, 2012

Session III: Task II

Dealing with Feelings



Adult Support Group Lesson Plans
Session Three
Task II: Dealing with Feelings

I. Objectives: At the end of this session the group members will have gained the knowledge necessary to combat depression and suicidal thoughts

II. Facilitator Sharing:

- Welcome and praise participants for returning

Discuss:

- Review Task I
- Introduce Task II: Work Through and Experience the Pain
- Sadness
- Depression
- Loneliness
- Suicide

Teaching Tools:

- Common Emotions of Grief and Mourning
- Is it Sadness or Depression?
- Complicated Grief
- Potential Suicidal Clients

Group Handouts:

- Six Grief Avoidances
- Death of a Loved One by Suicide

III. Group Sharing:

Ask, “What does your grief look like this week?” or a question from the Group Questions Sheet. If no one volunteers, choose someone to begin sharing.

IV. Closure:

- Close sharing time by having members share in one or two sentences something they are thankful for today.
- Invite all participants to stand in a circle and join hands.
- Close in prayer or in a moment of silence

Session III

Teaching Tools

Common Emotions of Grief and Mourning

When your spouse dies, your whole world changes. When you grieve you may feel a roller coaster of emotions such as shock, fear, and depression. You may feel guilty for being the one who is still alive. If your spouse died in a nursing home, you may feel guilty that you could not care for him or her at home. At some point, you may even feel angry with your spouse or partner for leaving you. It is important to remember that all of these feelings are normal. There are no rules to how you should feel. There is no right or wrong way to grieve.

People who are grieving the loss of a spouse/partner often experience the following:

Sadness:

- Feelings of helplessness and hopelessness
- Loss of interest in daily activities
- Appetite or weight changes
- Sleep changes
- Loss of energy

Loneliness:

- Feeling empty, alone, and/or unwanted
- Craving human contact
- Having a hard time forming connections with others

Depression

- Guilt
- Loss of interest
- Suicidal thoughts

Over time, most grieving people will experience symptoms less frequently and with less intensity. For some, the grief journey can go on so long that it becomes unhealthy. This can be a sign of serious depression or complicated grief. If your grief keeps you from carrying on with your day-to-day life, consult a physician.

Is It Grief or Depression?

Symptoms of Clinical or Situational/Reactive Depression

Depression is a very common problem in older adults. The symptoms of depression affect every aspect of your life, including appetite, sleep, hobbies, and relationships. Unfortunately, many depressed older adults fail to recognize the symptoms of depression, or don't take the steps to get the help they need.

As you age, you will experience many losses. Loss is painful—whether it's a loss of independence, health, or your spouse/partner. Although grieving over these losses is normal and healthy, losing all joy and hope is not.

Is it grief or depression?

Distinguishing between grief and clinical depression isn't always easy since their symptoms often go hand-in-hand. However, there are ways to identify the differences. Grief is a roller coaster, involving a vast array of emotions and a mix of good and bad days. On the other hand, the feeling of emptiness and despair is constant with depression. Other symptoms that suggest clinical depression in older adults are:

- Intense sense of guilt
- Thoughts of suicide or an obsession with death
- Feelings of hopelessness or worthlessness
- Weight loss or gain
- Fidgety or slow movements and speech
- Seeing or hearing things that aren't there
- Unexplained or aggravated aches and pains
- Anxiety and worry
- Memory loss
- Loss of interest in socializing and hobbies
- Neglecting personal care (skipping meals, forgetting meds, neglecting personal hygiene)

Depression is not a sign of weakness. It can happen to anyone, at any age, no matter your background or lifestyle. Whether you are 18 or 80, you don't have to live with depression. Depression in older adults can be treated, and with the right support, treatment, and self-help strategies you can feel better and live a happy life.

Complicated Grief

Mourning is a normal part of grief. The death of a spouse or partner is always difficult. Those in mourning usually experience acute grief for about six months, after which the pain of the loss begins to subside. Although feelings of sadness may never go away, most of the grief will run its course and will not require clinical treatment.

However, sometimes, the stress of a loss can be so severe that the symptoms become more intense over time. Complicated grief (CG) may not only wear away the mental health of a person, but their physical health as well. When does normal grief become CG?

Indicators of Complicated Grief

- The person describes themselves as being “stuck”
- They are in a state of being overwhelmed by any and all areas of their loss
- They have a sense of feeling paralyzed by emotions brought on by grief and accepting the loss
- The relationship before the death was riddled with dysfunction
- They were estranged from the deceased, and now a reconciliation is not possible
- Sleeping habit changes or disruptions
- Quality of his or her work suffers
- Obsessive behaviors
- Loved ones are rejected
- Talking about death and loss obsessively and often in unrelated conversations
- Signs of severe depression-often a suicidal symptom
- Deteriorating self-esteem
- Chronic depression
- Excessive idealization of the deceased
- Intense death anxiety fixation

Symptoms of Depression vs. Complicated Grief:

Depression often involves a general, pervasive sadness and a lack of interest in formerly pleasurable activities.

Complicated grief, on the other hand, is when a person’s sadness is almost entirely focused on the deceased and usually involves preoccupation with that person. An individual who is suffering from CG will often recall the deceased in an unrealistically positive way or idealize that person’s work, hobbies, or accomplishments.

Getting Past Complicated Grief:

Just like depression, individuals with complicated grief are at an increased risk for other health problems and suicide. Also, as with depression, those who suffer from CG are unlikely to get better on their own. Those suffering from CG may benefit from forming new friendships and from grief support groups such as New Hope.

Potential Suicidal Clients

This is an educational tool for the facilitator's greater awareness and understanding of someone who may be suicidal in your group, or in your personal life.

Definitions:

- **Suicidal Threat-** An indication, whether verbal or behavioral, that would suggest the possibility of self-destructive behavior
- **Suicidal Attempt-** An actual involvement in some type of self-destructive behavior that does not result in death
- **Suicidal-** Considering or thinking about engaging in self-destructive behavior that does not result in death
- **Suicide-** A self-destructive behavior that results in premature death

Recent Statistics:

- Major depression accounts for 50% of all suicides
- Depression in older adults is often undeclared, unrecognized and untreated
- Older adults make up 12% of the U.S. population but account for 18% of all suicide deaths
- In 2012, the second highest suicide rate (18%) occurred in those aged 75 years and older
- 20% of all suicides in America are over 65 years old
- Suicide rate among men is 4 times that of women
- Suicide rates in women remain constant from mid-teens to later ages
- The suicide rate in males increases substantially in their late 70s
- At greatest risk: A white male in their late 70s living alone

Warning Signs:

- Loss of interest in activities that are usually found enjoyable
- Isolating oneself from social interaction
- Not taking care of oneself (i.e. personal hygiene)
- Breaking medical regimes (such as going off diets and prescription medications)
- Feeling hopeless and/or worthless
- Putting one's affairs in order, giving things away, or making changes to one's will
- Stock-piling medications or obtaining other lethal means
- Having a preoccupation with death or a lack of concern about personal safety.
- Remarks such as "This is the last time you'll see me" should raise concern
- The most significant warning sign is an expression of suicidal intent

Risk Factors:

- Increasing age
- Being a white male over 70
- Being divorced or widowed
- Having a major psychiatric disorder at the time of death, such as major depression

- Misuse of alcohol in combination with a psychiatric illness
- Persons with a prior history of attempted suicides may be the single predictor of suicide
- The greatest risk is within 3 months of the first attempt
- Hopelessness and feelings of worthlessness
- Negative outlook about the future, a stronger predictor for suicide than depression

How to Deal with High-Risk Situations in Group:

- Take all plans and threats seriously
- When a suicidal threat occurs in the group, tell the individual you would like to speak more with him or her after the group
- Have a calm and soft-spoken voice
- Affirm to the individual there is hope and that is why he or she is here at New Hope
- Convey that help is available and this individual's concerns will be listened to
- Notify the individual's emergency contact person or the person who is readily available to come in and develop a plan of action to help with the situation
- Immediately call 911 when an individual is a danger to him or herself, or others

Session III

Group Handouts

The Six Grief Avoidances

According to Dr. John D. Canine, avoidance is the idea that a person will not deal with a situation. Grief avoidance is a defense mechanism that keeps us from getting in touch with our feelings. There are six of these grief avoidance patterns that you may see in yourself.

The Postponer: “If I don’t deal with it, it will go away.”

The Displacer: “It’s his fault.”

The Replacer: “I will pour myself into work.”

The Minimizer: “We were not that close.”

The Somaticizer: “I have symptoms of...”

The Spiritualizer: “I’m ok because she is in Heaven.”

-Adapted from New Hope Grief Support Community, 2013

Death of a Spouse or Partner by Suicide

When a spouse or partner dies by suicide, overwhelming emotions can leave you devastated. Your grief may be heart wrenching. At the same time, you may be consumed by guilt—wondering if you could have done something to prevent your loved one’s death. As you face life after your spouse/partner’s suicide, remember that you do not have to go through it alone.

Brace Yourself for Powerful Emotions

A death by suicide can trigger intense emotions such as:

- **Shock-** Disbelief and emotional numbness might set in. You may think that your spouse/partner’s suicide couldn’t possibly be real
- **Anger-** You might be angry with your spouse/partner for abandoning you—or angry with yourself or others for missing the warning signs about their suicidal intentions
- **Guilt-** You might play the “what if” game in your mind, while placing the blame on yourself
- **Despair-** You might be overwhelmed with sadness, loneliness, or helplessness, and may even be considering suicide yourself

Adopt Healthy Coping Mechanisms

You may continue to experience intense reactions during the weeks and months following your spouse/partner’s suicide, but as you work through your grief, be mindful to protect your own well-being.

- **Keep in touch-** Reach out to your family, friends, and spiritual leaders for comfort and healing. Surround yourself with those who are willing to listen when you need to talk, as well as those who are willing to offer a shoulder to cry on
- **Grieve in your own way-** Do what is right for you, not someone else
- **Be prepared for painful reminders-** Holidays, anniversaries, and other special occasions can be painful reminders of your spouse/partner’s suicide
- **Expect setbacks-** Grief is like a roller coaster; there will be ups and downs, good days and bad days. Healing doesn’t often happen in a straight line
- **Do not rush yourself-** Losing your spouse/partner to suicide is a huge blow, and healing must occur at a pace that you’re comfortable with. Do not be hurried by other’s expectations that grief should only last a short time.

Face the Future with a Sense of Peace

You may never know why your spouse/partner committed suicide—and reminders might trigger painful feelings even years later. However, eventually the intensity of your grief will fade and the tragedy of the suicide won’t control your thoughts.

Session IV: Task II

Dealing with Feelings



Adult Support Group Lesson Plans
Session Four
Task II: Dealing with Feelings

I. Objectives: At the end of this session the group members will have the tools to express anger in a healthy manner

II. Facilitator Sharing:

- Welcome and praise participants for returning
- Share areas of struggle in your own journey and what was helpful. This will give some hope to group members and demonstrate to them that they, too, can survive.

Discuss:

- Review Task II
- Fear and Panic
- Anger
- Apathy

Teaching Tools:

- Common Emotions of Grief and Mourning

Group Handouts:

- Fear and Panic Solutions
- Anger
- Expressing Anger

III. Group Sharing:

- Ask, “What does your grief look like this week?” or a question from the Group Questions sheet to stimulate discussion. If no one volunteers, choose someone to begin sharing

IV. Closure:

- Close sharing time by having members share in one or two sentences something they are thankful for today
- Invite all participants to stand in a circle and join hands
- Close in prayer or a moment of silence

Session IV

Teaching Tools

Common Emotions of Grief and Mourning

Any of these taken into excess should seek professional help

When your spouse dies, your whole world changes. When you grieve, you may feel a roller coaster of emotions such as fear, panic, anger, and apathy. It is important to remember that all of these feelings are normal. There are no rules to how you should feel, and there is no right or wrong way to grieve.

People who are grieving the loss of a spouse/partner often experience the following:

Fear and Panic:

- Unable to relax
- Unable to sleep
- Sense of losing control or going mad
- Difficulty concentrating
- Uncontrolled worries
- Irritability

Anger:

- Feeling helpless and powerless
- Manifested often by restlessness
- When expressing anger uses the “Rule of Threes”
 - Can’t hurt you
 - Can’t hurt someone else
 - Can’t cost money
- “Anger is just depression with a lot of enthusiasm!”

Apathy:

- Lack of interest in life activities and/or interacting with others
- May affect an individual’s ability to keep a job, maintain personal relationships, and enjoy life
- Apathy is different from depression in that an apathetic individual is higher functioning than a depressed person

Over time, most grieving people will experience symptoms less frequently and with less intensity. For some, the grief journey can go on so long that it becomes unhealthy. This can be a sign of serious depression or complicated grief. If your grief keeps you from carrying on with your day-to-day life, consult a physician.

Session IV

Group Handouts

Fear and Panic Solutions

The following is a list of healthy and unhealthy solutions to coping with fear and panic.

Healthy Choices:

- Rest and relaxation
- Exercise and good nutrition: small frequent meals may be easier to enjoy rather than three large ones
- Security: choosing to have a sense of well-being brings feelings of security
- Hope
- Caring: doing small acts of kindness for others
- Goals: set realistic goals
- Enjoy small pleasures: spoil yourself
- Permission to backslide in your grief: you may revisit the various emotions, feelings, and different tasks repeatedly. Don't forget that you need to give yourself permission to grieve
- If fear and panic persists, seek professional counseling

Unhealthy Choices:

- Alcohol and drugs
- Overworking
- Overeating
- Oversleeping
- Hyperactivity
- Intellectualizing
- Whirlwind social life
- Quick new romance
- Compulsive sexual activity
- Aimless chatter
- Clowning
- Rage/violence
- Acting as if we have recovered when we have not

Anger

“Anger feels like fire. Let it burn itself out. Otherwise, it will burn you.” –Earl Grollman

Anger is a very human response to grief. You might feel angry for many reasons. Maybe you are angry because your friends don't seem to understand you right now or perhaps you're angry about the things people say like, “I know just how you feel.” You may be angry at yourself, the doctor, God, or friends who still have their spouses/partners. You may even be mad at your loved one for dying and leaving you alone to deal with life without them.

If you do not pay attention to your anger, it can show itself in other areas of your life.

Physical Responses:

- Constant fatigue
- Headaches
- Stomach pains and gastrointestinal changes
- Changes in appetite
- Inability to sleep
- If your spouse or partner died of an illness you may find yourself with the same symptoms

Emotional Responses:

- You may find yourself withdrawing from your friends or family or lashing out at them at inappropriate times and in inappropriate ways.

Psychological Responses:

- Feeling frustrated
- Feeling rejected
- Hostility towards your friends, family, and/or strangers

Aggression:

- Shouting at people (e.g., family, friends, strangers)
- Physical violence towards people (e.g., hitting, punching)
- Physical violence towards objects (e.g., slamming doors)
- Passive aggressive tendencies

-Adapted from Linda Cunningham, 1990

Expressing Anger

Some people have found that anger can be safely expressed in the following ways:

- Writing an angry letter and tearing it up
- Screaming into a pillow
- Punching a pillow, mattress, or punching bag
- Scribbling with a red crayon until you get tired
- Exercising: running, bicycling, soccer, boxing, etc.
- Throwing sock balls
- Tearing up newspapers or old phone books
- Throwing ice at a fence

While doing the above, verbalize, either loud or silently, the anger you are feeling. Verbalizing is an effective way of focusing your anger where it belongs.

Journaling or drawing can also release anger. At the top of a sheet of paper you may want to write, “I am angry because...” and respond to this question with short sentences or sketches. Writing brings responses from the intellect and drawing can bring deeper responses from the heart, so think about doing both.

If you are not feeling angry at this time, respect that. There is nothing in writing that says you have to be angry while grieving. Anger is simply a common and frequent response to grief for many individuals.

When expressing your anger *always* remember to practice the “**Rule of 3s**”:

1. Anger can’t hurt yourself
2. Your anger can’t hurt someone else
3. Your anger can’t cost money (cannot damage anything)

-Adapted from New Hope Grief Support Community, 2013

Session V: Task III

Making a Change



Adult Support Group Lesson Plans

Session Five

Task III: Making a Change

I. Objectives: At the end of this session the group members will learn various ways of coping with guilt and caregiver guilt

II. Facilitator Sharing:

- Welcome and praise each participant for something specific about how they are handling their grief journey

Discuss:

- Review Task II
- Introduce Task III: To Adjust to a World without the Deceased
- Guilt
- Survival Tips Handout (Discuss briefly hitting the highlights of this handout)

Teaching Tools:

- Common Emotions of Grief and Mourning: Guilt

Group Handouts:

- Survival Tips for Your Journey of Grief
- Guilt and Grieving for the Caregiving Spouse
- 3-Step Strategy to Cope with Caregiver Guilt

III. Group Sharing:

- Ask, “What does your grief look like this week?” or a question from the Group Questions Sheet. If no one volunteers, choose someone to begin sharing

IV. Closure:

- Close sharing time by having members share in one or two sentences something they are thankful for today
- Invite all participants to stand in a circle and join hands
- Close in prayer or a moment of silence

Session V

Teaching Tools

Common Emotions of Grief and Mourning

Following the death of your spouse or partner, you can sometimes feel an overwhelming sense of guilt or remorse. You may feel guilty for being the one who is still alive, or if your spouse died in a nursing home, you may feel guilty that you could not care for him or her at home. It is important to remember that all of these feelings are normal. There are no rules to how you should feel. There is no right or wrong way to grieve.

People who are grieving the loss of a spouse/partner often experience the following:

Guilt:

- The emotion of guilt is associated with the realization or perception of wrongdoing
- An individual may feel guilty without being consciously aware of it
- Guilt is often a symptom associated with more traumatic deaths
- May intensify or complicate grief reactions

Over time, most grieving people will experience symptoms less frequently and with less intensity. For some, the grief journey can go on so long that it becomes unhealthy. This can be a sign of serious depression or complicated grief. If your grief keeps you from carrying on with your day-to-day life, consult a physician.

Session V

Group Handouts

Survival Tips for Coping with Guilt

Guilt is perhaps the most painful companion of death. –Coco Chanel

- **Identify what it is that you feel guilty about:** Try to not keep such thoughts and feelings to yourself. Bring them out into the open where they can be examined and eventually dealt with. Share these feelings of guilt with a close friend or family member, who can view your thoughts and feelings more objectively, and challenge what may be irrational guilt
- **Listen to the messages you give yourself:** (the should haves, could haves, and if only's) Realize that the past is something you can do absolutely nothing about
- **Channel the energy of your guilt** into a worthwhile project. Do good deeds in your loved one's honor
- **What can you do to make amends?** Find a way to genuinely apologize to your loved one's spirit and ask for forgiveness
- **Write down your guilt-related statements**, and pledge that from that day forward, you won't say them to yourself anymore
- **If you are troubled by feeling relieved that your loved one's suffering has ended**, know that a heavy weight has been lifted from your shoulders; you have been released from an emotionally exhausting and physically draining ordeal. To feel relieved is certainly understandable
- **Participate in a support group**—is it a powerful way to obtain forgiveness from others
- **Remember the good things you did in your relationship with your loved one** and all the loving care you gave. Focus on the positive aspects of your relationship with your spouse/partner
- **Ask what it would take for you to forgive yourself:** Can you begin to do that? Say out loud to yourself, "I forgive you." Say it several times a day

Guilt and Grieving for the Caregiving Spouse

When we discuss the older grieving person, we must also discuss the primary home caregiver. It is estimated that about 80% of caregiving for older adults is provided by a family member. The majority of home caregivers are made up of spouses caring for a terminally-ill wife or husband. Once the spouse or partner dies, family caregivers may grieve not only the loss of a once-healthy loved one, but also for all they have given up in order to assume the role of a caregiver.

The role of a caregiver at home is usually accompanied by varying degrees of guilt. This happens regardless of our effectiveness, as it seems to be virtually impossible to care for our loved ones and simultaneously face the realities that we will inevitably lose them. Most caregiving spouses are eventually confronted with not only the loss, but the guilt that they could have done more, should have known better, would have done differently in retrospect. This increases not only our guilt, but our grief as well. We long to spare our loved ones from the ongoing progression of disease and death—but we cannot save or rescue them. Caregivers often place on themselves an unattainable goal.

Caregivers typically begin to believe that they are responsible for the life or death of the deceased. For many caregivers, the grief process can take much longer to work through. The guilt we carry slows the normal grief process as it drains the energy needed to work through it.

3-Step Strategy to Cope with Caregiver Guilt

Guilt occurs when we don't live up to our own expectations. Sometimes the expectations that we hold ourselves to are realistic, but often they are not. When our expectations of ourselves as caregivers are realistic, guilt can serve as a motivator to act differently the next time a similar situation arises. But when our expectations are unrealistic, guilt can be a crippling and unproductive emotion.

Here is a three-step strategy to coping with your guilt as a caregiver:

- 1. Identify the feeling:** The first step to coping with guilt, or any negative emotion, is to recognize when you are experiencing the emotion.
- 2. Identify your expectations:** Once we recognize guilt, we must ask ourselves, "What expectation of ourselves have we failed to live up to that is causing this feeling?"
- 3. Scrutinize your expectations. Are they realistic?** If your expectations of yourself are not realistic, let the guilt go. If your expectations are realistic, think about how could have done things differently, and let it go.

Chances are you will never rid yourself of guilt entirely. Even with coping strategies like the one outlined above, strong emotions don't always bend to rationality. You may find that talking about your feelings with a friend, or at a support group also helps you understand and move past unproductive guilt.

Session VI: Task III

Making a Change



Adult Support Group Lesson Plans

Session Six

Task III: Making a Change

I. Objectives: At the end of this session the group members will be aware of what we need during grief. Group members will also learn why spirituality plays an important role in grieving the loss of a loved one

II. Facilitator Sharing:

- Welcome and praise participants for being over halfway through the eight sessions, but perhaps only beginning their grief journey.

Discuss: Refer to the two handouts and summarize key points

- Review Task III
- What We Need During Grief
- Count on Grief—try to say each point in one sentence

Group Handouts

- What We Need During Grief
- Count on Grief
- Spirituality and Grief
- Gone From My Sight- a spiritual poem about loss

III. Group Sharing:

- Ask, “What does your grief look like this week?” or a question from the Group Questions Sheet. If no one volunteers, choose someone to begin sharing

IV. Closure:

- Close sharing time by having members share in one or two sentences something they are thankful for today.
- Invite all participants to stand in a circle and join hands
- Close in prayer or a moment of silence

Session VI

Group Handouts

What We Need During Grief

Time: You need time alone and time with others whom you trust and who will listen when you need to talk. You will also need months and years to feel and understand the feelings that go along with loss.

Rest: You need extra amounts of relaxation, exercise, nourishment, and diversion; more than you needed before. Some things that may help are hot baths, afternoon naps, a trip or a “cause” to work for. Any of these may give you a lift. Grief is an emotionally exhausting process. You need to replenish yourself. Do what feels relaxing to you and what connects you to the people and things you love.

Security: Try to reduce or find help for financial or other stresses in your life. Allow yourself to be close to those whom you trust. Getting back into a routine will help. You may need to allow yourself to do things at your own pace.

Hope: You may find hope and comfort from those who have experienced a similar loss. It will help you to know some things that helped them. This will help you to realize that they have recovered and that time does help. This may give you hope that sometime in the future your grief will be less raw and painful. Joining a grief support group may also be helpful.

Caring: You need acceptance throughout the grief period. Try to allow yourself to accept the expressions of caring from others even though they may be uneasy and awkward. If you lack support, make finding it your first goal. Helping a friend or close relative also suffering the same loss may bring a feeling of closeness with that person.

Goals: For a while, it will seem that much of life is without meaning. At times like these, small goals are helpful. Looking forward to something, like playing tennis with a friend next week, a movie tomorrow night, and a trip next month will help you get through the immediate future. Living one day at a time is a rule of thumb. At first, do not be surprised if your enjoyment of these things is not the same. This is normal. As time passes, you may need to work on some long-term goals to give some structure and direction to your life. This may require guidance or counseling.

Small Pleasures: Do not underestimate the healing effects of small pleasures. Sunsets, a walk in the woods, a favorite food; all are small steps toward regaining your pleasures in life itself. Do not be afraid to have fun; laughter is good medicine.

Permission to Backslide: Sometimes after a period of feeling good, we find ourselves back in the old feelings of extreme sadness, despair, or anger. This is often the nature of grief; up and down, and it may occur over and over for quite a while. It happens because as humans, we cannot take in all of the pain and the meaning of death at once, so we let it in a little at a time.

Self-Acceptance: Accept and express your feelings. They will help you learn about yourself and the grief process you are experiencing. Grief can be exhausting so pace yourself accordingly. Drugs may not be helpful. Even medication used to help people get through periods of shock under a physician's guidance may prolong and delay the necessary process of grieving. We cannot prevent or cure grief. The only way out is through it.

-Adapted from Judy Tatelbaum, 1980

Count on Grief

Count on Grief to Create Change

Grieving is a walk through unknown territory. Familiar internal and external stabilities disappear in a whirlwind of changing thoughts, feelings, and emotional flux. We are reminded of our pain at odd times and in unexpected ways.

Emotions hover near the surface and tears are hard to control. The stress of daily living taxes our protective defenses to the limit. Depression seems to slip in from nowhere, and anger erupts without warning. Because grief requires so much emotional energy, our desire for social interaction becomes greatly diminished. The bereaved meet the world at a disadvantage, continually surprising themselves and others with unpredictable responses to familiar situations.

Count on Grief to Change Social Structure

The bereaved find their social networks changing and transforming around them. Disappointment with family and friends is a common theme. Those we expect to “be there for us” may not be able to meet our needs, and friends we didn’t know we had appear out of nowhere to fill the void. As we come to terms with whatever limitation and expectations we have for ourselves, we also become aware of the limitations of others. Not everyone we care about will be able to fully share our pain.

Count on Grief to Redefine Priorities

The bereaved often find themselves realigning their goals and objectives. For most of us, nothing is easily taken for granted after the death of a loved one. We understand that “now” is the only time there is, and that tomorrow may never come. Relationships are more precious than ever, and we are less comfortable with unfinished business relating to those we care about. Because the cares and concerns built into our busy lives pale in comparison to our loss, the emphasis on people versus things takes on a far greater meaning.

Count on Grief to Increase Vulnerability

Human beings are most comfortable when they are in control of their lives and circumstances. Death, even when it is expected, represents the ultimate change in plans. When a loved one dies, our former safety and security no longer exists. Instead, we may experience feelings of helplessness and vulnerability that are frightening, as well as disarming. Yet it is precisely this vulnerability that can break down walls of resistance to new thought processes and pave the way for new perspectives.

Count on Grief to Increase Spiritual Awareness

The pain of grief prompts spiritual investigation into both the known and the unknown. Answers we were sure of before are not always satisfying in the context of our present reality. God is questioned and religion is held up for examination. Our struggle for inner peace and unity seizes many priorities. In the majority of cases, our connection to the universe and ourselves becomes far more defined.

Count on Grief to Strengthen Compassion

Grief tears down the boundaries between others and us. Grief enhances our humanness and strengthens our ties to the world around us. Our loss is a life-changing event; we will never again be the people we were before. Pain somehow opens us to greater levels of awareness and a greater capacity for compassion and understanding.

Count on Grief to Define the Past and Open Doors to the Future

The death of a loved one becomes the reference point around which we define where we have been and how we structure a path for tomorrow. Grief provides a “crash course” in some of the most profound lessons life has to offer. As grieving individuals, we find ourselves with fewer answers, but far more insights. In time, we learn there are no losses without gain, and no sorrow without joy. As death closes doors behind us, new doors open before us.

-Adapted from Joannetta Hendel, 1990

Spirituality and Grief

After the death of a spouse or partner, you may find yourself “torn apart.” Spiritual beliefs give the survivor hope where his or her loved one may be and also gives the survivor a purpose to go on. During your time of grief it is important to nurture yourself spiritually.

To integrate spiritual practices into your life demands a reminder that:

- Spirituality invites you to slow down and turn inward
- Spirituality invites you to feel deeply and to believe passionately
- Spirituality invites you to get to know your authentic self
- Spirituality invites you to celebrate diversity
- Spirituality invites you to be open to the mystery

To practice spiritual self-care does not mean you are feeling sorry for yourself. Rather, it means you are allowing yourself to have the courage to pay attention to your special needs. Spirituality reminds you to understand that you can and will integrate losses into your life.

Gone From My Sight

I am standing upon the seashore. A ship at my side spreads her white sails to the morning breeze and starts for the blue ocean. She is an object of beauty and strength. I stand and watch her until at length she hangs like a speck of white cloud just where the sea and sky come to mingle with each other.

Then someone at my side says, "There, she is gone!"

"Gone where?"

Gone from my sight. That is all. She is just as large in mast and hull and spar as she was when she left my side and she is just as able to bear the load of living freight to her destined port.

Her diminished size is in me, not in her. And just at the moment when someone at my side says, "There, she is gone!" There are other eyes watching her coming, and other voices ready to take up the glad shout, "Here she comes!"

And that is dying.

-Henry Van Dyke

Session VII:

Task IV

Moving Forward



Adult Support Group Lesson Plans
Session Seven
Task IV: Moving Forward

I. Objectives: At the end of this session the group members will be able to re-evaluate where they are on their grief journey, and whether or not they are closer to their new normal

II. Facilitator Sharing:

- Welcome and praise each participant for something specific about how they are handling their grief journey

Discuss:

- New Normal
- Review Task III
- Introduce Task IV
- Format and Plans for the last session
- Remind group members to bring 1-2 photos of their deceased spouse the following week
- Talk about what the “New Normal” looks like, reminding the participants that they will oscillate back and forth through former tasks. Tell them that they will never get over their spouse or their death, but they will get to a place we refer to as the “New Normal”
- Use “How Am I Doing?” and “Launching to a New Normal” handouts for teaching tool information

Teaching Tools:

- How Am I Doing
- Launching to a New Normal

Group Handouts:

- Will I Ever Be Able to Function Again
- How Am I Doing
- Launching to a New Normal
- Memories of You

III. Group Sharing:

- Ask, “What does your grief look like this week?” or question from the Suggested Group Questions sheet. If no one volunteers, choose someone to begin sharing

IV. Closure:

- Discuss next week’s session. Ask participants if they would like to have a potluck dinner or dessert and coffee
- Remind them to bring a photo of their deceased spouse to the final session

- Ask them to be thinking about the last seven weeks together and what they have learned
- Invite all participants to stand in a circle and join hands
- Close in prayer or in a moment of silence

Session VII

Teaching Tools

How Am I Doing?

Have I Arrived At My New Normal Destination?

Consider these suggestions for evaluating your successful process in grieving and mourning. Try writing your responses in a journal:

1. Have I processed my grief work:

- Am I facing the death of my spouse actively to realize the full impact?
- Do I accept the permanency of death?

2. Do I allow others to support me?

- Can I accept the honest sincere sympathy of others?
- Am I entering into conversations and reminiscing without the severe pain that was once there in the beginning?

3. Have I refrained from hasty decisions?

- I am not making major decisions that are optional and non-urgent
- I am not traveling excessively to avoid confronting the painful reality of the death

4. Do I avoid using alcohol as a rescue from my grief?

- Alcohol and sedatives only delay the inevitable pain of grief, often resulting in even greater issues to deal with

5. Do I totally rely on the advice of others?

- Often well-meaning friends do not understand what a grieving person is going through
- They also perhaps don't understand your true needs
- Realize that their intentions are well meant, and true, but can misdirect you
- Listen to yourself and what you want to do, as well as what you need to do
- Talk with a trusted friend but make your own decisions

6. Goals

- Do I feel like setting simple or detailed goals, and do I enjoy the feeling of accomplishment?

7. Physical Activities

- Am I trying to do some physical activity at least 3 times a week to help me on my grief journey?
- The emotional stress of grieving is released through crying, shouting, as well as a brisk walk or other forms of exercise

8. Hope and My Future

- We do not live in a vacuum, and need to be whole people who take care of our whole selves
- Do I nurture and care for each part of me: the mental, social, spiritual, physical parts in an equal balanced way?
- Do I have a positive anticipation of the new normal that lies ahead?

Launching to New Normal

1. Take a look back at the past year. Look at the lessons you have learned, and contemplate where you would like to be in the future. Most important of all, recognize that you have made it this far despite all the difficulties.
2. Think about the things that helped you make it through. Think about the good choices that you made. Think about the kindness you have experienced from others. Think about the ways you have expressed your grief in a healthy manner.
3. You might be experiencing the pain of your loss as strong as ever. This is not a bad thing. You might be experiencing mixed emotions: the pain that you thought was behind you, as well as some hope for the future.
4. You might be disappointed in yourself, because you feel that you should be doing better. Experiencing your sorrows is different than wallowing in grief—feeling your sorrows is taking the time to acknowledge the reality.
5. Do not expect everyone to remember the anniversary of your spouse/partner's death. Some might remember, but may be silent to show you they care. If you want people close to you to remember, gently reach out beforehand.
6. If you are not feeling much of anything, that is okay too. Grief comes in different ways and it does not follow a timeline.
7. You might be experiencing secondary losses or secondary grief—loss of dreams you had, loss of relationship, things that had been said, or had not been said. Take some time to ask God to heal all your hurts.
8. Ask people to help you along the road of healing. You would ask for help with a heavy box, or a stalled car, so you should also do this with spiritual and emotional burdens. This is a good time to remind people around you what you need and want.

-Adapted from Linus Mundy, 1993

Session VII

Group Handouts

Will I Ever Be Able to Function Again

It is impossible to say exactly how long people grieve the loss of a spouse as it is a very individual process. Experts say that it lasts a lifetime, but the emotions are not as severe as during the first few months to a year after the death.

When a grieving person can think of their loved one without the pain of deep sadness, this may indicate that the person has found their new normal. Even so, moments of sadness may occur over a lifetime when there are times of remembering the person who has died. It is, however, without that gut-wrenching, heart-breaking pain that was previously experienced in the early days of grief.

- Another sign of progress in mourning may be the ability to be able to think about the person without the tightness in the chest, intense crying, or other physical symptoms related to mourning.
- Mourning may be finished when the grieving person can reinvest his/her emotions back into the lives of others.
- Some may say that mourning never ends, but as time goes on emotions erupt less frequently.
- Psychologists believe that the way people respond to spoken condolences give some indication of where they are in their mourning process. Gratitude for condolences could be a healthy sign of progressing through mourning.
- Mourning can appear to be finished and yet it is never finished. —Dr. James William Worden

Memories of You

I remember everything about you,
Your voice, your smile, your touch,
The way you walked,
The way you talked,
The way you looked at me,
Meant so much.

I remember all the words
You said to me,
Some funny, some kind, some wise,
All of the things you did for me,
I see now with different eyes.

I remember every
Moment we shared,
Seems like only yesterday,
Or maybe it was eons ago.

It's really hard to say.
You are gone from me now,
But one thing they can't take away,
Your memory resides inside my heart,
And lights up my darkest days.

-Anonymous

Session VIII:

Task IV

Moving Forward



Adult Support Group Lesson Plans

Session Eight

Task IV: Moving Forward

I. Objectives: During this session the facilitator will review the major points of discussion over the last seven weeks, and group members will get the opportunity to share how their grief journey has changed throughout the group process

II. Facilitator Sharing

- Welcome
- Potluck party
- Sharing photos

III. Group Sharing

Suggested Discussion Questions:

- “What have you learned in the past seven weeks?”
- “What do you dread?”
- “What are you looking forward to?”
- “Anything else?”
- Use “New Hope New Normal” Handout as discussion guide to review the past 7 weeks

Group Handouts

- New Hope New Normal
- My Constant Companion
- Grief Group Evaluation

IV. Closure

- Close sharing time by having members share in one or two sentences something they are thankful for today
- Give out surveys and self-addressed stamped envelopes. Participants can complete before they leave or mail them to New Hope
- Invite all participants to stand in a circle and join hands
- Close in prayer or a moment in silence

Session VIII

Group Handouts

New Hope New Normal

This is a single page to briefly summarize what we have talked about these last eight weeks together. Please refer to this as often as you feel it necessary.

The Four tasks of Mourning: 1) Accept the reality of your loss. 2) Work through the pain of your loss. 3) Adjust to the environment of your loss. 4) Relocate your life to “New Normal.” On average, these tasks will occupy the next 1 to 2 years of your life (and perhaps longer). Remember we each grieve at our own pace as a function of the depth of our feelings for our loss. We have loved deeply, so we will grieve deeply.

Everything you are experiencing emotionally is normal and you are not going crazy. Give yourself permission to grieve and to “backslide” while on your grief journey, and remember that the road you are traveling is often difficult.

Do not attempt to postpone your grief because it will wait for you. Do not become a Postponer/Minimizer/Somaticizer/Replacer/Displacer/Spiritualizer. These attributes only delay your grief recovery. If you feel stuck with your grief, seek professional help as soon as possible.

What we need for our journey: Time, rest, security, hope, goals, and small pleasures are all things we need while grieving. You are not alone on your journey. You have family, friends, God, and New Hope to assist you along the way as well as other resources. With regards to family, communication is the most important interface because they are grieving, too. Let children know you are there for them at this critical time because they, too, have lost a loved one. Handling the holidays can and will be difficult. Do not allow the pressures of family dictate holiday activities. Allow only those activities that you feel you can handle at this time. If the old routines make you uncomfortable, change the venue or disregard them all together. You must be the “boss” during the holidays.

If you feel that you have unfinished business with the one you have lost, try writing a letter, or journaling to openly express those issues that are unresolved. Sometimes just putting ink to paper can clear your mind and enable you to move ahead.

Is there hope for my future? Yes! Losing a spouse will always be gut wrenching, but that heart-breaking pain of today will gradually fade as you move to the *New Normal* of tomorrow. New Normal means you have gone past the deep pain, you can remember your loss without chest tightness or intense crying, you can re-invest your emotions back into the lives of others, you can find something to thank God for, you can find things to laugh about, your energy is back and you can remember your special person with a smile. The old normal is forever gone, but there is a New Normal waiting for you. Life will be good again when your grief journey brings you New Hope and New Normal/New Different.

-Adapted from Jack Gresham, 2008

My Constant Companion

Grief is my companion,
It takes me by the hand,
And walks along beside me
In a dark and barren land

How long will this lonesome journey last,
How much more can my weary heart bear?
Sing your death, I've been lost in the fog,
Too burdened with sorrow and care.

People tell me my sadness will fade,
And my tears will reach their end.
Grief and I must complete our journey,
And then maybe I'll find happiness again.

-Anonymous

APPENDIX C
EVALUATION TOOL



Post Grief Group Evaluation Form

New Hope's mission is to bring hope and healing to grieving people. We strive to provide the best grief support group experience possible-- to accomplish this we need your feedback. Please take a moment to fill out the following evaluation form, your responses will remain anonymous and only be used to help our team improve our programs. We value your time and feedback, thank you.

Today's Date:

 Your Name (optional):

Group Leader(s):

For each of the following statements please fill in the circle for the response that best reflects your experience of grief.

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The classes always started and ended on time. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The weekly curriculum went along with the teachings that the facilitators presented. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I would recommend this grief course to others. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Death makes more sense to me because I better understand how to grieve the death of my special person. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Now I have the power to choose happiness even while grieving. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have come to the place of accepting the permanence of my spouses death. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I now see that my life can have purpose and meaning even though my spouse has died. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I now understand the difference between making healthy and unhealthy choices in my grief. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am still having difficult days, but I use the tools that I learned from this grief course to help me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am now able to communicate with others about how I'm feeling. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have found a special place emotionally for my person who died, but am able to move in a positive direction. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Additional Comments:

Thank you for your time and participation!

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