

Understanding Grief and Loss & Developing a Plan to Cope With Grieving

EVIDENCE BASED PRACTICES (EBP): Integrated System of Care; Universal Dual Diagnosis Capabilities; Principles of Empathy and Hope; Motivational Interviewing Approach; Stages of Change Model Design; Strength Based; Skill Building; Solution Focused; Neurochemistry Based Disorders of the Brain; Symptom Identification; Symptom Management; EBP Curriculum Topics, i.e. Nutrition, Stress Management, Cognitive Behavioral, and more...

Consistency in the Group Setting

The importance of *consistency* in a treatment setting can't be overstated. This is especially true when people are placed in vulnerable situations. *Inconsistency* can, at best, increase uncertainty and insecurity for the person receiving services. At worst, unpredictability can create a sense of helplessness while simultaneously decreasing a person's development of self-reliance. In fact, all human beings benefit from a dependable approach in the treatment of chronic disorders. When a person learns they can rely on consistency, they are less stressed and more relaxed. Consistency in the group setting includes the group structure, psychoeducational material, and the approach.

Each agency or facility will have different requirements – such as group receipts or paperwork – however, consistency can still include a structure similar to the following:

1. Group members pick up: a. Clip Board, b. Paper, and c. Pencil/Pen as they enter the room.
2. Group facilitator picks up the group receipts from each person in the group, and/or the group facilitator passes out the sign-in sheet for the group members to sign.
3. Group facilitator provides a Positive Group Beginning, Consistent Psychoeducational Material, Consistent Approach, and a Positive Group Closure.

Psychoeducational Groups and Crisis Event Processing (when requested)

Notes to Facilitator(s):

1. *THE BASICS, Second Edition* meets the definitions and goals of Psychoeducational Groups, Skill Building Groups, and Cognitive Behavioral Groups.
2. Group participants who have become accustomed to Interpersonal Processing Groups – as well as staff who have facilitated them – may find it a challenge to now facilitate Psychoeducational Groups.
3. Likewise, facilitators who may have followed a more lecture-style education presentation, may find it challenging to now devote at least 1/3rd of group time to specific topic discussions and interactions.
4. Both types of groups (Interpersonal Processing Groups and Psychoeducational Groups) are extremely important, yet each has different goals and structure.
5. The structure of Psychoeducational Groups, Skill Building Groups, and/or Cognitive-Behavioral Groups in no way means that there will not be *interaction* – far from it. It just means that the interactions, discussions, and exercises will be about the topic(s) of each group.
6. Facilitators *may* – or not – still want to allow time in each group for the group member(s) to discuss a crisis that may have occurred since the last group.
7. We do know, of course, that *every* person in group is typically experiencing many challenges each and every week; however, most of these incidents are often best resolved in ways other than group time where the event does not pertain to every group member.
8. Suggested responses to a challenge, problem, or crisis can also include suggesting the person contact their primary care provider; schedule a 1:1 appointment; reschedule their next 1:1 to an earlier time; or, meet with the facilitator after group to explore options and develop a plan.
9. A facilitator would, of course, not “*grade*” an event as being worthy or not for group time. If a person requests individual time in the group, then that would be accepted as valid and time allotted at the end of the group.
10. Over time, the group begins to understand the differences between a situation, a challenge, a problem, or a crisis and can make decisions to utilize group time or continue with the current psychoeducational topic.

Prepare Professionals

Suggestions for professionals to prepare themselves for group typically includes:

1. Review all content material, appendices, and/or handouts *prior* to group to avoid a lecturing style.
2. Decide beforehand the *key points* to be covered in each group to produce flexibility for group responses, discussions, or questions.
3. Gain an overall understanding of the content so summarizing is possible in order to create an interactive facilitation style.
4. Determine the group structure to achieve the essential balance between education and discussions.
5. Check group room to be sure there are enough clipboards, pencils or pens, and markers or chalk for the board.
6. Make enough copies of any handouts *before* group.
7. Write any group content on the board *prior* to the beginning of group whenever possible.

Master Guide & Master Tips to Professionals

Note: *The Master Guide* (located at the beginning of Volume I & II) and the *Master Tips to Professionals* (located at the back of Volume I) have many topics to assist in the group process like Master Tip #39: Suggestions For Managing Handouts For Groups (pages Master Tips 64-67). Other tips include:

1. Master Guide: Interactive Style (pages Master Guide 10-11)
2. Master Tip #1: Suggestions for Beginning Group (pages Master Tips 1-4)
3. Master Tip #3: Empathetic Treatment Approach (pages Master Tips 7-9)
4. Master Tip #4: Promoting Hope (page Master Tips 9)
5. Master Tip #5: Maintaining a Consistent, Nonjudgmental, and Positive Attitude (pages Master Tips 10-13)
6. Master Tip #12: Responding to Requests for Copies of APPENDICES (pages Master Tips 27-29)
7. Master Tip #13: Depth of Psychoeducational Content (pages Master Tips 29-30)
8. Master Tip #14: Group Closure Suggestions (pages Master Tips 30-31)
9. Master Tip #16: Motivational Interviewing (pages Master Tips 31-32)

Present Curriculum/Topic

1. It is extremely important that each group participant leave every group with more Psychoeducation than they came in with – which may also include discussing a “familiar topic” yet with a “present-day” focus. Psychoeducational Groups are designed to provide education about all areas related to the management of Substance Use Disorders and Psychiatric Disorders. Psychoeducational Groups are not Interpersonal Processing Groups – even though interaction and processing the particular *psychoeducational topic(s)* is essential to individualizing the topic(s) or skill(s) presented.
2. It is recommended that a minimum of 1/3rd of group time be devoted to interaction (therapeutic counseling *topic* discussions). This can be accomplished – depending on the individual style of the group facilitator(s) – by any “present education-interact/discuss – present education-interact/discuss” combination while still structuring the group to include the curriculum/topic education to be covered.
3. The presentation of material will, of course, be modified by the facilitator to match the functioning skills of group participants. It is important to note, however, that *THE BASICS, Second Edition* was written in a conversational language while taking into consideration a wide-range of symptom acuity and severity. Persons with co-occurring psychiatric and substance disorders benefit from learning about their disorders and how to manage them, as do all individuals with any chronic disorder(s). Each group participant will retain what is meaningful to them at the present time.

Group Beginning Suggestions

A positive group beginning (and ending) is extremely important. There are many ways to begin (and end) a group in a positive way. Suggestions to choose from can include:

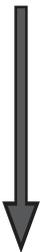
1. Reading the Thought For The Day from a meditation book. (Note: Meditation books that also contain an index at the end of the book – such as *Easy Does It* – are helpful in choosing a specific reading that matches the topic(s) presented in group like Self-Esteem.), or
 2. Reading an inspirational or humorous curriculum handout from *THE BASICS, Second Edition*, or
 3. Practicing a deep breathing or a stretching exercise, *or*
 4. Sharing of one thing that each person is grateful for today, *or*
 5. Sharing of one positive thing that he/she did that contributed to their recovery in the past few days, *or*
 6. Reading an AA Slogan with a brief explanation or AA/NA/Dual Recovery inspirational reading.
- * Recommended Beginning: Breathing Exercise (located on page Master Tips 3)

Practice Curriculum/Topic

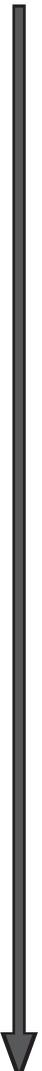
Practicing subject material is the best way participants can internalize and personalize the curriculum content. Practice includes the group interactions, worksheets, exercises, handouts, and content discussions.

Understanding Grief and Loss & Developing a Plan to Cope With Grieving

Volume II; Subject Five; Pages: Subject 5-48 – 5-56

Based on a 2-Hour group: Two 50 minute segments	Time-Frame
Group Beginning	20 Minutes Total
Positive group beginning (suggestions are located on the previous page).	5 Minutes
<ol style="list-style-type: none"> 1. Brief Group Introductions: (Note: The <i>interactions</i> in a psychoeducational group are discussions about the <i>topics</i>, not inter-personal processing or case management questions which do not apply to the entire group.) <ol style="list-style-type: none"> a. Ask the group members to tell the group their name. b. Welcome any group members who are new to this group or phase. 2. Crisis Processing (when requested and optional): <ol style="list-style-type: none"> a. Ask the group if anyone has experienced a crisis since their last group, and if they need/want additional time in this group to discuss it, i.e. what happened, how they managed the crisis, and/or explore options and develop a plan. b. Let the person(s) know that you will allow time at the end of this group for them to share their experience and receive support from their fellow group members. 	10 Minutes 
<p><u>Summarize Introduction of the Group Topic and Why It's Important: (page Subject 5-48)</u></p> <p>It's almost impossible to experience loss without feeling some kind of grief. Even so, grief does not come easily for most people. This is because people are often understandably afraid to let themselves feel it.</p> <p>Another reason is because the only way to work <i>through</i> grief is to go <i>through</i> the middle of it. Grief can be painful, confusing, and overwhelming. Unfortunately, it's also common for people to have expectations about how they <i>should</i> feel when grieving. This can make the grieving process even more difficult.</p> <p>Today we will talk about understanding grief and loss and developing a plan to cope with grieving.</p>	5 Minutes 

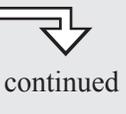
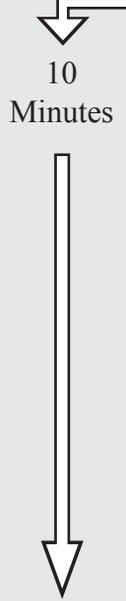
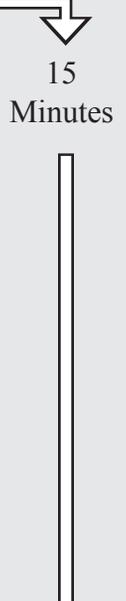
Understanding Grief and Loss & Developing a Plan to Cope With Grieving; Volume II; Subject Five; Pages: Subject 5-48 – 5-56

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame									
Understanding Grief	Subject 5-48	Summarize paragraph.	30 Minutes 									
What Grief Is <i>Not</i>	Subject 5-49	1. Summarize one paragraph. 2. Summarize the four examples in the text.										
What Grief <i>Is</i>	Subject 5-49	Summarize paragraph and information in TABLE ONE:										
TABLE ONE												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%;">GRIEF CAN BE PHYSICAL</td> <td style="width: 25%; text-align: center;">2</td> <td style="width: 25%;">GRIEF CAN BE CONFUSING</td> <td style="width: 25%; text-align: center;">3</td> <td style="width: 25%;">GRIEF CAN SEEM OVERWHELMING</td> <td style="width: 25%; text-align: center;">4</td> <td style="width: 25%;">GRIEF BRINGS UNCERTAINTIES</td> </tr> </table>				1	GRIEF CAN BE PHYSICAL	2	GRIEF CAN BE CONFUSING	3	GRIEF CAN SEEM OVERWHELMING	4	GRIEF BRINGS UNCERTAINTIES	
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Gender, Culture, and The Grieving Process	Subject 5-50	1. Summarize two paragraphs. 2. Discuss information in TABLE TWO. 3. Refer to text for examples on each.										
TABLE TWO												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%;">HISPANIC (CUBAN CATHOLIC)</td> <td style="width: 25%; text-align: center;">2</td> <td style="width: 25%;">BLACK OR AFRICAN AMERICAN</td> <td style="width: 25%; text-align: center;">3</td> <td style="width: 25%;">NATIVE AMERICAN (COLVILLE)</td> <td style="width: 25%; text-align: center;">4</td> <td style="width: 25%;">JEWISH PEOPLE</td> </tr> </table>				1	HISPANIC (CUBAN CATHOLIC)	2	BLACK OR AFRICAN AMERICAN	3	NATIVE AMERICAN (COLVILLE)	4	JEWISH PEOPLE	
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Stages of The Grief Process	Subject 5-50 – 5-52	1. Summarize two paragraphs. 2. State the three main headings in TABLE THREE. 3. State the information in TABLE FOUR. 4. Give “Examples of the Grieving Person’s Behavior” and the “Ways For Others to Help a Grieving Person” for each of the “Stages of Grief.”										
TABLE THREE												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">1</td> <td style="width: 33%;">STAGES OF GRIEF</td> <td style="width: 33%; text-align: center;">2</td> <td style="width: 33%;">EXAMPLES OF THE GRIEVING PERSON’S BEHAVIOR</td> <td style="width: 33%; text-align: center;">3</td> <td style="width: 33%;">WAYS FOR OTHERS TO HELP A GRIEVING PERSON</td> </tr> </table>			1	STAGES OF GRIEF	2	EXAMPLES OF THE GRIEVING PERSON’S BEHAVIOR	3	WAYS FOR OTHERS TO HELP A GRIEVING PERSON				
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%; text-align: center;">1</td> <td style="width: 16.6%;">DENIAL, DISBELIEF, OR SHOCK</td> <td style="width: 16.6%; text-align: center;">2</td> <td style="width: 16.6%;">ANGER OR RAGE</td> <td style="width: 16.6%; text-align: center;">3</td> <td style="width: 16.6%;">BARGAINING</td> <td style="width: 16.6%; text-align: center;">4</td> <td style="width: 16.6%;">DEPRESSION</td> <td style="width: 16.6%; text-align: center;">5</td> <td style="width: 16.6%;">ACCEPTANCE</td> </tr> </table>			1	DENIAL, DISBELIEF, OR SHOCK	2	ANGER OR RAGE	3	BARGAINING	4	DEPRESSION	5	ACCEPTANCE
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Skill Building Exercise and Discussion - Suggestions for topic discussion:												
<p>To the Group:</p> <ol style="list-style-type: none"> Have you experienced the different things that grief can be, like <i>physical signs</i> of grieving, or feeling <i>confused</i>, or feeling <i>overwhelmed</i>, or having <i>uncertainties</i>? What is your culture about grieving? How does your family respond to the grieving process? Ceremonies? Religious beliefs? Ways of showing grief? How do you relate to the stages of grief? DISBELIEF – ANGER – BARGAINING – DEPRESSION – ACCEPTANCE? Remember, there is no right or wrong way to grieve and not everyone goes through all stages with each grieving process. 												
Break			10 Minutes									

Understanding Grief and Loss & Developing a Plan to Cope With Grieving; Volume II; Subject Five; Pages: Subject 5-48 – 5-56

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing																								
The Difference Between Grieving and Depression	Subject 5-52	Summarize three paragraphs.																										
Coping With Grief	Subject 5-53	Summarize five paragraphs.			20 Minutes	25 Minutes																						
Grief and Co-Occurring Psychiatric and Substance Disorders	Subject 5-53 – 5-54	Summarize three paragraphs.																										
The Grieving Process	Subject 5-54	State the information in TABLE ONE.																										
TABLE ONE <table border="1" data-bbox="268 594 1614 646"> <tr> <td>1</td> <td>DISCOVERING WHAT’S LOST</td> <td>2</td> <td>DISCOVERING WHAT’S LEFT</td> <td>3</td> <td>DISCOVERING WHAT’S POSSIBLE</td> </tr> </table>					1	DISCOVERING WHAT’S LOST	2	DISCOVERING WHAT’S LEFT	3	DISCOVERING WHAT’S POSSIBLE																		
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Losses Related to Psychiatric or Substance Disorders	Subject 5-54	State the information in TABLE TWO.																										
TABLE TWO <table border="1" data-bbox="128 797 1598 1008"> <tr> <td>1</td> <td>HEALTH</td> <td>5</td> <td>FRIENDS</td> <td>9</td> <td>SELF-ESTEEM OR CONFIDENCE</td> </tr> <tr> <td>2</td> <td>RELATIONSHIPS</td> <td>6</td> <td>SIGNIFICANT OTHERS</td> <td>10</td> <td>DRINKING AND DRUGGING</td> </tr> <tr> <td>3</td> <td>LIFESTYLE</td> <td>7</td> <td>OPPORTUNITIES</td> <td>11</td> <td>BRING LIKE “EVERYONE ELSE”</td> </tr> <tr> <td>4</td> <td>HOPES & DREAMS</td> <td>8</td> <td>JOBS OR EMPLOYMENT</td> <td>12</td> <td>LIFE AS YOU THOUGHT IT WOULD BE</td> </tr> </table>					1	HEALTH	5	FRIENDS	9	SELF-ESTEEM OR CONFIDENCE	2	RELATIONSHIPS	6	SIGNIFICANT OTHERS	10	DRINKING AND DRUGGING	3	LIFESTYLE	7	OPPORTUNITIES	11	BRING LIKE “EVERYONE ELSE”	4	HOPES & DREAMS	8	JOBS OR EMPLOYMENT	12	LIFE AS YOU THOUGHT IT WOULD BE
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Physical Signs of Grieving	Subject 5-54	State the information in TABLE THREE.																										
TABLE THREE <table border="1" data-bbox="128 1174 1635 1279"> <tr> <td>1</td> <td>REDUCED CONCENTRATION</td> <td>3</td> <td>ROLLER COASTER OF EMOTIONAL ENERGY</td> <td>5</td> <td>CHANGES IN EATING HABITS</td> </tr> <tr> <td>2</td> <td>DISRUPTED SLEEP PATTERNS</td> <td>4</td> <td>A SENSE OF NUMBNESS</td> <td>6</td> <td>FATIGUE</td> </tr> </table>					1	REDUCED CONCENTRATION	3	ROLLER COASTER OF EMOTIONAL ENERGY	5	CHANGES IN EATING HABITS	2	DISRUPTED SLEEP PATTERNS	4	A SENSE OF NUMBNESS	6	FATIGUE												
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What You Can Do For Yourself When Experiencing Grief	Subject 5-55	1. Read quote by Elizabeth Kubler-Ross. 2. Summarize three paragraphs. 3. Summarize the six points in the table located in the text.																										
Working Through Grief	Subject 5-55 – 5-56	1. Summarize information in TABLE FOUR on the next page using the information in the text. 2. Summarize information in TABLE FIVE on the next page.																										

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Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions		Time-Frame with Crisis Processing	Time-Frame without Crisis Processing																		
TABLE FOUR	<table border="1"> <tr> <td data-bbox="329 228 373 285">1</td> <td data-bbox="373 228 896 285">Accepting the reality of the loss.</td> <td data-bbox="907 228 951 285">3</td> <td data-bbox="951 228 1591 285">Readjusting to the environment after the loss.</td> </tr> <tr> <td data-bbox="329 285 373 342">2</td> <td data-bbox="373 285 896 342">Working through the pain of grief.</td> <td data-bbox="907 285 951 342">4</td> <td data-bbox="951 285 1591 342">Reinvesting energy in the present and future.</td> </tr> </table>	1	Accepting the reality of the loss.	3	Readjusting to the environment after the loss.	2	Working through the pain of grief.	4	Reinvesting energy in the present and future.			 <p>continued</p>	 <p>continued</p>										
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<table border="1"> <tr> <td colspan="6" data-bbox="102 358 319 415">TABLE FIVE</td> </tr> <tr> <td data-bbox="142 415 319 464">FIRST</td> <td colspan="2" data-bbox="319 415 1064 464">GET IN TOUCH & STAY IN TOUCH WITH REALITY</td> <td data-bbox="1064 415 1241 464">THIRD</td> <td colspan="2" data-bbox="1241 415 1995 464">TALK IT OUT</td> </tr> <tr> <td data-bbox="142 464 319 513">SECOND</td> <td colspan="2" data-bbox="319 464 1064 513">ACCEPT THE PAIN</td> <td data-bbox="1064 464 1241 513">FOURTH</td> <td colspan="2" data-bbox="1241 464 1995 513">MAKE SOME CHANGES</td> </tr> </table>						TABLE FIVE						FIRST	GET IN TOUCH & STAY IN TOUCH WITH REALITY		THIRD	TALK IT OUT		SECOND	ACCEPT THE PAIN		FOURTH	MAKE SOME CHANGES	
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Skill Building Exercise and Discussion - Suggestions for topic discussion				Time-Frame with Crisis Processing	Time-Frame without Crisis Processing																		
<p><u>To the Group:</u></p> <ol style="list-style-type: none"> 1. What comments do you have? 2. It's understandable isn't it how some losses or areas of grieving are not <i>all</i> known to each person <i>all at once</i>? It takes time and the most important thing to do each day is to go to bed without using alcohol or other drugs. That also means that coping with Psychiatric Disorders like Major Depression need to be <i>stabilized</i> as well before a person can take a more realistic look at grief. That doesn't mean a person can't talk about their grief – of course they can – it just means that delving deeply into things to the point that it threatens recovery is not recommended early on. It is important, however, to notice – not delve – into losses and signs of grieving so they are understood as signs of grieving. 3. How do you relate to the three phases of <i>discovering</i>? TABLE ONE 4. Which losses related to Psychiatric and Substance Disorders do you personally relate to? TABLE TWO 5. Which physical signs of grieving have you experienced in the past? TABLE THREE 6. From the list of six examples of “what you can do for yourself when experiencing grief” which ones would be the most helpful to you personally? 7. How do you relate to the suggestions of working through grief? TABLE FOUR 8. What comments do you have about the specific ways or things that are recommended to help yourself through the process of grief? TABLE FIVE 						 <p>10 Minutes</p>	 <p>15 Minutes</p>																
Crisis Processing				Time-Frame																			
<ol style="list-style-type: none"> 1. Ask the group member(s) to tell the group what happened. 2. Explore options and/or develop an immediate plan for coping. 3. Allow the group to offer support. 				<p>10 Minutes</p>																			

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“Paper Work”	Time-Frame
Group participants fill out Group Notes.	5 Minutes
Group Closure	Time-Frame
Recommended INSPIRATIONAL HANDOUT “ <i>Recovery Letting Go</i> ” located at the back of Subject Five. Presentation suggestions include: <ol style="list-style-type: none"> 1. Read the handout to the group, <i>or</i> 2. Give a copy of the handout to each group member, <i>or</i> 3. Hand a copy to a group member and ask a person to read aloud to the group. 	5 Minutes 