

HANDOUTS

Core Strategies for Treating Traumatic Bereavement

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AGENDA

Thursday

9:00 a.m. *Fundamental Concepts*

- Loss
- Shattered assumptions
- Grief
- Mourning and the six “R” processes
- Complicated mourning
- Trauma
- Traumatic stress & its 4 sources in grief/mourning
- Overview of intervention strategies

10:20 *Break*

10:35 *Traumatic Bereavement*

- Definition
- Five Impacts
- 12 High Risk factors
- The “triad of troubles”
- 3 levels of association of acute grief with traumatic stress & their implications
- Why sudden death is so different

12:00 p.m.. *Lunch*

1:15 *Dealing With Traumatic Death*

- Especially problematic issues
- Circumstances of the death
- Common concerns after traumatic death

2:35 *Break*

2:50 *Treatment Issues for Specific Types of Deaths*

- Acute natural death
- Accident or disaster
- Suicide
- Homicide, terrorism, or war

4:15 *Adjournment*

Friday

8:30 a.m. *Treating Traumatic Bereavement: 12 Core Strategies*

- Educate the mourner and create a proper mindset
- Promote healthy thinking, feeling, coping, and self-care
- Enable the six “R” processes of mourning

9:50 *Break*

10:05 *Core Strategies #4-5*

- Connect the mourner with supportive others
- Facilitate and witness the telling of the story

11:30 *Lunch*

12:45 p.m. *Core Strategies #6-9*

- Work towards mastery of personal traumatization
- Address unfinished business and unanswered questions
- Adopt strategies relevant for the death circumstances
- Support use of personal bereavement rituals

2:05 *Break*

2:20 *Core Strategies #10-12*

- Foster effective navigation of the outside world
- Assist in reconstruction of meaning
- Help the mourner not let the death define or limit the self

3:45 *Adjournment*

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August 22-23, 2013

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N.B. Some of this material is included for your reference only, and will not be discussed in detail during this workshop. You will note that some portions of this outline are geared to professionals, while others are directed towards mourners.

PART ONE: FOUNDATIONAL CONCEPTS

I. FUNDAMENTAL CONCEPTS AND DEFINITIONS

A. Concepts of Loss (Rando, 1984)

1. Two Categories of Loss

- Physical
- Psychosocial/Symbolic

2. Secondary Loss (Rando, 1984)

Loss that goes with or results as a consequence of the death
(physical or psychosocial/symbolic)

3. A Special Case of Secondary, Psychosocial Loss: Violation of the Assumptive World (Rando, 2014, In Press)

Assumptive World: Organized mental schema containing everything a person assumes to be true about the world, the self, and others on the basis of previous experiences

Three component areas, which can interact with, influence, and overlap each other.

- a. Assumptions, expectations, and beliefs
 - In terms of trauma and bereavement, there are two categories of assumptive world elements:
 - Global - Pertain to the self, others, life, the world in general, and spiritual matters
 - Specific - Pertains to what has been/is being lost (e.g., loved one, object, belief); its continued interactive presence in the world; and the expectations held for, meanings of, and ties to, it
- b. Personal life narrative (PLN). Also known as “life story” or “self-narrative,” this incorporates past and present
 - Sense of self (Totality of person’s characteristic attributes)
 - Identity (Defined by a person’s unique set of characteristics, affiliations, and roles)
 - Life “script”
 - Purpose in life; goals and strivings
 - Future plans
 - “Life path” person perceives self to be on
- c. Subjective experience of meaningfulness – 4 factors:
 - Significance – Value of assumptive world content (e.g., religious belief, parental role)
 - Sense – Comprehensibility of assumptive world contents
 - Coherence – Congruence and consistency:
 - among assumptive world elements
 - between assumptive world elements and how one lives life (e.g., Are you practicing what you preach?)
 - Purpose – Reasons for and aim of life, which direct one’s behavior

B. Definitions and Distinctions

1. Grief: Grief refers to the process of experiencing the psychological, behavioral, social, and physical reactions to the perception of loss. (Rando, 1993)
 - a. Grief responses express one or a combination of four things:
 - Mourner's feelings about the loss and the deprivation it causes (e.g., sorrow, depression, guilt)
 - Mourner's protest at the loss and wish to undo it and have it not be true (e.g., anger, searching, preoccupation with deceased)
 - Effects caused by the assault on the mourner as a result of the loss (e.g., traumatic stress, fear, anxiety; disorganization, confusion; physical symptoms)
 - Mourner's personal actions stimulated by any of the previous three (e.g., crying, social withdrawal, increased use of meds/substances)
2. Mourning: Mourning refers to coping efforts through engagement in six processes that promote the personal readjustments and three reorientation operations required to accommodate the loss of a loved one. (Rando, 2014, In Press)
 - a. The three reorientation operations of mourning occur in relation to:
 - *The deceased loved one.* This involves the undoing of the psychological ties that had bound the mourner to the loved one when that person was alive, and the development of new ties appropriate to that person's being dead. Former attachments are altered to permit transformation from the old relationship based upon physical presence to the new one characterized by physical absence.
 - *The mourner.* This involves the mourner personally adapting to the loss by revising both his/her assumptive world and identity insofar as each has been changed by the loss of the loved one.

- *The external world.* This involves the mourner's learning how to live healthily in the new world without the loved one through adoption of new ways of being in that world, along with reinvestment in it, to compensate for and adapt to the loved one's absence.

b. The Six "R" Processes of Mourning (Rando, 1993)

1. Recognize the loss
 - Acknowledge the death
 - Understand the death
2. React to the separation
 - Experience the pain
 - Feel, identify, accept, and give some form of expression to all the psychological reactions to the loss
 - Identify and mourn secondary losses
3. Recollect and reexperience the deceased and the relationship
 - Review and remember realistically
 - Revive and reexperience the feelings
4. Relinquish the old attachments to the deceased and the old assumptive world
5. Readjust to move adaptively into the new world without forgetting the old
 - Revise the assumptive world
 - Develop a new relationship with the deceased
 - Adopt new ways of being in the world
 - Form a new identity
6. Reinvest

3. Bereavement: Bereavement is the state of having suffered a loss. To be bereaved means to have the experience of loss. "Bereave" derives from the same root as the term "rob." Both imply an unwilling deprivation by force, having something withheld unjustly and injuriously, a stealing away of something valuable – all of which leave the individual victimized. (Rando, 1993)
4. Trauma (Rando, 2014, In Press)
 - a. *A psychological trauma* is an event, perceived to be inescapable, that confronts a person with actual or threatened death or serious injury (physical or psychological) to the self or another.
 - Overwhelms the person's coping abilities
 - Creates helplessness, anxiety, fear, and other types of psychological distress and dysfunction
 - Violates the person's assumptive world
 - Stimulates physical reactions stemming from built-in fight, flight, or freeze reactions
 - b. *Traumatic stress* refers to a person's distress, occurring during and/or after their experience of psychological trauma, which is caused by that trauma.
 - Applies to general reactions (such as anxiety or irritability), as well as to specific disorders (for example, posttraumatic stress disorder [PTSD] or depression)
 - c. Four sources of trauma in grief and mourning
 - *Normal component of grief and mourning
 - *Circumstances of the death
 - Relationship issues between the mourner and the deceased
 - Mourner liabilities
5. Nine Arguments For Acute Grief As A Form of Traumatic Stress Reaction (Rando, 2000). Both share:
 - a. Inherent involvement with both loss and trauma
 - b. Elemental association with anxiety
 - c. Qualification as a "personal disaster" (Raphael, 1981)

- d. Suitability of classification under a proposed stress response category
- e. Common fundamental issues
- f. Manifest symptomatology and associated features
- g. Alternating modes of regulation of exposure to distressing material
- h. Presentation of two tasks to affected individuals: Trauma mastery and healthy mourning
- i. Ultimate treatment requirements for working through of the experience via cognitive completion with affective release

6. Common Responses to Loss

- a. Psychological responses
 - Emotions
 - Thoughts and thinking processes
 - Perceptions
 - Defenses and/or attempts at coping
- b. Behavioral responses
- c. Social responses
- d. Physical responses
 - Symptoms indicative of anxiety and hyperarousal
 - motor tension
 - autonomic hyperactivity
 - vigilance and scanning
 - Symptoms indicative of biological signs of depression
 - Other symptoms indicative of physiological response to distress

7. Influencing Factors (43)

- a. Psychological factors
 - Characteristics pertaining to the nature and meaning of the specific loss
 - Characteristics of the mourner
 - Characteristics of the death
- b. Social factors
- c. Physiological factors

8. Perspectives On the Duration and Course of Mourning

- a. Duration
- b. Course

- c. "Closure" - It's the wrong term to use
 - The operative word is *accommodation*
 - Grief can be *resolved*, mourning cannot
- d. Subsequent Temporary Upsurge of Grief (STUG) reactions

II. COMPLICATED MOURNING

- A. Definition: *Complicated mourning* is present whenever, taking into consideration the amount of time since the death, there is some compromise, distortion, or failure of one or more of the six "R" processes of mourning. (Rando, 1993)

- B. Two Attempts of Complicated Mourning (Rando, 1993)

In all forms of complicated mourning, there are two attempts:

- a. To deny, repress, or avoid aspects of the loss, its pain, and the full realization of its implications for the mourner
- b. To hold on to, and avoid relinquishing, the lost loved one

- C. Five Possible Outcomes of Loss (Rando, 1993)

(Criteria: (a) Have these developed or significantly exacerbated since the loss? and (b) Are they associated with some "R" process failure given the amount of time since the loss?)

- 1. Uncomplicated grief and mourning
- 2. Four forms of complicated mourning (Also see section XII below)
 - a. Symptoms
 - b. Syndromes
 - Syndromes with problem in expression
 - Absent mourning
 - Delayed mourning
 - Inhibited mourning

- Syndromes with skewed aspects
 - Distorted mourning
 - Extremely angry type
 - Extremely guilty type
 - Conflicted mourning
 - Unanticipated mourning
 - Syndrome with a problem with closure
 - Chronic mourning
 - Prolonged Grief Disorder
3. Diagnosable mental or physical disorders
 4. Death
 - Consciously chosen/Intended
 - Unintended/Sub-Intended
 - Immediate result
 - Long-term consequence

D. Generic High-Risk Factors Predisposing to Complicated Mourning
(Adapted from Rando, 1993)

1. Factors associated with the specific death
 - Sudden and unexpected death (especially if traumatic, violent, or mutilating)
 - Loss of a child
 - Death after an overly lengthy illness
 - Death the mourner perceives as preventable
2. Antecedent and subsequent factors
 - A premorbid relationship with the deceased that was markedly:
 - Angry, ambivalent, or dependent
 - Characterized by insecure attachments (e.g., anxious attachment, attachment avoidance)

- Prior or concurrent mourner liabilities of:
 - Unaccommodated losses and/or stresses
 - Mental health problems
- The mourner's perception of lack of support

III. TREATMENT OF COMPLICATED MOURNING

A. Assessment: Grief and Mourning Status Interview and Inventory (GAMSII) (Rando, 1993). There are three parts: Part I elicits demographic information. Part II evaluates the overall status and functioning of the person (including a comprehensive psychological and medical history, mental status, and selected premorbid personality characteristics). Part III is the structured interview schedule as pertains to the death and the person's responses since then. There are ten structured interview topic areas as noted below.

1. Circumstances of the death; events that led up to and followed it
2. Nature and meaning of what has been lost
3. Mourner's reactions to the death and coping attempts
4. Reactions of others in the mourner's world and perceived degree of support
5. Changes in the mourner and the mourner's life since the death
6. Mourner's relationship to the deceased and stimuli associated with the deceased
7. History, status, and influence of prior loss experiences, including mourner's methods of coping
8. Mourner's self-assessment of healthy accommodation of the loss now and in the future
9. Mourner's degree of realistic comprehension of and expectations for grief and mourning
10. Open topic

B. Clinical Perspectives Necessary for Facilitating Uncomplicated Mourning
(Rando, 1993)

1. Remember that you cannot take away the pain from the bereaved
2. Do not let your own sense of helplessness restrain you from reaching out to the bereaved
3. Expect to have to tolerate volatile reactions from the bereaved
4. Recognize the critical therapeutic value of your presence
5. Make sure to view the loss from the bereaved's unique perspective
6. Let genuine concern and caring show
7. Do not let your personal needs determine the experience for the bereaved
8. Do not attempt to explain the loss in religious or philosophical terms too early
9. Do not suggest that the bereaved feel better because there are other loved ones still alive
10. Do not attempt to minimize the situation
11. Do not forget to plant the seeds of hope
12. Do not encourage actions or responses antithetical to healthy mourning
13. Maintain an appropriate therapeutic distance from the bereaved
14. Do not fail to hold out the expectation that the bereaved ultimately will successfully accommodate the loss and that pain will subside at some point

C. Philosophical Perspectives on the Treatment of Complicated Mourning
(Rando, 1993)

In addition to the 14 points of clinical perspectives necessary for facilitating uncomplicated mourning, the following perspectives are necessary:

General Perspectives

1. The mourner who is experiencing complications is actually only attempting to mitigate the loss of the loved one
2. If mourning has become complicated, it can become uncomplicated
3. The processes of mourning build upon themselves, and insufficient working through of earlier processes complicates subsequent ones
4. Mourning involves cognitive processes to a much greater extent than generally acknowledged
5. Treatment always must seek to address the underlying two attempts of complicated mourning

Perspectives on the Mourner

6. Each mourner is unique and brings idiosyncrasies to the perception of and response to the loss, as well as an individual ability to contend with treatment
7. Instrumental (often male) and intuitive (often female) responses to loss are different and should be respected
8. Crying is not necessarily equivalent to mourning
9. Often, even when external appearances are to the contrary, the mourner has not accepted the reality of the loved one's death
10. Unlike most other therapeutic situations, the person coming for treatment may not want the treatment to work

Perspectives on Treatment

11. Pain is a multidimensional concept when it comes to the treatment of complicated mourning
12. Complete treatment of complicated mourning typically takes time
13. The caregiver should be flexible in style and technique
14. Understanding timing can make or break treatment

15. The establishment of specific treatment goals is critical
16. Physical release is a legitimate goal of intervention
17. The caregiver's criteria for success must be both specific and general
18. Transference and termination are critical issues in the treatment of complicated mourning

D. Generic Guidelines for Treatment of Complicated Mourning (Rando, 1993)

1. Orient the mourner to treatment
2. Provide the mourner with explicit permission - indeed, a prescription - to mourn
3. Support the mourner in coping with the mourning processes
4. Promote social support of the mourner
5. Maintain a family systems perspective in dealing with the mourner
6. Ensure that the mourner has appropriate medical evaluation, medication, and treatment when symptoms warrant
7. Do not necessarily accept what is on the surface; probe for underlying issues and impaired "R" processes
8. Work with the mourner to recognize, actualize, and accept the reality of the death
9. Normalize and legitimize appropriate affects, cognitions, wishes, fears, behaviors, experiences, and symptoms
10. Assist the mourner in identifying, labeling, differentiating, and tracing affective experiences and their component parts
11. Appreciate and enable the working through process
12. Acknowledge that repetition is an inherent part of treatment, but ensure that repetition takes place in the service of working through

13. Once affective experiences are identified, labeled, differentiated, and traced, enable the mourner to feel, accept, examine, give some form of expression to, and to work through all of the feelings aroused by the loss
14. Design and tailor treatment to address general and specific issues identified for the individual mourner
15. Determine the symbolic meanings of persons, objects, experiences, and events to the mourner
16. Identify, interpret, explore, and work through resistances to the mourning processes
17. Identify any unfinished business with the deceased and discover or create appropriate ways to facilitate closure
18. Help the mourner identify, label, differentiate, actualize, mourn, and accommodate secondary losses resulting from the death
19. Recognize and respond to the importance of security afforded by the caregiver's availability to the mourner
20. Recognize the dynamics of complicated mourning and adhere to the five "Ps" in work with the mourner: presence, permission, patience, predictability, and perseverance
21. When a normal, expectable emotion is absent, determine why and address the omission

PART TWO: DYNAMICS OF TRAUMATIC BEREAVEMENT

IV. TRAMATIC BEREAVEMENT

- A. *Traumatic bereavement* is the state of having suffered the loss of a loved one when grief and mourning over the death is complicated or overpowered by the traumatic stress brought about by its circumstances. (Rando, 2014, In Press)
- B. Twin Tasks in Traumatic Bereavement: Trauma Mastery and Loss Accommodation

- C. Five Basic Impacts of Sudden and Traumatic Death Challenges (Rando, 2014, In Press)
1. Disable the ability to cope
 2. Impair functioning
 3. Compromise the ability to adapt
 4. Add to mourner's distress
 5. Complicate the mourning
- D. The Triad of Troubles in Traumatic Bereavement (Rando, 2014, In Press)
1. Personal traumatization (Comes from the trauma elements. Requires *trauma mastery*)
 - Increases problems and distress
 - Decreases coping abilities and psychological functioning
 2. Loss under traumatic conditions (Comes from the loss elements. Requires *healthy grief and mourning*)
 - Complicates mourning and adaptation
 3. Trauma and loss compromise and/or potentiate each other (Comes from the combination of trauma and loss. Requires *recognition of unique problems and selection of specific strategies*)
 - Compromise each other
 - Traumatic stress interferes with grief over loss
 - Grief over loss interferes with trauma mastery
 - Potentiate each other
 - They intensify each other's symptoms
 - They escalate symptoms common to both
- E. Three Levels of Association of Acute Grief and Traumatic Stress and Their Treatment Implications (Rando, 2000)

Determine by how much traumatic stress is present and how it affects functioning

1. Three levels of association of acute grief and traumatic stress
 - First Level: Acute grief with minimal traumatic stress symptomatology (i.e., "normal" amount of traumatic stress found in "normal" acute grief)
 - Second Level: More than the usual amount of traumatic stress symptomatology secondary to presence of one or more high-risk factors (may or may not meet diagnostic criteria for PTSD/ASD)
 - Third Level: Sufficient traumatic stress symptomatology to meet diagnostic criteria for full-blown PTSD/ASD and/or overpower the grief
2. Two configurations of traumatic stress symptomatology in acute grief, and their treatment implications (Rando, 1993; 2000)
 - a. Overlay of significant traumatic stress symptomatology blanketing mourning
 - Treat traumatic stress symptoms prior to loss-related aspects. Focus on trauma mastery first*
 - b. Interspersion of traumatic stress symptomatology with loss-related elements
 - Treat both simultaneously by incorporating techniques for addressing traumatic stress into overall interventions for mourning

*Caveat: One person's meat is another person's poison. Therefore, you may have to attend to some aspects of loss first before you deal with some traumatic material. Unless there is an overwhelming reason to do otherwise, go where the mourner wants.

F. Twelve High-Risk Elements for Traumatic Bereavement (Rando, 2014, In Press)

1. Sudden death: A death that comes abruptly and shockingly, without warning or expectation.

- a. Whenever one deals with a sudden death, one is in fact dealing with a *traumatic death* because the suddenness and lack of warning personally traumatizes the mourner
- b. *Sudden death* and *traumatic bereavement* always present the mourner, at least for a period of time, with *complicated mourning*.
- c. Sudden death may be classified either as an unnatural or natural death:

- Natural death - arises from internal physiological conditions within an individual's body
 - heart attack/stroke
 - embolus/thrombus
 - seizure
 - hemorrhage
 - acute bacterial or viral illness
 - other acute syndromes leading to death
- Unnatural death - one in which individual does not die from natural occurrences within the body, but from interaction with an external agent(s)
 - accidents
 - disasters
 - suicides
 - homicides
 - also includes terrorism and war

The majority of these deaths are human-induced and bring numerous complicating issues, such as untimeliness, intentionality, violence, and preventability

- d. Types of sudden death and their implications
 - Immediate sudden death
 - Sudden death after a brief period of time
 - Intermediate sudden death situation
 - Sudden death in the context of an ongoing illness or an improving medical condition

2. Violence and Its Consequences: Injury, Mutilation, and Destruction
3. Human-Caused Event
4. Suffering (Physical or Emotional) of the Loved One Prior to the Death
5. Unnaturalness
6. Preventability
7. Intent of the Responsible Agent(s)
8. Randomness
9. Multiple Deaths
10. One's Own Personal Encounter With Death
11. Untimeliness
12. Loss of One's Child

G. Challenges Created by the *Personal Traumatization Brought to You by Your Loved One's Sudden Death* (Rando, 2014, In Press)

1. Your capacity to cope is overwhelmed.
2. Your assumptive world is violently shattered.
3. The loss doesn't make sense to you.
4. You feel a profound loss of security and confidence in the world that affects all areas of your life.
5. You experience emotional shock for an extended time period.
6. You feel dissociated.
7. Your acute grief reactions persist for a long time.
8. Your mind doesn't work properly.

9. Learning the reality of your loved one's loss, and going through other mourning processes, takes relatively longer after sudden death.
10. In your traumatized state, you may make decisions or take courses of action you can later regret.
11. You can have increased sensitivity, awareness, and responsiveness in some areas of your life, while they're simultaneously decreased in others.
12. Your nervous system is affected, which can cause you to feel on edge and overreact.
13. Because you're irritable and easy to anger, you can develop family, relationship, and work problems.
14. You may search intensely for meaning.
15. You have complicated mourning, at least for a while, and a higher probability of developing a mental, behavioral, social, or physical disorder.
16. You're likely to experience unexpected problems at the "pitfall periods" around 6 months and 2 years after the death.
17. Your mourning won't meet your or others' expectations if they've been based on anticipated deaths, and you mistakenly can be viewed as "sick."

H. Challenges Created by the *Loss of Your Loved One Under Sudden Death Circumstances* (Rando, 2014, In Press)

1. You may have had little to no chance to finish unfinished business with your loved one.
2. Because your loved one's sudden death seems so disconnected from anything that precedes it, you can find it difficult to understand and accommodate.
3. You might not have been with your loved one at the time of death.
4. You may have relatively more intense emotional reactions.

5. Disbelief about your loss interferes with your ability to come to grips with the reality of the death and its implications.
6. Since the death abruptly severed your relationship with your loved one, you can experience intense longing for physical contact with that person, which translates into an actual physical ache.
7. Because of the sudden disconnection from your loved one, you're likely to search for that person with unparalleled intensity and urgency.
8. You may obsessively reconstruct the events that led to the death.
9. The loss highlights what was happening in your relationship with your loved one at the time of the death.
10. You can experience extra secondary losses
11. You may need to determine responsibility, assign blame, demand accountability, and mete out punishment for the death.
12. Besides suddenness, there may be other elements in your loved one's death that bring their own complications.
13. Because the sudden death precluded the type of planning with your loved one that can occur before an anticipated death, you may not have had specific knowledge of your loved one's preferences or received their useful guidance.
14. After sudden death, you suffer from not having had opportunities that are available before an anticipated death to plan for, rehearse, and learn how to be without your loved one.

PART THREE: DEALING WITH TRAUMATIC DEATH

IV. BACKGROUND INFORMATION FOR PROFESSIONAL INTERVENTION AFTER SUDDEN, TRAUMATIC LOSS

- A. Particularly Problematic Aftereffects of Sudden and Traumatic Death (Rando, 2014, In Press)
 1. Anxiety, fear, panic

2. Hyperarousal; hypersensitivity; emotional lability; physical symptoms
3. Dissociation
4. Avoidance, numbing, and forgetting
5. Reexperiencing (includes flashbacks and intrusions)
6. Searching; sorrow, separation pain, longing
7. Anger
8. Guilt and shame
9. Impaired mental functioning; confusion; bewilderment
10. Focus on the traumatic aspects of the death
11. Shattered assumptions/disrupted life narrative/loss of meaning
12. Withdrawal/isolation from others
13. Immoderate acting out/impulsive/addictive/compulsive behaviors
 - Using substances for self-medication
 - Gambling
 - Sexual activity
 - Working
 - Eating
 - Shopping/spending (“retail therapy”)
 - Exercising
 - Procrastinating
 - Internet use
14. Physical reactions
 - Hyperarousal and a sensitized nervous system
 - Wide variety of physical complaints
 - Increased physical risk and vulnerability
 - Stress cardiomyopathy (aka “broken heart syndrome”
– not an actual heart attack)
15. Parental bereavement after the loss of a child

16. Traumatic bereavement trajectory

B. Goals and Strategies for Treatment of Posttraumatic Stress *In General*
(Adapted from Rando, 1993, 2000)

General goals: Empower the survivor and liberate him/her from the traumatic effects of victimization

1. Bring into consciousness the traumatic experience, repeatedly addressing it until robbed of its potency
2. Identify, dose, express, and work through the affects of the traumatic encounter (e.g., helplessness, shock, horror, terror, anxiety, anger, guilt)
3. Integrate memories, affects, thoughts, images, behaviors, and somatic sensations of the traumatic experience
4. Mourn relevant physical and psychosocial losses
5. Discourage maladaptive processes and address defenses/ behaviors used to cope with the trauma and mechanisms employed to deal with it
6. Focus on acquisition/development of new skills and behaviors and/or retrieval of overwhelmed ones to promote healthy living in the world after the trauma
7. Counter helplessness/powerlessness with experiences, activities, and actions supporting:
 - mastery
 - sense of personal worth and value
 - connectedness to others
 - coping ability
 - release of feelings in small doses

As appropriate, support:

- giving testimony
- participating in rituals

- working for change in or to help others with similar traumatic experiences
 - avoiding further victimizing or helplessness-producing experiences
8. Develop a perspective on:
 - what happened
 - by whom
 - why
 - what one was/was not able to do and control within the situation
 - coming to terms with the helplessness and shock of the trauma
 9. Accept appropriate responsibility for one's behavior and relinquish any inappropriate assumption of responsibility and/or guilt
 10. Create meaning out of the traumatic experience
 11. Integrate into the assumptive world all the negative/positive aspects of the trauma and the meaning of the experience
 - place in psychic continuity within the totality of one's past, present, and future
 - make requisite cognitive adaptations to promote adjustment
 12. Form new identity that reflects one's survival of the traumatic experience and integrates the extraordinary into one's life
 13. Reinvest in love, work, and play; reconnect with others and resume the flow of life/developmental growth halted by the traumatic victimization and its sequelae
- C. Research Identifies Seven Components to be Integrated with Treatment Strategies for Complicated Mourning (Adapted from Rando, 2014, In Press):
1. Exposure strategies
 - Reprocess traumatic memories and emotions

2. Cognitive strategies
 - Address dysfunctional thinking
 - Promote positive self-talk
 3. Anxiety management
 - Address manifestations of anxiety physiologically, psychologically, socially, and behaviorally
 4. Regulation of affect and cognition
 - Decrease negative emotion and thoughts
 - Increase positive emotion and thoughts
 5. Connections with others
 - Share with them
 - Receive support from them
 - Meaningfully reengage with them
 6. Put into narrative / Tell the story
 - May need restorative retelling (Rynearson, 2001)
 7. Reconstruction of personal meaning
- D. Importance of Stabilizing the Mourner and Building in Appropriate Self-Capacities and Self-Care – Do Not Just Rush Into Trauma! (Adapted from Rando, 2014, In Press)
1. Teach coping skills. In particular, teach how to modulate emotion, “dose” self, and “ground” self
 2. Choice of order in which to proceed
 3. The importance of movement
 4. Evaluate for medication

E. Tips

1. Structure treatment to provide the mourner a sense of control and to counteract the great sense of helplessness and diminished coping capacity
2. Help the mourner to recognize and actualize the loss
3. Provide the mourner with an understanding of the roles and teaching functions of healthy psychological pain
4. Intervene in elevated insecurity and death anxiety
5. Enable the mourner to achieve a balanced image of the relationship and not to blow out of proportion what was going on at the time of death
6. Recognize that extra time and effort may be required to help the mourner relinquish the old attachments to the deceased and the old assumptive world, and to readjust to move adaptively into the new world without forgetting the old (fourth and fifth "R" processes of mourning)

F. Confronting the Circumstances of Sudden Death (Rando, 2014, In Press)

1. Experiences during the interval between the *precipitating event* (either awareness of the acute illness, medical event, or injury leading to the death or awareness that the loved one was missing or endangered) and confrontation with the actual death (or presumption of it if there's no body)
 - a. If the mourner witnessed the loved one's being stricken, injured, or dying
 - b. If the mourner found the loved one still alive
 - c. If the loved one was missing or endangered
 - d. How the mourner was notified about the loved one's predicament
 - e. The mourner's experiences in the hospital
2. The Mourner's Experience of the Death
 - a. How the mourner found out about the death
 - b. What the death exposed the mourner to
 - c. Associated circumstances

3. What Happens Right After the Death
 - a. How the mourner received notification and confirmation of the death
 - “Presumed death”
 - b. Issues related to the loved one’s body
 - c. Clean-up of the death scene

4. Common Concerns After a Sudden Death
 - a. Preventability concerns and guilt
 - b. Anger
 - c. Unfinished business and unanswered questions
 - d. Criminal prosecution and civil litigation
 - e. Returning to work
 - f. Issues with the public
 - Public tragedy death
 - Media involvement
 - Spontaneous memorials

PART FOUR: TREATMENT ISSUES FOR SPECIFIC TYPES OF DEATH

A. Acute Natural Death

1. Often insufficiently recognized as a traumatic death because it is natural
 - “Natural” doesn’t necessarily mean peaceful in terms of specifics (massive hemorrhage), associated circumstances (fall after heart attack, evidence person had struggled for help), or timing/location (collapse at a wedding)
 - May be socially “devalued”
2. AND following ongoing illness or improving medical condition
3. Susceptibility to blame for your loved one and yourself
4. Problems if there’s no good target for your anger
5. Increased anxiety about another loved one dying from unknown event

6. Problems if no cause is determined
7. Genetic concerns
8. “Death script”
9. Age correspondence phenomena
10. Hypervigilance and anxiety about what’s going on inside your body and those of other loved ones

B1. Accident or Disaster: Accident

1. Often “accidents” technically aren’t genuine accidents
2. Disproportionately higher rates among children, adolescents, and young adults
3. Association with violence
4. Associated circumstances:
 - If you’re with your loved one when accident occurs or during the actual death
 - If you were involved or injured in the same accident
 - If you lost others you know or love in the same event
 - If the third party responsible is someone you know, trust, and/or love
 - If it was a truly “freak accident”
 - The randomness of some accidents
5. Preventability concerns, guilt, and anger
6. Genuine accidents may leave few targets for anger
7. Much unfinished business and many unanswered questions
8. Issues with criminal prosecution and civil litigation
9. Issues with the public
 - Public tragedy concerns
 - Media involvement
 - Spontaneous memorials

B2. Accident or Disaster: Disaster (Includes all of the accidental death issues, plus these here)

1. Each disaster brings its own distinct characteristics, trauma, and challenges
2. Your degree of involvement in the disaster
3. How you receive news about the disaster and the welfare of your loved one
4. Common challenges after a disaster:
 - Trying to find and reunite with loved ones
 - Physical and psychosocial losses
 - Massive violations of your assumptive world
 - Relocation
 - Criticizing yourself for your responses during the disaster
 - Your emotional responses to undergoing and surviving the disaster
 - The public nature of the disaster
 - Anger at helpers and at political, social, economic, and aid agencies
 - After some disasters, others you'd normally turn to for help may be traumatized and bereaved too
 - Difficulties with long-term recovery if much of your world has changed physically
 - Problems resulting from inadequate resources, deteriorated living conditions, or civil unrest
 - Problems associated with the post-impact phase of the disaster
 - The tendency to develop delayed or inhibited mourning
5. Issues around the bodies of disaster victims
6. "Bereavement overload"

C. Suicide

1. Puts survivor in unique situation of being thought less of because of the death

2. Wide range of ways survivors may view suicide in relation to person's life
3. May have history of premorbid problems related to mental health and/or substance abuse issues
4. If you feel the notification and/or professional care received by you or your loved one is inadequate because of the suicide/attempt
5. Problems when suicide occurs in front of or near you, or you discover the loved one
6. Problems with murder-suicide incidents
7. Problems associated with spontaneous or impulsive suicides
8. If there's evidence the person didn't really want to die or had changed his/her mind
9. Preventability concerns, guilt, and anger
10. Self-blame
11. Two questions you ask: Why weren't you important, loving, clever, or strong enough to keep your loved one invested in living? What should you have seen, and what could you have done or not done, to thwart death's pull and stop the suicide?
12. Problems with anger at your loved one
 - May be a combination of "new" and "old" anger
13. Much unfinished business and many unanswered questions
14. Additional personal issues:
 - a. No other death so personally diminishes survivor
 - Lowered self-esteem
 - Rejection and abandonment
 - Feelings of worthlessness, defectiveness, and failure
 - Shame and humiliation
 - "Less than," spoiled, offensive
 - Self-loathing

- b. Thoughts of your own suicide
 - c. Search for understanding and meaning of the suicide's implications
 - d. May refuse to believe it and continue to search for "evidence" to refute its reality
 - e. Identification with the loved one and possible problems differentiating yourself from him/her
 - f. Relief
 - g. When you are grandiose regarding your power to have prevented the suicide
 - h. Concerns about punishment of your loved one in the afterlife
 - i. Feeling as if everyone encountering you automatically knows your loved one killed him/herself
 - j. May desperately need to associate with others who've lost someone to suicide
 - k. May have problems in relationships with others because of psychological sequelae regarding problems with separation/endings, trust/intimacy, commitment, and belief in permanence of relationships
15. Additional family issues:
- a. Processes of scapegoating, displacement, and projection
 - b. Construction of a "family myth"
 - c. Communication dysfunction
 - d. The choice to not engage in funerals or other supportive rituals
16. Specific social issues (including devaluation, disenfranchisement, and stigmatization)

D1. Homicide, Terrorism, or War: Homicide

1. Terrifying to society
2. Psychological demands of dealing with the combination of the three Vs: Violence, violation, and volition (Edward Rynearson, 2001):
 - Strong and pervasive fear, anxiety, horror, and vulnerability
 - Problems with dying and death imagery (actually experienced or part of the dying reenactment you've constructed)
 - Shattered assumptions and an inability to make sense of the tragedy
3. No other death has the potential for exposing you to all 12 of the complicating elements
4. Issues if your loved one was missing prior to notification of death
5. If you were in the same incident and thought you would die too
6. If your loved one was not sufficiently protected or warned
7. If the perpetrator kills him/herself after the murder
8. If the murder took place in your home
9. If the body was desecrated or discarded after the death
10. Being kept away from your loved one's body and/or the crime scene
11. When autopsy is forced upon you
12. Clean-up
13. Dealing with investigations
14. Additional concerns:
 - Always totally preventable
 - Issues of blame, guilt, and punishment
 - Problems with anger and rage

15. Much unfinished business and many unanswered questions
 16. Problems dealing with:
 - Law enforcement
 - The criminal justice system
 - The correctional system
 - The media
 17. Difficulties when victim and perpetrator are in the same family
 18. Problems when there's conflict within the family about punishment
 19. Secondary victimization from those who are supposed to help you, such as:
 - Law enforcement
 - Criminal and civil justice systems
 - Correctional system
 - Mental health system
 - Medical system
 - Society at large
 20. When the perpetrator isn't identified; when he/she is identified but not charged; when you feel punishment is insufficient
- D2. Homicide, Terrorism, or War: Terrorism (Includes all of the homicide issues, plus these here)
1. Inability to comprehend the mentality of terrorists
 2. Dehumanization of your loved one used as an object
 3. Public tragedy event
 4. Can be "triggered" by subsequent terrorist attacks
- D3. Homicide, Terrorism, or War: Death from War (Sudden death in the context of awareness of the possibility it could happen. Such deaths embody many of the issues identified for homicide and terrorism, plus those noted here)

1. May take a long time before the body is returned and can be buried/cremated
2. Possibility of protests at the funeral
3. Limited control and access to information
4. Subsequent disenfranchisement from the military community
5. Problems if survivors disagree with the war in general or specifics about how it is conducted; the loved one's participation in it; how the military and society in general respond to the death and the survivors
6. Difficulties brought about by specific circumstances (e.g., publicly beheaded, used for propaganda)

PART FIVE: 12 CORE STRATEGIES FOR TREATING TRAUMATIC BEREAVEMENT

(N.B. Some of these points are written to the mourner in the event the therapist desires to employ the self-help approach. Due to time and space constraints, some of these strategies are discussed in greater depth than others.)

CORE STRATEGY #1: EDUCATE THE MOURNER AND CREATE A PROPER MINDSET

- Realities of your traumatic bereavement
- “Personal disaster” (Raphael, 1981)
- Appropriate expectations
- Adoption of a positive and resilient perspective
- Permission to mourn the loss
- Yield productively to the mourning processes, taking care of the self

CORE STRATEGY #2: PROMOTE HEALTHY THINKING, FEELING, COPING, AND SELF-CARE

A. *Keep Thinking Undistorted and Constructive.* Have the mourner:

- Step 1. Identify the activating event if you can
- Step 2. Identify their associated feelings and any other consequences of the event
- Step 3. Identify what she thought or said to herself about the event right before and during her distressing feelings
- Step 4. Analyze the thought by submitting it to the *Challenging Thoughts Questions*

- What's the evidence for this thought?
- What's the evidence against this thought?
- Is this *invariably* or *always* true?
- Am I being fairly objective?
- Does this thought really make sense logically and rationally?
- Do I have this kind of thought when I'm feeling okay as opposed to distressed (such as depressed, sad, angry, or anxious)?
- Could someone conceivably either think about the event or react to it differently than I have?
- What are the *likely* consequences of this situation as opposed to that I'm worried they'll be? What are the real odds that what I think or fear will happen is accurate?
- Are there objective facts that are at odds with, or would contradict, my thought about the event?
- Am I aware of other conclusions that could result besides those I think or fear? Is there another possibility?
- What might be an alternative interpretation or way to look at the situation?
- Is the source of the information I'm reacting to reliable?
- Is it possible I'm having this thought just out of habit?
- Am I looking at the whole picture?
- What's the worst thing that could happen? What's so bad about that? What would I do if the worst happened?

- Step 5. Examine her thinking patterns by reviewing the *Cognitive Distortions List*

1. Am I thinking in all-or-none terms (such as my friend being all good or all bad)?
2. Am I focusing on the negative ignoring the positive)?

3. Am I overestimating the odds of a negative outcome?
4. Am I making unrealistic unfavorable comparisons (such as magnifying another's strengths and my weaknesses)?
5. Am I engaging in "emotional reasoning" (believing my feelings are proof my thoughts are accurate, such as "I feel scared, therefore this must be dangerous") rather than basing my thinking on actual fact?
6. Am I exaggerating or minimizing the meaning of an event? Enlarging difficulties or minimizing positives (such as fixating on flaws)? Taking examples out of context instead of looking at the whole picture?
7. Am I using words that are accurate or exaggerated (such as *always, forever, never, should, must, can't*)?
8. Am I overgeneralizing from a single incident without considering exceptions?
9. Am I drawing conclusions when evidence is lacking or even contradictory?
10. Am I only acknowledging information that's consistent with what I already believe?
11. Am I mind reading (assuming I know what others think or feel) or fortune telling (assuming I know what will happen)?
12. Am I catastrophizing (expecting the worst to happen without considering more likely outcomes)?

Step 6. Decide whether her thought is faulty or not

Step 7. Generate rational alternative counterthoughts

B. *Process Feelings Healthily.* Have the mourner:

1. Review the facts about feelings
 - Your feelings result not from your reactions to events, but from your thoughts and self-talk about those events.
 - Your body affects your emotions and your emotions affect your body.
 - Feelings aren't right or wrong, good or bad – they just are.
 - Feelings give you important information about what's going on with you.
 - While some of your feelings come individually by themselves, many come in combination.
 - Feelings have energy – emotional and physical.

- People can experience the same feelings in different ways and for different reasons.
- Feelings are separate from actions and need to be kept that way.
- Feelings aren't permanent.
- Feelings are often contagious.
- In themselves, your feelings can't hurt you.
- Feelings can serve many different functions.
- Feelings can mask or camouflage each other.
- If you need to process certain feelings for your own psychological welfare, you can ignore or put them away for a while, but they won't go away permanently or in total.

2. Process Feelings

Step 1. Identify the feeling (If the mourner isn't numb)

- Pay attention non-judgmentally to what you're feeling and notice the sensation in your body
- Label or name your feeling
- If you're having trouble recognizing your emotions, look at your body sensations behaviors, and experience, and general knowledge to see if they give you any indication of your underlying feelings
- If you have more than one feeling mixed together, separate each one out from the others and process it

Step 2. "Work through" the feelings

- Acknowledge, accept, and feel your feelings
- Examine your feelings and learn from them
- Connect your feelings to their causes and other aspects of your life
- Determine what you need or want to do with your feelings
- Express or release the feelings you need to
 - An expression of a feeling is generally healthy if it is personally suitable to you, successfully conveys and releases your emotions, and works within your life (i.e., doesn't "cost" you too much)
 - *Direct* methods include:

- Talking
 - Confiding/sharing/disclosing
 - Telling your story

- Writing
 - Therapeutic writing
 - Keeping a personal journal
 - Sentence prompts
 - Writing a letter

- Mental activity
 - Visualizing or imagining
 - Praying
 - Meditating
 - Seeing humor in a situation
 - Reflectively reading, watching movies, or listening to music

- Behavior
 - Physical release, taking action, or the moving or use of your body in some fashion to let go of an emotion (such as crying, laughing, keening, hitting, physical labor, throwing, exercising, sports, walking)
 - Creative arts (such as drawing, sculpting, painting, photography)
 - Making sound (such as lamenting, sighing, singing, chanting, screaming, guttural sound release, wailing)
 - Crafts (such as knitting, quilting, woodworking, jewelry making, pottery making)
 - Performing arts (such as singing/making music, dancing, acting, pantomiming)
 - Making a memory book or photo Album

- Ritual and symbolic activities (see chapter 23)

- *Indirect* methods include putting feelings forth in disguised ways or channeling them through your body or behavior

Dealing with feelings without accompanying thoughts or memories

- Keep yourself safe while feeling your feeling (such as pull the car off the road).
- Nonjudgmentally observe whatever thoughts, feelings, body sensations and/or urges come to you during and after the feeling.
- If possible, try to name them (see section above on identifying feelings). Look for possible internal or external triggers that could have set them off.
- Try to put your feelings into the context you have for them, and see if you can understand them.

3. *Modulate feelings.* Have the mourner:

Step 1. Remind himself that he can have control over his feeling.

Step 2. Recognize that he can choose how much distance to put between himself and the feeling.

Step 3. Identify the feeling.

Step 4. “Dose” himself with the feeling.

Step 5. As he’s feeling the feeling, control his exposure to it by actively intervening in how he experiences it.

- The Intensity Dial
- The DVD
- The Zoom Lens

Other Ways:

- Compartmentalization
 - Containment strategies
- Thought stopping
- Avoiding
- Minimizing (“It isn’t that bad”)

- Focusing only on certain aspects you can handle now
- Making positive comparisons (“There are others who have it worse than I do”)
- Taking something positive from negative events (such as determining that from now on you’ll tell your family you love them)

C. *Practice Healthy Coping.* Have the mourner:

1. Adopt the 10 perspectives that optimize coping

- Maintain a realistic and constructive attitude about what you can and cannot do.
- Identify yourself as a genuinely traumatized person and treat yourself accordingly.
- It’s okay to feel sorry for yourself; in fact, you need to somewhat.
- Appreciate that your coping is not just directed toward contending with death, but also with life.
- Try to use coping strategies that are active, directed at approaching the problem, and get you outside of yourself and helping others.
- Keep a “process” perspective.
- Recognize that for a while you may have to change your perspective from doing things to increase your happiness to doing things that decrease your distress.
- Think of things in terms of “comparative advantages.”
- Regulate your mourning by managing stress going slowly, pacing yourself, taking respites, and starting small.
- Decide that it’s “okay” to be okay.

2. Use the proper form of coping for problem at hand

- Problem-focused coping
- Emotion-focused coping
- Appraisal-focused coping

3. Regulate affect and cognition

- Find a happy medium between the negative and the positive

4. Seek out needed information

- Identify, list, and clarify your specific questions to yourself and appropriate others.

- For each question, determine if it's answerable or not.
 - If your question has the potential to be answered, identify who or what can legitimately answer it for you.
 - If you're told a question can't be answered and you think it can, seek other resources for the information you want until you receive an answer, accept that the question is unanswerable, or run out of resources.
 - If you're stuck with unanswered questions, look for ways to appropriately process the feelings and handle the thoughts you're left with.
 - Be prepared to deal with some people not understanding your pursuit of answers or thinking it's moot because your loved one still will be dead no matter what you discover.
 - Consider ahead of time what the answers might be to questions you're asking and try to prepare yourself emotionally for what you might learn.
5. Engage in movement and physical activity
6. Connect to others and access effective social support
- Don't isolate yourself; connect to and confide in others.
 - Permit yourself to accept the help and support of others – it doesn't mean there's something wrong with you or that you're weak.
 - Identify what you need, from whom you need it, and when you need it.
 - Educate others about how to help you and be assertive about your needs.
 - Recognize that you have the right to be free of the good intentions of others; set limits when necessary.
 - If what you want isn't available from those around you, figure out if it's reasonable and, if it is, seek it out elsewhere.

7. Undertake healthy generic coping techniques

- Consider connecting with others who have been through what you have.
- Find healthy, successful models to emulate.
- Vocalize.
- Use positive distractions and bring in positive emotion.
- Practice mindfulness and ACT.
- Employ positive visualization and imagining techniques.
- Visualization.
- Engage in positive self-talk.
- Act “as if” until you feel comfortable.
- Choose activities that make you feel good about yourself.
- Don’t wallow in what’s toxic to you - Refuse to dwell on what depletes you of hope and peace; take a break from bad news, violence, and negativity.
- When you’re faced with doing something especially challenging – and which you’d really prefer not to do – ask yourself “What’s the alternative?”
- Act in awareness of the HALT truth.
- Link up with life.
- Picture your loved one connected to you.
- Seek out and use humor.
- Hug those you love (people and animals).
- Take on traits for successful coping and resilience.
- Know how to effectively self-soothe.

- Do something for someone else.
- Make a plan for what to do at times when you're really distressed.

D. *Practice Self-Care:* Have the mourner:

- Tend to physical health
- Replenish the self
- Engage in positive activities

CORE STRATEGY #3: ENABLE THE SIX “R” PROCESSES OF MOURNING

1. Recognize the loss
 - Acknowledge the death
 - Understand the death
2. React to the separation
 - Experience the pain
 - Feel, identify, accept, and give some form of expression to all the psychological reactions to the loss
 - Identify and mourn secondary losses
3. Recollect and reexperience the deceased and the relationship
 - Review and remember realistically
 - Revive and reexperience the feelings
4. Relinquish the old attachments to the deceased and the old assumptive world
5. Readjust to move adaptively into the new world without forgetting the old
 - Revise the assumptive world
 - Develop a new relationship with the deceased
 - Adopt new ways of being in the world
 - Form a new identity
6. Reinvest

CORE STRATEGY #4: CONNECT THE MOURNER WITH SUPPORTIVE OTHERS

A. Why Mourners May Have Problems with Others

- Ignorance about traumatic bereavement.
- The circumstances of the death can prompt traumatic reactions in others that make it hard for them to relate to you.
- Their own loss interferes with their ability to support you.
- Fear of what you represent.
- They want the “old” you back.
- They hurt seeing you so hurt.
- They don’t want to make it worse for you.
- They don’t approve of what you do or feel in your mourning.
- Some people seem to “forget” you’re traumatically bereaved.
- Others may believe they know what’s best for you or feel entitled to push their ideas on you because their intentions are good.
- Some people may capitalize on your distress and vulnerability.
- You make assumptions about what others should know or feel.
- You have feelings of jealousy, sadness, and anger in reaction to what others have and you don’t.

B. How Mourners Can Deal with Problems with Others

- Maintain the proper perspective
- Educate others
- Assert yourself
- End the relationship

C. Key Points Related to Social Support

- *See Core Strategy #2 regarding connecting to others and accessing social support*

CORE STRATEGY #5: FACILITATE AND WITNESS THE TELLING OF THE STORY

A. Have the Mourner Tell Their Story/Put It Into a Narrative (Verbal/Non-Verbal)

- Provides exposure

- Gives control and order
- May need restorative retelling (Rynearson, 2001)

CORE STRATEGY #6: WORK TOWARDS MASTERY OF PERSONAL TRAUMATIZATION

A. Narrative Work

- *See Core Strategy #5*

B. Assist the Mourner to Manage Anxiety (also fear, panic, hyperarousal)

1. *Physiological Interventions*

- a. Relaxation techniques
 - Deep breathing retraining
 - Muscle relaxation
 - Meditation and mindfulness
 - Downtime and time management
 - “Quick fix”
- b. Exercise
- c. Sleep
- d. Nutrition
- e. Medication

2. *Psychological Interventions*

- a. Accurate information
- b. Improve coping
- c. Cognitive techniques
 - Correct distorted thinking
 - Thought stopping
 - Cognitive reframing
 - Affirmations and soothing self-talk
 - Positive imagery, visualization, imagining
 - Problem solving
- d. Address personality traits

- Perfectionism
 - Excessive needs to please or control
 - Tendency to ignore physical and psychological signs of stress
- e. Healthy self-talk
- f. Expression of feelings/processing of emotion
- g. Completion of unfinished business
- h. Revision of the assumptive world; revamping of disrupted life narrative; and reestablishment of subjective experience of meaningfulness in life
- i. Maintenance of positive attitude and outlook
- j. Choosing a lifestyle with meaning and purpose
- k. Prayer
3. *Social Interventions*
- a. Social connectedness and support
- b. Assertiveness (if culturally appropriate)
4. *Behavioral Interventions*
- a. Targeting anxiety-provoking behavior
- Address avoidance
 - Become aware of avoiding
 - Recognize how mourner is avoiding
 - Figure out what and why mourner is avoiding
 - Determine whether the benefits of avoidance are worth the costs
 - Decide how to handle the avoidance
 - If appropriate, confront the avoidance
 - Use relaxation techniques
 - Use desensitization
 - Mental/covert
 - In vivo
 - Covert modeling
 - Break down into component parts and practice

- b. Stopping unhealthy behaviors
 - Identification
 - Risk-benefit analysis
 - Use relaxation and cognitive strategies
 - Counterprogram

- c. Other
 - Prioritization
 - Schedule and time management

5. *Coping With Panic Attacks*

- a. Understand the phenomenon

- b. Steps to avoid escalating panic
 - Identify negative self-talk
 - Reinterpret symptoms and replace with accurate thoughts
 - Employ positive self-talk, coping statements, and affirmations

C. Attend to Other Traumatic Repercussions

- 1. Avoidance (including numbing, forgetting, and avoidant behavior)
 - a. Two types
 - Active
 - Passive

 - b. General approach for dealing with avoidance
 - Step 1. Become aware of avoiding
 - Step 2. Recognize how you're avoiding
 - Step 3. Figure out what and why you're avoiding
 - Step 4. Determine whether the benefits of avoidance are worth the costs

Avoidance is usually okay:

- If it serves a useful purpose
- When confronting the situation would cause bigger problems

Step 5. Decide how to handle your avoidance

- Is your avoidance serving a constructive purpose for you right now?
- Is your avoidance not helping you, but not hurting you either?
- Is your avoidance costing you too much

OPTIONAL Step 6. Confront your avoidance

2. Reexperiencing (including intrusions and flashbacks)

3. Anger

4. Guilt

5. Depression

6. Unfinished business and unanswered questions

- *See Core Strategy #7*

7. Shattered assumptions, disrupted life narrative, and loss of subjective sense of meaningfulness in life

- *See Core Strategy #11*

8. Loss of a child

CORE STRATEGY #7: ADDRESS UNFINISHED BUSINESS AND UNANSWERED QUESTIONS

A. Personal Emotional Issues Without Closure

- Expressing your personal feelings or thoughts (such as “I love you”)
- Resolving past conflicts
- Asking for or giving forgiveness
- Saying goodbye

- Explaining past omissions or commissions
- Communicating appreciation, resentment, or regret (such as “Thank you” or “I’m sorry”)
- Articulating important messages
- Tying up loose emotional ends
- Telling the person you love what he or she has meant to you
- Doing or not doing those things that person would have wanted
- Remembering the relationship and common experiences

B. What Remains Incomplete for the Mourner in Dealing with the Circumstances of The Loved One’s Death

- Unprocessed feelings or trauma associated with the death
- Unanswered questions about factual issues (e.g., loved one’s last moments) or about existential, meaning-oriented, or spiritual issues

C. Steps to Addressing Emotional Unfinished Business

Step 1. Identify what and where unfinished business remains by answering the questions or completing the statements below:

- Is there anything that feels unfinished to me? If so, where is it? What’s it connected with? What makes this unfinished for me?
- Is there anything that, knowing what I now know, I’d have wanted the opportunity to say to or do for or with my loved one?
- Is there anything I regret doing or not doing that I’d like to explain to or apologize for to my loved one?
- If there were any loose ends in my relationship with my loved one, they’d be _____.
- What I most regret about our relationship is _____.
- If I had the chance to be reunited with my loved one for just five minutes, I’d _____ during the time we had together.
- The thing I’d most like to tell/do for/ask my loved one is _____.
- I wish my loved one could have _____.
I wish I could have _____.

- What I wish would have been different in my relationship with my loved one is _____.
- What I feel I owe my loved one is _____.
- What I feel my loved one owes me is _____.
- What I need to stop feeling unfinished about regarding my loved one's dying, death, and loss is/are _____.
- The thing I can't let go of is _____.
- What I'm most angry/guilty/regretful/grateful/hurt/resentful/apologetic/curious/disappointed about is _____.
- My most troubling memory of my loved one is when _____.
- What I wish had been different about my loved one is _____.
- What I most wish I could change/were different is _____.
- What remains unprocessed/unaddressed for me about my loved one or his/her death is _____.

Step 2. Identify what the unfinished business means to the mourner by having her answer these questions:

- Do I need to finish this unfinished business? If so, why?
- Do I have any concerns about doing this? If so, what are they?
- What will it take/do I need to finish this business?
- What part will be hardest for me?
- What will it mean to me to finish this business? Is that okay for me?

Step 3. For each element identified as unfinished, choose a course of action to attempt to finish it. For elements related to the deceased loved one, look at addressing it through such actions as these:

- Talk to your loved one directly and express your feelings and thoughts.
- Write a letter to your loved one expressing your feelings and thoughts.
- Employ one or more of the previously identified ways of expressing feelings.

- Forgive your loved one or yourself.
- Express to a trusted other what you'd have wanted to say or do.
- Actually finish the unfinished business directly (for example, express your sentiments to your loved one at the gravesite, such as "I'm sorry I wasn't better at telling you how much you meant to me. I loved you with all my heart.>").
- Create a therapeutic bereavement ritual.
- Identify the business as unfinished and express your feelings and thoughts about it.

D. Steps to Seek Out Information to Address Unanswered Questions

- *See Core Strategy #2 above regarding coping*

CORE STRATEGY #8: ADOPT STRATEGIES FOR THE DEATH CIRCUMSTANCES

See notes from "Treatment Issues for Specific Types of Death" above.

- *See Part IV of outline*

CORE STRATEGY #9: SUPPORT USE OF PERSONAL BEREAVEMENT RITUALS

- A. Ritual: A specific behavior or activity that gives symbolic expression to or provides experiences with certain feelings or thoughts
- B. Therapeutic Properties of Rituals include:
1. The power and benefits of "acting out"
 2. Providing healthy ways to catalyze, identify, process, and channel emotions and thoughts, including STUG reactions
 3. Furnishing symbols, structure, and outlets to focus, organize, and channel thoughts, feelings, and behaviors
 4. Legitimizing the expression of emotion

5. Promoting movement and physical release
6. Giving control
7. Encouraging and letting one do things one might not ordinarily do
8. Putting limits on one's grief
9. Enhancing an appropriate connection to the loved one
10. Enabling the six "R" processes of mourning
11. Providing one with learning gained through doing and experiencing
12. Supplying one with structure, form, and containment for any ambivalent, nebulous, or potentially disruptive emotions and thoughts
13. Prescribing actions to deal with emotional or social chaos
14. Affirming kinship and social solidarity while allowing family, friends, and community or social group members to participate ("collective rituals")
15. Structuring of celebrations, anniversaries, and holidays

C. Three Kinds of Therapeutic Bereavement Rituals

1. Transition Rituals
 - a. Funerals
 - b. Separation rituals (also known as "leave-taking rituals")
2. Continuity Rituals
 - a. Connection Rituals
 - b. Remembrance rituals
 - c. Memorial rituals
 - d. Communication rituals
 - e. Rituals that give you intense but limited exposure to your own feelings, thoughts, or connection with your loved one
 - f. Rituals that formally recognize your loved one's absence
3. Recuperation and Growth-Promoting Rituals
 - a. Rituals that finish unfinished business

- b. Healing rituals
- c. Rituals that bring your loved one into the lives of those who can't remember or didn't know him or her
- d. STUG-related rituals
- e. Rituals that provide meaning by making something good come out of something bad
- f. Rituals for the welfare of your loved one after death

D. Ten Steps for Creating Personal Bereavement Rituals

Step 1: Consider the relevant factors necessary to make your ritual "fit" you

Step 2: Determine your ritual's goal and focus

Step 3: Specify what message you want to express or what experiences you want to have

Step 4: Choose the kind and type of ritual you want

Step 5: Choose the elements of your ritual

- a. Who will be involved?
- b. What symbols will you use?
- c. What symbolic acts will you undertake?
- d. Which dimensions of these seven characteristics will you build into your ritual?
 1. Emotional distance
 2. Rigidity
 3. Repetition
 4. Multidimensionality
 5. Complexity
 6. Completeness
 7. Closed and open parts

Step 6: Create the context

Step 7: Prepare for your ritual

Step 8: Implement your ritual

Step 9: Assess your ritual experience

Step 10: Reevaluate and redecide

CORE STRATEGY #10: FOSTER EFFECTIVE NAVIGATION OF THE OUTSIDE WORLD

- *See Core Strategy #4 regarding relationships with others*

A. Returning to Work as a Traumatized Mourner

1. Deciding to return to work
2. Dealing with co-workers
3. Simultaneously grieving and working

C. Legal Issues

1. Operating in the criminal and civil justice systems
2. To bring civil suit or not?
3. The United States legal system: A different world
4. Problems with criminal trials and civil suits
5. Additional issues in homicide cases
6. Issues after the trial or settlement
7. How to survive involvement with the justice systems

D. Professional Assistance

CORE STRATEGY #11: ASSIST IN RECONSTRUCTION OF MEANING

A. Revise Invalidated Assumptions

B. Revamp Disrupted Life Narrative

- C. Reestablish a Subjective Sense of Meaningfulness in Life
- D. Attend to What Matters Now in Light of the Death

**CORE STRATEGY #12: HELP THE MOURNER NOT LET THE DEATH
DEFINE OR LIMIT THE SELF**

- A. Choices
- B. Posttraumatic Growth and Transcendence

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Neimeyer, R. (Ed.). (2012). *Techniques of grief therapy: Creative practices for counseling the bereaved*. New York: Routledge.

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About The Book:

Focusing on self-help strategies for mourners losing loved ones to sudden death, this book provides cutting-edge information and practical suggestions for dealing with the unique challenges posed by the volatile mixture of loss and trauma.

About The Author:

An award-winning clinician, author, and educator, Dr. Rando is a clinical psychologist, thanatologist, and traumatologist. Since 1970, she has consulted, conducted research, provided therapy, written, and lectured internationally in areas related to loss, grief, illness, dying, and trauma.

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