Aging
SectionConnection

ISSUE ONE – 2008

BETWEEN WORLDS: NEW IDEAS IN THE THEORY AND PRACTICES OF GRIEF COUNSELING

By Lorraine Hedtke, ACSW, LCSW

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As social workers, we routinely work with clients who are living with grief. In a variety of professional settings, people in crisis often bring to counseling their wounded hearts following the death of a loved one. The deaths may be very recent and raw, or during intake interviews we may discover a death that occurred years ago.

We want to respond to their grief, but are often uncertain about how best to ask questions that increase client empowerment. When the presenting problem is defined as something other than grief, we are left to surmise, perhaps inaccurately, that the client's grief is "adaptive," "completed," or even "complicated."

In recent history, social workers have drawn their clinical knowledge and practice regarding grief counseling from psychological and medical discourse. These practices have largely gone unquestioned for the past 75 years and have often supported a "one size fits all" grief counseling model.

Clients have been asked routinely if they had an opportunity to say "good bye" prior to their loved one's death, assuming it is necessary for a "proper" death, and have been guided through a linear set of grief stages. With this approach, the bereaved is urged to move on, let go, and create a new life. Closure and disengagement from the lost relationship are commonly thought to be necessary for "good grief."

However, these practices have come under recent scrutiny and re-examination. Academic and clinical professionals, many of whom are social workers, have wondered what other interventions might be drawn from alternative schools of thought.

If severing the connection between the living and the dead was not the overarching goal of grief counseling, how might conversations between the counselor and client change? Seminal notions of "continuing bonds" and "remembering practices" (Hedtke & Winslade, 2004) facilitate recollections of stories, love, memories, strengths, and resources of the lost relationship.

Focusing on these topics can provide a road map for dealing with grief that points the direction through uncharted territories. Helping to keep a deceased

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From the **Chair**

Benjamin Franklin said, "In this world nothing is certain but **death** and **taxes.**" Many of us who practice with an aging population come to realize first-hand how real the certainty of death/dying can be for families, as well as ourselves. In addition, just as we are exposed to the complexities of tax codes, many of us are also exposed to the complexities of helping clients navigate through the wealth of information with regards to aging.

The practice of social work and aging has taken on a synergy of its own. It is a true specialty practice. Social workers can be found helping individuals age gracefully in their own homes or in community settings; assisting families with the transitioning from rehabilitation into the community; and working closely with families with end-of-life decisions. As practitioners, we are referred to by other professionals because we have the knowledge and experience to help understand the complex entitlement programs, drug plans, and resources for funding care and services.

As a matter of discourse, I noticed in a recent listserve discussion that it is no longer politically correct to use the term "long term care." Instead, the term has been replaced with the more definitive **"long term service and support."** Perhaps the following articles best exemplify this change as they discuss both the topics of service and support in relation to grief and fellow social workers working together in formulating a special interest group that benefits the consumer and the social worker.

Katherine Beck-EI, LMSW, writes about how she and other social workers organized and implemented a special interest group in the Michigan–NASW Chapter to help deal with individual frustration and isolation. I am certain that many of us in private practice can relate to this feeling and can welcome the support of fellow practitioners.

Lorraine Hedtke, MSW, ACSW, LCSW, shares with us an intimate look at helping a client bridge the theory of grief counseling with the practice of helping clients work through their special and unique loss.

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A NEWSLETTER OF THE NASW SPECIALTY PRACTICE SECTIONS

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loved one's stories close may even be life saving for the living. The following story illustrates the differences between the stage model and this approach.

In my role as a bereavement services manager for Vitas Innovative Hospice Care, I was contacted by a woman who shared that she felt she was "going crazy" since the death of her father three months earlier. She said that she couldn't make sense of her previously ordered life anymore. Her family also thought that she had "gone over the deep end," due to the fact that she drove around town with her father's clothes seatbelted in the back seat. The more her family insisted that she "accept reality" and get rid of her father's belongings, the more frightened and sad she felt.

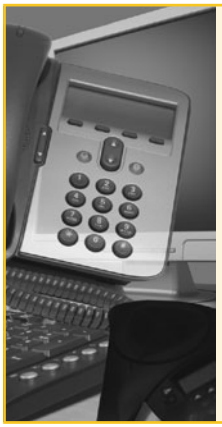
Competing Discourse

She and her family were caught between worlds. Her behavior defied the dominant notions about what is normal grief. Believing it was "for her own good," her family surreptitiously borrowed her car and drove it directly to the city dump.

When she and I spoke, I understood her actions of driving around with her father's clothes as an expression of her desire to continue a relationship with him. Rather than battle against this desire, I accepted it as constructive for her. We explored the many ways that her father's influence continued to be a positive force in her life.

My aim was not to encourage her to dwell in a deluded state—she knew her father was dead—but I did want to bring his voice to life. In line with this new way of thinking about the purpose of grief counseling, we wanted to anchor her father's love and the affirmation of their relationship in her consciousness so that he could continue to serve as a companion in her life.

We spoke of how she knew of his gratitude for her when she cared for him during his illness and of what this meant to her. She explored the many lessons she had learned from him and what difference this might make to her when she recalled his teachings. We specifically addressed what she imagined was her father's hope that she would find her way through this very challenging time. Together, we constructed a future that restored her "sanity" by the reinclusion of his voice in her daily life.



To hear Lorraine Hedtke's teleconference on working with People Living with Grief, visit www.socialworkers.org/sections and click on the teleconference icon.

In contrast with a conventional stage model of grief, "remembering conversations" aim to keep the loved one's voice alive as a hope-filled resource when death brings crises of meaning and challenges our assumptive world. This is also a goal when we are speaking with clients who tell us of a death that happened years earlier and are now visiting us for reasons other than grief.

Remembering conversations can bring renewed strength into a person's life. When we counsel a teenager struggling with depression or identity issues, for example, we can explore their memories about loved ones who previously had seen attributes in them that are larger than their present narrowly defined sense of self. We might find that a deceased aunt or grandparent from years before held them in high esteem. Further inquiry can often foster a new sense of worth and suggest that memories of their deceased love one may serve as a resource for the future.

We might ask questions such as, "What did they know about you as a person of resilience? How might they see you overcoming these challenges? What advice might they suggest if you could speak to them now? And, what difference would

this make to your life if you were to live with their voice closer to you today, tomorrow, and in the future?"

Remembering conversations challenge old assumptions and practices about how we think about death and grief. These new practices instill hope when the client's situation appears bleak. Remembering practices open the door to a place where we no longer need to distance ourselves from the love and memories of those who have died. As social workers, we are committed to empowering our clients. Remembering offers just that—a source of power in which positive voices from their past can provide a blueprint for building a stronger future. This blueprint ultimately helps build a bridge between the living and the dead.

Lorraine Hedtke, ACSW, LCSW is a bereavement services manager with Vitas Innovative Hospice Care in San Bernardino, CA. For more information about remembering practices, visit her Web site: www.rememberingpractices.com

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National Association of Social Workers. (2004). *Understanding end of life care: The social worker's role.* Two free CEUs available at www.naswwebed.org

(From the Chair, continued from page 2)

Joycelyn Curtis, MSW, PhD, leads us through a process of helping clients who have experienced loss and unresolved grief after a traumatic event. This becomes important as we counsel many clients through traumatic losses, PTSD, and natural disasters.

Mary Raymer, LMSW, ACSW, takes a look at the myths of grief and the value of trained social workers in the helping process.

One final note, I encourage social work practitioners to consider contributing an article related to your practice, research, or advocacy. It is through your contributions that we all benefit and grow as professionals within our special practice.

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- **The Myths of Grief**

THE MYTHS OF GRIEF MANAGEMENT

By Mary Raymer, LMSW, ACSW

Grief is a normal and necessary response to loss, not a pathology or mental disorder. A healthy, ongoing developmental process, grief challenges people to find "new normal" states of being. As such, there are no tidy and predictable stages. Instead, there are intense feelings, thoughts and life challenges, which should be proactively addressed. One of the challenges social workers face is the fact that there are numerous myths about grief in our society. These myths can cause people who are grieving to feel abnormal or inadequate when their experiences do not conform to these myths.

Myth 1: Time Alone Heals

One of the most common myths is that time alone heals. The passing of time may actually exacerbate people's pain if it is not coupled with healthy action. Grief demands that people employ proactive coping skills and behaviors to establish their "new normal state." Time and constructive action are necessary for the healthy resolution of grief. Many people feel worse before they feel better, and when confronted with this myth they may fear that they are slipping into a place of no return. To make matters worse, they may keep this fear bottled up inside themselves, where it may indeed become a self-fulfilling prophecy.

Myth 2: It Takes A Year

Another frequently heard myth is that it takes one year after a loss to resolve grief. For many people who are grieving, the second year may be more difficult because the concept of finality is unavoidable and the shock of their loss has worn off. There really are no hard and fast rules regarding how long it should take to get over a significant loss. Skilled social workers help people understand from their past experiences what has worked for them in the past and shed coping strategies that were not successful.

NASW also offers free professional courses on the WebEd portal site. Aging Section members might be interested in *Understanding Aging, Understanding End of Life Care,* and *Understanding Cancer Caregiving,* available at www.naswwebed.org

Myth 3: Avoid Major Decisions

Often, people are told not make any major decisions during the first year after a loss. The idea that people should not make impulsive decisions is certainly valid, but this myth has become a mantra that sometimes gets in the way of making decisions that may be necessary for a grieving person's emotional, physical or financial health. Effective social workers help people weigh the pros and cons of decisions and determine whether they are rational, necessary, and timely.

At one time it was believed that all losses were the same. People with diverse forms of loss such as suicide, the expected death of a parent, or homicide were often clumped together in bereavement support groups, often with disastrous results. In fact, every loss is unique—bringing with it different experiences, even if the relationship and manner of death is the same.

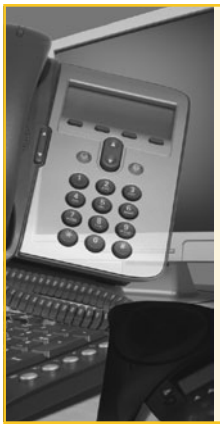
Myth 4: Letting Go is Essential

Perhaps the most frustrating myth is that the goal of grieving should be to forget and to "let go." How is it possible to forget a significant relationship and let it go? We can certainly learn to carry a relationship differently, which is not the same as letting go. This myth greatly increases anxious feelings in the grieving person, when it is perceived as needing to forget what one has lost. Even when grieving over the loss of

a difficult or ambivalent relationship, there are insights and learnings that one can carry forward for healthier future functioning.

Myth 5: Grief is a Linear Process

One of the most insidious and persistent myths is that grief occurs in predictable stages that are experienced by everyone in the same way. This myth sets people up to fail, because grief is not a linear process; it is influenced by factors such as gender, culture, and spirituality. Grief is more like a roller coaster than a straight line. Social workers understand this to be true, but many people accept this notion of stages as fact. They worry that they or their loved ones are not grieving "correctly."



To hear Mary Raymer's teleconference on the myths of grief, visit www.socialworkers.org/sections and click on the teleconference icon.

Myth 6: Venting is Therapeutic

The idea that expressing or "venting" emotions is the main aspect of healing is another myth, since venting alone may lead to complicated grief reactions. The more people vent, the more likely it is that they will "get stuck" in unresolved grief instead of learning to manage and carry their pain (Neimeyer, 2001). Normal grief calls for validation, education, connection and support. Even then, the physical and emotional feelings associated with grief will come and go, and moments of pleasure will be fleeting at first. Again, each case is unique.

Depression vs. Normal Grieving

In the United States, doctors routinely prescribe antidepressants for patients after a significant loss, but depression is not an inevitable reaction to grief. Social workers need to keep in mind that people do not require therapy or medication unless they have a pre-existing condition, severe sleep deprivation, or a complicated grief reaction that does not respond to behavioral interventions.

In normal grief, one focuses on how the loss and its immediate impact. Depression, on the other hand, involves an unrelenting focus on the self, with feelings of worthlessness. Feelings of sadness, apathy, despair, or lethargy are likely to maintain a steady level of intensity. Self-destructive behaviors may be persistent and prolonged, leading to serious functional impairment or psychomotor retardation.

Clinical depression is more likely to occur when someone is experiencing a complicated grief reaction. High risk factors for complicated grief include multiple losses, pre-existing mental illness, or substance abuse, socially negated loss (as in the case of an illicit affair or, sometimes, in homosexual relationships), an unsafe environment, a history of sexual or any other kind of abuse, lack of social support and poor physical health (Bendiksen et al, 2002).

Complicated grief and depression should only be treated by a licensed social worker or other trained mental health practitioner, and medication may be warranted in some cases. Only after depression is appropriately treated can one begin to resolve the grief.

Conclusion

Social workers can begin the process of supporting healthy grief and dealing with complicated grief by asking their clients what they know or have heard about grief during the initial assessment. Sharing some of the commonly held myths described in this article with clients can get a conversation started that helps identify and clear up misunderstandings about grief early in the therapeutic process.

Mary Raymer, LMSW, ACSW is President and CEO of Raymer Psychotherapy & Consultation Services, and she may be reached at raymermsw@aol.com. She is a Soros Foundation Project on Death in America Social Work Leader and the past Social Work Section Leader for the National Hospice and Palliative Care Organization.

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NASW–MICHIGAN AGING SPECIAL INTEREST GROUP: A MODEL FOR SOCIAL WORKER EMPOWERMENT

By Katherine Beck-El, LMSW

As a social worker employed in the field of aging, I have found myself feeling increasingly powerless when it comes to offering older adults adequate services that meet their needs and are affordable to them. A number of years ago, a social worker friend and I engaged in a passionate discussion about our concerns related to aging services, especially with respect to the long-term care system. Our feelings of frustration, isolation, and the desire to advocate for our clients and our profession were not unique; many of our friends and colleagues shared these same concerns. As we considered ways in which NASW–Michigan members might positively influence our state's aging services systems, we came upon an idea: form an NASW–Michigan Chapter special interest group devoted exclusively to aging issues.

Our goal was to bring together NASW members from across the state who work in various fields related to aging and would be willing to share their experiences and develop solutions to effect change on a macro level. Although we knew many would be unable to take positions on political and legislative issues because they were employees of various agencies with policies against such participation, we believed strongly that, under the auspices of an NASW aging special interest group, we could succeed.

The Genesis of Our Journey

The friend with whom I had shared my concerns eventually became Executive Director of our state's NASW Chapter, and in this role she took the opportunity to introduce the idea of special interest groups to the Chapter Board President. The Chapter Board President supported the idea and proposed it to the Board, and the Board subsequently endorsed the formation of the Aging Special Interest Group (ASIG), along with other special interest groups.

This endorsement provided us with the support we needed to proceed, and we began recruiting participants by word-of-mouth, contacting NASW members who work with older adults. What began as a relatively small group has expanded to 33 members, and continues to grow.

WE WANT TO HEAR FROM YOU
If there are general themes or specific content that you'd like to see in the Section Connection, or you have comments or questions regarding the anything you've read in current or past issues, let us know by sending an email to dpatterson@naswdc.org

INTERSECTIONS IN PRACTICE BULLETIN IS HERE! The 2008 theme is "Etiology and Treatment of Trauma for Social Workers." To earn 3 Free CE Units, visit www.socialworkers.org/sections and click on the InterSections in Practice link.

Determining Our Mission

The ASIG was inspired by and initially formed after the national NASW model of special practice sections. ASIG social workers represent a diversity of experiences, opinions, and expertise from clinicians in private practice, geriatric care management, outpatient geriatric clinics, hospital settings, governmental agencies, hospice, elder law firms, and other organizations.

In order for the group to maximize our effectiveness, we appointed co-chairs and developed a mission statement. Two broad goals were established: to educate social workers and those in related disciplines about issues related to aging, and to advocate for our profession and older consumers at the State legislative level. In order to help accomplish these goals, we created a special edition of the NASW–Michigan Chapter newsletter, devoted exclusively to critical issues in aging. Through it, we believed we would be able to advance our mission statement goals: First, we would be educating the Chapter's broader membership about key social work topics in the field of aging; second, because the Chapter newsletter is also distributed to State legislators, we would be elevating our profile with policymakers.

The Chapter appointed a subcommittee in February 2004 to work on the newsletter, made a call for articles from NASW–Michigan members, and secured advertisers.

Our members submitted articles on a wide range of topics such as what it means to age "successfully," normal aging, dementia, geriatric care management, and developing a social work practice within HUD-subsidized senior housing. The subcommittee reviewed and edited the articles and one year later the *Aging Special Edition* was published with great success.

Advocating at the State Level

Next, we focused on fulfilling our second goal—to advocate for our profession and older consumers at the State level. First, our group met with the Chapter's Governmental Affairs Specialist, and through this meeting, we determined that the ASIG could help inform the Chapter's Legislative and Social Policy Committee (LSP) on important issues in aging that were not being addressed elsewhere by the Chapter.

First, we determined that one person should act as a liaison between the LSP and the ASIG, so an LSP representative joined the ASIG. This link has been critical to our success: ASIG members have become better educated on key legislative issues relative to older adults. Having a liason increased our ability to develop a valuable white paper for the LSP reporting on numerous public policy issues that significantly affect the lives of Michigan's older adults.

The ASIG voted to highlight four areas in this white paper: estate recovery versus estate preservation, Single Point of Entry, development of assisted living options, and regulated in-home care options and respite services, all of which would have an significant impact on our field. Members of the ASIG with special knowledge, interest, and expertise in these respective areas volunteered to write the document, and it was subsequently prepared as a memorandum and later vetted by the LPS. Members of the ASIG recently met with influential committee chairs from the Michigan State Senate and House of Representatives and used this memorandum as the centerpiece for their discussion.

Where We Are Today

The NASW–Michigan ASIG has also been involved in reaching out to various state organizations outside the field of social work as a way to strengthen our group and further our mission. For example, we are developing collaborative relationships with the Michigan State Bar Elder Law Section, the Michigan Department of Community Health Healthy Aging Initiative, and the State of Michigan Office on Services to the Aging. We invite individuals from these organizations and others to speak at our meetings, and to help develop ways in which we can collaborate to improve the quality of life for older Michiganians.

Another development has been the inclusion of an aging track within our NASW annual state conference. This has been highly successful with many social workers submitting proposals to present. Additionally, NASW–Michigan is developing a web page for the ASIG and aging issues on its website.

The vision of the ASIG members to make a difference is being put into practice through the ongoing work of our dedicated ASIG members, along with the continued support of the NASW–Michigan Chapter. We will continue to educate others about the essential role of social workers in the field of aging, and establish NASW as the primary source of expertise for our State legislators. We believe our group represents a best practices model of advocacy in the field of aging.

Katherine Beck-El, LMSW serves as a co-chair on the NASW–Michigan Aging Special Interest Group. She is currently employed with Trinity Health and may be reached at BeckkA@trinity-health.org

EXPLORING UNRESOLVED GRIEF IN TRAUMA SURVIVORS

By Joycelyn Curtis, MSW, PhD

Social workers who work with elders will, on occasion, have clients who have been unfortunate (or fortunate, depending on your perspective) enough to have survived multiple traumatic events (i.e., natural disasters, catastrophic illness) in a single lifetime. They may be more likely to suffer from unresolved grief, which is characterized by an extended duration (i.e., several years) of symptoms, increased severity of symptoms, and by a deterioration in normal functioning (Piper et al, 2001).

Psychosocial assessments conducted with survivors of catastrophic illnesses or natural disasters should include screening for unresolved grief. Grief may occur for other reasons, such as bodily injury, illness, or the loss of job, status, or stability. Research on unresolved grief in elders who have lived through multiple losses (such as loss of health, home, possessions, loved ones, and safety) is scarce.

On the other hand, a plethora of literature abounds on grief, loss, post-traumatic stress disorder (PTSD), acute stress disorder, adjustment disorder, and trauma (Foa et al, 2006). Research has shown that traumatic events such as natural disasters can trigger symptoms of complex trauma in elders who have experienced earlier trauma (Graziano, 2003). Although Hurricane Betsy occurred more than 50 years ago, I have encountered clients in my community health practice who still experience flashbacks or complicated grief associated with that disaster.

Following the aftermath of Hurricane Katrina, thousands of people were displaced and relocated throughout the United States (CNN, 2006). No one could have imagined the devastation wrought by this disaster. People who experienced both Hurricanes Katrina and Betsy have dealt with double losses of their homes, loved ones, family mementos, friends, and social support. Almost two years after Hurricane Katrina, the Gulf Coast region is still recovering. Although some progress has been made, there is still much to be done (Bohrer, 2008).

The long-term impact on survivors of Hurricane Katrina will not be fully understood for many years. However, a 2006 survey found that the incidence of mental illness among survivors doubled after the disaster (Harvard Medical School). Researchers were surprised to find that suicidality did not increase overall, but attributed this finding to survivors' generally optimistic outlook for future recovery when the survey was conducted. More research on mental illness among survivors of both major illness and the hurricane is needed to understand how these experiences mediate long-term physical, social, and psychological outcomes and to develop appropriate social work interventions.

Joycelyn Curtis, PhD, MSW, is a clinical social worker/patient advocate with a community-based voluntary health organization. Dr. Curtis earned her bachelor's degree from the University of South Alabama, and completed her MSW and PhD at Clark Atlanta University in Atlanta. She may be reached at chooseu2day@yahoo.com

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HOW TO GET MORE FROM YOUR SPECIAL PRACTICE AGING SECTION MEMBERSHIP

As a practicing social worker with a private practice in care management and psychological consultation, I have discovered the benefits of getting involved with the SPS committee a tremendous plus in my professional development. In many ways participation in Committee opportunities and writing newsletter articles provide social work practitioners an opportunity to share and network with colleagues on a national level.

Writing newsletter articles and joining your Section Committee are two of the ways you can build your network and skills as a member of the NASW Sections. Read on to find out everything you need to know in order to submit content or serve on a committee.

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Contributing articles to the Section publications is a wonderful way to inform other social workers in the United States and abroad about your work and to express your ideas on the current state and future direction of social work in your practice area.

New committee members may be nominated by any Section member. NASW policy calls for the active involvement of Section Committees and membership in filling vacant committee seats. Every year, the nominations are brought before NASW's President for approval. If you would like to nominate a colleague (or yourself) for the Section Committee, please contact Deborah Patterson at dpatterson@naswdc.org

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