Kentucky School of Alcohol and Drug Studies

Presents

Good Grief: Helping Chemically Dependent Clients Cope with Loss

Presenter

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Outline

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**Definition of Key Terms**

Grief--a natural emotional reaction to a significant loss or expected loss. It is an essential component of the eventual process of recovery from loss.

Mourning--the outward expression of grief. Mourning is very individualized. It can be manifest in crying, sadness, clothes, talking about the deceased, celebrating etc.
Stages of Grief

Elizabeth Kubler Ross

- Denial – “This isn't happening to me.”
- Anger – “Why me!!”
- Bargaining – “I promise I’ll be better if…”
- Depression – “I don’t care anymore.”
- Acceptance – “I’m ready for whatever comes my way!”

JoAnne Jozefowski’s Model

1. Impact--the initial stage in which we process the reality of the death while working to maintain our physiological needs (food, water, rest)

2. Chaos

3. Adaptation--we learn to adopt to life without the loved one and seek connections to others through support systems, other grievers, work, school, church and we develop new roles for ourselves

4. Equilibrium--we attain stability and balance in life and are able to consider self-potential without our loved one

5. Post-traumatic growth--a metamorphosis occurs and you emerge reshaped from the loss, developing more potential, greater spirituality, altruism, self-awareness and appreciation of life

Tear Model

T=To accept the reality of the loss

E=Experience the pain of the loss

A=Adjust to the new environment without what you have lost

R=Reinvent a new reality for yourself
Backer, Hannon and Russell Model

1. Shock and numbness

2. Intense grief (yearning, anger, guilt and disorganization)

3. Reintegration
   - Creating a new reality for yourself
   - Developing new coping skills
   - Learning to live with the loss
   - The intensity of feelings decrease
   - You start to enjoy life more fully
Losses Chemically Dependent Clients Grieve

**Childhood**

1. Abandonment
2. Father hunger
   - Impact on sons
     A. 
     B. 
     C. 
     D. 
   - Impact on daughters
     A. 
     B. 
     C. 
     D. 
3. Mother hunger
4. Loss of relationship with God
5. Disconnection from the ancestors
6. Loss of rites-of-passages
7. Loss of innocence
8. Premature entry into adulthood
9. Loss of childhood
10. Loss of stages of development
   - Consumer years – birth to 18
   - Apprenticeship years – 19-28
   - Productive years – 29-70
   - Elder years – 71 and beyond

**Elementary and high school years**

1. Deaths
2. Divorce
3. Frequent relocations
4. Transitions
5. Not “making the cut” – loss of dreams
6. Expulsions
7. Transfers to alternative schools
8. Isolation/bullying
9. Dropping out
10. Break-ups

**Adult years**

1. Loss of freedom
2. Jobs
3. Self-respect
4. Dignity
5. Health
6. Relationships
7. Children
8. Possessions
9. Hopes
10. Dreams
11. The culture of addiction
12. Loss of the drug
13. Loss of process addiction

**Elder years**

1. Regrets
2. Generativity vs. Despair
Factors That Complicate Grief

1. A personal style of using avoidance as a major coping mechanism

2. Adaptation of a cultural norm which encourages us to grieve as quickly as possible and not remember

What Happened to Rituals?

A.

B.

C.

D.

E.

3. The grieving person already has a psychiatric condition which makes them vulnerable

A.

B.

C.

D.

E.

F.

4. Unspeakable deaths

5. Ambivalent deaths

6. Extreme guilt and layers of guilt
Eight Types of Guilt

A. “It’s my fault” guilt
B. Punitive God guilt
C. Survivor guilt
D. Ambivalence guilt
E. Role guilt
F. Perfectionist guilt
G. Relief guilt
H. Karma guilt

7. Multiple losses
8. Unsure if your loved one is actually dead
9. Sudden death
10. Unacknowledged losses
11. First degree grief secrets
   A.
   B. You feel you caused someone to die
   C. First hand death experiences
12. No time to grieve
Characteristics of Effective Grief Counselors

- Good listening and basic counseling skills

- Boundaries

- Views grief as natural

- Slow to label as pathological

- Ability to discuss their own losses

- Ability to talk about God

- Ability to individualize their work

- Slow to prescribe pills for grief

- Support before challenge
What Grief Counselors Do

1. Listen
2. They are emotionally present
3. They assist clients in expressing and identifying feelings
4. They normalize client feelings
5. Allow clients to show their feelings
6. Listen non-judgmentally and with acceptance
7. Let their genuine concern and care show
8. Encourages clients to talk about the loss
9. Provides data about the grief process
10. Helps clients tap into their natural resources for support
11. Pays attention to the impact of previous losses on current losses
12. Pays attention to events happening in the larger society and how these events affect clients
13. Encourages clients to be patient with themselves
14. Help with thoughts and thought patterns which may complicate grief
**Helping Clients with Grief**

1. **Keeping memories alive**
   
   A. Remember ways your loved one left an imprint on you
   
   B. Telling stories about your loved one
   
   C. Weaving interests or values of your loved one into your life
   
   D. Staying linked through a possession
   
   E. Keeping a place for a loved one during ceremonies
   
   F. Visiting the grave site

**Global Rituals**

1. Libations
2. Feasts
3. Shiva
4. Kaddish prayer
5. Death store
6. OBON--Japanese summer festival
7. The day of the Dead
8. Feast of the Dead
What Else May Be Helpful Besides Therapy

1. Chat rooms

2. Journaling
   A.
   B.
   C.
   D.
   E.
   F.

3. Art

4. Being in nature

5. Music

6. Meditation

7. Yoga
Storytelling as Grief Work

The Hero’s Journey

1.

2.

3.
Termination from Therapy as Grief Work

When to terminate? Points to consider

1. 
2. 
3. 
4. 

Stages of termination and the role of the therapist

1. Denial
   A. 
   B. 
   C. 

2. Anger
   A. 
   B. 
   C. 

3. Sadness

4. Release
   A. 
   B. 
   C. 
   D.
DEFINITION OF KEY TERMS

Compassion satisfaction – The pleasure you derive from your work. This includes doing your work well, client progress, collegial relationships, and the realization of the difference you are making.

Compassion fatigue – Secondary trauma as a result of internalization of clients’ traumatic experiences

Burnout – A form of compassion fatigue that develops much slower than secondary PTSD. It has a gradual onset and is associated with a nonsupportive work environment, toxic organizational dynamics, large caseloads, and the feeling that your work does not make a difference

WORK RELATED BURNOUT

Definition – Work-related burnout is a response to chronic stress. Its symptoms include emotional exhaustion, depersonalization, and reduced personal accomplishment, which can occur among people who help others.

Stages of Burnout:

♦ Honeymoon Stage
♦ Stagnation Stage (The honeymoon is over)
♦ Frustration Stage
♦ Apathy Stage
FACTORS THAT BUFFER STAFF AGAINST BURNOUT

1. Feelings of appreciation

2. Team Cohesion

3. Open communication

4. Pro-active strategies to deal with chronic stress

5. Effective supervisor/supervisee relationships

6. Creativity

7. Individual decision to take responsibility for managing one’s own burnout
COMPASSION FATIGUE

Definitions

1. The stress of caring too much
   Compassion fatigue differs from burnout in that burnout is caused by stress; compassion fatigue is caused by caring.

2. Emotional residue as a result of working with those who suffer

3. Secondary trauma

Other Names

1. Countertransference – The process of seeing one’s self in the client, of over-identifying with the client, or of meeting needs through the client. Countertransference includes all of the emotional reaction that the counselor has toward the client, including the counselor’s absorption of trauma expressed by the client (Corey, 1991).

Professionals who listen to the stories, fear, pain, and suffering of others may feel similar fear, pain, and suffering because they care.

Who is vulnerable to compassion fatigue?

- Trauma workers
- Medical professionals
- Clergy
- Volunteers
- Soldiers
- Social service workers
- Teachers
- Fire fighters
- Nurses
- Critical incident stress debriefers
Compassion fatigue decreases our ability to be empathetic and compassionate and can lead to poor customer service.

**Signs of Compassion Fatigue**

- Anger
- Frustration
- Tardiness
- Exhaustion
- Depression
- Feeling hopeless
- Blaming others
- Irritability
- Sleep problems
- Rudeness
- Gossiping
- Erosion of idealism
- Flashbacks
- Intrusive thoughts
- Spiritual distress
- Shift in world view

**Activities that Help**

1. Take vacation
2. Social activities
3. Emotional support from colleagues
4. Pleasure reading
5. Consultation on difficult cases
6. Read relevant professional literature
7. Breaks during workday
8. Emotional support from friends and family
9. Time with children
10. Music
11. Spending time in nature
12. Attend workshop or conference
13. Aerobic exercise
COMPASSION FATIGUE INTERVENTION STRATEGIES

1. Laughter
2. Centering rituals
3. Alone time
4. Remembering your ideals
5. Have outlets to grieve
   Whatever happened to grief rituals?
   A.
   B.
   C.
   D.
7. Daily breaks and lunch
8. Boundaries
9. Avoiding triangles and chaos
10. Creativity
11.
12. Support
   A. Colleagues (with whom you do not work)
   B. Co-workers
   C. Supervisor
   D. Family
   E. Friends
F. Mentors

13. Balance – Individuals experiencing compassion fatigue are often leading lives that are out of balance. An important part of recovery from compassion fatigue involves putting first things first.

A.

B.

C.

D.