

**COUNSELLING SENIORS THROUGH GRIEF AND LOSS: AN EIGHT-WEEK
GROUP THERAPY PROGRAM**

CANDACE STRETCH

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Abstract

This project provides an overview of the research literature related to grief and loss among seniors, and concludes with the facilitators' manual for an 8-week therapy group for seniors coping with grief and loss. The overview consists of a description of current theories of grief and loss, an introduction to various approaches to grief counselling with seniors, and an assessment of the effectiveness of group counselling for seniors. The project focuses primarily on cognitive behaviour therapy (CBT), reminiscence therapy (RT), and companioning therapy as approaches to counselling seniors through grief. The project promotes the view that group therapy is an effective form of counselling for seniors, and that future research is needed in developing group counselling programs for seniors.

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Chapter One: Introduction

This project provides counsellors with information and meeting plans to enable them to offer an 8-week group counselling program for seniors coping with loss and grief issues called *Changing Tides*. The chapters of this project are designed to increase awareness of the struggles and challenges facing Canada's aging population and to equip counsellors to meet the needs of their senior clients.

This chapter outlines the central problem statement of this project. This chapter also contains a brief rationale for the project, offers the writer's personal statement of interest in this topic, and provides a glossary of terms that are used frequently throughout the project. Finally, this chapter offers an overview of the structure of the project, including the remaining chapters and the appendices.

Problem Statement

Elderly individuals are highly likely to have experienced a recent life change or loss and may experience symptoms of bereavement, which often includes anxiety and depression (Bee, 2000; Corey & Corey, 2006). Providing group counselling support for seniors as they attempt to cope with grief and loss is an important part of meeting the needs of this growing demographic in our society (Hill & Brettle, 2006; Novak & Campbell, 2001). Thus, counselling seniors ought to be an area of increased focus and study on the part of counselling professionals. The counselling group that I propose is designed to support individuals 65 and older to work through issues related to grief and loss.

Project Rationale

Canada's aging population. The age distribution of Canada's population has undergone significant change over the past century (Novak & Campbell, 2001). Currently, 14.8% of Canada's total population is over the age of 65 years (Statistics Canada, 2012). Statistics Canada (2012) reported that between the years of 2006 and 2011 all age groups with a growth increase of 20% or higher were 60 or older. The fastest growing age group since 2006 were the 60–64 year olds (Statistics Canada, 2012). With an increasingly elderly population, counsellors will need to broaden their services and programs designed to meet the needs of elderly individuals.

Transitions and losses associated with aging. One of the most common themes of late adulthood is that of loss (Corey & Corey, 2006; Novak & Campbell, 2001). Elderly individuals are facing the loss of people such as their spouse, siblings, and close friends (Bee, 2000). The elderly may also experience the loss material items such as their car or their home (Bee, 2000). Additionally, elderly individuals are often coping with challenges to their health such as memory loss, reduced mobility and strength, and hearing and vision impairments (Corey & Corey, 2006). All of these factors can contribute to seniors feeling a sense of loss of personal freedom and a feeling of having little or no control over the future (Corey & Corey, 2006).

Prevalence of depression, anxiety, and other mental health issues among seniors. Mental health concerns, such as anxiety and depression, often correlate with seniors' experiences of grief and loss (Canadian Psychological Association, 2009). According to the Geriatric Mental Health Foundation (2004), mental health concerns are prevalent among elderly individuals in North America.

Depression is one of the most commonly experienced psychological issues among elderly individuals (Geriatric Mental Health Foundation [GMHF], 2004). Among hospitalized Canadian seniors, depression was a contributing factor in over 10% of the cases (Health Canada, 2002). In British Columbia, 10.5% of individuals aged 75–84 experience depression (Health Canada, 2002). Miller, Zylstra, and Standridge (2000) reported that depression significantly increases the risk of morbidity and mortality among elderly individuals, and thus ought to be recognized and treated as a part of their comprehensive health care. Furthermore, the Geriatric Mental Health Foundation (2004) indicated that in the United States 20% of the population over 65 years of age experiences depression, and noted that psychological disorders and concerns tend to be underreported among elderly individuals.

Statement of Personal Interest

My personal interest in the topic of counselling seniors through grief and loss stems from my increasing awareness of the prevalence of this demographic in Canadian society. As a long-time resident of Victoria, British Columbia, a city with a large population of individuals aged 65 and older, I have been impacted by the lack of professional counselling services available to seniors. Thus, I believe that there is a need for professionals in my community to develop skills and knowledge in the area of working seniors so that an increase in services to this population might occur.

Another factor in my personal interest in the topic of counselling seniors through grief and loss has been my professional experience. I work for The Cridge Centre for the Family, which provides residential living services to men and women aged 65 and older. Although I do not work directly with this demographic, my colleagues in The Cridge

Seniors' Services have observed that many of their clients are struggling with issues related to loss and life transition. These colleagues have also expressed a need for counselling services that are accessible to seniors and conducive to being provided in a residential setting. My colleagues have also observed that seniors seem less likely to seek out counselling support than younger clients in our community. In response, I have been impacted by the need for counsellors in my community to develop grief and loss counselling interventions that focus on meeting the unique needs of seniors.

Glossary of Terms

The following glossary provides definitions for terms that are frequently used in this document. The information used to develop this glossary of terms was retrieved from the works of Bee (2000), Corey and Corey (2006), and Novak and Campbell (2001).

Bereavement: The process that individuals go through as they endeavour to adjust to the loss of a loved one.

Grief: The cognitive and emotional components of bereavement. Grief can take many emotional forms, ranging from anger to sorrow.

Mourning: The behaviour that individuals adopt to demonstrate and attempt to cope with their loss.

Counsellor/Helping Professional: An individual working in the field of counselling psychology or a related area.

Client/Participant: An individual who enters into a therapeutic relationship with a counsellor or helping professional.

Counselling Intervention: A purposeful interaction between the counsellor and the client (or clients), designed to help the client (or clients) with a particular struggle or problem.

Group Therapy: An intervention, or series of interventions, conducted between one or more counsellors and a group of individuals that are focused on helping group members achieve a specific goal.

Facilitator: An individual who provides leadership to members of a therapeutic group in the form of guidance, providing information, and emotional support.

Seniors/Elderly: Individuals aged 65 and older.

Project Structure

Chapter 2 of this document outlines the methods utilized to complete this project. Chapter 3 contains a literature review on the topic of counselling bereaved seniors in a group setting. Chapter 4 provides an assessment of the strengths and weaknesses of this literature review and suggestions for future research.

The appendices to this document contain information for conducting a therapy group entitled *Changing Tides: A Grief and Loss Support Group for Seniors*. Appendix A is a manual for group facilitators. Appendix B is an overview of the activities of the group. Appendix C is a detailed outline of each group meeting plan, including group handouts and feedback forms. Appendix D presents the suggested guidelines for screening potential group members, and Appendix E provides a sample informed consent and confidentiality form.

Chapter Two: Methods

This chapter identifies the search terms used as well as the databases that were accessed during the research process. This chapter also provides a description of the research sources and research methods used to create this project.

Search Terms and Databases

The literature review provided in Chapter 3 of this document was based primarily on research obtained through a search of the PsycInfo and PsycArticles databases from the University of Lethbridge library service. Additional information was gathered using Google and Google Scholar. The terms used in this search included but were not limited to: group counselling, group therapy, group interventions, grief and loss, elderly, seniors, grief counselling, bereavement interventions, reminiscence therapy, and cognitive behaviour therapy.

Research Sources

The content of this project was based on research from peer-reviewed journals and publications. Additionally, this project used information from books, websites, online publications, and counselling manuals.

The 6th edition of the *Publication Manual of the American Psychological Association* (American Psychological Association, 2010) was used for the editing and formatting of this project. However, creative freedom was exercised in compiling and presenting the group manual found in Appendix A.

A portion of the material from the appendices of this project was taken from a course assignment in group processes. This material has been greatly altered from its original form as it has been vastly expanded upon.

Ethical Considerations

The research contained in this document and the attached appendices was gathered with full adherence to *The Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000). The research gathered for this project did not involve human subjects, so an ethics review approval was not required.

Chapter Three: Literature Review

The purpose of this literature review is to provide a theoretical and research-based foundation for counselling bereaved seniors in a group setting. While current research offers limited information in the area of group counselling for elderly populations experiencing grief and loss, existing literature clearly supported the relevance and effectiveness of such interventions (Christensen, Hulse-Killacky, Salgado, Thornton, & Miller, 2006).

This literature review provides an overview of academically supported theories and counselling interventions associated with grief and loss. This review also outlines current research findings specifically regarding the effectiveness of counselling the elderly. Finally, this review examines the literature specifically related to group interventions for seniors, including the ways that group counselling may enhance a sense of social support, the models of counselling that have been effective with elderly clients, and the types of groups that are currently being offered to elderly clients within Canada.

Theoretical Framework for Grief, Loss, and Bereavement

This section provides a theoretical framework for understanding the concepts of grief, loss, and bereavement. This section provides definitions for the terms associated with grief, examine human responses to grief, and offer an overview of several theories of grief and loss.

Definitions of bereavement, grief, and mourning. Bereavement is the process that individuals go through as they endeavour to adjust to the loss of a loved one (Papalia, Sterns, Feldman, & Camp, 2002). Grief describes the cognitive and emotional components of bereavement and can take many emotional forms, ranging from anger to

sorrow (Wheeler-Roy & Amyot, 2004). Finally, mourning refers to the behaviour that individuals adopt to demonstrate and attempt to cope with their loss (Papalia et al., 2002).

Individual responses to grief. Research and theory in the area of bereavement has revealed that the human response to loss is a complex and varying process. The diversity that exists across cultural, religious, and intrapersonal contexts contributes to a wide range of human experiences related to loss (Bee, 2000; Papalia et al., 2002). An individual's response to the loss of a loved one is strongly shaped by their temperament, previous experiences, and environment (Wheeler-Roy & Amyot, 2004). Bee (2000) suggested that grief is a variable process, one that is "affected by personality and by coping strategies" (p. 394). Similarly, Lewis and Trzinski (2006) indicated that an individual's response to death is "dependent on many factors, including access to social support, family dynamics, sex, culture/ethnic heritage, personality, cognitive capacity, and past coping resources" (p. 777).

In addition, existential factors such as religion and spirituality can impact the way individuals grieve. In a quantitative study of widows and widowers, Fry (2001) discovered that spirituality, personal meaning, and religiosity have a demonstrated impact on well-being after the loss of a spouse.

Universal responses to grief and loss. For most individuals, the experience of losing a loved one represents a profound and transformative life event (Bee, 2000). While current research reveals a broad range of emotional, behavioural, cognitive, and spiritual responses to grief (Wheeler-Roy & Amyot, 2004), there are also several universal factors (Papalia et al., 2002). For example, in most cultures, it is common for individuals to express feelings of sadness and loss in response to the death of someone

significant (Papalia et al., 2002). Fry (2001) noted the universality of ceremonies and rituals associated with grief. In addition, Lobar, Youngblut, and Brooten (2006) found that, across cultures, bereavement is heavily influenced by religious and spiritual beliefs.

Coping with grief and loss. Research has demonstrated that there are many factors correlated to an individual's ability to successfully adjust to a grief and loss experience (Servaty-Seib, 2004). In their longitudinal study of 125 bereaved individuals, Henderson, Hayslip, and King (2004) identified several coping factors related to grief and loss. Self-efficacy was strongly correlated to adjustment and an individual's belief in his or her ability to cope with loss; those who reported higher levels of self-efficacy appeared to adjust better to the loss of a loved one (Henderson et al., 2004). In addition, the presence of social support for bereaved individuals was correlated with successful coping (Henderson et al., 2004). Finally, an individual's mental and physical health prior to the grief experience is significantly correlated with healthy adjustment to grief and loss (Henderson et al., 2004).

Theoretical models of grief and loss: Three examples. Over the course of the past 60 years, many theoretical models of grief and loss have emerged in the realm of counselling psychology. Theories of grief and loss can help counselling professionals identify where their clients are in the journey of grief and loss (Servaty-Seib, 2004). Such theories can provide theoretical background information that might help counsellors make more informed choices of the interventions they choose for their grieving clients (Servaty-Seib, 2004). Grief and loss theories can also provide grieving individuals with a framework from which to understand their grief (Bee, 2000).

For this project, three theories of grief and loss are presented to provide more context for the psychoeducational material in the comprehensive group manual (Appendix A). The first theory to be reviewed is Kubler-Ross's (1969) five stages of grief, a well-known theory of grief and loss. Next, the pathways through grief model is explored. Finally, Rando's (1995) model of grief is reviewed.

Kubler-Ross's five stages of grief. Elisabeth Kubler-Ross developed a stage theory that described the different experiences associated with adjusting to loss (Bee, 2000). Kubler-Ross and Kessler (n.d.) identified five stages of grief: denial, anger, bargaining, depression, and acceptance. Each stage of grief contains an emotional or cognitive response, which allows the person to adjust and cope with the loss (Kubler-Ross & Kessler, n.d.). Denial is the initial response of shock and disbelief experienced by an individual who has suffered a loss. Denial allows the individual time and space to process the new experience of loss (Kubler-Ross & Kessler, n.d.). Anger describes the stage in which the individual externalizes the pain of their loss by blaming themselves or others. According to Kubler-Ross (1969), the experience of anger serves to give the bereaved individual a temporary sense of purpose. Kubler-Ross's (1969) third stage of grief is bargaining. Bargaining is an expression of hope that somehow the individual can find a way to reverse the event, through exchanging or offering something up (Kubler-Ross, 1969). Depression is the stage in which the individual accepts that they cannot change what has happened, and the full emotional impact of the event sets in (Kubler-Ross & Kessler, n.d.). Finally, acceptance is the stage in which the individual has fully assimilated the reality of the loss and is ready to move forward (Kubler-Ross, 1969). In

this stage individuals are often ready to seek out resources and support to help them cope (Kubler-Ross & Kessler, n.d.).

The pathways through grief model. The pathways through grief model (Elder & Martin, 1993) was developed in response to the belief that grief is an open-ended experience, which varies from individual to individual. Elder and Martin (1993) maintained that there are six interconnected stages of grief. Protesting (the individual is unable to accept the loss) and exploring (the individual tries to increase understanding through knowledge) are reciprocal experiences (Elder & Martin, 1993). Despairing (the individual experiences intense pain and fear) and hoping (the individual begins to imagine a future beyond the pain) are also reciprocal stages (Elder & Martin, 1993). Finally, according to Elder and Martin (1993), the detaching stage (the individual retreats from others in order to reevaluate and contemplate the experience) exists in a reciprocal relationship to the investing stage (the individual reconnects with others and forms meaningful relationships).

According to Elder and Martin (1993), “there is no one right way to grieve; each person grieves in his or her own way. Grieving involves both forward and backward steps” (p. 3). Individuals move through these stages of grief in a cyclical fashion at various paces and intensities of feeling. Elder and Martin (1993) maintained that finding meaning in loss is the central purpose of each of the stages of grief they put forth, and that this is an ongoing endeavour. Thus, the pathways through grief model is intended to reflect a lifelong process.

Rando’s model of grief. Therese Rando (1995) put forth a model of grief and loss based on the concept of reorientation. In Rando’s model, the process of grieving

involves the individual's reorientation to the deceased loved one, to him or herself, and to the external world. The process of reorientation occurs in six steps, which Rando called "The Six R's" (Patricelli, 2006, p. 5). Rando used observations from her practical experience counselling bereaved individuals as a foundation for her model (Patricelli, 2006). The steps are based on the common themes Rando identified in bereaved clients, as they sought to cope with the loss of a loved one.

The first step in the grieving process is the recognition of the loss (Rando, 1995). This occurs as the individual allows the reality of the loss to impact their life. In the second step, reaction to the loss, the individual allows him or herself to experience the wide range of emotions evoked by the death of a loved one (Patricelli, 2006). The third step involves the recollection and reexperiencing of moments spent with the deceased loved one. The next step is relinquishment, when the individual accepts that the loss has happened and that their life has been permanently changed for. Readjustment to the external world is the fifth step, and it occurs as the individual begins to engage with the normal routines and daily tasks of life (Rando, 1995). Finally, reinvestment in the world is the sixth stage, as the individual directs the emotional energy from the lost relationship into other endeavours and relationships (Patricelli, 2006).

Evaluation of theories of grief and loss. While the three theories of grief and loss described in the previous section have been used by bereavement counsellors to help clients understand their experiences, these theories have received very different levels of academic validation. In a study of 233 bereaved individuals Maciejewski, Zhang, Block, and Prigerson (2007) found that the vast majority of participants experienced the five stages of grief described by Kubler-Ross (see Bee, 2000; Kubler-Ross, 1969; Kubler-

Ross & Kessler, n.d.). Maciejewski et al. noted that “the stage theory of grief remains a widely accepted model of bereavement adjustment still taught in medical schools, espoused by physicians, and applied in diverse contexts” (p. 716).

Rando’s (1995) theory has been cited by various grief and loss researchers (Patricelli, 2006; Torbic, 2011), yet a review of the literature did not reveal any empirical evidence that validated this theory. Similarly, while Elder and Martin’s (1993) pathways through grief model has been cited in bereavement research (Kaunonen, 2000), no research was found to support it empirically.

Despite the value of such theories, it is also important that professionals are aware of their limitations. Servaty-Seib (2004) stated,

The many descriptive stage/phase theories of grief that have emerged in the literature . . . are potential therapeutic tools in normalizing the experience of bereaved individuals. However, mental health counselors must be cautious when applying such theories to clinical work. . . . When misapplied, these descriptive theories of grief responses can serve to foster a should or must (e.g., Ellis’ 2000 REBT) mentality for bereaved individuals such that their concerns about grieving correctly actually become a stressor in and of themselves. (p. 125)

The group meeting plans put forth in this project provide participants with an understanding of the stages of grieving (Appendix B). To this end, the proposed manual incorporates various elements of each model presented above (Appendix A). For instance, the second meeting plan includes a brief introduction to the theories, while the fifth meeting plan includes an activity in which participants identify individuals in their circle of influence (Elder & Martin, 1993). The meeting plans are designed to introduce

such theories as a tool for understanding grief, rather than as a rigid structure from which to interpret participants' bereavement experiences.

Counselling for Grieving Individuals

This section describes the effectiveness of counselling strategies for coping with grief, both in individual and group contexts. This discussion is intended to provide support for the activities used in the proposed group manual (Appendix A). This section deals with research pertaining to the general population of bereaved individuals. A discussion focusing specifically on seniors will follow.

Effectiveness of grief counselling. Researchers are only beginning to examine the effects of counselling on bereaved individuals. Bonanno and Lilienfeld (2008) highlighted four meta-analyses of grief interventions for adults and found that counselling provided statistically significant improvement outcomes in three of the four meta-analyses. Currier, Neimeyer, and Berman (2008) found that bereavement interventions significantly increased participants' levels of coping and well-being immediately following treatment, but that these conditions returned to pretreatment levels in the months following treatment.

In a recent research study, Boelen, de Keijser, van den Hout, and van den Bout (2007) continued to support the effectiveness of grief counselling by surveying 28 adults who were experiencing depression due to grief before and after they received grief counselling. Boelen et al.'s pre and posttreatment survey included a self-assessment as well as the Texas Revised Inventory of Grief (American Psychological Association, 2012). One test group received a cognitive behavioural therapy intervention; in this group, 50% of the participants reported significant improvement on both scales after 12

sessions (Boelen et al., 2007). A second test group received what the researchers termed “supportive counselling” (Boelen et al., 2007, p. 3), which was defined as a less specific form of counselling involving an exploration of the social, emotional, and practical difficulties associated with grief. In this test group, 31% of participants reported significant improvement. The researchers defined significant improvement as those scores that increased by two standard deviations compared to the pretreatment scores (Boelen et al., 2007).

Group grief counselling. With respect to group counselling for grief, treatment results are also positive. Dammeyer (2004) used the Lubben Social Network scale (Lubben, 1988) to assess social isolation among grieving adults after involvement in an 8-week therapy group. When these results were compared to that of a control group, Dammeyer found that those receiving the group intervention had significantly lower levels of social isolation than those in the control group. Dammeyer’s findings suggest that group therapy may help grieving individuals connect more with others who can support them in their healing journey.

There is also evidence to suggest that peer support groups can be equally as effective as therapeutic counselling groups in helping individuals cope with grief and loss. For example, Marmar, Horowitz, Weiss, Wilner, and Kaltreider (1988) conducted a study of 61 women who had recently lost a spouse. Participants were randomly assigned to either a brief psychodynamic therapy group lead by a trained counsellor or a mutual-help group facilitated by a nonclinician (Marmar et al., 1988). Over the course of the next year, participants were asked to complete self-reports on Impact of Events scale (Horowitz, Wilner, & Alvarez, 1979) and the Stress Response Rating scale (Weiss,

Horowitz, & Wilner, 1984). When the participants' ratings were compared, the outcomes for both types of groups were seen to be of equal effectiveness (Marmar et al., 1988), thus implying that peer groups and counselling groups may equally effective in helping grieving individuals.

Research needed. Much of the discussion among researchers in the area grief counselling has suggested that further examination is needed before conclusive claims can be made about its effectiveness (Bonanno & Lilienfeld, 2008; Currier et al., 2008). Jordan and Neimeyer (2003) offered the analysis that methodological problems in measuring the effectiveness of bereavement counselling may be masking the true effectiveness. Jordan and Neimeyer suggested that, in order to rectify this problem, future research ought to contain larger sample sizes, with a greater emphasis on appropriate control groups.

The general overview of grief and loss is complete at this point in the chapter. The next major section introduces the reader to grief and loss specifically focused on the elderly. This material is directly relevant to the proposed group manual found in Appendix A.

Grief and Loss and the Elderly

The following discussion focuses on the impact of grief and loss on individuals aged 65 and older. This review of literature examines the types of loss experienced by seniors and the impact of grief and loss on seniors. This section begins with an examination of the overall mental health and well-being of seniors in Canada, as individuals who are struggling with mental health issues can be more significantly effected by grief and loss.

Mental health and the elderly. Mental Health Canada (2010) noted that nearly 25% of Canadian seniors experience symptoms of mental illness, and 5% of Canadians aged 65 and older experience clinical depression. In the United States, the rate of depression among seniors is significantly higher. According to the Geriatric Mental Health Foundation (2004), 20% of individuals aged 65 and older experience depressive symptoms, while less than 10% receive treatment. Statistics Canada (2008) reported that, while rates of suicide morbidity remain relatively stable throughout the life course for women, men aged 75 and older have higher rates of suicide morbidity than the national average of 16.8 individuals per 100,000. For example, among men aged 75–79 the rate is 22 per 100,000 people. Among men aged 90 and older, the rate increased to 33 individuals per 100,000 (Statistics Canada, 2008).

Despite the fact that seniors in Canada experience mental health issues at rates comparable with the rest of the Canadian population (Government of Canada, 2006), only 4% of the patients in community mental health clinics are elderly (Mental Health Canada, 2010). Overall in Canada, less than 1.5% of the total cost for treating mental illness is spent on behalf of elderly individuals (Mental Health Canada, 2010). These findings underscore a significant need for the development of services and interventions for seniors experiencing mental health problems.

Types of loss experienced by seniors. One of the realities of aging is that individuals increasingly deal with loss as they get older (Lewis & Trzinski, 2006). Most often this loss takes the form of the death of a spouse. Statistics Canada (2004) cited that 1.2 million men and women over the age of 65 are widowed. Among women, widows

account for 45% of the population of those over the age of 65 in Canada (Statistics Canada, 2004).

Lewis and Trzinski (2006) indicated that elderly individuals might also experience loss in the form of emotional isolation (e.g., the loss of social connectedness), changes in environment (e.g., moving to an apartment of care facility), and physical decline (e.g., loss of mobility). Jensen, Munk, and Madsen's (2010) study of elderly men experiencing depression revealed several areas of loss identified by the participants. According to participants in Jensen et al.'s study, significant losses included sense of identity, personal autonomy, physical abilities, sex drive, and driver's licence.

Another significant loss that is experienced by many elderly individuals is that of an animal companion. In his exploration of the impact of pet loss, Brown (2006) stated that for some individuals "the death of an animal companion may be as devastating, or more so, than the loss of a significant human relationship" (p. 417).

Impact of grief and loss on seniors. Grief has many implications for the physical and mental health of elderly individuals (Bee, 2000). Papalia et al. (2002) indicated that widowed men and women have higher rates of mental illness than those who have not lost a spouse. Fiske, Gatz, and Pedersen (2003) identified loss as a key risk factor for late-life depression. Fiske et al.'s study of depression rates throughout the life course of identical twins revealed that individuals who experienced negative life events, such as the death of a loved one, were more likely to report higher levels of depression in later life.

In addition to the emotional and psychological impact of grief and loss on seniors, there may also be significant socioeconomic impact. In a study on the financial effects of

widowhood on elderly individuals, Bernard and Li (2006) used Statistics Canada's Low Income Measure to measure potential declines in income among men and women aged 65 and older. Bernard and Li found that 5 years after the loss of their spouses, 5% of widowers and nearly 9% of widows had entered the low-income group. Bernard and Li's study also revealed that elderly women experience greater financial loss than men after the loss of a spouse. Bernard and Li discovered that after 5 years of widowhood women experience an average decline of 15% of their income.

Counselling Seniors

The following section will look at general counselling strategies currently being used with elderly clients, which can inform the reader of approaches to take when working with seniors experiencing a loss in their lives. In particular, this section focuses on the effectiveness of counselling interventions, the potential benefits of group counselling, and the current theoretical modalities used specifically with an elderly population. This section of the chapter also continues to provide rationales for the strategies presented in the proposed group program (Appendix A).

Effectiveness of counselling with seniors. Despite the reality that seniors are a rapidly growing population in Canada (Government of Canada, 2006), research focusing on effective psychological and counselling strategies for seniors is limited (Christensen et al., 2006). However, the research to date suggested that counselling for seniors could be helpful.

For instance, Klausner and Alexopoulos (1999) conducted a meta-analysis of 17 studies of cognitive, behavioural, supportive, interpersonal, and reminiscence counselling for seniors experiencing depression. Klausner and Alexopoulos's findings revealed that

seniors who received counselling had lower rates of depression posttreatment than those who received no treatment or a placebo. Klausner and Alexopoulos reported an overall mean effect size of 0.78.

To lend additional support that seniors benefit from counselling, Ho (2007) studied the impact of a peer-counselling program on seniors with depression and found that participants' scores on Geriatric Depression scale (GDS) were significantly lower after participating in the program. Another study of seniors receiving reminiscence therapy for depression revealed that 58% of participants experienced an improved score on the GDS after treatment (Watt & Cappiliez, 2000).

For research focused on the effectiveness of group therapy with seniors, much of the existing research supported the effectiveness of group intervention with this population (Agronin, 2009). Klausner and Alexopoulos's (1999) meta-analysis of grief interventions for seniors cited a 1988 study by Constantino that found that group counselling with widowed seniors reduced depression, improved social adjustment, and reduced the use of psychotropic drugs. Hill and Brettle's (2006) review of 24 studies examining the effectiveness of group interventions for seniors found that "counselling is efficacious with older people, particularly in the treatment of anxiety and depression" (p. 265). Furthermore, Chiang, Lu, Chu, Chang, and Chou (2008) researched group interventions with seniors in Taiwan and found that self-esteem and life satisfaction improved after an 8-week Life Review Group Program.

As demonstrated in this literature review, group counselling for seniors is an intervention that can produce desired change. The next section explores how to make group counselling even more effective with seniors.

Group counselling may be more effective when used with groups of individuals who share similar characteristics (Agronin, 2009). Burlingame, Furhiman, and Mosier (2003) conducted a meta-analysis of the effectiveness of group counselling for adults. These authors found that members of homogeneous groups reported more improvement than those in heterogeneous groups (Burlingame et al., 2003). This finding may support the development of therapeutic groups for seniors, particularly those focusing on individuals who have undergone similar life experiences (e.g., the recent loss of a loved one or a significant life transition).

Group counselling with seniors may be most effective when there is a combination of insight- and task-oriented activities (Agronin, 2009). Moran and Gantz (as cited in Agronin, 2009) conducted a study in 1987 in which 59 seniors were interviewed before and after group interventions. Moran and Gantz found that seniors who were involved in task-oriented groups reported improvement in social support, life satisfaction, and active coping, while seniors involved in insight-oriented groups reported improvements in life satisfaction and sense of control. Thus, the proposed group manual contained in this project offers a balance of activity- and reflection-focused exercises.

Potential benefits of group over individual counselling for seniors. A search of literature has revealed some unique benefits associated with group therapy for seniors over individual therapy. The following discussion outlines these benefits and provides a rationale for the creation of the 8-week group counselling program contained in the appendices of this project.

Fewer barriers. Older people tend to be doubtful about the effectiveness of the counselling process and are less willing to seek help from counselling professionals

compared to other populations (Health Canada, 2002; Klausner & Alexopoulos, 1999). For many seniors, group counselling may represent a less-intimidating method of seeking treatment (Health Canada, 2002). For example, Dammeyer's (2004) assessment of reminiscence group interventions with 34 elderly residents of long-term care facilities revealed that one of the reported merits of group work is that it is nonthreatening to clients.

Increased opportunity for social support. Researchers studying how elderly individuals cope with grief, loss and life changes have emphasized the importance of interpersonal connections and social support (Henderson et al., 2004; Westburg, 2003). Elderly individuals who have a supportive social network tend to adjust to change and loss more successfully than those who do not (Novak & Campbell, 2001). Thus, it may be that increasing seniors' social support is an important reason for them to opt for group counselling as opposed to individual counselling (Agronin, 2009). Corey and Corey (2006) stated, "The interpersonal nature of groups can be therapeutic for older persons, especially those who are isolated and lonely" (p. 401).

Normalization through interaction. Through a meta-analysis of the effectiveness of groups with seniors, Agronin (2009) concluded that group work allows greater opportunity for clients' experiences to be normalized. Similarly, Hill and Brettle (2006) suggested the normalization that occurs through interpersonal connectedness among seniors in groups might be the greatest contributing factor to increased levels in well-being.

The next section of this chapter focuses specially on grief issues for seniors within a group setting. The previous section set the stage for the upcoming discussion, as it was

shown group counselling is an effective way of helping seniors cope with the impact of grief and loss. Furthermore, the previous section outlined research that supported group counselling as a useful low-barrier method of working with an elderly population. These arguments supported the group counselling proposal presented in the appendices of this project.

Therapeutic conditions for grief counselling with seniors in a group setting.

There are many therapeutic conditions that contribute to effective grief counselling. Cutcliffe (2006) conducted a study of 12 adults who had received counselling to identify what variables were associated with inspiring hope in the client. Therapeutic approaches that inspired hope reflected two variables: they allowed clients to experience a cathartic release and allowed clients to experience a healthy ending (Cutcliffe, 2006).

Counsellor conditions also impact effectiveness of grief counselling. Hunt (2007) reported that counsellors who expressed the highest levels of effectiveness working with grieving adults were those who had the lowest levels of death anxiety. Another study indicated that grief counsellors who were willing to be flexible and adaptable in their therapeutic approach experienced deeper levels of client engagement (Christensen et al., 2006).

Toseland and Rizzo (2004) conducted a review of the literature related to effective facilitation of therapeutic groups for seniors. These researchers identified several facilitator characteristics that were present in successful group counselling programs for seniors (Toseland & Rizzo, 2004). Firstly, the facilitator employed an active stance, creating connections between the thoughts and emotions shared by group members (Toseland & Rizzo, 2004). Secondly, the facilitator demonstrated a

nonconfrontational approach (Toseland & Rizzo, 2004). Finally, effective facilitators tended to be open and transparent about their training and credentials, a factor which was strongly related to participants' confidence in the facilitator's capabilities (Toseland & Rizzo, 2004).

The group counselling plan presented in the appendices of this project is designed to encourage group facilitators to create connections between group members and to employ an open, transparent therapeutic stance. The directions in the group manual (Appendix A) and the facilitator notes in the meeting plans (Appendix C) are intended to assist facilitators in bringing forth these therapeutic conditions.

Three approaches for counselling bereaved seniors. This section describes three commonly-used approaches in working with seniors impacted by grief and loss. The group intervention outlined in the proposed group manual found in the appendices reflects activities that are founded upon these three theoretical counselling approaches.

Cognitive behaviour therapy. Cognitive behaviour therapy (CBT) has been demonstrated to be effective in treating the symptoms of depression associated with grief and loss (Klausner & Alexopoulos, 1999). The use of group cognitive behaviour therapy has been shown to reduce depressive feelings and increase self-concept among seniors, as measured by a variety of pre and postassessments (Agronin, 2009). Research suggested that CBT might be more effective in treating grief than less-directive therapies (Agronin, 2009). For example, a study of 72 bereaved adults, half of whom participated in a CBT treatment program and the other half of whom participated in a supportive counselling program, revealed that individuals who received CBT treatment reported significantly higher levels of improvement posttreatment (Boelen et al., 2007).

In the group meeting plans outlined in Appendix B, CBT is used to help seniors recognize how thinking patterns can impact the process of grief. Through discussion and guided activities, participants are encouraged to identify their thoughts, and to reflect upon the way that these thoughts may be positively or negatively contributing to the process of healing.

Reminiscence therapy. In reminiscence therapy (RT) clients recall experiences from the past and integrate them into their self-identity (Christensen et al., 2006). RT appears to be effective in bringing about emotional stability in distressed elderly adults (Christensen et al., 2006; Corey & Corey, 2006). RT has been used with elderly clients suffering from depression and was found to be effective in reducing depressive symptoms (Klausner & Alexopoulos, 1999). Watt and Cappeliez (2000) conducted a study of 26 seniors who received a score of 14 or higher on the GDS. Immediately after receiving a 10-week RT intervention, 58% of Watt and Cappeliez's participants scored lower on the GDS than they had prior to treatment. Three months post-treatment, 100% of the participants scored lower on the GDS than they had prior to treatment (Watt & Cappeliez, 2000).

RT has also been demonstrated to be a successful strategy for working with bereaved individuals. Cutcliffe (2006) interviewed 12 individuals who had received bereavement counselling in order to identify common themes in effective treatment. Interviewees identified the freedom to tell stories and memories of their loved ones as a key factor in the process of healing (Cutcliffe, 2006). Westerhof, Bohlmeijer, and Webster (2010) indicated that RT could be effective in improving mental health among bereaved seniors.

The meeting plans put forth in Appendix B integrate RT through a story-sharing exercise. This exercise is designed to create a safe, supportive environment for seniors to share a personal story related to their grief. The purpose of this exercise is to help group members process the thoughts and feelings that are connected to the story so that they might recognize the ways the story has shaped their personal identities.

Companioning model. Dr. Alan Wolfelt (as cited in Wheeler-Roy & Amyot, 2004) first described the companioning model of bereavement, which is a nondirective, person-centred intervention approach. Wolfelt (1999) proposed that grieving individuals are best supported when helping professionals “bear witness” (p. 1) to their pain rather than offer them treatment. Wolfelt maintained that this type of supportive observation reflects the traditional grieving rituals in many cultural contexts (Wheeler-Roy & Amyot, 2004).

Although companioning has become a widely-used approach among helping professionals working with the elderly (Farrelly, 2005; Wheeler-Roy & Amyot, 2004; Worden, 2009), the effectiveness of this model has not been thoroughly researched. Henson (2000) studied children who participated in a companioning therapy group and found it to be effective in facilitating the children’s grief process.

The companioning model provides a foundation for many of the activities and exercises described in Appendix C of this document. For example, in the story-sharing exercise participants are invited to freely share their reminiscences, without interruption or feedback from the facilitator. Group facilitators are directed to model active engagement with the story-sharer and to encourage a similar stance among participants.

Summary

This literature review provided a solid foundation for the group counselling manual described in the appendices of this document. Much of the research outlined in this chapter has been synthesized and integrated into the manual found in the appendices. The meeting plans contained in this manual have been designed to incorporate only the psychoeducational material, counselling strategies, and therapeutic conditions that have been proven to be effective in counselling bereaved seniors.

The next chapter will offer an in-depth analysis of the literature review, including a discussion of the strengths and weaknesses of the information that it contains. Chapter 4 is followed by Appendices A through E, which contain information for conducting the *Changing Tides* therapy group for seniors.

Chapter Four: Synopsis

This chapter provides a brief synthesis of the research outlined in literature review, a critical analysis of the strengths and weaknesses of the literature review, followed by an analysis of the proposed group program. Additionally, this chapter offers suggestions regarding areas for future research concluded by an extensive reference list.

Overview

Within Canadian society, individuals aged 65 and older represent a rapidly growing demographic (Statistics Canada, 2012). Currently, 14.8% of Canada's total population is over the age of 65 years (Statistics Canada, 2012). Statistics Canada (2012) projected that as the baby boomer generation ages the percentage of individuals over the age of 65 will increase. One of the most common themes of late adulthood is that of loss (Corey & Corey, 2006; Novak & Campbell, 2001). Bee (2000) and Corey and Corey (2006) explained that elderly individuals are highly likely to experience many different types of loss: the loss of people (e.g., spouse, siblings), the loss of material items (e.g., car, home), and the loss of their health and independence (e.g., memory loss, reduced mobility and strength, and hearing and vision impairments). Mental health concerns, such as anxiety and depression, often correlate with seniors' experiences of grief and loss (Canadian Psychological Association, 2009). Between 10% and 15% of the total population of elderly people in North American society suffer with symptoms of depression (Hill & Brettle, 2006).

Current research supports group counselling interventions as a way of reducing the negative impact of grief and loss on the health and well-being of seniors. Group therapy with seniors has been demonstrated to reduce social isolation (Dammeyer, 2004)

and improve reports of health and well-being (Hill & Brettle, 2006). Studies demonstrated that reported levels of self-esteem, life satisfaction, and well-being increase among seniors after participation in bereavement counselling groups (Chiang et al., 2008; Hill & Brettle, 2006). Thus, the group counselling intervention presented in this project is supported by current literature in the area of bereavement and the elderly.

Strengths of Literature Review

One of the strengths of the literature review found in Chapter 3 of this document was that it provided evidence that bereavement has a significant impact on seniors' health and well-being (Fiske et al., 2009). Research related to mental health among seniors revealed that seniors experience loss-related depression and anxiety at similar rates to the rest of the population (Health Canada, 2002). The research presented in the literature review highlighted the need for more services for elderly individuals, as seniors currently receive less funding for mental health services when compared to other age demographics (Mental Health Canada, 2010).

A second strength of the presented literature review was that it offered research that supported the effectiveness of grief counselling. Much of the current literature indicated that the use of grief counselling with bereaved individuals has brought about improvements in areas such as the reduction of social isolation and management of depressive symptoms (Boelen et al., 2007; Bonanno & Lilienfeld, 2008; Currier et al., 2008).

A third strength of the literature review was that it demonstrated the value of group interventions with seniors. The evidence presented supported the idea that group counselling might be a more accessible form of therapy for seniors, and the social support

and normalization that could come through group interaction are important factors in increasing seniors ability to cope with grief and loss (Agronin, 2009; Henderson et al., 2004; Klausner & Alexopoulos, 1999).

A fourth strength of this literature review was that it offered several theories of grief and loss, as well as a range of treatment approaches. Thus the literature review encompassed a broad scope of academic information related to treating bereaved seniors and could serve as a resource for counselling professionals.

A final strength of the literature review was that it offered clinicians additional information that they could consult when using the group manual found in the appendices. Attention was taken throughout Chapter 3 to tie relevant information to the group manual. An effort was made to ensure the content in the group manual was also present in the literature review. Thus the literature review serves as an additional resource for a counsellor facilitating the group.

Limitations of Literature Review

Counselling bereaved seniors was one area where this literature review was lacking information. Unfortunately, there is limited research available in the area of grief counselling, and an even more limited amount in the area of counselling seniors. Until a broader foundation of research exists, researchers in this field have been cautious in making conclusive statements about the effectiveness of grief interventions for seniors (Agronin, 2009; Boelen et al., 2007; Burlingame et al., 2003). Thus the literature review contained in this project reflected a limited understanding of grief counselling for seniors in a group setting. While the group interventions contained in the meeting plans are based on current, research-supported counselling strategies for seniors (e.g., CBT and

RT), it is likely that a wider range of information would lead to improvements in the development of such group intervention plans.

In addition, the literature review did not describe assessment tools that could be conducted before and after a bereavement therapy group in order to measure the impact of the intervention. However, Appendix D of this document outlines a pre and post group assessment tool to help facilitators determine whether therapy has reduced depressive symptoms among participants.

Strengths of the Proposed Group

The meeting plans presented in Appendix C of this document were designed for counsellors to enhance social support and increase coping among seniors. The level of detail and instructions are extensive, so counsellors can implement this group plan with minimal preparation work. It should be noted that the use of the term “meeting plan” rather than “session plan” reflects the intention to reduce barriers for seniors by limiting therapeutic jargon from the group process.

Each plan was created to meet the unique needs of the elderly population. Specific emphasis was placed on making the group accessible to seniors (e.g., including frequent breaks, giving ample time for activities, minimizing movement) and on offering information that is clearly-communicated and free of jargon for seniors.

The topic selection in the group plans, for the most part, stemmed from research that was described in the literature review in Chapter 3. Thus the group activities, therapeutic approaches, and psychoeducational material presented in the group manual are supported by empirically-based evidence.

Limitations of the Proposed Group Manual

One limitation of the proposed group therapy program is that it reflects a combination of various therapeutic approaches. The group meeting plans draw upon strategies from CBT, RT, and companioning therapy. While professionals commonly use each of these therapeutic approaches when working with bereaved individuals, the effectiveness of this particular combination of intervention strategies has not yet been researched.

In addition, counsellors have yet to review the group proposal for informal or formal feedback. Thus it is important that those who choose to implement this program do so with caution. It is highly recommended, as stressed in the group manual, that leaders of the group program adhere to a strict code of ethics as well as solicit feedback from supervisors, colleagues, and the participants themselves as to what is working and what is not working, so changes can be made as required.

Another potential limitation of the meeting plans is that, while they contain interventions that can accommodate some of the physical limitations of old age (e.g., mobility, eyesight, and hearing issues), they are not as easily adaptable for individuals with cognitive limitations. Thus helping professionals working with a broad-range of elderly individuals may not find this group intervention suitable, as it does not reflect the cognitive abilities of some potential group members.

Areas for Future Research

With the increasing number of individuals over the age of 65 in Canadian society (Statistics Canada, 2012), it is clear that helping professionals would greatly benefit from more research related to counselling bereaved seniors. Further examination of the impact

of bereavement on the mental health and well-being of seniors is one area of recommended future research. An increased focus on the unique experiences of seniors coping with grief and loss would assist helping professionals understand the issues facing their elderly clients and could aide them in developing appropriate counselling interventions.

A second recommended area of future research is a continued focus on measuring the effectiveness of group counselling with seniors. The current movement toward using group counselling as a method for working with seniors seems to reflect two factors: firstly, group counselling is easily adapted to residential settings and, secondly, group counselling may represent a less threatening mode of counselling for seniors. However, there is a very limited pool of research demonstrating the effectiveness of group counselling with seniors. Increased understanding of the effectiveness of this approach would help individuals working with seniors as they seek to develop counselling strategies that will be most helpful to their clients.

Another area of recommended research is analyzing and evaluating various therapeutic approaches to counselling seniors through grief and loss. Current research offers a limited assessment of the theoretical approaches are most effective with this demographic. Research examining a broad range of theoretical approaches to grief counselling would assist counsellors in developing helpful strategies for working with bereaved seniors.

Grief and loss counsellors working with seniors would benefit from more research related to assisting clients with cognitive degeneration and memory loss. Research that examines ways that helping professionals could modify and adapt counselling

interventions to meet the needs of seniors with cognitive challenges would help increase the accessibility of counselling to grieving individuals.

In terms of the group program proposed in this project, as previously mentioned, there is a need for future research to determine whether the therapeutic activities described in the meeting plans are effective, and whether they are able to be easily implemented with seniors. One way that such research might be conducted is to run a focus group with professionals working in the field of bereavement counselling to gather feedback on ways to increase the ease and effectiveness of the presentation of the group plan. A pilot study could also be conducted, in which participants could offer their evaluative feedback on the content of each group session and how their involvement in the group has impacted them.

Closing Remarks

This project is rooted in the recognition that, although seniors are a rapidly growing population in Canadian society (Statistics Canada, 2012), therapeutic resources for working with this population are limited. Therefore, the purpose of this project was to describe the ways that grief and loss impacts seniors, identify therapeutic approaches that help to reduce the negative impact of grief and loss on seniors, and offer counsellors working with seniors a group counselling program that incorporates these therapeutic approaches.

Through the process of working on this project, I have become increasingly aware that there is a great need for future research related to grief and loss among seniors, and for the ongoing development of therapeutic approaches that help seniors cope with the

experience of grief and loss. It is my intent and wish that counsellors who are seeking to help seniors grieve in healthy, releasing ways use my project.

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Appendix A

Changing Tides: A Grief and Loss Support Group for Seniors

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MANUAL FOR “CHANGING TIDES: A GRIEF AND LOSS SUPPORT GROUP FOR SENIORS”

Purpose

The purpose of this appendix is to provide helping professionals with an instruction manual for the facilitation of a grief and loss support group for individuals aged 65 and older. This manual contains detailed meeting plans, including facilitator directions, description of group activities, and meeting handouts. It also contains a sample pre- and post-group assessment interview, a sample informed consent and confidentiality form, and a table summarizing group themes and concepts.

Rationale

“Changing Tides: A Grief and Loss Support Group for Seniors” is an eight week therapy group designed to help participants improve their ability to cope with the experience of grief, loss and life transition. The main objectives of this group are: a) to provide basic psychoeducational information about the process of grief and loss, b) to normalize participants’ bereavement experiences, c) to increase awareness of community resources designed to support seniors, d) to give participants an opportunity to share their personal story of grief and loss, and, e) to foster a sense of social support.

The concepts presented in Changing Tides are intended to build on one another, with each group meeting drawing upon content from the previous meetings. The initial meeting plans introduce basic information about the bereavement process, and allow participants to personally apply this learning.

Later plans focus on identifying and expanding upon personal strengths, social supports, and community resources in order to enhance participants' ability to cope with their loss.

The Changing Tides group is designed to reflect the stages of group development outlined by Corey and Corey (2006). The topics and activities in each meeting plan are intended to mirror the stage of group formation. Thus, topics/activities designed to enhance group trust are placed in earlier meeting plans, and topics/activities involving deeper levels of self-disclosure and self-examination are placed later in the meeting plans. The final focus of the Changing Tides group is for each group member to tell his or her personal story of loss. Through the sharing of stories, group members and facilitators are given an opportunity to identify the unique set of resources that each individual possesses.

Facilitator Qualifications

This group is designed to be facilitated by individuals with a master's degree relevant to the counselling field and have a recognized professional code of ethics (e.g., Canadian Psychological Association Code of Ethics, 2001) that will ensure high ethical and care treatment of the participants in the group. Further, it is recommended that group facilitators have experience working with seniors as well as training in group process, cultural competencies, and grief counselling. This group is based on a model of co-facilitation. Thus, many of the activities laid out in the meeting plans are designed to be conducted by two facilitators.

Group Membership

The Changing Tides support group is intended for clients aged 65 and older who have identified a need for help in coping with grief and loss. The group has been designed for use with individuals from a wide-range of cultural and socioeconomic contexts. For additional information about screening for participants, see Appendix D (pre-group screening and post-group assessment) of this manual as well as Chapters 1 to 4 of this document.

Directions for Use

This manual is intended as a guideline for the facilitation of the Changing Tides support group. As it is the intent of this material to be used with a diverse group of seniors, facilitators are encouraged to adapt each meeting plan to meet the needs of the particular group they are working with. The Feedback Form and Facilitator Debriefing Questions at the end of each meeting are intended to generate information that can be used to modify future meetings to meet the needs of a particular group.

The contents of this manual are intended to be used in an ethical manner and must not be used to harm clients in any way. The Informed Consent and Confidentiality Form (Appendix E) outlines detailed ethical guidelines for group facilitators and participants. For more information about the ethical use of this manual, please refer to Chapters 1 through 4 of this manual.

Cautions and Limitations

In order to provide the necessary background information needed to facilitate a grief and loss group for seniors, potential users of this manual are

advised to read Chapters 1 through 4 of this document. Users of this manual are advised to follow the screening processes laid out in Appendix D, in order to ensure that participants are prepared to engage in group therapy. While the group materials are designed to be therapeutic, it is possible that some group members may experience trauma or emotional upset in response to certain activities. It is important that users of this manual inform all members of the group that they are welcome not to participate in any activity that they chose, and that they are prepared to stop an activity that is potentially harmful to the group as a whole.

Additional Directions for Use of this Manual

Each of the meeting plans for Changing Tides contains the following information: meeting objectives, directions for advanced preparation, suggested readings, detailed directions for group activities, facilitator debriefing questions, and any relevant hand outs. All group meetings are designed to be held over the timeframe of 2.5 hours, with the exception of the pre-group meeting at 1.5 hours and the post-group meeting at 1 hour.

Clients from a senior population represent a wide-range of cognitive ability, hearing and vision capacities, and mobility levels. As is mentioned above, these plans are intended to be modified to meet the needs of any particular group. This modification extends to the timeframes assigned to each meeting, the activities planned for each meeting, and the format of any materials presented in each meeting. Facilitators are encouraged to modify handouts and other materials (e.g., increasing the size of the font) and to change the manner in

which materials are presented (e.g., adapting a written activity into a verbal activity).

Copyright Statement

The material included in this appendix is subject to copyright and may not be used outright without the permission of the author or the author's supervisor (Professor Dawn McBride). Please email the author's supervisor at: dawn.mcbride@uleth.ca.

The reader may use ideas from this manual providing they are referenced as:

In-text:

(Stretch, 2013)

Reference:

Stretch, C. (2013). *Changing tides: A grief and loss support group for seniors*. Lethbridge, AB, Canada: University of Lethbridge.

Appendix B

Overview of Changing Tides Content and Activities

Pre-Group Meeting: Introduction to Changing Tides

- Facilitator and group member introductions
- Discussion: What are our group expectations?
- Reminder of confidentiality and informed consent agreements
- Introduction and explanation of weekly feedback form

Meeting One: Exploring the Concepts of Grief, Loss, and Life Transitions

- Defining grief and loss
- Discussion of myths and facts about grief and loss
- Overview of future meetings

Meeting Two: Examining Two Models of Grief and Loss

- Introduction to two theoretical models of grief and loss
- Discussion: How can these models help us to understand grief?
- Activity: Applying these models to our personal experience

Meeting Three: Exploring Internal and External Loci of Control & Identifying Personal Strengths

- Discussion: What are internal and external loci of control?
- Activity: Applying internal and external loci of control to a scenario
- Activity: Identifying personal strengths

Meeting Four: Identifying Sources of Social Support

- Introduction of concept of social support
- Discussion: how can social support help people cope with grief and loss?
- Activity: Identifying your Circle of Influence

Meeting Five: Drawing upon Community Support

- Discussion: What are community resources? What community resources are available in my community?
- Personal strengths, social support and community resources: how do they fit together?
- Activity: Making positive changes

Meetings Six & Seven: Sharing our Stories

- Story-sharing: Each group member shares a personal story related to their grief and loss experience
- Group response to personal stories
- Preparing for the ending of the Changing Tides group

Meeting Eight: Reflecting on the Journey

- Discussion: Looking back on what we have learned
- Activity: Sharing our plans for making positive change
- Saying goodbye

Post-group Meeting: Examining the Journey

- Reconnecting with group members
- Discussion: What did you learn at Changing Tides? How has it helped you cope with grief and loss? How have you changed?
- Changing Tides Evaluation Form: A final opportunity to share your personal feedback on the value of the group experience with facilitators

Appendix C: Changing Tides Group Meeting Plans

CHANGING TIDES GROUP

Pre-Group Meeting

“Introduction to Changing Tides”

**MEETING PLAN FOR “CHANGING TIDES: A GRIEF & LOSS SUPPORT
GROUP FOR SENIORS”**

Pre-Group Meeting Meeting Title: Introduction to Changing Tides

Objectives for this Meeting:

1. To introduce group facilitators and group members.
2. To give each group member an overview of group structure and content.
3. To review and highlight the content of the Informed Consent/Confidentiality Contract for each group member.
4. To lead group members through a discussion of group expectations, and to encourage group members to contribute to this conversation.
5. To facilitate group activities and use process skills that will foster a sense of connectedness and trust among group members (Chen & Rybak, 2004).

Advance Preparation Required:

- Photocopy each participant’s Informed Consent/Confidentiality Contract
- Prepare flip chart and felt pens for “Group Overview” presentation and “Group Expectations” exercise.
- Bring name tags & felt pens; poster board; paper

Suggested References for this Meeting:

Chen, M., & Rybak, C. (2004). *Group leadership skills*. Toronto, ON, Canada: Thomson Nelson.

Corey, M., & Corey, G. (2006). *Groups: Process & Practice* (7th ed.). Toronto, ON, Canada: Thomson Nelson.

Description of Activity	Length of time	How to facilitate this technique so it is engaging, useful, and therapeutic.	Facilitator Directions
<p>Name tags & introduction Give participants name tags, and invite them to share their names.</p>	5 mins	<ul style="list-style-type: none"> • Be sensitive to the reality that members are in the pre-group, formation stage (Corey & Corey, 2006). • Begin by clearly stating the order that the introductions will happen, with a facilitator being the first to introduce him/herself. 	Give name tags as group members arrive, so that they are wearing them during this opening activity. Begin by introducing yourself.
<p>Check In Ask group members to respond to the question: "How are you feeling at the moment?" (Chen & Rybak, 2004).</p>	10 mins	<ul style="list-style-type: none"> • Acknowledge each participant's feelings and attempt to create links between what each person has shared (Corey & Corey, 2006). 	Model this activity: begin by giving response to the question.
<p>Facilitator Introduction</p>	10 mins	<ul style="list-style-type: none"> • Give a more detailed introduction of your knowledge, credentials, and past experience. 	Use language that can be clearly understood by lay people.
<p>Overview of Format & Structure of Changing Tides Present group format & structure of each group meeting. Hand out copies of Appendix B (Overview of Changing Tides Content & Activity)</p>	15 mins	<ul style="list-style-type: none"> • Invite participants to take the overview home for their own reference. • Use flip chart to outline the process, structure and content of each group meeting (e.g., educational components, breaks, interactive activities). • Invite questions from participants. 	Prepare flipchart in advance.
<p>Reminder of Confidentiality/ Informed Consent Return signed copies of forms to participants (Appendix D, which was signed in the screening interview). Discuss ethical implications of group membership.</p>	10 mins	<ul style="list-style-type: none"> • Invite participants to ask questions. • Offer "real world" examples of how these principals might be applied to group member's personal experiences. 	Keep a copy of this form for your records. Notify group members that you have a copy, and that they can keep the signed original.
BREAK TIME 10 minutes			
<p>Discussion of Group Expectations Have participants discuss, in pairs, their</p>	10–15 mins	<ul style="list-style-type: none"> • Select pairs by asking participants to form a partner with the person on their right. • Write general areas of 	Prepare flip chart in advance.

expectations of group facilitators, group members, and group processes.		<p>expectation on flip chart to spur on discussion (e.g., attendance, communication style, confidentiality, tardiness).</p> <ul style="list-style-type: none"> • Give paper and pens to each dyad. 	
<p>Creation of Group Expectations Poster: Invite group members to share expectations, and write them on flip chart.</p>	15 mins	<ul style="list-style-type: none"> • Note themes emerging across the different pairs. Synthesize information into clear, concrete expectations. • As much as possible, use group members' language. • After hearing from each pair, ask: "Is there anything missing here?" 	Keep this chart, and post it on the wall before each group meeting. Have one facilitator write, while the other guides the conversation.
<p>Client Feedback forms introduced (Pre-Group Meeting, Handout 1)</p>	5 mins	<ul style="list-style-type: none"> • Hand out Feedback Form and invite group members to fill them out at the end of each meeting. • Inform group members that the form is confidential. 	Have a set location where forms can be dropped off after each session (e.g., a drop off box)
<p>Check out "How are you feeling?" Conduct check-out in the same manner as check in.</p>	10 mins	<ul style="list-style-type: none"> • Briefly comment on any changes in group members' responses from the beginning of the meeting. 	.

End of Meeting Announcements: Remind group members that all future meetings will be two and a half hours, rather than one and a half hours.

Debriefing Questions

- 1 How did we, the facilitators, interact with each other in session? How might our interactions affect the clients?
2. What did we notice about group members' interactions with each other? How can we apply this to effectively facilitating future sessions?
3. How effective were we at creating an atmosphere of trust and openness?
4. Were important ethical issues and group guidelines addressed? What might need to be clarified in future sessions?
5. What stood out most from this group meeting?

CHANGING TIDES GROUP

Meeting One

*“Exploring the Concepts of Grief, Loss and Life
Transition”*

**MEETING PLAN FOR “CHANGING TIDES: A GRIEF & LOSS SUPPORT
GROUP FOR SENIORS”**

**Meeting #1 Meeting Title: Exploring the Concepts of Grief, Loss, and Life
Transitions**

Objectives for this Meeting:

1. To be purposeful in group facilitation in order to foster a sense of group connectedness.
2. To introduce the concepts of grief, loss and life transitions, with the aim of giving each participant a basic working knowledge of what these concepts mean.
3. To review the concepts and themes will be presented in the coming meetings for group members.
4. To allow each group member to sign up for a “story-sharing” time slot, which will happen in later meetings.

Advance Preparation Required:

- Photocopy handouts
- Gather a few different definitions of grief & loss and have them written on white board/flip chart
- Post sign-up sheet for Story Sharing timeslots in Sessions 6, 7 & 8
- Post Group Expectations
- Place an assortment of rocks/shells in centre of circle for icebreaker activity

Suggested References for this Meeting:

Bee, H. L. (2000). *Journey of adulthood* (4th ed.). Upper Saddle River, NJ: Prentice Hall.

Chen, M., & Rybak, C. (2004). *Group leadership skills*. Toronto, ON, Canada: Thomson Nelson.

Corey, M. & Corey, G. (2006). *Groups: Process & practice* (7th ed.). Toronto, ON, Canada: Thomson Nelson.

Helpguide. (n.d). *Grief & loss*. Retrieved from
http://www.helpguide.org/mental/grief_loss.htm

Description of Activity	Length of time	How to facilitate the technique so it is engaging, useful, and therapeutic	Facilitator Directions
Check In Activity “Share your name and your favourite TV show, film or book”	10 mins	<ul style="list-style-type: none"> • Be aware that some group members may be reluctant to share at this early stage of group formation. 	Model this activity by going first
Icebreaker Activity “Choose the rock/shell that best reflects you. Share the reasons why you chose it.”	15 mins	<ul style="list-style-type: none"> • Be aware that this activity is more personal than previous group activities. • Invite group members to share only that which feels comfortable for them. • Be flexible about how this activity is conducted (e.g., group members may want to share spontaneously, or may be more comfortable with a set order of sharing) 	Model this activity by going first.
Reminder of Confidentiality/Group Expectations Review the Group Expectations that were created last meeting. Stress importance of confidentiality.	10 mins	<ul style="list-style-type: none"> • Use the language represented on the chart, as it best reflects group members’ ideas. • Invite questions/clarification. 	Ensure that Group Expectations are clearly posted on the wall.
BREAK 10 mins			
Group Discussion Present and discuss various definitions of grief & loss. Ask: “Do these definitions reflect your experience?”	15 mins	<ul style="list-style-type: none"> • During the group discussion, be prepared to ask questions that will help participants to apply the definitions to their personal experience (e.g., “Which definition do you like the most/least?” “Pick one definition, and share how it fits with your experience?” • Be aware of group members’ response to the deepening level of personal sharing that is taking place. 	Have these definitions posted on wall/white board. Take turns reading the posted definitions, before starting the group discussion.
Myths and Facts About Grief Divide group into two. Give everyone a copy of Meeting 1, Handout 1. Read through and discuss the “Myths and Facts about Grief.”	15 mins	<ul style="list-style-type: none"> • As group is in early stage of formation, take an active role in dividing members into two groups. • To prompt discussion, ask: “Do the facts and myths hold true to your experience. Why or why not?” 	Circulate between the two groups. Allow group members to take responsibility, but step in to direct when necessary.

<p>Group Check In Check in with group members about the content and process of the group thus far.</p>	10 mins	<ul style="list-style-type: none"> • Reinforce the concept that grief can express itself in various ways, and that it can be a response to many different types of loss • Ask for questions/comments about the group process (e.g., “Reflect on your feeling of safety and participation so far”/ “Are you pleased with the amount that you are sharing?”). • Ask for questions/comments about the group content (e.g., “How is the pacing of the information so far?”/ “Are the topics relevant for you?” 	Be prepared to make adjustments to the pacing and content of the material, based on participants’ feedback.
BREAK 15 mins			
<p>Overview of the Content of the Remaining Meetings Post an overview of topics to be covered in remaining meetings.</p>	15 mins	<ul style="list-style-type: none"> • Make connections between upcoming topics and the feedback you received before the break about content. • Invite questions or comments. 	
<p>Introduce the Story-Sharing Activity Distribute Meeting 1, Handout 2 which outlines the guidelines for the Reminiscence Therapy Activity taking place in Meetings 6, 7 & 8</p>	10 mins	<ul style="list-style-type: none"> • Be aware that, at this early stage in group development, it may be difficult for participants to imagine sharing such personal content. Make this explicit, and process any feelings that may emerge. • Highlight the ways that this activity will be safe and non-threatening (e.g., no one will be forced to share). 	Show group members where the sign-up sheets are posted. Remind them that there will be time to sign up for a time slot at the end of the meeting.
<p>Check Out Activity In one sentence... “What are you thinking/feeling right now?”</p>	15 mins		Give feedback forms to group members (Meeting 1, Handout 3)
<p>Time for Sign Up Direct group members to sign up for Story-Sharing timeslot</p>	10 mins	<ul style="list-style-type: none"> • Circulate among group members; assist any member who may have difficulty reading the sign up sheet, or writing their name on it. 	

Debriefing Questions

1. How effective were we at facilitating group discussion?
2. What are we noticing about the ways that the group members are interacting? How might we need to alter our behaviour in response to what we are noticing?
3. What signs tell us that we are in the initial stage of group development? Is there anything we can do better to facilitate movement out of this stage?

Meeting 1, Handout 1

MYTHS AND FACTS ABOUT GRIEF

MYTH: The pain will go away faster if you ignore it.

FACT: Trying to ignore your pain or keep it from surfacing will only make it worse in the long run. For real healing it is necessary to face your grief and actively deal with it.

MYTH: It's important to be "be strong" in the face of loss.

FACT: Feeling sad, frightened or lonely is a normal reaction to loss. Crying doesn't mean you are weak. You don't need to "protect" your family or friends by putting on a brave front. Showing your true feelings can help them and you.

MYTH: If you don't cry, it means you aren't sorry about the loss.

FACT: Crying is a normal response to sadness, but it's not the only one. Those who don't cry may feel the pain just as deeply as others. They may simply have other ways of showing it.

MYTH: Grief should last about a year.

FACT: There is no right or wrong time frame for grieving. How long it takes can differ from person to person.

MYTH: Moving on with your life means you're forgetting the one you lost.

FACT: Moving on means you've accepted your loved one's death. That is not the same as forgetting. You can create a new life and still keep your loved one's memory a part of you.

MYTH: Friends can help by not bringing up the subject.

FACT: People who are grieving usually want and need to talk about their loss. Bringing up the subject can make it easier to talk about.

Meeting 1, Handout 2

SHARING OUR STORIES



Researchers have found that sharing stories and mementos from our past can be helpful in coping with grief and loss (Christensen, Hulse-Killacky, Salgado, & Thornton, 2006). Sharing memories with our peers can help us to create relationships with one another, and can amplify positive emotions (Cappeliez, Guindon, & Robitaille, 2008). As we enter on this journey together, we want to invite you to share a special memory from your past with the group. These memories will be shared in the final three weeks of our time together.

Here are some guidelines for this activity:

1. On the day you decided to share your story (see the sign up sheet), please bring in a photo, memento, song, poem, scripture verse, etc. that reminds you of a special memory of someone or something you have lost.
2. Share the item with the group and please tell us about the memory that is associated with the item. You will be given 10 minutes of uninterrupted time to share this story with us.

Please sign up for a story-sharing time slot today

References:

- Christensen, T., Hulse-Killacky, D., Salgado, R., Thornton, M., & Miller, J. (2006). Facilitating reminiscence groups: Perceptions of group leaders. *The Journal for Specialists in Group Work, 31*, 73–88. doi:10.1080/01933920500341408
- Cappeliez, P., Guindon, M., & Robitaille, A. (2008). Functions of reminiscence and emotional regulation among older adults. *Journal of Aging Studies, 22*, 266–272. doi:10.1016/j.jaging.2007.06.003

CHANGING TIDES GROUP

Meeting Two

“Examining Two Models of Grief and Loss”

**MEETING PLAN FOR “CHANGING TIDES: A GRIEF & LOSS SUPPORT
GROUP FOR SENIORS”**

Meeting #2 Meeting Title: Examining Two Models of Grief and Loss

Meeting Objectives:

1. To give participants an overview of Kubler-Ross' Stages of Grief Model (Bee, 2000; Kubler-Ross & Kessler, n.d.).
2. To give participants an overview of Elder & Martin's (1996) Pathways through Grief Model.
3. To help group members apply these models to their personal experience; to encourage an honest conversation regarding the merits and limitations of these models.
4. To encourage participants to self-locate their experience of grief using one or both of these models.

Advance Preparation Required:

- Photocopy handouts on these two models for group members.
- Prepare 2 flip charts for evaluation activity; felt pens needed.
- Determine how you will present the Models of Grief and Loss Presentation. This material can be converted to a Power Point presentation, or group handout. It can also be presented on a flip chart. Create the presentation and prepare any necessary materials.

Suggested References for this Meeting:

Bee, H. L. (2000). *Journey of adulthood* (4th ed.). Upper Saddle River, NJ: Prentice Hall.

Elder, S., & Martin, K. (1996). *Living and learning through loss*. Edmonton, AB, Canada: Living and Learning Through Loss.

Kubler-Ross, E., & Kessler, D. (n.d.). *On grief and grieving: Condensed version*. Retrieved from <http://www.davidkessler.org/images/pdf/5%20Stages%20of%20Grief.pdf>

Description of Activity	Length of time	How to facilitate the technique so it is engaging, useful, and therapeutic.	Facilitator Directions
Check-in Group members rate their internal state right now on a scale of 1-5.	10 mins	<ul style="list-style-type: none"> Define what a “1” looks like (e.g., anxious, unsettled) and what a “5” looks like (e.g., calm, relaxed). 	
Reflection on Last Week’s Meeting Group members share their thoughts on last week’s material.	15 mins	<ul style="list-style-type: none"> Invite group members to recap the material presented last week. Ask members how they applied the material presented last week to enhance their well-being. Remind the group of Group Expectations. 	
Present Two Models of Grief and Loss Use the presentation materials provided (Meeting 2, Facilitator Presentation) to present the two models of grief and loss. Distribute Meeting 2, Handouts 1 & 2.	25 mins	<ul style="list-style-type: none"> Invite group members to think about how these models fit with their experience as you present the material. Let them know that this will be discussed later in the meeting. Use the feedback you have received from group members to inform the pacing of the presentation. Take 5 minutes off of the break time if necessary. 	Ensure that presentation materials are set up and ready to go prior to the meeting (e.g., if you have chosen a Power Point, ensure that it is set up and ready)
BREAK 15 mins			
Group Discussion Ask: “What stood out for you about these models of grief and loss?”	20 mins	<ul style="list-style-type: none"> Invite clients to voice their initial response to these theories. Suggested discussion questions: What is your first impression of these models? Which model best fit your personal concept of grief and loss? What did you appreciate about it? 	Have one facilitator lead the discussion while the other writes group responses down; Split chart paper into two sections, one for each model.
Facilitator-modelled Personal Application Use self-disclosure to model how these concepts of grief and loss might be applied to personal experience.	15 mins	<ul style="list-style-type: none"> Both describe a personal experience of loss and explain how a particular model helps you to understand this experience. Provide examples ranging from moderate to significant loss. 	Discuss the personal disclosures that will be shared with the group prior to session.

BREAK 10 mins			
<p>Personal Application Exercise Divide group into dyads. “Think of a significant loss you’ve experienced. Briefly share it with your partner. Which model best helps you to understand this experience? Share this with your partner”</p>	20 mins	<ul style="list-style-type: none"> • Use break time to assign partners based on observations of which individuals might be most willing to be open with one another. • Be tentative about approaching each dyad, respecting the privacy that may be necessary for each member to share his/her story. 	<p>Have the steps of this activity clearly mapped out on either Power Point or flip chart. Let group members know when the time is half over, so they can take turns sharing.</p>
<p>Check Out Activity Rate your internal state on a scale of 1-5. Hand out Feedback Forms (Meeting 2, Handout 3).</p>	10 mins	<ul style="list-style-type: none"> • Use the framework given in the Check In Activity. Note any differences in group members’ responses. 	

Debriefing Questions

1. Based on the discussion, did members demonstrate comprehension of these models?
2. How successful was this session at helping participants understand their personal experience of grief?
3. What did we notice about the interactions between group members?
4. How did our behaviour affect the group?

Meeting 2, Handout 1

KUBLER-ROSS' FIVE STAGES OF GRIEF

DENIAL:

- Denial is the first stage of grieving. Denial is a state of shock and disbelief. Individuals go numb. The world may seem meaningless or overwhelming.
- Denial allows individuals time to adjust to the news of a death or loss.

ANGER:

- In this stage, the individual begins to direct the pain of the loss toward blaming others. This blame may be directed at oneself, family members, doctors, the lost loved one, or at god or the universe.
- Anger can provide temporary meaning for the individual. Being angry can give grieving individuals a sense of purpose.

BARGAINING:

- This stage brings a flood of “what if’s?” and “if only’s...”
- The individual is caught up in the desire to change what has happened, and to offer something in return for relief from pain and distress.

DEPRESSION:

- Once the reality that one cannot change what has happened sets in, feelings of sadness, despair, and isolation may occur.
- The full emotional impact of the loss is felt at this stage.
- Depression is a normal part of the grieving process.
- Acceptance occurs when the individual is able to realize that the loss is a reality that cannot be changed.

ACCEPTANCE:

- Acceptance does not mean that the person is okay with the loss, but that they are willing to live in the new reality of life without their loved one.
- At this stage, individuals may be ready to form new relationships, find new meaningful activities, and reconnect with family and friends.

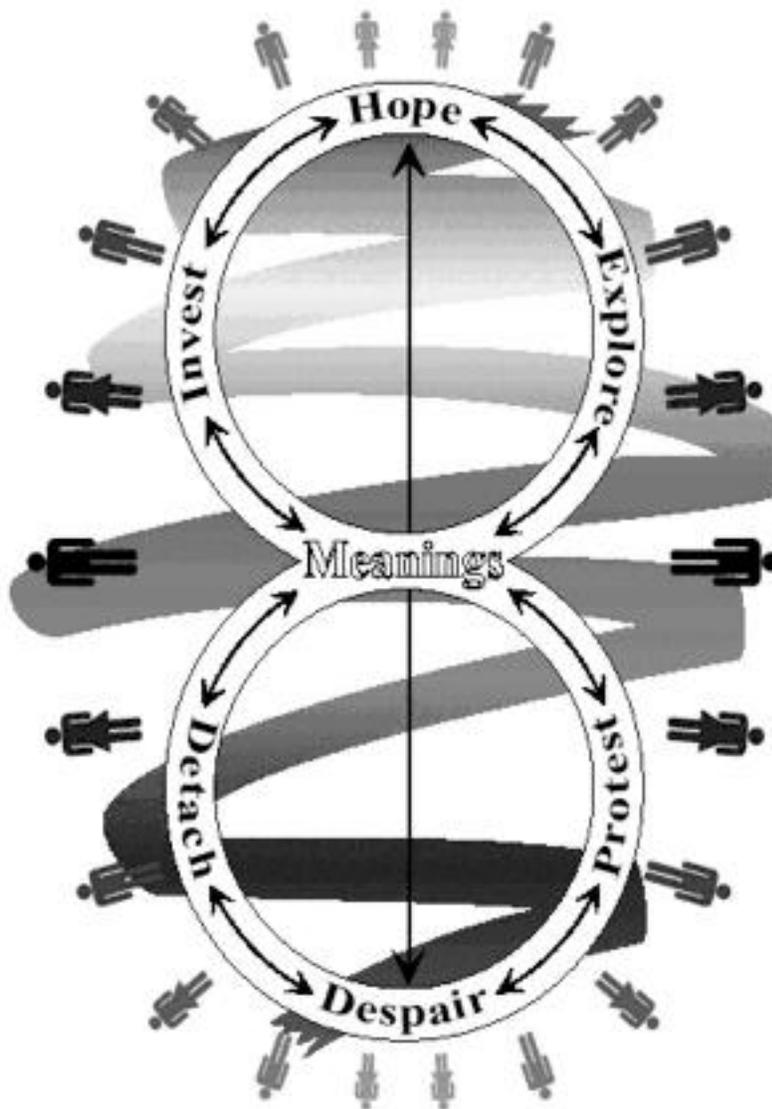


Adapted from: Kubler-Ross, E., & Kessler, D. (n.d.). *On grief and grieving: Condensed version*. Retrieved from <http://www.davidkessler.org/images/pdf/5%20Stages%20of%20Grief.pdf>

Meeting 2, Handout 2

ELDER AND MARTIN'S PATHWAYS THROUGH GRIEF MODEL

Pathways Through Grief



©Lamers (1978) ©Martin & Elder (1988) (1998)

You are welcome to print-out copies of the Pathways Through Grief model, but please ensure the copyright notes left in place.

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Reference: Elder, S., & Martin, K. (1996). *Living and learning through loss*. Edmonton, AB, Canada: Living and Learning Through Loss.

Meeting 2, Facilitator Presentation

Examining Two Models of Grief and Loss

The following material is intended to be used in whatever way is most practical and convenient for the group facilitators. Facilitators are invited to adapt it to Power Point format, present it as a handout, or transfer it to a flip chart presentation. The information has been organized in such a way that each section contains a group of information that can easily fit on a Power Point slide.

SLIDE ONE

Kubler-Ross' Five Stages of Grief

Elizabeth Kubler-Ross' work is perhaps the most well known model of grief and loss.

She identified five stages of grief:

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

These stages are meant to help individual's understand their experience of grief, rather than dictate how they should respond to loss. They do not necessarily occur in the order indicated above.

(Source: Kubler-Ross, E., & Kessler, D. (n.d.). *On grief and grieving: Condensed version*. Retrieved from <http://www.davidkessler.org/images/pdf/5%20Stages%20of%20Grief.pdf>)

SLIDE TWO

Denial & Anger

DENIAL:

- Denial is the first stage of grieving. Denial is a state of shock and disbelief. Individuals go numb. The world may seem meaningless or overwhelming.
- Denial allows individuals time to adjust to the news of a death or loss.

ANGER:

- In this stage, the individual begins to direct the pain of the loss toward blaming others. This blame may be directed at oneself, family members, doctors, the lost loved one, or at god or the universe.
- Anger can provide temporary meaning for the individual. Being angry can give grieving individuals a sense of purpose.

(Source: Kubler-Ross & Kessler, n.d.)

SLIDE THREE**Bargaining and Depression****BARGAINING:**

- This stage brings a flood of “what if’s?” and “if only’s...”
- The individual is caught up in the desire to change what has happened, and to offer something in return for relief from pain and distress.

DEPRESSION:

- Once the reality that one cannot change what has happened sets in, feelings of sadness, despair, and isolation may occur.
- The full emotional impact of the loss is felt at this stage.
- Depression is a normal part of the grieving process.

(Source: Kubler-Ross & Kessler, n.d.)

SLIDE FOUR**Acceptance**

- Acceptance occurs when the individual is able to realize that the loss is a reality that cannot be changed.
- Acceptance does not mean that the person is okay with the loss, but that they are willing to live in the new reality of life without their loved one.

- At this stage, individuals may be ready to form new relationships, find new meaningful activities, and reconnect with family and friends.

(Source: Kubler-Ross & Kessler, n.d.)

SLIDE FIVE

The Pathways Model of Grief and Loss

There is no one right way to grieve; each person grieves in his or her own way. Grieving involves both forward and backward steps.”

Karen Martin & Sandra Elder (1996)

- Everyone experiences loss in their own unique way.
- The way that you cope with a change, a transition, or a loss is related to the unique way that you have developed as an individual.
- The experience of grief does not always have a beginning and an end. It sometimes feels more like an ongoing process and that's a very normal way to feel.

Source: Elder, S., & Martin, K. (1996). *Living and learning through loss*. Edmonton, AB, Canada: Living and Learning Through Loss.

SLIDE SIX

Pathways through Grief Model

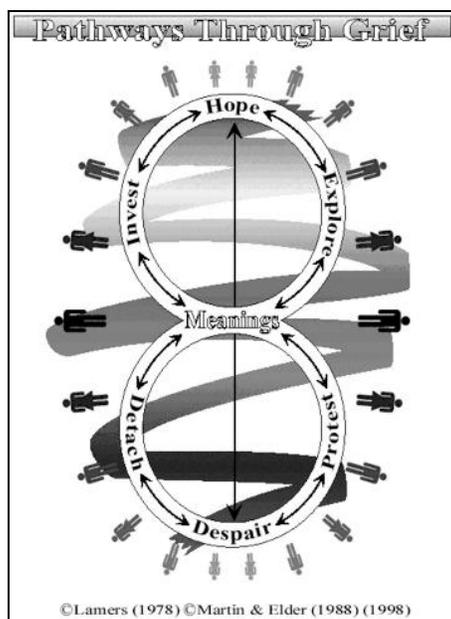


Image used with permission, source: Elder, S., & Martin, K. (1996). *Living and learning through loss*. Edmonton, AB, Canada: Living and Learning Through Loss.

SLIDE SEVEN

Interpreting Pathways Model

- Meaning – overall process by which we come to understand and make sense of loss. The whole journey is about trying make the experience meaningful for ourselves.
- Protest – This describes the stage when we are unable to accept the reality of the loss we have experienced; we may feel numb, we may deny that it is happening, we may feel utter disbelief. Usually this stage does not last long.
- Despair – This phase involves experiencing those deep feelings of pain, fear, and anxiety that often accompany the experience of loss. It can be scary to enter into this stage, as it often feels like we're "opening a can of worms" – we don't always feel a sense of control over the emotions that may come out during this phase.
- Detach – This phase involves retreating from others, and withdrawing from many of the activities that we may normally engage in. Often times, this gives us the chance to think about our lives and re-evaluate our relationships with others.

(Source: Elder & Martin, 1996)

SLIDE EIGHT

Interpreting Pathways Model (Cont.)

- Explore – this phase involves trying to understand what has happened by learning and exploration. We may try to learn as much as we can about why the loss happened. We may read books about the grieving process. We may talk to others who have experienced a similar loss, join a support group, or speak with a counsellor. *Exploring is the opposite of protesting.*
- Hope – exploring often leads to the next phase, which is hoping. Hope allows us to think ahead to the future, and to embrace the reality that a change has occurred. When we hope, we begin to move ahead, and to

view the next chapter of our lives as a fresh start. *Hope is the opposite of despair.*

- Invest – Investing happens when we feel a sense of hope about the future. We begin to make commitments to others, develop new relationships, and deepen our bonds with old friends. We may begin to spend more time with family and friends. *Investing is the opposite of detaching.*

(Source: Elder & Martin, 1996)

SLIDE NINE

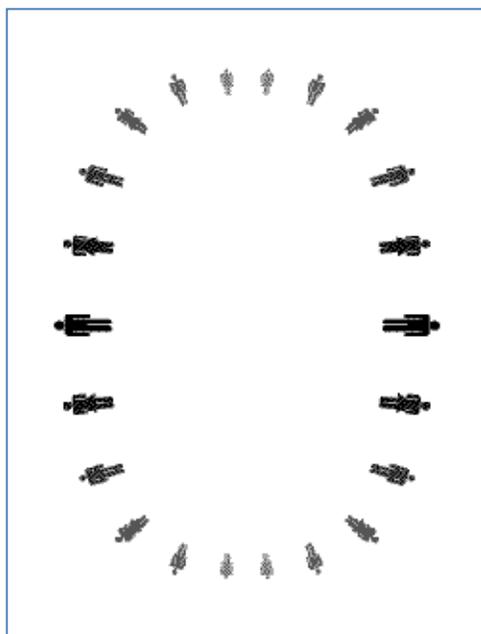
Interpreting the Pathways Model (Cont.)

- The different experiences of grief occur in a cyclical fashion.
- You may remain in one part of the pathway for a short or a long while, but you can keep moving through.
- The pathway is never completely finished.
- The images of people surrounding this pathway represent your “Circle of Influence”

(Source: Elder & Martin, 1996)

SLIDE TEN

The Circle of Influence



- People from our past and in our present, people who are real or imagined, males and females, influence how we grieve. For instance, our family upbringing influences whether we share our grief or keep it inside. In the present, the reactions of friends, family, doctors, and clergymen all influence how long we show our grief and what we do with it.

- Although it may often feel like we are alone in our grief, in truth, others are influencing the journey all the time. Once we are aware of this, we can try to grieve in ways that take care of our own needs rather than merely responding to the demands of others.

Elder, S., & Martin, K. (1996). *Living and learning through loss*. Edmonton, AB, Canada: Living and Learning Through Loss.

CHANGING TIDES GROUP

Meeting Three

*“Exploring Internal and External Loci of Control
& Identifying Personal Strengths”*

**MEETING PLAN FOR “CHANGING TIDES: A GRIEF & LOSS SUPPORT
GROUP FOR SENIORS”**

**Meeting #3 Meeting Title: Exploring Internal and External Loci of Control &
Recognizing Personal Strengths**

Meeting Objectives:

1. To introduce the concepts of internal and external loci of control and to highlight their relevance to the grief and loss experience.
2. To help participants apply these concepts to a hypothetical scenario, as well as to their own personal experience.
3. To invite members to identify 4 personal strengths (Buckingham & Clifton, 2001).
4. To highlight the impact the internal loci of control and the identification of personal strengths can have on coping with grief and loss.

Advance Preparation Required:

- Photocopy handouts, bring pens/pencils.
- Prepare white board or flip chart for use.

Suggested References for this Meeting:

Bee, H. L. (2000). *Journey of adulthood* (4th ed.). Upper Saddle River, NJ: Prentice Hall.

Buckingham, M., & Clifton, D. O. (2001). *Now, discover your strengths*. New York, NY: The Free Press.

Description of Activity	Length of time	How to facilitate the technique so it is engaging, useful, and therapeutic.	Facilitator Directions
Check In Finish the sentence: “One concept that I found helpful from our last meeting was...”	15 mins	<ul style="list-style-type: none"> If group development is advancing, take a less active role in starting this activity (e.g., allow a group member to begin; allow group to decide the order of sharing). 	
Review of Previous Meeting Review the models of grief and loss presented in last week’s meeting.	15 mins	<ul style="list-style-type: none"> Pick up on ideas shared in the check in activity; expand in the areas that were not touched on in this activity. Remind group members of the Group Expectations. 	If helpful, use a flipchart or white board to highlight important information.
Presentation of Internal & External Loci of Control Circulate copies of Meeting 3, Handout 1.	15 mins	<ul style="list-style-type: none"> As you present, encourage group members to think about the connections between internal/external loci of control and coping with grief. 	If helpful, use flipchart or white board to highlight important information
Understanding the Concepts of Loci of Control Use the questions outlined in Meeting 3, Handout 1 to lead a group discussion.	15 mins	<ul style="list-style-type: none"> Invite participants to raise any questions they have about the concept. Ask: “How might these concepts relate to the process of coping with grief and loss?” Encourage participants to relate their experience to the concepts. 	
BREAK 15 mins			
Applying Internal/ External Loci of Control to a Hypothetical Scenario Have group members break up into dyads and use the scenario and questions at the bottom of Meeting 3, Handout 1 to guide discussion.	15 mins	<ul style="list-style-type: none"> Allow group members to break themselves into dyads, but be prepared to direct group members in their selection of pairs if necessary. Read “Vivien’s” scenario aloud to the group before beginning the activity. Circulate among dyads and highlight any connections group members are making between coping with loss and internal/external loci of control. 	
Recognizing each other’s strengths Members go around the circle and identify one strength they see in the	15 mins	<ul style="list-style-type: none"> Begin by making a link between having an internal loci of control and having an awareness of one’s personal strengths. Be aware that this activity 	

person to their right: “ <i>Person’s name</i> , one strength I see in you is_____.”		represents a shift from the psychoeducational tone of the meeting thus far. <ul style="list-style-type: none"> Allow a moment for each person to think through what they might share. 	
Connecting the Concepts of Internal Locus of Control & Personal Strengths Draw connections between knowing one’s personal strengths & seeing oneself as able to positively affect their life circumstances	10 mins	<ul style="list-style-type: none"> Ask: “In what ways do personal strengths help people deal with loss?” Encourage group members to think about a time when they have drawn upon their strengths to help them cope with the loss they’ve experienced. 	
BREAK 10 mins			
Identifying Personal Strengths Distribute Meeting 3, Handout 2 to each group member. Invite group members to identify one strength and share it with their partner.	20 mins	<ul style="list-style-type: none"> Guide group members to pair up with their previous partner for this exercise. Highlight the homework portion of this activity, and request that group members bring their work next meeting. 	
Check out Complete the sentence: “Right now I feel... (in three words or less)” Feedback Form (Meeting 3, Handout 3)	10 mins		

Debriefing Questions

1. How well did participants demonstrate that they understood the concept of locus of control?
2. Were participants able to identify each other’s personal strengths? How comfortable was the group with this activity?
3. How did group members demonstrate that they are feeling supported and trusting within the group? Was there evidence of discomfort from any members?

Meeting 3, Handout 1

LOCUS OF CONTROL

Locus of control refers to the place that individuals assign control for the events of their lives.

There are two types of **locus of control**:

1. Internal locus of control: Individual believes that he or she has the capacity to control themselves and their lives.
2. External locus of control: Individual believes that an outside force (e.g., the environment, the universe, a higher power) is in control of their lives.

Individuals experiencing loss, or attempting to adjust to life transitions, are often better able to cope if they have an internal locus of control rather than an external locus of control:

- Individuals with an internal locus of control are often more able to link life's successes with their own personal strengths, while externals may not take this credit.
- In times of difficulty, these individuals may be more open to learning new skills and strategies to help them cope.
- Internal and external loci of control exist on a continuum, with some people sitting further on one end of the continuum than others.

Questions for Group Discussion: *Does this concept make sense to you? How does this concept fit with your experience? Where do you see yourself on the continuum of internal and external loci of control? How might having an internal or external locus of control help you to adjust to life's challenges?*

Applying this Concept to a Scenario:

Vivien is a 71 year old woman who has just lost her husband to cancer. As her husband was the only driver in the family, Vivien is struggling to get out of the house to visit friends, go shopping, and attend her weekly book club. How might Vivien understand her problem if she has an internal locus of control? What might she do in response? How might she understand it from an external locus of control? What might she do in response?

Meeting 3, Handout 2

IDENTIFYING PERSONAL STRENGTHS

As you try to identify your own personal strengths, think about the talents, knowledge, and skills you possess. These are the building blocks of personal strengths (Buckingham & Clifton, 2001):

- *Talents* are naturally recurring thoughts, feelings, or behaviours.
- *Knowledge* includes facts (factual knowledge) and lessons learned (experiential knowledge).
- *Skills* are those things you do when you successfully perform an activity.

Your strengths are a combination of talents, knowledge, and skills.

ACTIVITY:

Identify one personal strength: _____

When you are ready, share this strength with the person next to you (the same person you were partnered with for the previous activity). Listen as they share their personal strength with you.

For **homework**, identify three more personal strengths:

Think about how you draw upon these personal strengths to help you cope with the loss you've experience.

CHANGING TIDES GROUP

Meeting Four

“Identifying Sources of Social Support”

**MEETING PLAN FOR “CHANGING TIDES: A GRIEF & LOSS SUPPORT
GROUP FOR SENIORS”**

Meeting #4 Meeting Title: Identifying Sources of Social Support

Meeting Objectives:

1. To introduce the concept of social support, and to highlight the value of social support in coping grief and loss (Mayo Clinic for Medical Education and Research, 2008; Novak & Campbell, 2001).
2. To invite participants to reflect upon an experience of loss, and to help them identify how social support can help them cope with loss.
3. To support participants as they identify current sources of social support, and to highlight areas where further support may be needed.

Advance Preparation Required:

- Prepare flip chart for social support discussion
- Photocopy handouts
- Bring pens and clipboards (if table space is not available)
- Bring instrumental music and a music player (optional)

References for this Meeting:

Mayo Clinic for Medical Education and Research. (2008). *Reduce stress with a strong social support network*. Retrieved from <http://www.mayoclinic.com/health/social-support/SR00033>

Novak, M., & Campbell, L. (2001). *Ageing and society: A Canadian perspective* (4th ed.). Toronto, ON, Canada: Nelson.

Description of Activity	Length of time	How to facilitate the technique so it is engaging, useful, and therapeutic	Facilitator Directions
<p>Check In Activity: Complete the sentence, “One thing that makes me a good friend is...”</p>	15 mins	<ul style="list-style-type: none"> • Be aware of which stage the group is in during this session (i.e., transition, working). If in transition stage, members may be hesitant, fearful to share their strengths, and require extra support. If in working stage, expect members to share with less support (Corey & Corey, 2006). 	
<p>Review and Process of Last Session Review last week’s material and respond to questions.</p>	15 mins	<ul style="list-style-type: none"> • Ask: “How did the homework task go for you?” “What was it like for you to identify your personal strengths?” 	<p>In Meeting 5, group members will draw upon information from Meetings 3 & 4. Remind participants to bring homework from these sessions next week.</p>
BREAK 10 mins			
<p>Present the Concept of Social Support: Provide basic psycho-education about the concept; invite participants to share their ideas.</p>	20 mins	<ul style="list-style-type: none"> • Ask: “What do you think when you hear the term social support?” • Build upon the ideas of group members with psychoeducational information about social support. • Once there is a sense that group members clearly understand the concept, ask: “How might social support help people cope with grief and loss?” 	<p>Use flip chart to record group ideas and facilitator information. Refer to the “Social Support” section in the preceding literature review or to the MFMER (2008) website listed above for basic information.</p>
<p>Circle of Influence Handout: Participants work individually to complete Part A & B of “My Circle of Influence” (Meeting 4, Handout 1)</p>	20 mins	<ul style="list-style-type: none"> • Remind group members of the “Circle of Influence” concept first presented in Meeting 2. • Read through the introductory section of the handout together as a group. • Check in: Is the concept of “circle of influence” clear to everyone? • Let group members know that they will be working individually to complete the Parts A & B of the activity, but will be working with a group of 3 for Part C. 	<p>Ensure that there is table space, or clip boards, available for group members to write on. If appropriate, bring instrumental music to play softly while group members write and reflect.</p>

BREAK 15 mins			
(Invite group members to leave their handout face down on the table; explain that someone will remain in the room, so that this personal information will not go unattended)			
Reflecting upon Circle of Influence Group members meet in triads to complete Part C of handout (sharing someone in your circle)	20 mins	<ul style="list-style-type: none"> • Invite members to form their own groups of 3. • Direct each triad toward a place in the room that will afford them a small amount of privacy/seclusion. 	Be aware of mobility issues as group members move around the room. Be ready to assist people to the place where their group will meet.
Process: What was it like for you to identify and share those in our Circle of Influence?	20 mins	<ul style="list-style-type: none"> • Invite group members to gather in a circle for a discussion. • Ask: "What thoughts and feelings did you experience as you shared with your triad?" • Interject for the purpose of creating links and connections between group member's experiences. 	Assist group members with moving chairs back into a circle formation.
Check out activity: Share one word that describes what you're thinking or feeling as you leave today Feedback Form (Meeting 4, Handout 2)	10 mins		

End of Group Announcements: Encourage group members to take their "Circle of Influence" home sheet as a resource. Request that they bring this sheet back next week.

Debriefing Questions

1. What did it feel like to facilitate this session? Did we feel that we were effectively able to communicate the concepts to the participants?
2. What did we learn about the participants today in terms of their ability to function despite experiencing grief, loss, and life transition?
3. Were members able to share their personal thoughts and experiences openly? How did this session foster a sense of trust and support among group members?
4. What stage of group development are we in? Do we need to alter the content or process of the next session so that it reflects the group's development?

Meeting 4, Handout 1

Circle of Influence



- Elder and Martin (1996) stated: “People from our past and in our present, people who are real or imagined, males and females, influence how we grieve. For instance, our family upbringing influences

whether we share our grief or keep it buried deep inside. In the present, the reactions of friends, family, employers, doctors, and clergymen all influence how long we show our grief and what we do with it. Although it may often feel like we are alone in our grief, in truth, others are influencing the journey all the time” (p. 6).

- A person’s **Circle of Influence** is made up of individuals who provide him or her support and comfort during a time of loss.

Activity:

A. Identify three significant people in your **Circle of Influence**:

1. _____

2. _____

3. _____

B. Select one of these people, and think of how they have helped you in your time of grief and loss.

C. Share your responses with the people in your triad.

CHANGING TIDES GROUP

Meeting Five

“Drawing Upon Community Support”

**MEETING PLAN FOR “CHANGING TIDES: A GRIEF & LOSS SUPPORT
GROUP FOR SENIORS”**

Meeting #5 Meeting Title: Drawing Upon Community Support

Meeting Objectives:

1. To assist group members to explore community resources available to them.
2. To help each group member to identify an area of community support that they might benefit from accessing.
3. To facilitate a review of the concepts of personal strengths, social support, and community supports; to highlight connections between these concepts and link them to increased coping with grief and loss.
4. To invite each group member to identify an area where increased support is needed and develop action plan to increase capability in this area (Corey & Corey, 2006).

Advance Preparation Required:

- Photocopy handouts
- Ensure that pens and clipboards/table space are available
- If available, have a copy of your local Seniors' Services Guide available for participants to look at; post information about various local seniors' agencies and programs around the room.

References for this Meeting:

Bee, H. L. (2000). *The journey of adulthood* (4th ed.). Upper Saddle River, NJ: Prentice Hall.

Corey, M., & Corey, G. (2006). *Groups: Progress and practice* (7th ed.). Toronto, ON, Canada: Thomson Nelson.

Stroebe, W., Zech, E., Stroebe, M., & Abakoumkin, G. (2005). Does social support help in bereavement? *Journal of Social and Clinical Psychology, 24*, 1030–1050.
doi:10.1521/jscp.2005.24.7.1030

Description of Activity	Length of Time	How to facilitate the technique so it is engaging, useful, and therapeutic	Facilitator Directions
<p>Check-in Besides home, where is your favourite place to spend time in _____ (the city/town that the group is taking place)?</p>	10 mins		
<p>Review of Previous Meeting Invite participants to discuss what they remember about last week's social support content. Discuss and clarify any questions.</p>	10 mins	<ul style="list-style-type: none"> Ask: "What types of thoughts/feelings did you have as you completed your Circle of Influence this past week?" 	If helpful, use a flip chart or white board to review this concept.
<p>Introducing the Concept of Community Resources Facilitators highlight the positive impact of seeking support from community resources, and lead a discussion about why these resources are helpful.</p>	15 mins	<ul style="list-style-type: none"> Explain that research has shown that community resources can help grieved individuals reduce depression and isolation (Stroebe, Zech, Stroebe, & Abakoumkin, 2005). Draw group members' attention to the posters around the room, as examples of community resources (e.g., local neighbourhood houses, churches, seniors' centres). Ask: In what ways might community resources help someone with grief and loss? 	
<p>BREAK 10 mins <i>(Invite participants to take a look at the Community Resource information posted around the room on their break)</i></p>			
<p>What Resources Are Available in Our Community? Brainstorm various agencies, businesses, churches, etc. that may serve as a resource for seniors. Write these ideas on a flip chart/white board. Present local Senior's Services Guide (if one is available in your</p>	15 mins	<ul style="list-style-type: none"> Encourage participants to recall the places that they shared in the check-in. Ask: "Which of those would fit on this list?" Ask: "Which of the resources that we have placed around the room stood out for you?" Encourage a broad range of responses (e.g., a local coffee shop, restaurant or business might be a great source of 	If possible, create a document that lists all of the ideas gathered from this brainstorming session. Hand this to group members at the beginning of the next meeting.

community).		community support for some seniors).	
Integrating Strengths, Social Supports, and Community Resources Follow directives in Session 5, Facilitator-led activity below (case study of Roger).	15 mins	<ul style="list-style-type: none"> • Ensure that you are speaking loudly and clearly as you read out the scenario to the group. • Encourage group members to use their imagination to expand upon Roger's story. 	Position the flip chart/white board close to the group, so that they can easily read what is written on it.
BREAK 15 mins			
Making Positive Changes Activity Group members break into pairs, and follow the directions on Meeting 5, Handout 1 to come up with a change plan for Roger.	20 mins	<ul style="list-style-type: none"> • Factor in the stage of group development as you determine whether participants should select their own partners, or whether you should pair people up (Corey & Corey, 2006). • Circulate among group members, and be prepared to offer ideas to pairs that may need help. 	Have hand outs, pens, table space/clip boards ready to go. If moving around the room is necessary, assist individuals who may have trouble with mobility.
Debriefing Pairs Activity As a large group, discuss the activity. Describe the homework for next week (Handout 1, Task Two & Three)	10 mins	<ul style="list-style-type: none"> • Highlight the creativity of each pair's change plan. • Read out the directions for the homework sections from the hand out. • Invite group members to ask questions. 	
Preparation for Next Two Sessions Remind participants that next week is the beginning of a two week focus on sharing our stories. Highlight the sign up order, based upon what was decided in Meeting 1. Process thoughts and feelings related to the anticipation of this activity.	20 mins	<ul style="list-style-type: none"> • Highlight it is not a formal presentation, rather it is a safe sharing of a personal memory. • Invite feelings, questions or clarifications of the activity. • Acknowledge that this activity might be anxiety-inducing. • Normalize the anxiety and invite members to explore why they feel anxious and how their anxiety may be stopping them from seeking support from others. • Ask members what they need from the group to be able to participate in the sharing activity that starts next week. 	Distribute copies of the Story Sharing Activity (Meeting 1, Handout 2) to those who would like another copy. Keep track of group members' feedback express, so that you can remind the group of the expectations next week.

Check-out/homework What is one thing you have learned from today's meeting? Feedback form given (Meeting 5, Handout 2)	10 mins		
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End of Meeting Announcements: Remind participants to work on their Person Change Plans during the week, and let them know that they will be asked to bring it to the final session. Ask group members to let you know if there is any special equipment they need for their story-sharing experience (e.g., stereo, VCR).

Debriefing Questions

1. How effective were we at facilitating the brainstorming session? How well did the group work together to generate new and creative ideas?
2. Were our objectives met this session? How well did group members respond to the idea of drawing upon community resources?
3. What did we learn about each group member this week? How might we use this knowledge to help foster a sense of collaboration and trust in this group?
4. How is the group progressing through the stages of group development? How might next week's story-sharing exercise be impacted by the current stage of development?

Meeting 5, Facilitator-Led Activity

THE CASE OF ROGER: DRAWING UPON PERSONAL STRENGTHS, SOCIAL SUPPORT & COMMUNITY RESOURCES

Roger is an 82-year-old retired forestry worker. Roger's wife, Hazel, passed away 5 years ago. He has recently moved into a retirement facility. Lately, Roger has been feeling lonely and useless; he feels too old and believes he is no longer making a difference in the world. Roger has always been a social person, but he feels overwhelmed by all the people in his new home at the retirement facility. He misses many things about his life. Roger has a close relationship with his children, but has not been honest with them about how unhappy he is.

- Read the scenario above out loud to group members at least twice.
- Check in with group members to ensure that they have heard and understood the scenario.
- On the white board or flip chart, label three columns: Personal Strengths, Social Support & Community Resources.
- Ask the group to complete each column based on Roger's story. Encourage them to be creative, and look beyond what is written in the scenario (e.g., One of Roger's personal strengths might be "creativity" since it is implied that he worked with wood/trees). Ensure that these ideas are written in large, clear letters, so that group members can read them when they move onto the next part of the activity.
- Keep the list posted and visible to the group as you circulate Handout 1, the "Making Positive Changes." Be prepared to read this list aloud a few times as group members follow the directives given on Handout 1, as they engage in the next activity.

TASK TWO:

Now, shift your focus from Roger to yourself. Based on what you have heard from your others in this group, the homework you have done over the past few weeks, and what you know of yourself, fill in the chart below:

My Personal Strengths	My Social Supports	My Community Resources

How will you use your **social supports** to help you make this change?

How will you use your **community resources** to help you make this change?

What is **one step** you are willing to take **before the next Changing Tides meeting** in order to make this change happen?

Meeting 5, Handout 2
Changing Tides Support Group – Weekly Feedback Form

Please fill out the questionnaire below by indicating on a scale of 1–5, with 1 indicating total disagreement and 5 indicating total agreement, your response to each of the following statements:

1. I found the information that was shared by the facilitators in this meeting helpful.

1	2	3	4	5
<i>Totally disagree</i>				<i>Totally agree</i>

2. I felt respected and heard by the group members.

1	2	3	4	5
<i>Totally disagree</i>				<i>Totally agree</i>

2. I felt respected and heard by the group facilitators.

1	2	3	4	5
<i>Totally disagree</i>				<i>Totally agree</i>

3. The material in today's session was presented with clarity.

1	2	3	4	5
<i>Totally disagree</i>				<i>Totally agree</i>

4. Something I did not like about today's meeting was _____

5. One thing I appreciated about today's meeting was _____

CHANGING TIDES GROUP

Meeting Six

“Sharing Our Stories – Part I”

**MEETING PLAN FOR “CHANGING TIDES: A GRIEF & LOSS SUPPORT
GROUP FOR SENIORS”**

Meeting #6 Meeting Title: Sharing Our Stories – Part I

Meeting Objectives:

1. To introduce Reminiscence Therapy as a tool for increased coping, self-efficacy, and personal meaning (Cappeliez, Guindon, & Robitaille, 2010; Corey & Corey, 2006).
2. To hear participants' prepared reflections on a personal loss experience.
3. To encourage group members to respond to each other's personal stories.
4. To highlight personal strengths and coping strategies, create links between individual experiences, and reframe negative self-assessments (Cappeliez, et al).
5. To begin preparing group members for group termination.

Advance Preparation Required:

- Photocopy handouts; bring pens.
- Set up any special equipment requested by group members for their story-sharing activity.

Suggested References for this Meeting:

Cappeliez, P., Guindon, M., & Robitaille, A. (2008). Functions of reminiscence and emotional regulation among older adults. *Journal of Aging Studies, 22*, 266–272.
doi:10.1016/j.jaging.2007.06.003

Description of Activity	Length of time	How to facilitate the technique so it is engaging, useful, and therapeutic.	Facilitator Directions
Check-in “In one word, how are you feeling?”	5 mins	<ul style="list-style-type: none"> • Be aware of any anxiety that may be present for those sharing their stories. 	
Brief review of last week’s content Review concept of Community Resources. Check in with group members about how Change Plans are progressing.	5–10 mins	<ul style="list-style-type: none"> • Ask: “Is there anything from last meeting that needs to be clarified?” 	
Introduction to Story-sharing exercise Review presentation order. Remind the group of the role that story-sharing can play in strengthening relationships and lessening the impact of depressive symptoms (Cappeliez et al., 2008).	5–10 mins	<ul style="list-style-type: none"> • Let group members know that it is normal to have an emotional response as they share and listen; assure the group that this is a safe place to have these responses. • Refer to any special directives that arose from last week’s discussion of what group members need to help them share their story. 	If there is any special equipment needed for the story-sharing exercise, have one facilitator use this time to make sure that it is ready to go.
Story-sharing: Participant 1 Participant shares memento, photograph related to his or her loss experience, and the story/memory attached to the item.	15 mins	<ul style="list-style-type: none"> • Model active engagement with the story of Participant 1. • Acknowledge the client’s courage to share their story; express gratitude for their contribution. 	
Group response: Participant 1 Ask: What struck you about that life experience? What have you learned about that person, or about yourself from listening to her story?	15 mins	<ul style="list-style-type: none"> • Allow participants to share when they are willing. • Provide clarity and focus to responses through use of reflection skills. • Be aware of any emerging tension or conflict, and be prepared to step in with processing skills if necessary. • Foster a sense of shared experience through linking responses together. 	Be prepared to model this activity by giving your response first. Depending on the stage of development that your group is in, this may be necessary each time the group enters this part of the story-sharing activity.
BREAK 10 mins			

Story-sharing: Participant 2	15 mins	As above	
Group response: Participant 3	15 mins	As above	
Story-sharing: Participant 3	15 mins	As above	
Group response: Participant 3	15 mins	As above	
BREAK 10 mins			
Facilitators' feedback to Participants 1, 2 and 3 Highlight coping strategies, uniqueness of individual experience, and universal themes of loss.	10 mins	<ul style="list-style-type: none"> • Highlight the diversity of coping responses. • Identify common factors in grief experience. • Honour those who have shared their stories, and given their responses. • Remind the group of the confidentiality of what was shared. 	
Discussion: Preparing for the end of the Changing Tides Group Remind group members that there are just two more meetings remaining. Discuss ways to prepare for this change.	10 mins	<ul style="list-style-type: none"> • Normalize any feelings that might emerge from the idea of ending the group. • Ask group members to begin to think about ways that they might like to mark this ending. 	
Check out: "As I think about the group drawing to a close, one thought or feeling I have is _____." Feedback forms (Meeting 6, Handout 1)	5 mins		

End of Meeting Announcements: Remind group members to keep working at their Personal Plans for change, as we will be taking a look at them in the final meeting.

Debriefing Questions

1. How well did we facilitate healthy group interaction and feedback? What stage of group development are we in? What are we noticing about the way that this group is working, or not working, together?
2. What unique coping strategies and personal strengths emerged from the memories shared?
3. How effective were we at highlighting and encouraging those strengths? Were we able to reframe any negative self-assessments?

CHANGING TIDES GROUP

Session Seven

“Sharing Our Stories – Part II”

**MEETING PLAN FOR “CHANGING TIDES: A GRIEF & LOSS SUPPORT
GROUP FOR SENIORS”**

Meeting #7 Meeting Title: Sharing Our Stories – Part II

Meeting Objectives:

1. To hear participants' prepared reflections on a personal loss experience.
2. To encourage group members to respond to each other's personal stories.
3. To highlight personal strengths and coping strategies, create links between individual experiences, and reframe negative self-assessments (Cappeliez, Guindon, & Robitaille, 2008).
4. To continue preparing group members for group termination.

Advance Preparation Required:

- Photocopy handouts and bring pens.
- Set up any special equipment requested by group members for their story-sharing activity.

Suggested References for this Meeting:

Cappeliez, P., Guindon, M., & Robitaille, A. (2008). Functions of reminiscence and emotional regulation among older adults. *Journal of Aging Studies*, 22, 266–272. doi:10.1016/j.jaging.2007.06.003

Activity/Topic	Length of time	How to facilitate the technique so it is engaging, useful, and therapeutic.	Facilitator Directions
Check-in Round: “What are you thinking about as you come here today?”	10 mins	<ul style="list-style-type: none"> • Be aware during this exercise to that anxiety may be present for those sharing their stories during this meeting. 	
Introduction to Story-sharing exercise Review the presentation order. Remind the group of the role that story-sharing can play in strengthening relationships and	10 mins	<ul style="list-style-type: none"> • Ask: “Based on the story-sharing exercise from last week, is there anything about this process that we need to alter?” • Remind group members know that it is normal to have an emotional response as they share and listen; assure the group that this is a safe place to 	If there is any special equipment needed for the story-sharing exercise, have one facilitator use this time to make sure that it is ready to go.

lessening the impact of depressive symptoms (Cappeliez et al., 2008).		have these responses.	
Story-sharing: Participant 4 Participant shares memento, photograph related to his or her loss experience, and the story/memory attached to the item.	15 mins	<ul style="list-style-type: none"> • Model active engagement with the story of Participant 4. • Acknowledge the client's courage to share their story; express gratitude for their contribution. 	
Group response: Participant 4 Ask: What struck you about that recollection? What have you learned about that person, or about yourself from listening to her story?	15 mins	<ul style="list-style-type: none"> • Allow participants to share when they are willing. • Provide clarity and focus to responses through use of reflection skills. • Be aware of any emerging tension or conflict, and be prepared to step in with processing skills if necessary. • Foster a sense of shared experience through linking responses together 	Be prepared to model this activity by giving your response first.
BREAK 10 mins			
Story-sharing: Participant 5	15 mins	As above	
Group response: Participant 5	15 mins	As above	
Story-sharing: Participant 6	15 mins	As above	
Group response: Participant 6	15 mins	As above	
BREAK 10 mins			
Facilitators' feedback to Participants 4, 5 & 6 Highlight coping strategies, uniqueness of individual experience, and universal themes of loss.	10 mins	<ul style="list-style-type: none"> • Highlight the diversity of coping responses. • Identify common factors in grief experience. • Honour those who have shared their stories, and given their responses. • Remind the group of the confidentiality of what was shared 	
Discussion: Preparation for Last	10 mins		

<p>Session Remind group members that next week is last session. Ask: “What are you expecting for our last session? What helps you to say goodbye?”</p>			
<p>Check out: “One word that describes my thoughts or feelings about this group coming to a close is _____” Feedback forms (Meeting 7, Handout 1)</p>	5 mins		

End of Group Announcements: Remind participants to bring their Personal Plans for Change next week for the final meeting.

Debriefing Questions

1. How well did we facilitate healthy group interaction and feedback? What are we noticing about the way that this group is working, or not working, together?
2. What unique coping strategies and personal strengths emerged from the memories shared?
3. How effective were we at highlighting and encouraging those strengths? Were we able to reframe any negative self-assessments?
4. How effective have we been over the last two meetings at preparing these participants for the end of this group? What needs to happen next meeting in order to facilitate an ending that is helpful to group members?

CHANGING TIDES GROUP

Meeting Eight

“Reflecting on the Journey”

**MEETING PLAN FOR “CHANGING TIDES: A GRIEF & LOSS SUPPORT
GROUP FOR SENIORS”**

Meeting #8 Meeting Title: Reflecting on the Journey

Meeting Objectives:

1. To finish the Reminiscence Therapy story-sharing exercises from the previous two sessions.
2. To review the content of the past seven sessions
3. To acknowledge the participants' dedication in attending the group, and to honour their willingness to participate, learn and grow.
4. To allow group members to acknowledge each other, and to facilitate a culminating activity.
5. To equip group members with information on support groups and counselling services in the community.

Advance Preparation Required:

- Photocopy handout; bring pens.
- Provide a variety of thank you cards, markers for culminating activity.
- Gather community resources about supportive services for seniors; ensure that copies of this information are available for everyone in the group.
- Bring the selection of shells and rocks from the first session. Place them in the middle of the circle.

Suggested References for this Session:

Corey, G., & Corey, M. (2006). *Groups: Process & Practice* (7th ed.). Toronto, ON, Canada: Thomson Nelson.

Activity/Topic	Length of time	How to facilitate the technique so it is engaging, useful, and therapeutic.	Facilitator Directions
Check-In “In one word, how are you feeling?”	5 mins	<ul style="list-style-type: none"> Acknowledge each member’s response Link responses to the reality that this is the last session together. 	
Remind Group of Guidelines for Story-sharing	5 mins	<ul style="list-style-type: none"> Give the same instructions as what was shared in the last two sessions. 	
Story-sharing: Participant 7 Participant shares memento, photograph related to his or her loss experience, and the story/memory attached to the item.	15 mins	<ul style="list-style-type: none"> Model active engagement with the story of Participant 7. Acknowledge the client’s courage to share their story; express gratitude for their contribution. 	
Group response: Participant 7 Ask: What struck you about that recollection? What have you learned about that person, or about yourself from listening to her story?	15 mins	<ul style="list-style-type: none"> Allow participants to share when they are willing. Provide clarity and focus to responses through use of reflection skills. Be aware of any emerging tension or conflict, and be prepared to step in with processing skills if necessary. Foster a sense of shared experience through linking responses together 	
BREAK 10 mins			
Story-sharing: Participant 8 *	15 mins	As above	
Group response: Participant 8 *	15 mins	As above	
Overview of Previous Meetings Verbally “re-cap” the themes and tasks of each of the previous sessions.	10 mins	<ul style="list-style-type: none"> Focus on the interconnectedness of the concepts presented, and how they may be applied to each group member’s daily life. 	White board/ flip chart may be used to enhance the overview
Review of Change Plan	15 mins	<ul style="list-style-type: none"> Ask: “How did everyone do with planning their change plan? Has anyone started the process of change?” Have participants break into triads 	Have one facilitator set up for the next activity while this review is happening. The other facilitator

		and share their change plans with each other.	should circulate among the triads.
BREAK 5 mins			
<p>Culmination Activity – Thank You Cards Place a selection of various thank you cards on the table. Circulate the cards among the group, with each person writing their words of thanks in their fellow group members' cards.</p>	15 mins	<ul style="list-style-type: none"> • Invite participants to pick a card that jumps out to them and/or reflects who they are. • Encourage each group member to write something in all their fellow group members' cards; let the group know that it is okay to simply share one or two words of gratitude. 	Conduct this activity around a table (if one is available to you) as this may help seniors to write with more ease. If no table is available, have clip boards for participants' use.
<p>Preparation for final check-out Thank each member of the group for their participation. Discuss parameters of any future contact. Invite participants to a post-group meeting in one month's time.</p>	15 mins	<ul style="list-style-type: none"> • Remind participants that they are free to stay in touch with one another, but that what was shared in group should remain confidential. • Remind group members of the ethical parameters of future contact with the facilitators. • Direct participants to information about other support groups, counsellors, and community resources available to them. 	Place information about other support groups, counselling programs and community resources on a table or bulletin board in the room. Have enough copies for each group member to take one.
<p>Check-out Activity Think about how you've changed over the course of the past 8 weeks. Choose a rock or shell that reflects the person that you are today. Share what this rock/shell says about you.</p> <p>Feedback Form</p>	15 mins	<ul style="list-style-type: none"> • Acknowledge the change that has taken place in each group member after his/her response. 	

** Note: If there are fewer than 8 members in the group, facilitators can use this time to expand culmination activities.*

End of Meeting Announcements: Let each group member know that they will be receiving a phone call from one of the facilitators in two weeks to: a) remind them of the date and time of the post-group meeting, and b) set up a time to conduct an individual post-group interview.

Debriefing Questions

1. How would we characterize the journey that this group took?
2. How do we know that this experience promoted growth and well-being? What have the markers been?
3. How might we adjust our responses, our behaviours, or the content of each session to make it more effective?
4. What should we bring with us to future group experiences?

CHANGING TIDES GROUP

Post-group Meeting

“Examining the Journey”

**MEETING PLAN FOR “CHANGING TIDES: A GRIEF & LOSS SUPPORT
GROUP FOR SENIORS”**

Post-Group Meeting Meeting Title: Examining the Journey

Meeting Objectives:

1. To receive constructive feedback about the content and process of the Changing Tides group from group members.
2. To hear how the concepts and skills learned in the group have been integrated into the lives of participants.
3. To give participants a final opportunity to share with the group.

Advance Preparation Required:

- Photocopy Appendix C (Overview of Changing Tides Concepts and Activities)

Suggested References for this Session:

Corey, G., & Corey, M. (2006). *Groups: Process & Practice* (7th ed.). Toronto, ON, Canada: Thomson Nelson.

Activity/Topic	Length of time	How to facilitate the technique so it is engaging, useful, and therapeutic.	Facilitator Directions
<p>Check-In Complete this sentence: “My favourite memory from our time together as a group is:_____”</p>	10 mins	<ul style="list-style-type: none"> • Invite group members to share in the order that they wish. • Prepare to lead off this check-in activity. 	
<p>Group Discussion: Feedback on Changing Tides Group Provide participants with a copy of Appendix C (Overview of Changing Tides Concepts and Activities). Briefly review each session and invite feedback.</p>	20 mins	<ul style="list-style-type: none"> • Review the concepts as a way of inviting feedback on the value of each group meeting. • Suggested discussion questions: “What concepts have helped you the most in your day to day life?” • “Which activities did you find most useful?” • “What concepts or activities did you find the least helpful?” • “Was there anything that you wished we had covered?” 	Have one facilitator lead the discussion, while the other takes notes on the feedback.
<p>Facilitator Remarks: Thank participants for their willingness to give feedback; let participants know that you will incorporate their feedback into future sessions; share observations on significant learnings that took place during the group.</p>	10 mins	<ul style="list-style-type: none"> • Focus on how individuals have incorporated learning into their day to day lives and ways they can continue to do so. • Highlight strengths and successes of group members 	
<p>Check Out: "The thing I most appreciated about being a part of this group was_____."</p>	10 mins		
<p>Group Evaluation Invite group members to fill out a final evaluation form (Post-group</p>	5–10 mins		

meeting, Handout 1) and leave it in the drop box.			
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Debriefing Questions

1. What did we learn from participants about the value of the content presented during the group?
2. How can we incorporate this learning into the next group that we facilitate?
3. What have we learned about our group facilitation skills as a result of the feedback we have received?

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Appendix D

Pre-Group Screening & Post-Group Assessment Guidelines

To help ensure that group members are prepared to participate in group therapy, it is important that facilitators conduct a screening interview with potential group members. The purpose of this interview is to: a) establish whether group members meet the criteria for group membership, and b) administer an assessment tool which can help you to measure the effectiveness of the group therapy for each group member. Below is a list of the basic criteria for group members, as well as a simple assessment tool that can be administered during the screening interview and again after the final Changing Tides meeting.

Criteria for Group Members

Group members must:

- Be aged 65 or older
- Self-identify as having difficulty coping with a personal experience of grief or loss
- Be willing and able (keeping in mind issues of health and mobility) to attend eight group meetings, as well as a pre-group and post-group meeting at the designated location
- Express a willingness to engage in group therapy
- Be willing to adhere to the ethical guidelines outlined in the Informed Consent & Confidentiality Form

Basic Assessment Tool

The following assessment tool (The Geriatric Depression Scale) is intended to measure each group member's depression before and after participation in the Changing Tides support group. Facilitators are encouraged to ask potential participants the questions listed in the GDS once during the screening interview, and again at some point before the post-group meeting.

The Geriatric Depression Scale (to be verbally administered by the facilitator)

Choose the best answer for how you have felt over the past week:

1. Are you basically satisfied with your life? YES / **NO**
2. Have you dropped many of your activities and interests? **YES** / NO
3. Do you feel that your life is empty? **YES** / NO
4. Do you often get bored? **YES** / NO
5. Are you in good spirits most of the time? YES / **NO**
6. Are you afraid that something bad is going to happen to you? **YES** / NO
7. Do you feel happy most of the time? YES / **NO**
8. Do you often feel helpless? **YES** / NO
9. Do you prefer to stay at home, rather than going out and doing new things? **YES** / NO
10. Do you feel you have more problems with memory than most? **YES** / NO
11. Do you think it is wonderful to be alive now? YES / **NO**
12. Do you feel pretty worthless the way you are now? **YES** / NO
13. Do you feel full of energy? YES / **NO**
14. Do you feel that your situation is hopeless? **YES** / NO
15. Do you think that most people are better off than you are? **YES** / NO

Answers in **bold** indicate depression. Although differing sensitivities and specificities have been obtained across studies, for clinical purposes a score > 5 points is suggestive of depression and should warrant a follow-up interview. Scores > 10 are almost always depression.

The Geriatric Depression Scale (GDS) was developed by Brink, Yesavage, Lum, Heersema, Adey, and Rose (1982) at Stanford University. The authors indicate on their website that the GDS is public domain and can be reprinted without infringing on copyright (<http://www.stanford.edu/~yesavage/ACRC.html>).

References:

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- Brink, T. L., Yesavage, J. A., Lum, O., Heersema, P., Adey, M. B., & Rose, T. L. (1982). Screening tests for geriatric depression. *Clinical Gerontologist* 1, 37–44.

Appendix E

Changing Tides Grief and Loss Support Group – Informed Consent and Confidentiality Form

You are invited to participate in a grief and loss support group. Please read the following information. Your signature below will indicate that you have understood and accept this information and its implications for group involvement.

Purpose of this Group:

This group counselling program is for adults who are seeking support to deal with grief, loss and/or life transitions. Many topics will be explored, including models of grief and loss, impacts of grief and loss, personal coping strategies, and community resources. Please note that this group will not be exploring issues unrelated to grief, loss, and life transition.

Expectations of Group Members:

To keep this group experience safe and respectful for all, the following are the minimal expectations for everyone involved in the group:

- 1) Group members and facilitators will demonstrate respect for one another, both in their similarities and in their differences.
- 2) Group members will respect the need to honour everyone's privacy. Every one will need to agree that they will not share the identity or personal information revealed within group meetings to people outside of the group.
- 3) Group members and facilitators will make a concerted effort to be in attendance for each of the group meetings.
- 4) We recognize that in a small community such as Victoria, there is the potential for fellow group members and facilitators to encounter one another in social,

professional or public settings outside of the context of the group. In order to minimize the potential for a breach of confidentiality, we ask that group members engage in a discussion during the pre-group meeting regarding how these encounters are to be managed. Group facilitators will not initiate any sort of contact with participants outside of the purposes and functions of the group.

Record Keeping & Confidentiality:

At the time of your initial contact with us, a file will be started with your name on it. This file will include:

- your basic information (name, phone number, referral source)
- your intake form
- consent to release information forms
- a signed copy of your Informed Consent and Confidentiality Form
- copies of any letters written on your behalf
- case notes
- case file from previous counselling contact should you be a returning client

Records will be stored in a locked filing cabinet, and will contain minimal details, and only pertinent information. If we have not had contact with you over a one month period, your file will be closed. Files will be shredded after a period of 7 years.

Facilitators will carefully respect the confidentiality and guard the privacy of group members. However, there are legal and ethical requirements that may require the facilitators to break confidentiality. These are noted below:

- If information is shared by a group member which reflects the intent to harm oneself, or another person (e.g., abuse), group facilitators will be under legal obligation to breach confidentiality.
- If your record is subpoenaed, group facilitators will be legally required to share the information. In such an occurrence, group facilitators may advocate limiting the information available to the court.
- Group facilitators may confer with one another, and with their colleagues during case consultation, regarding information shared by the members within the group

sessions. The confidentiality of each group member will be respected and upheld by each of these consulting professionals

With the exception of the circumstances listed above, group facilitators cannot legally share any personal information about you to your friends, family, doctor, or any other professional. If you would like us to share information with another individual, you must give us written permission. *If you change your mind, please note that you have the right to revoke that permission at any time.*

Potential Risks and Benefits to Participating in a Group:

The potential benefits of participation in this group are an increased ability to cope with loss and transition, a greater sense of social and community support, decreased feelings of depression and anxiety, and increased feelings of self-efficacy and well-being.

While we do not foresee any risks that would seriously impact participant's health or safety, due to the social nature of group interventions, and the probability that group members will encounter one another outside of the group, it is impossible to guarantee that participant's identities and personal information will remain entirely confidential.

In order to decrease the likelihood of this type of occurrence, group facilitators will make every effort to uphold their commitment to confidentiality and will require participants to do the same.

Discontinuation of Participation:

If you decide to participate in this discussion group, you are free to discontinue participation at any time without prejudice. The \$40 registration fee for this group, however, is non-refundable.

Questions, Concerns, or Complaints:

If you have any questions or concerns before, during or after your involvement with this group, please contact Candace Stretch at [phone number]. If you have any complaints or ethical concerns about the facilitation of this group, please contact my academic supervisor at [email address].

You will be offered a copy of this form to keep.

.....

You are making a decision whether or not to participate in this group. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time without penalty or loss of benefits to which you may be entitled after signing this form should you choose to discontinue participation in this group.

Signature Date

Participant Signature

Signature Date

Counsellor Signature

Adapted from:

1. University of Lethbridge. (2010). *Informed consent form for counselling at the University of Lethbridge*. Retrieved from <http://www.uleth.ca/counselling/sites/counselling/files/informed%20consent%20U%20of%20L%20sept%209%202010.pdf>
2. Sinclair, C., & Pettifor, J. (2001). *Companion manual to the Canadian code of ethics for psychologists* (3rd ed.). Ottawa, ON, Canada: Canadian Psychological Association.