ISSN No:-2456-2165

Cognitive Behavorial Therapy: A Case Study of Breavement Marshall University

Mwuese C. Titor-Addingi

Abstract:- The need for bereavement services to help support individuals going through grief and heal successfully is an essential need in the society. This work made use of Cognitive behavioral therapy CBT as a therapeutic module for the group sessions of selected group of individuals going through grief. Assessment incorporates clinical observations, client self-reporting, evidence based tools/questionnaires, and diagnostic criterion found within the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5), a preliminary diagnosis of Persistent Complex Bereavement Disorder (PCBD) was determined and studied. It is therefore found that there was a significant drop below the clinically significant mark of 4.0 by the end of the 10 week treatment and final submission of the BGQ, and is further found that given the recommended 20-25 Cognitive Behavioral Therapy (CBT) sessions, the group's score resulted in elimination of all/nearly all symptoms of PCBD experienced by group members.

I. INTRODUCTION

The development of the "Grief and Healing Support Group" came from an extrinsic need for bereavement services within the Grayson, KY community due to an increase in suicide completions and deaths related to the current opioid epidemic. A community member reached out to Marshall University Professor, Paula Rymer (CSW, LSW, LICSW), to request assistance in facilitating the bereavement group. Graduate students who have experienced traumatic loss and understand the bereavement process were chosen to facilitate the group.

It was predetermined that the group would be an open group for individuals (ages 16 and older) who have experienced a death or traumatic death of a family member, friend, or loved one. It was also predetermined that the graduate students would facilitate a total of eight to twelve sessions. Although Cognitive Behavioral Therapy (CBT) was the module used during therapeutic group sessions, research and pilot studies conducted by Dr. Katherine Shear indicate that Complicated Grief Therapy (CGT) is an effective evidence based treatment for complicated grief of the bereaved (Zagorski, 2015 and Shear & Bloom, 2017). CGT incorporates elements of CBT along with Interpersonal Psychotherapy (IPT) and Motivational Interviewing (MI). However, CGT is conducted at a minimum of 16 weekly sessions, and due to time constraints along with the predetermination for use of an evidence based modality, CBT was utilized (2015& 2017).The structural basis for implementation of CBT within the bereavement group was obtained from the book titled, *Cognitive-Behavioral Therapy in Groups* (Bieling, McCabe, Antony, 2009).

The times and dates of the meetings were also discussed amongst the co-facilitators and community member, and were set. Additionally, a centralized location, Bayless Memorial Presbyterian Church, was chosen as a host site. The church provided refreshments for the participants during the session meetings.

An advertisement campaign within the local community through a podcast, social media, churches, and community organizations was initiated by the community member. Due to the fact that loss does not have boundaries, although there was an age limit set, there were no limitations on gender, race, or ethnicity. The group co-facilitators met several times prior to the first group session. During the meetings, the co-facilitators discussed evidence based diagnostic tools, treatment plans (including but not limited to goals and objectives), and implementation of Cognitive Behavioral Group Therapy (CBGT). The co-facilitators also decided on which responsibilities each would have during the initial group session, and how often they would meet to debrief and discuss future group sessions.

II. ASSESSMENT

Assessments are essential to providing adequate and appropriate treatment to individuals and treatment groups alike. Assessment incorporates clinical observations, client self-reporting, evidence based tools/questionnaires, and diagnostic criterion found within the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5). Using these methods, a preliminary diagnosis of Persistent Complex Bereavement Disorder (PCBD) was determined and studied.

Persistent Complex Bereavement Disorder (PCBD) is intense grief after the death of a loved one that lasts longer than expected according to social norms and causes functional impairment. The condition is found in theDiagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) within the chapter titled, *Conditions for Further Study* (American Psychiatric Association [APA], 2013). The proposed five criteria listed within the DSM-5 include (APA, 2013):

- Individual experienced the death of someone with whom they had a close relationship
- Since the death, they have experienced at least one of the following symptoms more often than not to a clinically significant degree persistently for at least 12 months for bereaved adults and 6 months for bereaved children:
  - Persistent yearning/longing for the deceased
  - Intense sorrow and emotional pain
  - Preoccupation with the deceased
  - Preoccupation with the circumstances of the death

ISSN No:-2456-2165

- Since the death, six or more of the following have been experienced at clinically significant degree and have persisted for 12 months after the death for bereaved adults and 6 months for bereaved children:
  - Marked difficulty accepting the death.
  - Experiencing disbelief or emotional numbness over the loss
  - Difficulty with positive reminiscing about the deceased
  - Bitterness or anger related to the loss
  - Maladaptive appraisals about self in relation to the deceased or the death
  - Excessive avoidance of reminders of the loss
  - A desire to die in order to be with the deceased
  - Difficulty trusting other individuals since the death
  - Feeling alone or detached from other individuals since the death
  -
  - Feeling that life is meaningless or empty without the deceased
  - Confusion about one's role in life, or loss of one's sense of identity
  - Difficulty or reluctance to pursue interests since the loss or to plan for the future

- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The bereavement reaction is out of proportion to or inconsistent with cultural, religious, or age-appropriate norms (2013).

In addition to the five criteria listed in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5), a specifier is listed along with features supporting the diagnosis, development of Persistent Complex Bereavement Disorder (PCBD), and associated risk factors. For those who are bereaved due to traumatic loss such as homicide or suicide, and exhibit persistent distressing preoccupations regarding the traumatic nature of the death a specifier of traumatic bereavement is assigned. Some features that may be observed or reported can include hallucinations and somatic symptoms. An environmental risk for PCBD is when the bereaved had increased dependency upon the deceased individual. If an individual grieves outside or beyond the cultural norms, they are at higher risk of developing PCBD. Clinicians must also be vigilant as those who are diagnosed with PCBD more frequently report suicidal ideations (2013).

Persistent Complex Bereavement Disorder (PCBD) is distinguished from the normal grieving process through the aforementioned criterion specified in the DSM-5 (APA, 2013). The bereaved experiences severe levels of grief responses which persists at least 12 months following the death, and their grief responses interfere with their daily functioning. Some of the symptoms such as depressed mood, sadness, crying, and suicidal ideations may also be shared with Major Depressive Disorder (MDD) and Persistent Depressive Disorder (dysthymia), however, PCBD is "characterized by a focus on the loss" of the deceased (APA, 2013). Therefore, due to criterion not met per the DSM-5, a diagnosis of MDD and PDD were ruled out.

Given the noted information, coupled with the fact that the majority of the group members experienced their loss over 6 months (for children) and/or 12 months (for adults) prior respectively, and necessaryDSM-5 was met, a diagnosis of Persistent Complex Bereavement Disorder (PCBD) was made. There were no members who expressed that their loss was associated with a trauma, nor were any group members observed to exhibit specifiers of traumatic bereavement. There was also no comorbid diagnosis such as bipolar disorder, schizophrenia, or substance use disorder. Therefore, comorbid diagnosis such as those previously mentioned were ruled out per specified criterion listed in the DSM-5 (APA, 2013).

Prior to the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5), the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision (DSM-IV-TR) described Persistent Complex Bereavement Disorder (PCBD) and/or bereavement in generally in terms of "other conditions that might be the focus of clinical attention" (American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision [DSM-IV-TR], 2000).For facilitation of the group, the DSM-5 was used for diagnostic purposes.

Further assessment was made of the group through implementation of the Brief Measure for Screening Complicated Grief (BGQ) at the onset, halfway mark, and termination of the group (Ito, Nakajima, Fujisawa, et al., 2012). This is an evidence based tool that was developed in 2002 in response to individuals who sought support for the September 11, 2001 terrorist attacks in New York. It was developed prior to the DSM-5, however, the BGQ, continues to be the most widely used evidence based tool to assist in assessments of the bereaved. This screening tool asks five questions which organize information about the individual client. It assesses the individual, self-care practices, need for professional care, andsocialization for a more holistic view of the client's environment in light of their loss. The BGQ uses a Likert scale of "Not at all (0)," "Somewhat (1)," and "A lot (2)." The questionnaire is a brief self-report, and it can be used in all healthcare settings (Ito, Nakajima, Fujisawa, et al., 2012). The five questions asked of the bereaved are:

1. How much trouble are you having accepting the death of _____?
2. How much does your grief still interfere with your life?
3. How much are you having images or thoughts of _____ when s/he died or other thoughts about the death that really bother you?
4. Are there things you used to do when _____ was alive that you don't feel comfortable doing anymore, that you avoid? Like going somewhere you went with him/her, or doing things you used to enjoy together? Or avoiding looking at pictures or talking about _____? How much are you avoiding these things?

ISSN No:-2456-2165

5. How much are you feeling cut off or distant from other people since _____ died, even people you used to be close to like family or friends? (2012).

The decision to utilize this tool was based on recommendations of clinicians within the field and on evidence found through literary research of peer reviewed studies and articles. One such study was conducted in Japan and the results of the study supported the reliability and validity of the BGQ(Ito, Nakajima, Fujisawa, Miyashita, Kim, et al., 2012). The study was conducted randomly via mailed BGQ's, and examined the responses of individuals who were bereaved more than 6 months but less than 10 years. The study also supports the view that this instrument can be utilized in both clinical and non-clinical settings, as well as, the cultural universality of complicated grief as a paradigm for which the BGQ is a way in which clinicians can easily assess complicated grief symptoms associated with PCBD (2012).

Another study which used the Brief Grief Questionnaire (BGQ) was conducted with military service members (Delaney, Holloway, Miletich, United States Navy, United States Marine Corps, Webb-Murphy, &Lanouette, 2017). The study was conducted to help identify military service members who suffered from complicated grief due to their experiences in theater. It was determined through the study that a BGQ "can help capture many of those with grief related impairment," and further suggested that the grief screen be utilized as a standard measure to target and treat symptoms associated with grief (2017).

III. TREATMENT PLAN

Current studies show that Persistent Complex Bereavement Disorder (PCBD) is best treated with Cognitive Behavioral Therapy (CBT) (Khashab, Kivi, &Fathi, 2017 and (Fields, Johnson, Mears, & Johnson, 2018). Cognitive Behavioral Therapy helps individuals confront their cognitive distortions, emotional issues, and provides the bereaved with a means to accept grief, increase their spiritual well-being, and increase emotional intelligence(2017). Recent studies have found that individuals with PCBD respond to an Integrative CBT treatment similarly to those individuals with Post Traumatic Stress Disorder (PTSD) (Rosner, Pfoh, &Kotoucova, 2010). Therefore, exposure therapy is integrated during the course of CBT. This allows for cognitive restructuring whereby the individual identifies and confronts dysfunctional thoughts and provides for them to experience the situation in a safe environment (2010).

In addition to Cognitive Behavioral Therapy (CBT), aroma therapy, mindfulness and relaxation techniques were integrated into the therapeutic bereavement group. In a controlled pilot study that measured the effects of mindfulness-based CBT on depressive symptoms of bereaved elderly individuals, there was a significant reduction in symptoms (O'Conner, Piet, &Hougaard, 2014). In other studies, which looked at aroma therapy whereby different scents such as lavender and lemon were analyzed, it was found that lemon scent had a positive effect on mood, and aroma therapy was found to increase functioning in the parasympathetic nervous system while decreasing sympathetic nervous system functioning (Komori, Kageyama, Tamura, Tateishi, &Iwasa, 2018, and National Center for Complementary and Integrative Health [NCCIH], 2012).

Similarly, diaphragmatic breathing has been proven to decrease sympathetic nervous system function while increasing parasympathetic nervous system responses and studies have revealed that it reduces anxiety, depression, stress, and emotional exhaustion (Ma, Yue, Gong, Zhang, Duan, Shi, & Li, 2017). Physiologically, even a single breathing practice significantly reduced blood pressure, increased heart rate variability and oxygenation, enhanced lung function and improved cardiorespiratory fitness and respiratory muscle strength. This study showed that diaphragmatic breathing has the potential to improve cognitive function while reducing negative physiological consequences of stress (2017).

To empower participants and provide cognitive awareness and insight into emotional regulation, they were provided an additional tool to monitor their own progress on a daily and weekly basis. The Likert 11 point scale was provided to each of the participants and used during check-in as a means of self-monitoring, and for the group and facilitator to monitor progress. It has been proven as an effective tool, and by using the 11 point scale, studies have indicated a greater validity "in the sense that total scores more highly estimated the construct underlying the item set (Flamer, 1983).

IV. COGNITIVE BEHAVIORAL THERAPY TREATMENT PLAN IN A GROUP SETTING

- **Long-term Group Goals:**
  - Reduce triggers and lessen symptoms of Persistent Complex Bereavement.
  - Begin and sustain an emotionally healthy grieving process around the loss.
  - Develop an awareness of how the avoidance of grieving and the attempts to deny the loss have affected life.
  - Identify feelings associated with the loss of the loved one.
  - Gradually but steadily return to level of functioning that was normal previous to the loss.

V. METHODOLOGY

A. Session 1-Introduction to Bereavement Group

a) Session 1 Objective # 1:
Group members will verbalize an understanding of the concept and process of grief work

Interventions: CBT/Rapport Building/Psychoeducation/BGQ

- Group members will complete BGQ(Ito, Nakajima, Fujisawa, et al., 2012).

- Group members will introduce themselves and share their losses that precipitated them attending group therapy.
- Facilitator will provide an overview of the grief process and elicit group discussion.
- Group members will identify common emotional reactions to death of a loved one and participate in a discussion about the grief process.

b) Session 1 Objective# 2:
Group members will establish goals and rules for group.

Interventions: CBT/Rapport Building/Psychoeducation

- Facilitator will elicit group members' expectations and/or goals for group therapy.
- Group facilitator and members will discuss and establish the group "Rules." Including:
  - Confidentiality
  - Check-in
    - ✓ Likert Scale
    - ✓ Home practice discussion
  - Session discussion
  - Home practice
  - Attendance
- Home Practice Week 1: Review group goals and prepare to discuss stress level using the Likert Scale during next group session.

B. Session 2-Stages of Grief

a) Session 2 Objective # 1:
Group members will verbalize an understanding of the stages of grief as a non-linear process(Maciejewski, Zhang, Block, & Prigerson, 2007).

Interventions:CBT/Psychoeducation

- Check-in using Likert Scale to discuss current stress level and home practice review (Flamer, 1983; Cirino, 2017).
- The facilitator will provide handout and education on Stages of Grief (Corn, 2013).
- Group members will discuss how they have experienced the various stages and where they are within the Stages of Grief at this time.

b) Session 2 Objective # 2:
Group members will develop an understanding of how the stages of grief are part of the ongoing grief process and must be experienced in order to heal.

Interventions:CBT/Mindfulness

- Group members will discuss their individual coping strategies as they relate to the stages, and will determine if they allowed themselves to experience the stage or avoided the stage (Rice, 2015).
- Home Practice Week 2: Group members will review the Stages of Grief handout, and note daily their thoughts and feelings related to their loss and experienced stages of grief.

C. Session 3-What is Loss?

a) Session 3 Objective #1:
Group members will identify types of losses and the impact of loss on daily functioning.

Interventions: CBT/Mindfulness

- Group members will check-in using Likert Scale to discuss current stress level.
- Group members will discuss what loss means to them.
- They will discuss how their loss has changed their daily routines and resulted in further losses.

b) Session 3 Objective #2:
Group members will develop an awareness of the interconnectedness of thoughts, feelings, and behaviors.

Interventions: CBT/Mindfulness

- Group members will be provided education and illustration handout of cognitive triangulation (Vanderbilt University Medical Center, 2011).
- Group members will discuss an experience where their cognitions and emotions were directly impacted by their loss. They will then discuss their subsequent behavior.
- Home practice Week 3: Group members will list ways their losses affect their daily lives throughout this week and will share during the next group session.

D. Session 4- I Statements

a) Session 4 Objective #1:
Group members will explore, develop, and demonstrate the ability to use "I" statements (Hansen, 2015).

Interventions: CBT/Psychoeducation/Mindfulness

- Group members will check in using the Likert Scale to discuss current stress level
- Facilitators will provide education and worksheet to group members on "I" statements.

b) Session 4 Objective #2:
Group members will use "I" statements to discuss cognitions, emotions, and behaviors related to the loss.

Interventions: CBT/Mindfulness

- Group members will discuss home practice activity using "I" statements.
- Group members will use "I" statements to discuss ways they feel they have/have not adapted to changes surrounding their losses.
- Home practice Week 3: Group members will list stressors they experience this upcoming week and prepare an "I" statement describing one of their stressful situations to discuss during the next group session.

ISSN No:-2456-2165

E. Session 5- String of Stressors

a) Session 5 Objective #1:
Group members will develop awareness and insight into dysfunctional cognitions and dysregulated emotional and behavioral responses.

Interventions: CBT/Mindfulness/BGQ
- Group members will complete BGQ.
- Group members will check in using the Likert Scale to discuss current stress level
- Facilitator will encourage discussion about stressors by introducing string/yarn to describe stress as ongoing and interwoven into daily living until "cut" by awareness and appropriate coping skills.
- Group members will use "I" statements to discuss their stressful thoughts, emotions, and behaviors related to their loss.

b) Session 5 Objective #2:
Group members will practice and develop relaxation and positive cognitive coping skills(Ma, Yue, Gong, Zhang, Duan, Shi, & Li, 2017).

Interventions:
CBT/Psychoeducation/Relaxation/Mindfulness
- Facilitator will provide education and elicit discussion on appropriate and adaptive relaxation and coping skills versus maladaptive coping skills.
- Group members will discuss dysfunctional cognitions and challenge them with positive cognitions.
- Facilitator will provide education and practice diaphragmatic breathing with group members to assist them in relaxing.
- Home practice Week 5: Group members will practice challenging dysfunctional cognitions and use diaphragmatic breathing exercise when experiencing strong emotional responses to distressing cognitions. They will discuss results during the next group session.

F. Session 6- Grief Ball of Emotions

a) Session 6 Objective #1:
Group members will verbalize and continue to develop awareness, insight, and cognitive coping skills.

Interventions: CBT/Relaxation/Mindfulness
- Group members will check in using the Likert Scale to discuss current stress level.
- Facilitator will guide group members as they practice diaphragmatic breathing and will elicit group for changes in stress level using the Likert Scale.
- Group members will discuss an incident whereby they challenged dysfunctional cognitions.

b) Session 6 Objective #2:
Group members will continue to develop emotional awareness and positive coping skills.

Interventions: CBT/Mindfulness/Relaxation
- Group members will participate in a group activity of unraveling emotion words in a "Grief Ball." They will then verbalize emotions and incidents since their loss where they felt the "unraveled" emotion.
- Group members will discuss both negative and positive emotions, impacts of grief, and coping skills as they relate to incidents discussed.
- Home practice Week 6:
  - Group members will review the Feelings Wheel handout, and will list emotions they have throughout the week along with their thoughts and behaviors surrounding the emotions (Burr, 2014).
  - They will continue to practice diaphragmatic breathing to provide relaxation and aide in reduction of symptoms.
  - Group members will discuss outcomes during the next group session.

G. Session 7-How my body reacts to my thoughts and feelings

a) Session 7 Objective #1:
Group members will develop an awareness of how their cognitions and emotions both positively and negatively impact their physiological well-being(Buckley, Sunari, Marshall, Bartrop, McKinley, &Tofler, 2012 and Hall & Irwin, 2001).

Interventions: CBT/Relaxation/Mindfulness
- Group members will practice diaphragmatic breathing
- Group members will check in using the Likert Scale to discuss current stress level.
- Group members will participate in an activity whereby they list the top five emotions they have felt since their loss, assign a color to each emotion, and color/trace the parts of their body (on handout provided by facilitator) where they feel the emotion(Complexed Body Blog, 2013).

b) Session 7 Objective #2:
Group members will verbalize how their emotions affect their physical bodies and ways they can mitigate any negative impacts.

Interventions:
CBT/Relaxation/Mindfulness/Psychoeducation
- Group members will discuss their colored handout with other group members.
- Group members will discuss coping skills previously used, and appropriate ways to cope with emotions to prevent ongoing physical distress/harm.
- Home practice Week 7:

- Group members will journal their emotions and effects on their bodies during the upcoming week.
- They will implement 15 minutes of a relaxation activity to replace maladaptive coping skills, and will discuss during the next group session.

H. Session 8- Self-care

a) Session 8 Objective #1:
Group members will discuss appropriate self-care/coping skills to replace maladaptive coping skills and behaviors related to their loss.

Interventions:CBT/Relaxation/Mindfulness
- Group members will check in using the Likert Scale to discuss current stress level.
- Group members will engage in an activity of choosing a self-care item (from table provided by facilitator).
- They will discuss with the group why they chose the item, and how they can utilize the item to replace maladaptive coping skills.

b) Session 8 Objective #2:
Group members will develop an awareness of how positive coping skills provide cognitive, emotive, and behavioral regulation.

Interventions:CBT/Relaxation/Mindfulness/Psychoeducation
- Facilitator will provide education and examples of mindfulness and aroma therapy with essential oils for added coping skills (Komori, Kageyama, Tamura, Tateishi, &Iwasa, 2018).
- Group members will discuss their thoughts and how the self-care items/tools make them feel emotionally and physically.
- Home practice Week 8:
  - Group members will continue to develop mindfulness practices and coping skills by engaging in a self-care activity for 15 minutes daily.
  - Group members will continue to utilize diaphragmatic breathing to help regulate distressing cognitive, emotive and physiological responses.
  - They will discuss outcomes with the group during the next group session.

I. Session 9-In Vivo

a) Session 9 Objective #1:
Group members will verbalize ways they feel they are better able to cope and make meaning of the loss in their daily lives(Rice, 2015).

Interventions:CBT/Relaxation/Mindfulness/BGQ
- Group members will complete BGQ.
- Group members will practice diaphragmatic breathing.
- Group members will check-in using the Likert Scale to discuss stress level.
- Group members will watch, "We don't move on from grief," and engage in group discussion of ways they feel can make meaning from their loss(McInerny, 2018).

b) Session 9 Objective #2:
Group members will use developed cognitive and emotional regulation skills to explore, discuss, and verbalize a resolution
of feelings toward the lost loved on

Interventions: CBT/Relaxation/Mindfulness
- Group members will participate in a group activity whereby they write a letter to their lost loved one (Hansen, 2015).
- They will discuss their thoughts, feelings, and reactions to writing the letter with the group.
- Group members will participate in diaphragmatic breathing.
- Home practice Week 9:
  - Group members will continue to practice 15 minutes of self-care daily.
  - Group members will list three things that their loved one was passionate about and determine ways they can honor one of these to make meaning from the loss.
  - They will discuss outcomes during the next group session.

J. Session 10- Termination of Services

a) Session 10 Objective #1:
Group members will verbalize their understanding and implementation of Cognitive Behavioral Therapeutic interventions.

Interventions:CBT
- They will check-in using the Likert Scale to discuss stress level
- Group members will discuss how they met their therapeutic goals and which interventions were most beneficial to them.

b) Session 10 Objective #2:
Group members will discuss how they plan on making meaning from their loss.

Interventions: CBT
- Group members will share with the group their home practice exercise.
- They will discuss one way they feel they can make meaning from their loss.

c) Session 10 Objective #3:
Group members will verbalize and implement a safety plan.

Interventions: CBT/Resources & Referrals/Safety Planning/Mindfulness
- Group members will discuss their concerns about termination of services.

- They will identify and verbalize their continued needs and list topics they wish to discuss with new group facilitators.
- Facilitators will provide resource and referral information.
- Home practice Week 10:
  - Group members will continue to use CBT as necessary
  - Group members will continue to attend a local bereavement support group
  - Group members will utilize resources and/or referrals to address continued or further needs.

VI. RESOURCES COORDINATION

Participants of the bereavement support group received ongoing resources which included but were not limited to corresponding reading materials, suicide prevention and bereavement literature, relaxation and mindfulness techniques, self-care activities, referrals for individual counseling through Hope Hospice, and continued support within the bereavement group. These efforts were coordinated by the co-facilitators who met weekly to staff the ongoing needs of the group, locate evidence based resources, and prepare necessary resources and/or referral information. Additionally, the co-facilitators maintained communication with the upcoming facilitators to provide updates and further resource information as the group moves forward after termination of services is completed for present co-facilitators. This will enable the group to continue without interruption, and provide for better outcomes.

VII. LEGAL MANDATES AND ETHICAL STANDARDS

There were no legal mandates presented by group members during weekly group sessions. However, it is expected that if the deaths had occurred closer to the time of the initiation of the group, or if the members had chosen to discuss and ask questions regarding legal issues, the facilitator would have provided resource information as this would fall outside of the scope of the facilitators ethical and professional abilities. As a social worker, the facilitator has an ethical responsibility to always place the needs of the client first and to do no harm (NASW, 2018). Therefore, personal biases must be set aside, and appropriate action taken that provides for better outcomes. For example, if the social worker has experienced the loss of a loved one and had to deal with probate court after the death, they must refrain from giving advice about such matters and direct the client to seek legal advice from a qualified individual such as those found at their local legal aid society. This would also include similar matters such as burial issues/expenditures, death certifications, wills, living-wills, and the like. Giving advice on things such as the aforementioned may cause financial, emotional, or physical harm, and in the end cause harm to the client.

In addition, maintaining confidentiality is ethically and professionally the responsibility of the social worker, and was discussed at the onset of the group and on an ongoing basis with group members (NASW, 2018). Similarly, it was discussed with the group members that the facilitator would maintain confidentiality unless there was a viable safety risk for group members and/or members of the general public. The facilitator is a mandated reporter and is required by law and ethical standards to make a report to the appropriate agency such as child protective services and/or law enforcement (NASW, 2018 and KCADV, 2017).

VIII. CONCLUSION

An integrative approach of Cognitive Behavioral Therapy (CBT) along with evidence based interventions was taken when working with the bereavement support group.

In doing so, there were marked improvements in stress levels for each of the group members using both the Likert Scale weekly results and the BGQ. The BGQhad a mean score of 5.7 at the beginning of treatment, and dropped to a mean score of 4.6 at the midpoint of the group treatment. It is therefore found that there was a significant drop below the clinically significant mark of 4.0 by the end of the 10 week treatment and final submission of the BGQ, and is furtherfound that given the recommended 20-25 Cognitive Behavioral Therapy (CBT) sessions, the group's score resulted in elimination of all/nearly all symptoms of PCBD experienced by group members.

REFERENCES

[1.] American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders: DSM-IV-TR*. Washington, DC: Author.

[2.] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

[3.] Bieling, P. J., McCabe, R. E., & Antony, M. M. (2009). *Cognitive-behavioral therapy in groups.* New York: Guilford Press.

[4.] Buckley, T., Sunari, D., Marshall, A., Bartrop, R., McKinley, S., &Tofler, G. (2012). Physiological correlates of bereavement and the impact of bereavement interventions. *Dialogues in clinical neuroscience*, *14*(2), 129–139. Retrieved April 2019 from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3384441/

[5.] Burr, J. (2014). Using the feelings wheel. Art It Out website. Retrieved February 2019 from: https://www.artitout.com/single-post/2014/12/04/Using-the-Feelings-Wheel

[6.] Cirino, E. (2017). Pain Scale. Healthline Media. Retrieved January 2019 from: https://www.google.com/search?q=0-10+Likert+Scale&source=lnms&tbm=isch&sa=X&ved=0ahUKEwi85cr31N_hAhUEnawKHSGqCG4Q_AUIDigB&biw=1366&bih=576#imgrc=gA5CdJVvHCFKNM:

[7.] Complexed Body Blog. (2013). The most wonderful creature. Plain human body diagram. Retrieved February 2019 from:

http://complexedbody.blogspot.com/2013/10/human-body-pictures-images-of-anatomy.html

[8.] Corn, D. (2013). The Five Stages of Grief: Print Edition. Retrieved February 2019 from: http://www.printmediacentr.com/wp-content/uploads/2013/11/stages-of-grief-300x282.gif

[9.] Delaney, E., Holloway, K., Miletich, D., United Statees Navy, United States Marine Corps, Webb-Mruphy, J., &Lanouette, N. (2017). Screening for complicated grief in a military mental health clinic. *Military medicine*, 182 (9). Retrieved February 2019 from: https://watermark.silverchair.com/milmed-d-17-00003.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAAl4wggJaBgkqhkiG9w0BBwagggJLMIICRwIBADCCAkAGCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQM8vNhpClmJ-OT0C5xAgEQgIICEUoH8IhtsBQ2MXOIUfXNJAihjUkIIO71CLG4xDWZnsw3FBltc48H3Ji5rjT8V3wD_xFmV7n7yp5o7vMciLztMAzl37bIq3qqOOTlg6l3OcUSU6fFqmntpdyN7fP5NVWah9M6qmUvykL5n263ua1ddkJVFwPw2ykdrPak0RT_eKw_XiRmhUqSKLN4YK5sDfho-1uLDVI-S3mKlRrsLabl_PQTXAtAUdqknqbB_zRqkqKg-r4wV4XWDglXtYJ0RO2Fy4slIBX4nxcZIc1HBSdxydquSUxE0euJpy1WKJ4cXbWey2y2PvXeDqT5ihs9kTP2zaLL16SgwljbWhqmpG13-zIGjzK6mGriY3r30nFuo37yPaOQwwvtG_BB5JepKav1Vvr0a_G9AzGX80f7UvUMVBzkMartuFALHUMYekXfwR1q2ta2nleMEdkJNDbl5k7I1egDRqHHuHhhH2OMSV2Wde8J2OL4vG-0dzHNkRqAIKsvOTLoQUYFeoTEepj-8vHwv--e64Z5WIshZUpyoqPjQzuZFkA2GQNUWbDnMmbhXn4ILmwB3vg5WJGTQVH5zM3559wk_PLwrdAun6bAE1nyk3YHyZe6hEwoaLTrv7PKcPUbHidXYPX9UOiFvHPr-V9txx3KIdUgaKMSnqU7QMQTRCUbeSSjFBhWCNTrqz-tMtZs-0TzSpWLTW14bjA4u4xJ6c

[10.] Fields, S. A., Johnson, W. M., Mears, J., & Johnson, W. M. (2018). How to treat complicated grief. Journal of Family Practice, 67(10), 637–640. Retrieved April 2019 from: http://web.b.ebscohost.com.marshall.idm.oclc.org/ehost/pdfviewer/pdfviewer?vid=4&sid=89e9ae05-8cfa-435e-bdf0-a07954c61ec8%40sessionmgr120

[11.] Flamer, S. (1983). Assessment of the multitrait-multi method matrix validity of likert scales via confirmatory factor analysis. *Multivariate behavioral research*, 18(3), 275. Retrieved January 2019 from: http://web.b.ebscohost.com.marshall.idm.oclc.org/ehost/detail/detail?vid=4&sid=e37219fa-f525-4045-af55-d435accabaf4%40sessionmgr101&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#AN=6371228&db=aph

[12.] Hall, M., & Irwin, M. (2001). Physiological indices of functioning in bereavement. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), Handbook of bereavement research: Consequences, coping, and care (pp. 473-492). Washington, DC, US: American Psychological Association.

[13.] Hansen, S. (2015). Grief and loss: Support group facilitators manual. United States: S. Hansen. Ito M, Nakajima S, Fujisawa D, Miyashita M, Kim Y, Shear, K., Ghesquiere, A., & Wall, M. (2012). Brief Measure for Screening Complicated Grief: Reliability and Discriminant Validity. *PLOS ONE*, 7(2): e31209. Retrieved February 2019 from: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0031209

[14.] Kentucky Coalition Against Domestic Violence (KCADV). (2017). Changes to Kentucky's law on mandatory reporting of domestic violence KRS chapter 209A as revised by HB 309, 2017. Retrieved April 2019 from: https://www.thecenteronline.org/wp-content/uploads/KCADV-info-sheet-on-mandatory-referrals-and-reporting.pdf

[15.] Khashab, A. S., Kivi, H. G., &Fathi, D. (2017). Effectiveness of Cognitive Behavioral Therapy on Spiritual Well-Being and Emotional Intelligence of the Elderly Mourners. Iranian Journal of Psychiatry, 12(2), 93–99. Retrieved April 2019 from: http://search.ebscohost.com.marshall.idm.oclc.org/login.aspx?direct=true&db=aph&AN=123010639&site=ehost-live

[16.] Komori, T., Kageyama, M., Tamura, Y., Tateishi, Y., &Iwasa. T. (2018). Anti-stress effects of simplified aroma hand massage. Mental Illness (2036-7457), 10(1), 31–34. Retrieved March 2019 from: http://web.a.ebscohost.com.marshall.idm.oclc.org/ehost/detail/detail?vid=7&sid=de03980f-d9b2-4491-87bc-546a6f182a39%40sessionmgr4006&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#AN=130467623&db=aph

[17.] Ma, X., Yue, Z. Q., Gong, Z. Q., Zhang, H., Duan, N. Y., Shi, Y. T., … Li, Y. F. (2017). The effect of diaphragmatic breathing on attention, negative affect and stress in healthy adults. *Frontiers in psychology*, Vol. 8, pp 874. Retrieved March of 2019 from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5455070/

[18.] Maciejewski, P. K., Zhang, B., Block, S. D., & Prigerson, H. G. (2007). An empirical examination of the stage theory of grief. *JAMA: Journal of the American Medical Association*, 297(7), pp. 716–723. Retrieved March 2019 from: https://jamanetwork-com.marshall.idm.oclc.org/journals/jama/fullarticle/205661

[19.] McInerny, N. (2018). We don't move on from grief. We move forward with it. Ted ideas worth spreading. Retrieved April 2019 from: https://www.ted.com/talks/nora_mcinerny_we_don_t_move_on_from_grief_we_move_forward_with_it?utm_source=tedcomshare&utm_medium=email&utm_campaign=tedspread#t-140008

[20.] National Association of Social Workers (NASW), (2018). Code of ethics of the national association of social workers. Retrieved September 16, 2018 from:

https://www.socialworkers.org/LinkClick.aspx?filetic ket=ms_ArtLqzel%3d&portalid=0

[21.] National Center for Complementary and Integrative Health (NCCIH). (2012). Aromatherapy May Make Good Scents, But Does It Work? Retrieved March of 2019 from: https://nccih.nih.gov/research/results/spotlight/04010 8.htm

[22.] O'Connor, M., Piet, J. &Hougaard, E. (2014). The effects of mindfulness-based cognitive therapy on depressive symptoms in elderly bereaved people with loss-related distress: a controlled pilot study. *Springer Link*, 5(4), pp. 400-409. Retrieved April 2019 from: https://link.springer.com/article/10.1007/s12671-013-0194-x#citeas

[23.] Rice, A. (2015). Common Therapeutic Factors in Bereavement Groups. Death Studies, 39(3), 165–172. Retrieved March 2019 from: http://web.b.ebscohost.com.marshall.idm.oclc.org/eh ost/pdfviewer/pdfviewer?vid=4&sid=a009179a-86bb-4225-be78-bc7afcf83eff%40sessionmgr102

[24.] Rosner, R., Pfoh, G., &Kotoucová, M. (2010). Treatment of complicated grief. European Journal of Psychotraumatology, 1, 1–10. Retrieved March 2019 from: https://doi-org.marshall.idm.oclc.org/10.3402/ejpt.v2i0.7995

[25.] Shear, M., & Bloom, G. (2017). Complicated grief treatment: an evidence-based approach to grief therapy. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 35(1), pp 6-25. Retrieved March of 2019 from:https://doi.org/10.1007/s10942-016-0242-2

[26.] Vanderbilt University Medical Center. (2011). Cognitive triangle. Retrieved February 2019 from: https://www.mc.vanderbilt.edu/coe/tfcbt/workbook/C ognitive%20Coping/Cognitive%20Triangle%20Pract ice.pdf

[27.] Zagorski, N. (2015). Progress made at understanding, treating complicated grief. *American Psychiatric Association Psychiatric News: Psychiatry Online.* Retrieved March of 2019 from: https://psychnews.psychiatryonline.org/doi/full/10.11 76/appi.pn.2015.5b12.