

**BEREAVEMENT SUPPORT GROUPS: A STUDY ON THE EFFECTIVENESS OF
BRANFORD CT HOSPICE BEREAVEMENT SUPPORT GROUPS**

By

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in Partial Fulfillment of the Requirements for the Degree of
Master of Social Work**

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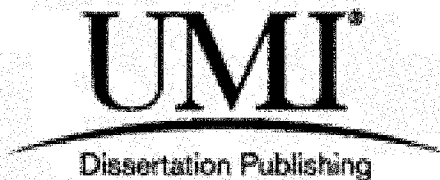
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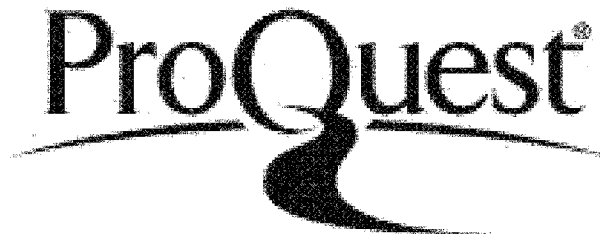


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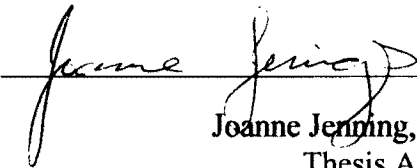
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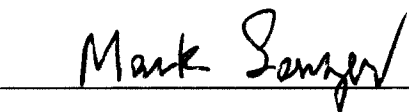
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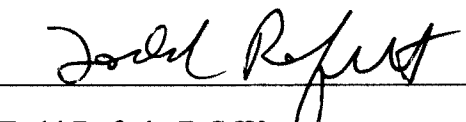
BY

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This thesis was prepared under the direction of the candidate's thesis advisor, Dr. Joanne Jennings, Department of Social Work, and it has been approved by the members of the candidate's thesis committee. It was submitted to the School of Graduate Studies and was accepted in partial fulfillment of the requirements for the degree of Master of Social Work.


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ABSTRACT

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There has been little research done in the area of the effectiveness of bereavement support groups that take place in a hospice setting. In addition to this, bereavement services are not regulated by state or federal guidelines, making it difficult to evaluate bereavement services due to the variation in services being provided. This study attempts to evaluate current bereavement support group practices for the **Widow and Widower's** group to answer the question: are bereavement support groups taking place at CT Hospice effective in decreasing the grief response experienced by group members? In order to explore this topic, observations by this writer and the facilitators' impressions of the group process were utilized, and a 7 item questionnaire was developed to examine participants' grief response, their coping strategies, and their ability to cope with their grief. This questionnaire was utilized at the initial and final group sessions. Results of the study showed an increase in participants' coping ability through the questionnaire comparison, which were also supported through the observations and the facilitators' impressions. This study showed that education providing insight into grief, as well as providing a nonjudgmental and encouraging environment were integral parts in the group

process. Implications for further research in this area could benefit from follow up evaluations of group members several months after completing a bereavement group.

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Problem Statement

Being bereaved over the loss of a loved one is something that most of us will experience at some point in our lives. The way in which everyone experiences grief differs from person to person. This, in turn, can affect how the family functions as a unit during this difficult time. The Connecticut Hospice is an organization that has worked to aid patients in palliative care and, what is considered, hospice care while also supporting families before and after the loss of a loved one. One of the major challenges faced by Hospice and other palliative care facilities is how to develop a comprehensive, family-centered approach to treatment (Kissane, McKenzie, McKenzie, Forbes, O'Neill, and Bloch, 2003). While families are going through palliative care, Hospice care, and bereavement, numerous impairment in their psychosocial functioning can occur; reduced cognitive functioning (i.e. decision making skills, difficulty in concentration) depression, suicidal ideation, etc. In order to be able to properly serve families who receive care from these facilities, there needs to be a strong base of data to pull from that is directly pertinent to the population they are working with. The problem with this is that there are few sources that evaluate the effectiveness of bereavement programs and services. Arriaza (2011) discussed that bereavement programs have not been formally evaluated to determine their effectiveness in providing services. In addition to this, there are generally no state or federal guidelines that guides bereavement programs, leaving significant variability in the services being offered (Demmer, 2003) With respect to the current study, an evaluation of bereavement services in Connecticut Hospice for families participating in services, specifically support groups, was conducted in order to determine

whether current support group services being offered to bereaved families are sufficient to provide effective support.

Hospice

Hospice is an organization that provides palliative care, end-of-life (EOL) care, and other services for patients in their care and their families during Hospice care. For purposes of the study, there was a focus on the Branford Hospice facility in Connecticut. This facility is the first hospice in the US and has been recognized for providing top tier services for families involved in their care. All of the Hospice staff work in interdisciplinary teams to provide an integrated care plan for all patients and families participating in care. These teams consist of nursing staff, physicians, social works and bereavement staff, pharmacy, art and music staff, spiritual staff, etc. The facility is mainly funded through Medicare, private insurance companies, and through donations from outside sources. The facility provides an array of different services for patients and their families; home care, inpatient care, pain management/symptom control, social work services and bereavement support groups, etc. The goal of hospice is to provide a comprehensive family centered approach to care that provides medical care for patients and also focuses on improving psycho-social functioning of patients and families going through bereavement. The research done in preparation for this thesis project will assist the work being done with the population in a context that will help social workers and other support staff gain a better understanding of the needs associated with the families getting bereavement services.

With respect to bereavement services, there are numerous methods of providing support to grieving families. Some of these services are phone calls to families to assess their wellbeing and whether they require assistance in any way, mailings that offer support services and educational pamphlets, and bereavement support groups. Services are currently offered for up to 18 months after the death of a patient free of charge. These services are offered in an effort to reach out to families and to provide psychosocial support to those who need it. As stated earlier, there is no state or federal guidelines that regulate what is considered in bereavement programs (Demmer, 2003). This also means that bereavement groups do not follow any government regulated guidelines, creating variation in how groups are organized and how interventions are implemented. Therefore, for purposes of this thesis project, the focus was on the bereavement support groups being offered to families within the Connecticut Hospice in Branford. This study was done in the hope that an analysis of current bereavement support groups and whether they are truly effective in helping clients whom are grieving the loss of a loved one. In focusing on how services are offered during bereavement, it is my hope that it will increase knowledge within the social work field and how we can support our clients who are experiencing the loss of a loved one.

Literature Review

Theory

There are two theories that inform this project. Putting an emphasis on how grief affects clients in ways that may be unforeseen, an understanding of the different stages of grief is essential for there to be empathy between clients and therapist. Elisabeth Kubler-

Ross' 5 stages of grief is one such model that has assisted in increasing the understanding of what clients were experiencing and what reactions to look for. Although this theory is listed in stages, it is important to note that no one experiences grief the same or goes through these exact stages as listed. The stages are denial, anger, bargaining, depression, and acceptance (Boerner, 2008). Another theory that has helped to increase my understanding for this thesis project is Erikson's Psychosocial Development Theory. Erikson essentially listed 8 psychosocial crisis stages of development which correlate with our age. Some of the stages listed are trust vs. mistrust, autonomy vs. shame and doubt, and initiative vs. guilt (Slater, 2003). Understanding these stages and how they work will aid therapists in what level of development the individual might be. This, in turn, could determine how the therapist will approach the sessions. Because of the nature of grief and the various ages of the bereaved family members, having an understanding of Erikson's theory will enable the therapist to work empathically and with understanding.

Definitions

In order to gain a better understanding of the research that has been conducted, there needs to be an understanding of what specific terms are used that are pertinent to the understanding of the language within this project. The terms grief and bereavement need to be clearly defined, as some language within prior studies and the current project may be confusing without a clear definition, as these two terms can be used similarly. *Grief* is defined "as a natural response and reaction to loss in which an individual encounters an emotional suffering when something or someone the individual loves or has high hopes upon is taken away (Lim, 2013)." In contrast, *Bereavement* can be defined as the state of having suffered a loss (Hopmeter & Werk, 1994).

Many Hospice facilities are also considered and/or certified as palliative care facilities. Therefore, it is important to also define the differences between palliative care and end-of-life (EOL) care. For purposes of this project, *Palliative Care* is described as “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness (Agnew, Manktelow, Haynes, and Jones, 2010). EOL care is harder to define, as it can be used interchangeably with palliative care, and other care services. Therefore, this project will define *EOL Care* as “a) the presence of a progressive chronic disease with pronounced symptoms or functional impairments and b) the presence of symptoms or impairments resulting from the underlying conditions leading to death that require care (Izumi, Nagae, Sakurai, and Imamura, 2012).

Bereavement Support Groups

There is a wide range of research that has been done in the area of bereavement and what assessment tools and methods of interventions may be beneficial for those who are experiencing bereavement after the loss of a loved one. One such study done by Hoppmeier and Werk (1994) focused primarily on group work done with 3 groups of bereaved individuals; Widow to Widow, Hope and Cope (a group for those who lost an adult loved one to cancer), and Family Survivors of Suicide (FSOS). While the authors identified 3 forms of services that could be helpful in a group setting (Professional, Volunteer, and Peer Support), they chose to primarily focus on peer support. The authors found that through the literature, peer support groups can help to improve commonality, normalization, solidarity, reciprocity, and control for those whom are experiencing bereavement (Hoppmeier and Werk, 1994). Through the use of the Social Support Project

Questionnaire, Hopmeyer and Werk (1994) found that these forms of peer support groups gave people the opportunity to express bereavement in an environment that is supportive and encouraging, it provided participants with an “all in the same boat” feeling, and it aided in increasing the self-worth of members.

Another study that focused specifically with bereavement groups was done on working with adults with intellectual disabilities (Stoddart, Burke, and Temple, 2002). The authors state that adults with intellectual disabilities experience emotions as other adults do, but may not have the necessary supports needed to help them understand and cope with their feelings after a loss (Stoddart, Burke, and Temple, 2002). As similarly stated by Hopmeyer and Werk (1994), Stoddart, Burke, and Temple, (2002) state that group work/therapy is believed to benefit whom are having similar experiences to one another. There were 5 goals presented for purposes of this work; to share experiences around loss, to provide information regarding grief and mourning, to increase awareness that their reactions to loss are not unique, to help members move to a new life without their loved one, and to assist in mourning process to decrease complications regarding grief (Stoddart, Burke, and Temple, 2002). With keeping these goals in mind, the authors attempted to answer three questions; whether the group increased knowledge around bereavement and death, whether there was a decrease in depression, and whether there was a decrease in anxiety. Ultimately, Stoddart, Burke, and Temple (2002) found that depression was significantly decreased, there was no effect on anxiety, and that there was no change in the participants’ knowledge around death and bereavement.

These studies are important to help increase the understanding for the current project. While they are not directly related to how the Connecticut Hospice’s

bereavement groups' aid in supporting bereaved members, the information in these studies have helped to guide this project. The findings in the study done by Hopmeyer and Werk (1994) provides information that group work that is done with bereavement groups could aid members by providing a space for them to express thoughts and feelings they may not be able to elsewhere. "Traditional" sources of support, i.e. family and friends, expect the bereaved to move on and get on with their lives (Hopmeyer and Werk, 1994). Additionally, Stoddart, Burke, and Temple (2002) provided findings that groups could aid in decreasing the levels of depression felt by individuals experiencing grief. Something that could have been made clearer was what determined the criteria for having an intellectual disability in the Stoddart, Burke, and Temple (2002) study.

Hospice Bereavement Services

There is a rich body of literature that focuses on various Hospice Bereavement Services and how it affects individuals whom participate in the services offered. As stated earlier in this project, there is no state or federal guidelines that guide what constitutes bereavement services (Demmer, 2003). This, in turn creates variation in what is offered in terms of bereavement services for those who have lost a loved one. A study done with bereaved spouses of former hospice patients (Bergman and Haley, 2009) found two risk factors that showed reasons why bereaved spouses may benefit from services and why they may not utilize services are low levels of social support and high levels of depressive symptoms; 25%-45% experienced mild depressive symptoms, while 10%-20% experienced clinically significant depression (Bergman and Haley, 2009). The authors wanted to examine what bereavement services were utilized and what potential barriers there were to those services to answer their hypothesis that those who

experiences higher depressive symptoms and had smaller social networks were more likely to use bereavement services being offered. They found much higher rates of spouses utilizing Hospice Bereavement Services (45.9% used support groups, bereavement counseling, and psychologist/psychiatrist) (Bergman and Haley, 2009). They concluded this was due to the spouse's significant other passing in Hospice rather than other facilities like in prior studies (Bergman and Haley, 2009).

Another study done on bereavement services in a Hospice setting was done with regard to accessibility to the Hispanic population (Arriaza, Martin, and Csikai, 2011). While there has been a considerable amount of research done on bereavement, through their review of the literature they found that there has been a lack of research done with respect to the need of Hispanic families who require bereavement services when a loved one has passed in Hospice. Arriaza, Martin, and Csikai's (2011) study set out to answer several different questions about hospice care in Florida, some being a) what were the characteristics of hospice bereavement services, b) what services are offered to Hispanics, c) that bereavement needs were determined by the bereavement coordinator, etc. Ultimately they found that service needs were being met for Hispanics in Florida Hospices, but that language and cultural factors were prominent roadblocks when offering bereavement services (Arriaza, Martin, and Csikai, 2011). Through open-ended responses, the authors determined that some needs required for Hispanics were counseling in Spanish, providing education/information material in Spanish, running support groups in Spanish, etc. (Arriaza, Martin, and Csikai, 2011). While this study is not entirely pertinent for purposes of the current project, an understanding of possible limitations and problems that may arise is essential. The area that the Connecticut

Hospice is located and services has a high Hispanic population. The limitations to bereavement services offered in the study done by Arriaza, Martin, and Csikai (2011) may have been a possible limitation for work done in this project with regard to outcomes for support groups.

A 2003 study done by Demmer (2003) focused on the nature of hospice bereavement services. The author states that “historically, bereavement programs have been regarded as the “poor stepchild” in hospice services (Demmer, 2003).” What he meant by this statement was that while hospices are required to provide bereavement services, they are not reimbursed for it through the Medicare Hospice Benefit. Additionally, there is no state or federal guidelines to constitute what makes up bereavement services (Demmer, 2003). The author was hoping to understand and examine what made up bereavement services, gain information of personnel involved in support, and to identify obstacles as well as recommendation to improve bereavement services (Demmer, 2003). Using a 23 item survey on bereavement services sent to 450 members of the National Hospice and Palliative Care Organization, Demmer (2003) received responses on the length of time bereavement services have been utilized, bereavement assessment process and risk assessment tools, types of services being provided, etc. What is fascinating about this study was that it took a national survey of bereavement services offered by various hospices across the nation. The study stated, with regard to support groups, that hospices considered support groups a top priority, but many hospices did not offer them as a part of bereavement support (Demmer, 2003). The author also reported that support groups were more likely to be offered by larger and non-profit hospices rather than smaller and for-profit hospices (Demmer, 2003).

The current project looked at bereavement support groups and whether they were effective in aiding clients whom are participating in alleviating grief symptoms. One study, done by Steiner (2006), specifically looks at the reasons for low attendance in support groups and whether bereavement support group was are meeting the needs of adults participating in services. In order to get the information necessary to complete this study, the author used discussion and interview questions, specifically around thoughts on attending vs. not attending, perceived expectations and support, and changes in grief support groups (Steiner, 2006). Steiner (2006) also used face to face discussion that were recorded and transcribed to gather data, and telephone interviews were handwritten. While this study was small in scope and was a frontline study, it provided a rich source of information about what adults attending a support group are hoping to gain. The study found that those who attended hoped to find validation, healing, a sense of community, normalization, and opportunity for sharing (Steiner, 2006). Respondents stated that one of the most helpful aspects about participating in a group was the feeling that they were talking to someone who was really listening, could relate, who understands, and who is non-judgmental, whether that be a peer or a professional (Steiner, 2006). This study was also helpful in that is provides a description in what participants found most helpful within a bereavement support group.

Research Question and Purpose

In order to expand the knowledge in the area of the effectiveness of bereavement support groups, this thesis project intended to explore whether the support groups that are currently being run at the Connecticut Hospice aid in decreasing participant's response to grief felt after the death of a loved one. Research done prior to this study has indicated

that bereavement support groups can provide a safe place for individuals to express thoughts and emotions they may not feel comfortable sharing with other sources of support in their lives (Hopmeyer and Werk, 1994). This sense of safety felt in these groups, along with the sense of shared experience, may be integral parts in decreasing the grief response felt by the bereaved. Keeping this in mind, and because of the limited research done to support the effectiveness of these types of bereavement groups, this project asks the question whether current practices taking place in bereavement groups at CT Hospice help decrease the grief response in clients? While this writer cannot make any assumption on the effectiveness of the support group with the limited research on hospice bereavement support groups, it is my belief that these support groups will help clients with their grief response after the loss of a loved one.

Results and Investigatory Procedures

Sample and Study Design

This project was a qualitative study using one bereavement support group that are to be held at the Connecticut Hospice in Branford CT, specifically the group “Widow and Widower.” Participants for this group were selected by the director of the Bereavement Department. Phone calls were made to families after the loss of a loved one, primarily those listed as the primary care person. The Bereavement Director assessed how they were coping with their loss over the phone using questions that were geared to determine whether individuals were having difficulty coping with their grief, whether there were any physical barriers to participation, and whether their emotional state were appropriate for a group setting. Hospice policy also dictates that an individual can participate at least

6 weeks after the death, and up to 1 ½ years. Once these criteria were met, these bereaved individuals were offered to sign up for the bereavement support group, though it should also be noted that these services are also open to anyone who cares to join whom have had a loved one pass away at CT Hospice. For the current project, there were four members within the group selected for this study, with three members who agreed to participate.

There are 3 different types of groups offered at CT Hospice; Widow and Widower, Family, Partners, and Friends, and Adults grieving the loss of a parent. These groups typically consist of 8-15 participants and can typically range in age, race, gender, etc. According to the CT Hospice Bereavement Director, there are generally open and closed groups for each of these group headings. Groups are considered open because there is no start and finish dates. These types of groups are continuous. Closed groups, on the other hand, have a start and end date and typically run for 7 weeks. For purposes of this study, research was done using the closed support groups. With these criteria in place, I used a convenience sample of 1 support group in order to collect data needed to answer my research question. While this sampling method will not allow for generalizability, it will expand the knowledge base in an area where studying hospice bereavement support group effectiveness is very limited. It should also be noted that because no other studies have used this type of design to study hospice bereavement support group effectiveness, testing for reliability and validity of the methods being used is not entirely possible.

Instrument and Procedures

The bereavement support groups meet on a weekly basis and are typically 90 minute sessions. The main instruments that were used have been developed by this writer with the assistance of the Bereavement Director. The data collection style consisted of an open ended questionnaire. All questions were geared to determining bio-psycho-social wellbeing with regard to grief. These questions focused on the participants' ability to cope, what support systems were available to participants outside the group setting, participants' perceptions of their ability to cope, etc. Regrettably, the reliability and the validity of this method cannot be determined through evidence based practices at this time. Since this was a trial experiment with no other studies being done in a similar fashion, this writer cannot state whether the methods that were used were effective. Despite this, based on the questions that were asked, I can say that the face validity of the proposed methods appear to measure what is desired.

This questionnaire was administered at the beginning of the second session and at the seventh session, with was the last session. The reason for this is to have an initial base of data at the start of the group sessions. The second session was used for administering the questionnaire instead of the first session. This was primarily due to timing constraints with IRB approval and the availability of groups that meet the criteria outlined for this study. Once these questions were administered again on the last session, it was my hope that a comparison between the two sets of responses would yield results that would indicate that the CT Hospice bereavement support groups in fact helped clients reduce their grief response. In addition to the questionnaire that was administered, observations of the group processes and interactions were taken into account. These observations were limited to observations that may indicate an increased understanding and/or awareness of

the group member's experienced grief. The observations were done by this investigator to ensure that only relevant data pertaining to the participants' experiences within the group with regard to their grief was collected. The final set of data that has been used to increase the understanding of this study with regard to the group process is to get the insight of the facilitators' impressions of the group sessions. Gaining this perspective is important; the facilitators have been working in bereavement groups for a number of years and may be able to provide information that this investigator may not have understanding of. In addition, the facilitators may be able to pick up on trends in the group process that would be valuable in understanding how the support group aids in relieving participants' grief.

Participant Protection

In order to protect participants from being identified in this study, a complete de-identification process, as outlined in a study done by Kissane was utilized (Mondia, S., Hichenberg, S., Kerr, E., Eisenberg, M., & Kissane, D. W., 2012). This will include name changes (if applicable), ages, gender, residences, and other information that may be considered sensitive or could potentially identify them. They were asked to give informed consent and were provided with a description of the study, how their identities were protected, and what their rights are as participants in the study. Overall, the risks to participants in this study are minimal. If more complex problems may arise beyond the scope of the support groups' capability to assist the bereaved individual, referral to either the Bereavement Director or one of the CT Hospice social workers will be conducted for proper referral for outside services. Files, notes, and the questionnaires that were used have been locked in a file cabinet to protect the information. Additionally, any pertinent

information that was placed in the computer have been saved on a flash drive and locked in the file cabinet when not in use.

Results: Questionnaire

The results from the questionnaires that were administered to participants in the “Widow and Widowers” group yielded comparisons that were not entirely expected by this writer. In comparing the start and ending questionnaires, there were definite changes in some of the questions while other questions did not yield much change. The first question asked participants about the emotions they experience when thinking about their loved one who has died. With all three respondents, their emotions when thinking about their loved one did not change much between questionnaires. However, one respondent did report some change in emotions, sharing that memories were bringing about some happiness rather than full sadness. General emotions reported by all respondents were sadness, loneliness, and anger. The second questions asked of participants focused on coping strategies and their effectiveness with regard to grief. Responses from all three participants reported a positive shift in coping strategies and an increase in their effectiveness by the ending questionnaire. During the starting questionnaire, participants generally reported uncertainty in the effectiveness of coping strategies being used. However, by the last session, respondents reported some changes in coping strategies since the start of the group with improved effectiveness.

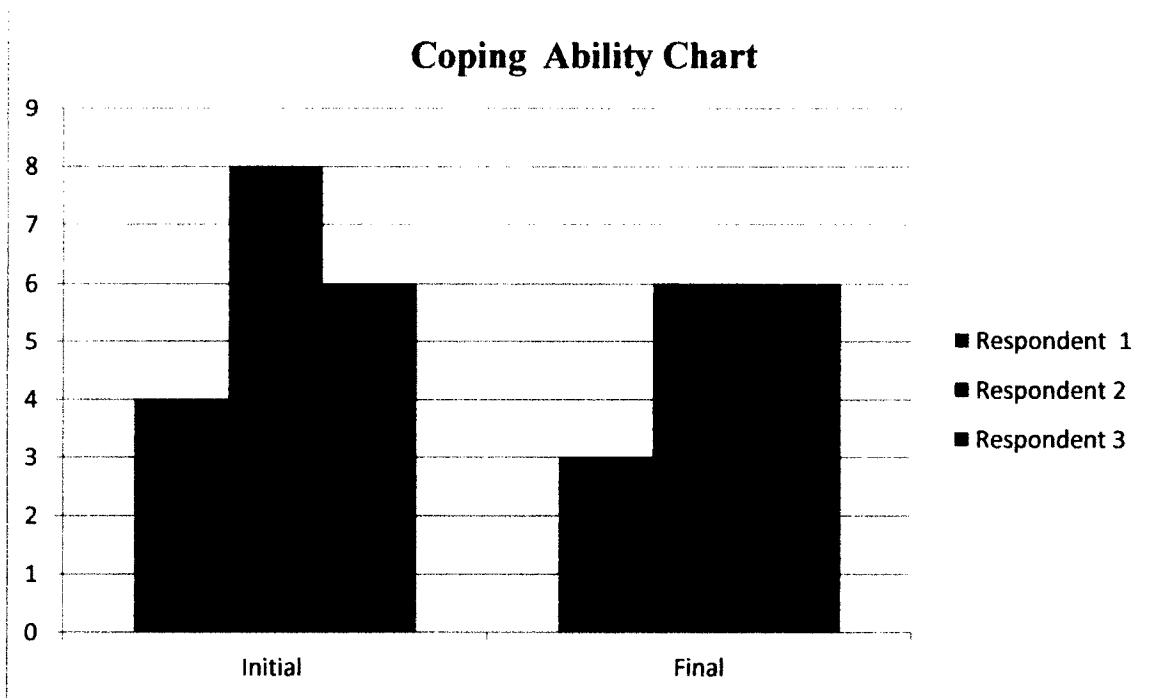
Questions 3 through 5 had a focus on participants’ supports outside the group and how those interactions affected them when talking about and/or reminiscing about their loved one. Question 3 focused on supports outside the group and their effectiveness.

Common supports reported by all participants were family members and close friends between both the initial and the final questionnaire. However, in the final questionnaire respondents report to this question was much more focused on supports that were identified as more significant rather than a generalized response as was seen with the initial questionnaire. Question 4 asked participants to describe their experience when they are either able to or unable to talk about their loved one. With regard to this question, responses tended to remain the same between the initial and final questionnaires. Respondents' reports showed common themes expressed by all the participants. Some of the themes present were a sense of sadness followed by tearfulness and some happiness when focusing on "good memories." Question 5 asked that participants to describe how it felt to reminisce about their loved one with family and friends. The response for this question remained the same between the initial and final questionnaire for all participants. Two out of the three group members reported feelings of happiness and enjoyed talking about their loved one even if they felt sad at times. The other participant primarily reported a sense of sadness and loneliness when with friends and reminiscing about their loved one.

Question 6 asked participants to share what activities they found enjoyable and whether their perception in these activities has changed since the loss of their loved one. The responses to this question varied greatly between participants. However, the two out of three participants' responses indicated an increase in varying activities between the initial and final questionnaire. Participants listed one to two activities in the initial questionnaire, while in the final questionnaire some participants listed multiple activities they enjoy. Only with one participant was there and downward trend in the amount of

activities they listed and their perceptions of them between the two. Common activities between participants included reading, spending time with family and friends, and watching television. Perceptions with regard to specific activities were noted by some of the participants. One participant reported that cooking for one person and not sharing meals with someone was difficult at times, while another reported that watching television shows they found enjoyable have not lost some of its interest.

The final question asked participants to rate between one and ten, one being poor and ten being well, their ability to cope with their grief and to explain why this number was given. Table 1 below shows the responses that were described.



(Table 1)

As shown in the chart above, the general trend to the participant reported ability to cope decreased by the last group session, with only respondent three remaining consistent between the two sets. The descriptions provided by participants for the rating tend to

have a more positive reply for the final set than in the initial. For the initial questionnaire, respondent one did not provide a description. Respondent two remarked that they may not be processing their loss as it was recent since their loved one died and indicated that they “could not believe that they are gone.” Respondent three indicated that the emotions they were experiencing was normal, and shared that additional life stressor impacted their ability to cope and without these stressors they would rate them self as higher than they were currently. Within the final group of responses, respondent one indicated that the loss was still recent and reported experiencing fluctuations in their ability to cope. Respondent two reported a sense of feeling in tune with their emotions and having few regrets in his relationship with the deceased. Respondent three reported a similar description to the response made in their initial questionnaire response.

Observations

Throughout the group process, there were certain trends in behavior that this writer observed during the six weeks within the group. In the beginning of the group work (within the first two to three weeks) group members appeared to be hesitant to share their stories, experiences, and feelings without the direction provided by the group facilitators. Within these first few meetings, the group was focused on providing education on the grieving process and providing structure to the group. This structure facilitated interaction between group members. As members became comfortable with one another, they began to openly discuss thoughts and feelings with little to no prompting from the group facilitators. In addition to this, group members began to joke and engage in friendly banter with one another as their comfort with one another

increased. By the last session, group members began to make plans to meet outside the group setting to continue the group process independently.

Many of the group members' demeanors changed throughout the group. Within the first few weeks of the group, participants maintained a solemn presence with very little direct interaction between each other except through the direction of the facilitators. It was not until after the third week that participants began to develop a sense of trust in one another where they felt comfortable being able to share personal thoughts, feelings, ideas, and life events without prompting from the facilitators. In addition to this, group members began to discuss changes they were making in their life which directly impacted their coping ability; i.e. home remodeling, visiting friends who have experienced similar loss, and engaging in new and fun activities.

Facilitators' Impressions

The facilitators for this group provided this writer with their understanding of the group processes as they proceed in their work with members. Within the first few weeks, the facilitators were uncertain about how group members may be coping. This was primarily due to disruptions from individuals who had signed up for the group but were unable to commit to the weekly meetings. However, by the third week a core membership was established. Facilitators shared that with so many people coming in and out of the group, it made it difficult for the initial core members to develop trust between each other. Also stated by the facilitators was that the relationship that was developed by these members greatly increased the effectiveness in their ability to cope. Through sharing their experiences, members develop a bond with the other group members whom can

understand their feelings and will not judge them for openly expressing themselves. The facilitators have also shared that the educational component of the group work was essential as it provided teaching around how grief is experienced and aids in teaching members that the emotions they may be feeling are not abnormal and in fact a party of their unique experience.

Discussion and Implications for Social Work Policies and Practice

Discussion

The question that this writer is attempting to answer is whether current practices taking place in bereavement groups at CT Hospice help decrease the grief response in clients? Results from the two set of questionnaires, (see Appendix A), yielded results that were not expected by this writer. However, the data seem to indicate support that bereavement groups at CT Hospice do help to decrease the grief response experienced by individuals who participate in these groups. Questions were designed to explore participants' emotions, current coping mechanisms, and asked them to assess their perception in their ability to cope. Many of the responses provided by individuals participating in this thesis project made broad responses with the initial questionnaire, but would become more specific and focused with the final questionnaire. Using the third question regarding supports outside the group, in the initial set would state large supports, i.e family, friends, step children, etc. In answering during the final questionnaire, participants had a tendency to become more focused in who their primary support were, often times listing one to two primary supportive individuals. Many of the responses to the questions being asked contained minor differences between the two sets of

information. However, these minor changes appeared to indicate a slight increase in their coping ability. This, I believe, can be attributed to the supportive nature of bereavement groups and their ability to provide an encouraging environment where group members have an “all in the same boat” feeling (Hopmeyer and Werk, 1994). Looking at the responses for question two, which asked respondents about their current coping ability and some strategies they were employing, all respondents indicated that coping strategies being used by the end of the group provided some increased measure in their coping ability, where prior all respondents reported uncertainty whether their strategies in the beginning of the group truly aided in their ability to cope. The final question asked respondents to rate their perceived ability to cope using a Likert Scale, where 1 was poor and 10 was well, (see Appendix B). As indicated in the results section, the respondents had a tendency to rate the coping ability as lower in their final set of questions than they had reported in the initial set. However, the responses provided by the participants described an increase in their understanding of their coping process. For example respondent 2, (see Appendix B), rated themselves as 8 in their coping ability in the initial set, stating that they may not be processing their loss at that time. However, in the final question set they rated themselves as 6 but responded that they felt more “in tune” with their emotions. This appears to be supported through the literature, with one article stating that “grief experiences after the loss of a spouse will show marked improvement over time (Schneider, 2008).” One possible reason why this final question may be rated less than the initial question could be due to an increased awareness of their grief processing and/or group members may have begun to process and understand their emotions as a result of the group process.

The observations made by this writer, as well as the facilitators' impressions of the group process appears to support an indication that CT Hospice bereavement groups aid in decreasing group members' grief response. In the sessions that occurred in the middle, group members became more comfortable with one another and were able to share stories, emotions, and hopes for the future. This process has been indicated by Schneider (2008). The article goes on to state that group members made a shift from focusing on their grief and loss and began to look towards the future and what they wished for themselves (Schneider, 2008). In addition to this, the group facilitators in the current project shared that the education provided to the group regarding the grief process, as well as the relationships developed between group members was essential in aiding in a decrease in their grief response. These notions are supported through the research done in preparation for this thesis. Steiner (2006), as well as Hopmeyer and Werk (1994), have indicated that peer support in the group setting can provide members with a sense of community, normalize and validate their emotions around grief, and provides a nonjudgmental environment where group members feel supported and safe to express their feeling. In addition to this, Schneider (2008) stated that in providing information regarding the grief process, group members developed a better understanding in their own process.

Implications for Social Work Policy and Practice

Within the field of social work, there are very few references to the effectiveness of treatment when it comes to support groups for those whom have lost a loved one. To compound this, hospice bereavement departments do not have state or federal guidelines to direct what constitutes bereavement services (Demmer, 2003). This has made it

difficult to gain a consensus on how these programs should be organized to better facilitate services to families who are in need of them. With regard to the implication for social work practice, the results of this study has aided in our understanding of bereavement support group practices and what aspects of the group dynamic can lead to positive outcomes for members of these groups. Through the research done in this thesis project, as well as the literature regarding grief and bereavement, have indicated that education regarding grief as well as providing a peer supportive environment can help to provide bereaved individuals with a sense of community, as well as provide them with a space to share their experiences with others whom they can relate to and feel will not be judgmental (Steiner, 2006). Despite the results, this thesis project is limited in its ability to gauge current participants' future outcomes after the ending of the group. Additionally, the questionnaire developed may be limited in its ability to fully explore group members' grieving processes and their ability to cope with their grief. Suggestions for future research would recommend a follow up study that could re-engage participants several months after completion of a bereavement group to assess the grief process, coping strategies, and their ability to cope.

Implications for Writer's Clinical Social Work Practice

Due to the experiences I have had throughout my personal life has greatly affected how I wish to practice social work. When working with families whom are grieving the loss of a loved one, it can be difficult to determine how we as social workers can best provide our services to help bereaved individuals experiencing a significant loss. In completing the current project, it has greatly increased my understanding in the grieving process that may be experienced by individuals. In addition, I have developed an

understanding that education regarding grief is essential for individuals who are experiencing it, since many people may not know what is considered normal grieving, what range of emotions to expect, or understand that each person's grief process is different and there are no pre-determined lengths of time when grieving should end. I have also developed an understanding of the bereavement group process and, based on the CT Hospice model for bereavement groups, better understand the type of environment necessary for group members to develop a sense of safety, community, and provide an environment that will be conducive in being supportive and nonjudgmental.

Summary

Bereavement support groups in a hospice setting have had little research done to determine the effectiveness of their programs. To compound this, there is no state or federal guidelines that determine what types of services should be included in a Bereavement Department in a hospice setting (Demmer, 2003). This thesis project was developed in order to gain an understanding in the bereavement process in order to answer the question: are bereavement support groups taking place at CT Hospice effective in decreasing the grief response in group members? In order to accomplish this, a 7 item grief questionnaire was developed to determine participants' grief response, coping strategies, and their ability to cope with their grief. This questionnaire was administered at the first group session and again on the last group session. Observations by this writer, as well as group facilitators' impressions were also used as data gathering methods. The study showed that from education regarding the grieving process, as well as producing an environment that group members felt safe, provided a sense of

community and commonality with other group members and was encouraging and nonjudgmental were integral in the success of the group process.

APPENDIX A: GRIEF QUESTIONNAIRE

Grief Assessment Questionnaire

This questionnaire will be used as a part of a research study titled *Bereavement Support Groups: A Study on the Effectiveness of Branford CT Hospice Bereavement Support Groups*. This questionnaire is designed to gain an understanding into how you are experiencing grief after the loss of a loved one. This questionnaire will be given on the first and last sessions. In the space provided, please answer each question to the best of your ability and as honestly as possible. Participation in this questionnaire is voluntary and you may skip over any questions that you do not feel comfortable answering. Please print legibly.

At the beginning of this group, how are you currently feeling?

1. When you think about your loved one who has passed away, what are some of the emotions you experience and how intense do you experience them? Please describe.

2. How are you currently coping with the loss of your loved one? What strategies do you use to help you cope? Do they work? Please explain.

Grief Assessment Questionnaire

This questionnaire will be used as a part of a research study titled *Bereavement Support Groups: A Study on the Effectiveness of Branford CT Hospice Bereavement Support Groups*. This questionnaire is designed to gain an understanding into how you are experiencing grief after the loss of a loved one. This questionnaire will be given on the first and last sessions. In the space provided, please answer each question to the best of your ability and as honestly as possible. Participation in this questionnaire is voluntary and you may skip over any questions that you do not feel comfortable answering. Please print legibly.

Now that this is the last group session, how are you currently feeling?

1. When you think about your loved one who has passed away, what are some of the emotions you experience and how intense do you experience them? Please describe.

2. How are you currently coping with the loss of your loved one? What strategies do you use to help you cope? Do they work? Please explain.

3. Do you have support outside of this group (please identify)? How do they help? Please explain.

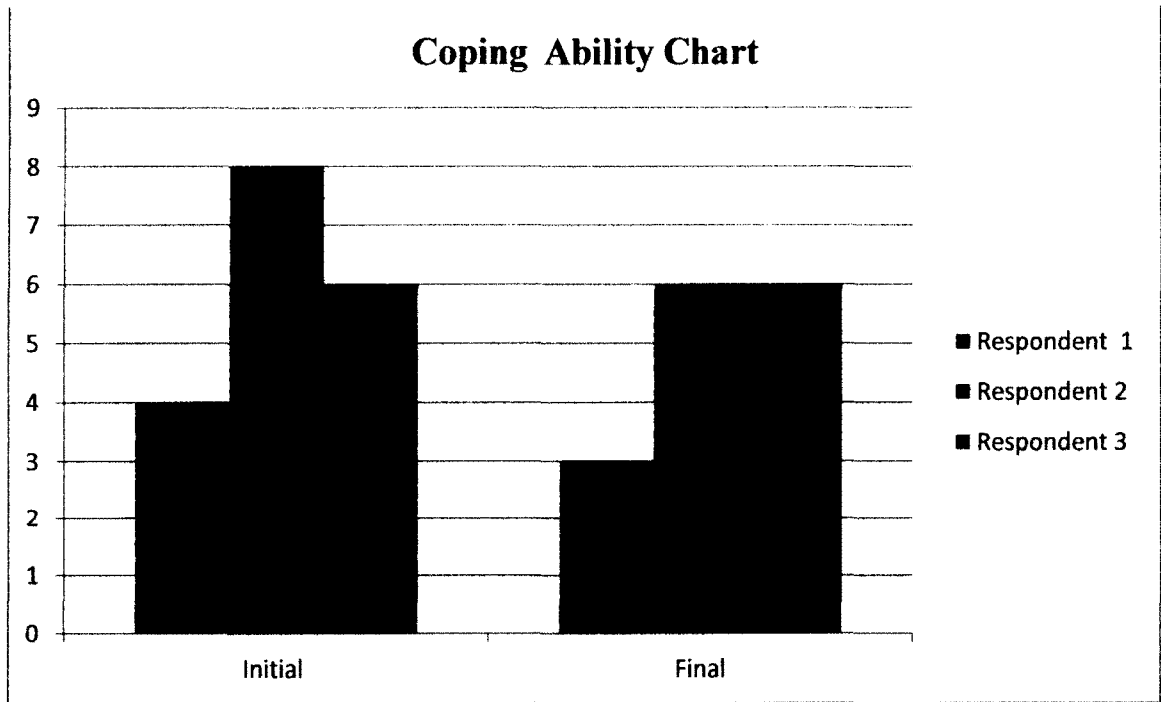
4. Are you able to talk about your loved one? Please describe your experience when you are able (or not able) to talk about them.

5. How does reminiscing with friends and family about your loved one make you feel? Please describe.

6. What activities do you find enjoyable? Since the passing of your loved one, has your perception of these activities changed? Please describe this difference.

7. On a scale from 1 to 10, 1 being poor, 5 being moderate, and 10 being well, how would you rate your ability to cope with your grief? Please explain your response

APPENDIX B: COPING ABILITY CHART



APPENDIX C: INFORMED CONSENT

Bereavement Support Groups: A Study on the Effectiveness of Branford CT Hospice
Bereavement Support Groups.
Ramon A. Nieves Jr.
Department of Social Work
Southern Connecticut State University

Introduction:

I am a graduate student in the Department of Social Work at Southern Connecticut State University. As part of my master's thesis I will be studying the effectiveness of the bereavement support groups offered at The Connecticut Hospice. Participation in this study involves research that will be conducted within the bereavement group. Research will be conducted within the 7 weeks this group takes place. In order to decide whether or not you wish to be a part of this research, you should be aware of all aspects of the study, its purpose, the procedures to be used and any risks or benefits. This consent form provides you with detailed information about the research study. I will discuss any aspects of the study with you that you do not understand. Once you understand the study, you will be asked if you wish to participate, if you do, you will be asked to sign this form.

Purpose:

The purpose of this study is to determine whether the current methods involved in the bereavement support groups are effective in decreasing the response to grief that group member's experience.

Procedures:

If you decide to volunteer, we will use questionnaires that are designed to increase the understanding of your grief. As participants in this study, you will answer these open ended questions to the best of your ability. This questionnaire will be done in the first session and the last session. The use of observations of in-group interactions will also be used and will be limited to observations that may help to better understand your grief experience. The Facilitator's impressions of the group will also be used to get insight into how the group is progressing.

Risks and Inconveniences:

Potential risks may include your increased awareness of your grief due to your reflections in answering the questionnaire. It is possible that some of the items in the questionnaire may make you feel uncomfortable. If you do feel uncomfortable you may: (1) choose not to answer certain items; (2) take a break and continue later; (3) choose to stop the process. If you wish, you can speak to Robin Katzman, the Bereavement Coordinator, a Social Worker employed at CT Hospice, or someone else of your choosing about your feelings. If necessary, referral for an outside source of support will be offered.

Benefits:

This study was not designed to benefit you directly, however there is the possibility that you may learn about how you experience and manage your grief through your participation. In addition, what is learned from this study may help us to better understand the effectiveness of current bereavement support groups.

Costs/Compensations:

There are no costs or compensations to you for participating in this study.

Voluntary Participation:

Your participation in this research is entirely voluntary. You may refuse to participate in this research without any negative consequences for you. If you begin to participate in this research, you may at any time and for any reason, discontinue your participation without any negative consequences. Simply let the researcher know.

Confidentiality and Anonymity:

Any and all information obtained from you will be confidential. Your privacy will be protected at all times. You will not be identified individually in any way as a result of your participation in this research. The data collected however, may be used as part of publications and papers related to the researcher's master's thesis. Participants will be given a number for identification when filing out questionnaires, with only the researcher having access to participants' identifying information. Any questionnaires that are collected and analyzed will not have any identifying information and collection of materials will be conducted by the researcher.

Signature Section:

Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to decide if you wish to participate. If you have further questions, you may contact Ramon A. Nieves Jr. at (203) 315-7667. If you have questions regarding your rights as a research participant you may contact the SCSU Institutional Review Board at (203) 392-5243.

The concluding paragraphs of your informed consent must include information consistent with the all of following:

Investigator Signature: I have explained to _____ the purpose of this research, the procedures required, and the possible risks and benefits to the best of my ability. To the best of my knowledge, the information contained in this consent form is true and accurate.

Principal Investigator Signature: _____ **Date:** _____

Participant Signature: I confirm that Ramon A. Nieves Jr. has explained to me the purpose of this research, the study procedures that I will undergo and the possible risks and discomforts as well as benefits that I may experience. I have read or have had read to me this consent form and I understand it. Therefore, I give my consent (or, for my child, ward etc. if appropriate) to be engaged as a participant in this research project.

Participant Signature: _____ **Date:** _____

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