<div align="center">**Bereavement Group Case Study**</div>

<div align="center">**SUBMITTED BY: Annie Banks**</div>
<div align="center">**EMAIL: agbanks@bidmc.harvard.edu**</div>

Abstract: This case presents a time-limited bereavement group designed to diminish isolation for its members and to provide accurate information about the grief experience. A critical incident ensues when the facilitator becomes aware that one of the selected group members may not be the best fit for the group. The facilitator must contend with the challenges that arise when there is a perceived threat to their bereavement support needs – particularly difficult for people who already have felt isolated in their grief and anxious to be in a mutually supportive setting. Themes around member pre-screening and group boundaries are explored.

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OVERVIEW OF GROUP AND CONTEXT

Description of the Group

This time-limited bereavement group (12 weekly sessions) was run on a Palliative Care Service at a not-for-profit acute care medical institution (hospital) in an urban setting. This was a psychoeducational mutual aid support group for adults who had lost a parent. It was designed to diminish isolation for its members and to provide accurate information about the grief experience. Group members were encouraged to share their stories and coping strategies and to learn from one another, while also being presented with additional ideas to support coping with the death of a loved one and the multitude of additional losses that accompany such a death. Members were recruited via an email with group details which was sent to a large distribution list. Pre-screening was required and was conducted by the group facilitator who was a social worker with several decades experience as a medical social worker. The group was comprised of seven members all of whom were women (not by design; it just happened that way). Of the core 7 members of the group, 6 were Caucasian and 1 was Asian (from China). The members of the group ranged in age from late 20s to mid-50s. A member of the group who attended one session only was a female in her 20s.

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CASE STUDY

The Critical Incident, Challenge or Situation

Prior to Session #3 of the group, I received a call from the father of a young adult woman whose mother (his wife) had died three months prior. The father learned about the group from his primary care physician, and reported having discussed the group with his daughter and that she was interested in attending. He wanted to register her for the group, but I informed him that I would have to speak with his daughter directly. In addition, I told him I would need to discuss with the group having someone join after it had already commenced. Considering the time-limited nature of the group, members had started to get to know each other and begin to develop feelings of trust. The father reported he would encourage his daughter to call me and was appreciative of the information and the support offered as he struggled with the death of his wife, to whom daughter was reportedly very close.

"Amy" did indeed call later that day. In lieu of a standard face-to-face meeting, given that the group had already started, I spoke with her by phone about the group. It appeared from the call that she would benefit and was told I would get back to her once I discussed her possible addition with the group. At Session 3, I asked the group about what it might be like to add a new member. The majority of members present were more than amenable to welcoming Amy to the group. Members described the isolation they felt with their grief prior to starting the group and their desire to diminish that isolation for someone else. One members not in attendance that night was contacted was open to adding Amy to the group while at the same time she did not want the group to expand further. Amy was apprised of the group's decision and joined the group for its fourth session.

Next, I discuss what occurred with Amy's arrival to group and examine the impact of her participation on the group on the subsequent sessions. At the start of group we went through ground rules, and how this particular session would proceed, etc. An outspoken member of the group, Joyce, asked Amy if she would prefer to share her experience (whom she lost, when, and the circumstances) first or later. Amy said she would like to hear from others first, and all were fine with that.

I observed tension and confusion in that small conference room start to become palpable and continue to grow. Amy fidgeted throughout the session – playing with a cotton ball of some kind on the table, a pen, her hair, her ears. She did not make eye contact with other group members or me, laughed at some inappropriate times, and then started to interrupt other group members to share aspects of her own story. I wondered if this was just nervousness with the new situation, and decided to politely review the tenets about interrupting and making room for everyone to speak. Since she was having difficulty containing her responses, I ultimately asked if she might feel better taking the time to share her own story now before moving on. This group had been respectful and conversational during the prior three sessions, but now it appeared that free-flowing style wasn't going to work. Due to Amy's interjections, we couldn't even get through the short structured part the group had planned for this session.

How was the incident, challenge or situation addressed?

Amy proceeded to share her experience of the death of her mother and acknowledged that she felt lost without her mom because she (Amy) was "a high-functioning person with Autism" and her mother had always accepted her just as she was, unlike so many others in the world. Most group members responded sensitively to Amy's disclosure and validated how difficult her experience must be. Most of the session was spent supporting her, despite my trying desperately to make space for them to have time to discuss their own concerns and to receive the benefit of the group experience. It was not to be.   I kept wondering how to take care of each individual – including our newest group member – and how to facilitate an actual *group process* as the discomfort in the room mounted. Many group members started to appear weary. Reflecting on the session, it seemed that Amy was challenged in her participation necessary for a "mainstream" psychoeducational mutual support group such as this. Adding to the distracting behaviors, she did not appear to be able to connect with other members by maintaining eye contact. Moreover, she was unable to adhere to the basic principles of give and take in group discussion. In our one-to-one screening, Amy seemed very able to carry on a conversation – although in retrospect, I realize that discussion naturally involved a lot of listening on my part.

By the following morning, I received emails from several group members. Each email addressed the discomfort they felt with Amy in the room and a few added they would not return to the group if she were to continue with the group. Each member expressed distress about her discomfort with Amy, while feeling like a "bad" person for not being able to tolerate her presence in the group or for being "selfish" about wanting to make sure their own needs could be met while they saw this young woman was suffering too. One group member confessed that a few of them were so stressed out after the prior evening's group, that they went out for drinks together. They explained that they talked about the situation for mutual support and validation.

I sent an individual email to each group member who had communicated her discomfort about the situation in which I expressed my appreciation for how gracious she had been in welcoming a new group member after it had started. I noted to each member that for reasons of confidentiality, although I could not discuss any specific group member, I empathized with their discomfort from the previous night and said that I would address their concerns and would apprise the group as to the result.

Then came the hardest part: contacting Amy, who desperately needed support in her grief and who would now experience another loss of support in the wake of her mother's death. I was able to reach her by phone where we discussed what the experience in group had been like for her the prior evening. She appreciated the support of the group immensely. She also expressed some of her own discomfort with the group, wondering whether it might have been "weird" for them to include another person. I validated her concerns and expressed to her that finding an alternative to this already-cohesive group might be best. Amy herself wondered if there might be something at the Asperger's Association in a nearby community. After our call concluded, I called the Association about the situation and they encouraged a referral and I passed along this information to Amy, and she was made aware that the facilitator would be happy to talk at any time. I asked if I could call her father, who sounded very concerned about her. She agreed, and I had a phone discussion with him about the referral that was provided to his daughter and that the bereavement group had not ended up being a comfortable situation for those involved. He was (thankfully) appreciative and very understanding.

At the next session, group members were informed that Amy would not be returning to group. We processed the experience with the group, who were there to deal with their experiences of loss. I was concerned that although they felt heard by me in that I responded to their feelings, they each might also feel vulnerable to "being voted off the island" – being exiled from the group if their behavior wasn't ideal or they expressed anger to another group member…or something. I provided the group reassurance given that the incident that occurred was my responsibility as facilitator, and I offered a little psychoeducation about Autism and the challenges to our group process – which had clearly not been an issue with the group previously. (It had not been perfect, mind you, but it was certainly a workable situation and discussion could actually be facilitated among the original group members.)

I also reviewed group guidelines about how members' getting in touch or together outside of the group was fine, but they were reminded to keep their conversation limited to what those getting together had discussed directly and not involve group content of others. I explained that this was necessary to maintain a sense of safety in a group in which each member was being vulnerable. Group members were also curious about what was going to happen to Amy. They were told their concern was appreciated, but I could disclose no further information with them, as she was no longer a member of the group who had given permission for such sharing. They were assured that she was referred elsewhere for support and was always free to call me. The group then seemed to just move forward together.

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SUGGESTED AREAS FOR DISCUSSION

Reflection on the Incident and the Group

The perceptions of the original group members: Those members who contacted me were clear that they perceived the presence of Amy as a threat to the integrity of the group and a threat to their bereavement support needs being met – particularly difficult for people who already have felt isolated in their grief and anxious to be in a mutually supportive setting. One group member reported in a 1:1 discussion with me having felt robbed, maybe even "duped" by me. There was some loss of trust in my abilities as a group leader (at least for a time) and as a person who could maintain a sense of safety in the group. There was also anger with me for having unintentionally

placed group members in such a difficult situation. I think original group members were also confused by the incident, thrown off during the experience.   I think the felt loss of leadership *by a female facilitator* was particularly challenging for a group of women who had lost their mothers.

As for Amy, I had no idea what her perception was during the incident. Maybe I wasn't even thinking enough about *her* experience beyond trying to help her feel welcome as I struggled to facilitate something potentially useful for everyone.   I learned after that she was aware of "things not fitting" during the session and she had probably experienced that before in her life. Many times.

I believe that this critical incident occurred because I did not screen Amy properly. Since the group had already started, I felt rushed so I didn't ask her to come in for a standard face-to-face screening. I also placed my empathy for her and her deeply grieving father ahead of some good common sense about group screening and formation for this kind of time-limited mutual support group. I think that I wanted it to work for a host of reasons, including (I'm ashamed to admit) that one more person in the group would have boosted the statistics about client contact and the value of my position that I submit to the Palliative Care Service, who funds my position.

I also contributed to the incident by my own sense of confusion during Session #4, facilitating the group as a whole while desperately trying to assess what was going on with an individual member and what the best course of action might be. I was also angry at myself during the session, feeling responsible for creating the difficult situation for all involved and fearing (knowing, actually) that I would probably have to counsel out this vulnerable young woman who had admitted not feeling accepted by others. It was pretty awful.   That said, I also contributed to the safety of the group moving forward by counseling out Amy and processing the experience after with the whole group, as well as by clarifying boundaries.

Reflection on the Situation

A sage supervisor at one time shared with me the tenet that the integrity of the group as a whole takes precedence over the needs of any one individual. That doesn't mean we don't care about

each individual, of course, but one individual's concerns or issues that appear to hi-jack the group process or threaten the safety of the group as a place to share by established ground rules cannot supercede the needs of the group, and when that happens, the facilitator must address it for the safety of all. How it is addressed will also be viewed by the members of the group to determine how much they can trust the facilitator going forward. Establishing clear boundaries for safety is important even in non-therapy groups –where therapeutic things happen.

This was really one of the most difficult and heart-wrenching experiences I've encountered in decades of facilitating groups. Feelings of ineptitude were significant, and I'm wondering whether more extensive grounding in group theory would have helped, particularly during Session #4. I also think it's important to note that the theme of the group was coping with the loss of a parent, and even for adults the loss of a parent can bring up the feeling of being unprotected in the world – often even when the parent wasn't particularly present or parental or was frail and the adult was a caregiver for the parent. Feeling trust in the facilitator as a kind of parental figure who can maintain a sense of safety in the group during an often emotionally chaotic or intense time is important. This incident really threatened that and created another potential loss. Even though this group had just started, they had begun to create a real safe haven for each other.