**Practice Reflection**

# Between theory and therapy: Grief and loss skills-based training for hospital social workers

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**ABSTRACT**

Social work grief and loss education often concentrates on theory and therapy, neither of which are particularly accessible to practitioners in a crisis. Both new and experienced social workers in an acute health environment are challenged to craft a practical, skills-based approach which is part grief therapy and part crisis-response. A working party at a major hospital developed training to bridge this gap. Evaluations indicated attendees made meaningful connections with their practice. This practice reflection describes the development of the training and its outcomes.

**Keywords:** *Grief and loss; hospital social work; skills-based training*

## WHAT DOES THE LITERATURE SAY?

The many definitions and concepts of grief and loss are extensively examined in the literature. In social work, the Dual Process Model perhaps best represents the tension that the social worker manages in navigating the emotional and instrumental tasks of grief and the fluctuation between loss and restoration (Stroebe & Schut, 1999). This review focusses on grief and loss practices in hospital social work, wherein interventions may be practical or emotional, iterative or perceptive, and range from assessment through various practice intervention models and theories. Enacting these interventions is influenced by the priorities of the working environment and the treating team.

Such a review should aim to identify techniques and trends which ground current social work practice in evidence, and stimulate developing and extending these practices in acute healthcare settings. The SocINDEX database was searched for best practice social work in loss in an acute healthcare setting. Abstract reviews highlighted the experience for parents, children, the elderly, and people living with HIV/AIDS. Topics included sexuality, suicide, substance use, joblessness and socio-economic disadvantage, trauma, disaster, cancer and migrant communities.

Much of the grief and loss literature focuses on the evolution of theory, and concepts for practice application. Various models exist, with Currer (2007, p. 99) supporting "models and theories that work", and cautioning workers against using theory "as a barrier to protect themselves" from recognising and responding to individual needs (p. 98). Similarly, Lloyd (2002) recognises the difficulty in applying "theoretical underpinnings by…professionals in their practice" (p. 215) and warns resource-challenged working environments against conforming loss experiences to a model. The dual process model (Stroebe & Schut, 1999) discusses loss and restoration orientations; however, the loss experience may be dual in other ways too – the intellectual and logical may be distinct from the emotional, indeed Martin (2002) recognises instrumental and intuitive grieving styles (Pomeroy & Garcia, 2009). Bruce and Schultz (2001) focus on the many types of non-finite loss. Pomeroy and Garcia (2009) highlight the importance of recognising familial grief styles, although the instruments used to assess grief seem lengthy and ill-suited to hospital use. Worden's (2003) tasks of mourning discuss factors which mediate the grief response.

The literature also addresses external factors influencing the loss experience, for instance Thompson's work (2002) examines the impact of race, gender, cultural practices, poverty, ill-health and other social factors. Non-demographic contributors include loss history factors such as complicated grief, prolonged grief and multiple losses. The systematic review by Lobb and colleagues (2010) highlights complicated grief predictors, a phenomenon potentially amenable to intervention by hospital social workers. Authors claim that 10–20% of the population experience complicated grief (prolonged, acute grief symptoms), predicted by factors like childhood events, dependent relationships, negative cognitions, traumatic death, and serious mental health issues. Reducing carer burden, addressing mental health issues, and providing psychosocial education can help facilitate coping in complicated grief – interventions which are all within the scope of hospital social work practice.

Support as a key intervention is highlighted by Clark and colleagues (2011) who consider family-centred work, effective communication and emotional support are fundamental to grief work, yet as most support is provided to primary carers, the needs of the extended support group are often unrecognised. In examining preparedness of health care workers dealing with grief and loss in its various presentations, Currer (2001) reports "some practitioners felt that there had been too little in their training about death and grief" (p. 150). Breen and colleagues (2013) agree that knowledge is often underdeveloped, with university courses offering brief training. In discussing the health social work role, Herbert and colleagues (2008) emphasise that social work facilitates communication between carers and the medical team, arguing that medical teams often lack skill and comfort in the language of death and dying. The presence of a team member who can recognise, endorse and accompany grief and link grieving people with resources and support services is especially highlighted in Currer's work (2001, pp. 109–110). Such skills are supported by Lloyd (2002) who emphasises practitioners need "a guide to draw on theoretical resources in the immediate and everyday situation" (p. 215).

While the literature provides much information on theory and conceptual frameworks, techniques to assist social workers responding to the crisis of grief or loss are lacking. Undergraduate social work courses provide training in counselling and communication micro-skills; however, the challenge is to convert the sometimes esoteric into a noticeably effective practical response.

**The Grief and Loss Working Party at RBWH**
The Grief and Loss Working Party is a cohort of clinical social workers from different clinical teams at a large inner-city tertiary hospital. The group examine and address the needs of inpatient hospital social workers responding to grief and loss across the gamut of teams. In an acute, discharge-focused setting, loss is a pervasive theme, but rarely involves ongoing therapeutic or counselling work. Instead, required practical skills include broaching conversations about loss, assessing implications for the patient and family, and providing short-term interventions such as crisis intervention or supporting patients undergoing significant transitions. This occurs in a shared, busy, noisy, often public environment where the treatment of medical conditions takes reasonable precedence over emotion.

Defining and recognising loss in the acute health context can be difficult for treating teams in the setting of competing medical problems – it begins with a recognised event or need which can involve a combination of a tangible, recognisable loss, and a symbolic, evolving or anticipated loss, which may be less evident. The most obvious tangible loss in hospital is death, but loss also encompasses disability, anticipated loss of function or role, and many others, including historical losses. Hospital social workers intervene with people immediately affected by grief although may encounter people immersed in more complex experiences, affected by a range of factors described in the literature. A patient is rarely admitted to hospital for grief, nor is it usually a discharge factor, hence, unless identified and addressed by a social worker, the experience can go unrecognised, leaving the individual and family more susceptible to a complicated grief response.

### Development and delivery of the training

The Grief and Loss Working Party met monthly for six months to examine literature, survey staff needs and develop training. The group developed a skills-based workshop for new graduates, focussed on clarifying purpose in grief and loss hospital social work. This approach aimed to remove both "theory as a barrier" (Currer, 2001) and discourage application of a particular model (Lloyd, 2002). Two-hour training was delivered in October 2017 beginning with an overview of grief and loss theory development. Three separate case studies were workshopped to facilitate experiential responses to different losses, such as: a) the "cold call" sudden death situation; b) responses to expected death; and c) addressing multiple losses. Attendees discussed in small groups and provided feedback to the large group. Using three case studies afforded less time for discussion and skills practice, even so, participant evaluations indicated that tailoring grief and loss training to organisational context encouraged more meaningful practice connections.

The second training iteration in November 2018 further developed Lloyd's guide for "the immediate and everyday situation" (2002, p. 215), and assumed that social workers have a reasonable foundation in grief and loss theory. Workshop content was revised to focus on a skills-based approach. One case study was used, divided in three unfolding parts. This invested less time on "story", more on intervention incorporating different types of loss experience. Handouts were distributed on research efficacy in grief interventions, and broaching conversations about loss with suggestions for conversation starters. The 2018 workshop emphasised understanding the purpose of practitioner response in grief and loss interventions and applying core skills. The additional time allowed for increased interaction in small group discussion, with feedback structured around three key questions:

- What is your purpose?

- What main loss issues are present?

- What interventions would you use, and why?

In addressing the question regarding what assists social workers to operationalise an effective grief and loss response, and then describe it meaningfully afterwards, evaluations showed the workshop increased participant understanding and confidence in acute grief and loss work. They also expressed gratitude for the opportunity to share practice knowledge and refresh generalist social work skills for attending to people experiencing loss and grief, linking them with resources and support services.

### REFINING THE TRAINING

The practical or emotional, iterative or perceptive interventions involved in grief and loss social work are perhaps anticipated by the tension between what the loss experience brings to a person, and the recognition that humans are not a tabula rasa upon which grief is written. The Grief and Loss Working Party will further refine the training to equip hospital social workers in the difficult task of conceptualising loss to address the immediate needs of the patient and family, including those beyond the primary carer role, as well as the treating

team and health system. Training focussed on practice uses theory as a foundation from which social workers respond pragmatically to those complex needs. Much of our grief and loss understanding is necessarily conceptual, but balancing the philosophical with the operational challenges both practitioners and educators.

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