

Interview on Grief and Loss with Sandra, a provider

Hello, my name is Josie and I would like to welcome you back to Trauma Talks, Rising from the Ashes, a podcast series brought to you by the UB School of Social Work the Institute on Trauma and Trauma Informed Care. This series provides an opportunity for individuals to share their witness of how strength and resiliency has allowed them to rise from the ashes. Trauma talks follows people who have both worked within the field of trauma and those who have experienced trauma. Here we will reflect on how trauma informed care can assist those who have experienced traumatic events to embrace a new life of wholeness, hope, strength, courage, safety, trust, choice, collaboration, and empowerment. Today, I am joined with Sandra Brackenridge. She is a licensed clinical social worker, and has been for 37 years. She has taught a course on grieving as well as supervision and a little bit of private practice. Something highly unique that Sandra is involved in is developing and facilitating social work in veterinarian hospitals. So we are really happy to have you here today and being willing to share your story with us. I'm going to let Sandra give you the audience a sense of how she came to be where she is today.

1:51 **Sandra:** Thank you Josie for inviting me. So, I guess 37 years is a long time to be a licensed clinical social worker. I've had so many great experiences in clinical social work. Currently, I teach bachelor's level social work and I teach a course called grieving. Which is the biggest reason I have come on the podcast today. I taught that course in two locations here at TWU in Denton Texas and at Idaho State in Pocatello Idaho. It's a very popular course, but very rough and very emotional for the students. They think it is a definite necessity for the growing of the students. To understand some of their own issues as well as how people can be grieving when they social worker doesn't even recognize it as grieving. I try to teach the course so that social workers learn that almost any client can be seen through a lens of in a process, a grief process. I also don't stick with one model of the grief process I introduce at least 9 and we cover a lot of different issues. Not just death and dying, we try and touch on the grief that occurs after substance abuse, we touch on suicide, and the trauma of suicide and how that grief process can be different. We touch on divorce and that grief process as well which can be very different. We talk about the near-death experience quite a bit and we talk about different religious approaches to the afterlife. I know I'm leaving out a lot of things, but I think that will relate to the interest in trauma informed practice. I also do set up social work programs in private veterinary hospitals. Similar to how medical social work works, these social workers will work with the clients who bring in their pets. These specialty hospitals the pets are sick, they are not happy little puppies getting vaccinations. They are very critically ill or maybe emergency cases. Often the owners are traumatized when they bring their animal into the hospital. Then they have to consider euthanasia which can also be a traumatic experience. Those are the two areas of my practice I can talk about today. I will say I do supervise currently for the LCSW and I have one supervisee who is working in a trauma psychiatric unit she is providing outpatient therapy. This trauma unit here in Denton Texas it's internationally recognized as treatment, uh, specifically for people who have been traumatized.

5:06 **Josie:** With your experience in working with individuals that are bringing their pets to the veterinary hospital, what have been some of the most prominent cases that come to mind? I'm sure there are so many, in terms of pet owners really coming to grips with the potential loss of pets that can definitely become part of their family.

5:34 **Sandra:** Pets are considered pets today, the client that comes to mind immediately is a lady that came in with her poodle. She had just been diagnosed with breast cancer that morning and her husband had just died within the year. Another client who has lost her cat, had to euthanize her cat, but began talking about how someone very close to her who had been killed, murdered. So often the pet the grief due to the pet, triggers a lot of the other grief that has not been resolved and trauma. We often refer them to trauma therapist in the area or specialist. Then there are traumas in the veterinarian hospital because domestic violence is correlated with animal abuse. So, we try to recognize and access when an animal has been abused. So, we intervene in those cases. So, we've dealt with people who are being abused at home themselves and the animal. One dog was kicked by the abuser and hemorrhaged and died so we had to intervene in that. Then there are traumas when one dog in the family gets into a fight with the other dog in the family and kills the other dog. For some that is like as close to them as their children or their only companion. So that can be devastating for people.

7:25 **Josie:** Thank you so much for giving us this snapshot of teaching bachelor level students about grieving, and then also this very fascinating work you have done with pet owners. I hear a lot of intersectionality going on in that work also. In terms of seeing the trauma and adversity that individuals are facing in their day to day personal lives and how that intersects also with the ownership with their pets. So as you're talking I can really hear a lot of corollaries with what we call trauma informed care. There are 5 principles in trauma informed care which are safety, choice, trust, collaboration, and empowerment. What trauma informed care really does is it asks us as individuals and service providers to stop asking what's wrong with a person and move toward asking what is wrong with the person. Harris and Falot talk a lot about those 5 guiding principles as being the tools that service providers can use and really harness to create a practice that is trauma informed. I can hear already in your speaking about your work, particularly with pet owners you bring a very much trauma informed lens to that work, and then recognizing what is happening to and about those people's lives. So, to being talking a little bit more about those 5 principles. What I want to start with is safety. What I really think most immediately about is when we talk about grief and your experiences in the veterinarian hospital is an emotional safety. As you said your course in grieving can be really hard for students. That really calls forth a lot of vulnerability. I'm curious to know just in general, what has been your experience in terms of trying to provide for the emotional safety of clients, of students, and what's been your own personal experience with that? Both in your educating and your clinical work?

9:58 **Sandra:** Well I'll start with the course. So, from the beginning of teaching it, I recognized it was going to be emotional. An emotional course for the students because they aren't only students they are human beings. Something has lead them to social work and something has let them know that a lot of people are in trouble emotionally. I teach the class in a circle, as much of a circle as we can form depending on the classroom, so that's the first thing. So everyone is facing in and facing each other. I tell them this is probably an easy A, but very hard emotionally. They write two papers in the course. The first one is to explore what they believe and what they know about the afterlife and then the second one is to apply a model of the grief process to their own, to choose a loss, because everyone has many, then to apply a model of the grief process that we have studied in class. This calls up a lot of the students own past. They usually reflect after they write those two papers that there was a lot they haven't dealt with yet, or now they are going to seek counseling for help for the grief process. Those papers are pretty powerful. They

do their exam in a group which I think helps the students. Occasionally I have had to check on students after class. I encourage them to leave if they can no longer handle the material we are discussing, and I will check on them after class. I will walk them to the counseling center if I think they need to. That's what we do for the students. As far as safety in the veterinarian hospital, veterinarians don't think like we do. Their thinking about the animal while we are thinking about the people. So, we see people sitting all alone while their animal is in the back being examined or performing emergency procedures or whatever. So, the social work interns will go in there and greet them and sit with them if they seem to be lonely. Talk about their animal, their family, their situation. Bring them water, tissues if they need that. We run back and check on the animals and then give them information because their animal may be critical. We try to make them feel as safe and not isolated as possible. So, I think that's what we do for safety.

12:54 **Josie:** I heard you in both of those scenarios touching on the next principle which is highly related to physical and emotional safety. Particularly when dealing with a vulnerable topic like grief or working with a vulnerable population, which social workers do day in and day out. The environment can be such a huge component of helping both clients and workers to feel a sense of trust. I am curious to know when you are talking about the veterinarian hospital and talking about connecting with the people who are waiting to hear news about what is happening with their pets. What do you think you bring to those interactions that allow that trust to really build? It sounds like it almost has to happen pretty quickly if they are just there for a certain procedure. So, I'm wondering if you can speak a little bit more to how you see that process happening and what skills you bring to that.

14:14 **Sandra:** Well, in grieving in general whether it's an animal or a person that you've lost. It's not like other areas of social work where you have to build a relationship, and it takes weeks to build that relationship the people that I work with, even in the grieving class, or grief counseling, they are raw from the get go. Their emotions are right there. The relationship happens very quickly. I think in supervising interns or supervising interns all these years for that, what you have to do to build the trust is you have to show you are competent in your own response to the vulnerability to these very intense emotions. So, I think when I've had interns who have difficulty with these areas, or when I have a supervisee who has difficulty. What they are having difficulty with is their own response to another person's very, very intense experiences or emotions. So, the building the of trust is the client seeing that I'm not freaking out, that I can handle it. Tears do come to my eyes even more so now than when I first started. I think you develop even more sensitivity to it. If they see tears come to your eyes when they are describing their own experience then that builds trust as well. I'm not saying, I often joke that if you start sobbing loudly, then you probably need to go get your own therapy, but that's not what I'm talking about. I'm talking about joining in the experience and being ok to do that. You have to have done a lot of work on yourself to do that.

16:14 **Josie:** That willingness to be able to sit with a lot of deep seeded pain, but also doesn't have answers. There's not an ability to problem solve through a loss that is imminent or has happened. If someone has really lost something that something isn't going to come back into their lives and that is so tremendous and huge.

16:42 **Sandra:** In this area you cannot fix it.

16:45 **Josie:** Wow. Again, all of these principles really build on one another. I already heard you speak about the next principle which is choice. Which is huge when we are talking about creating a safe space and building trust. And choice is really critical when creating a trauma informed culture. I heard you mention several things that happened within your classroom that student are able to have some choice in their assignments in terms of choosing what about their personal lives they want to talk about, when they choose what kind of model they want to use. What makes sense to them? They also have choice in terms of saying this is too much right now. I need to step out of class, I need to take a breather. And when you mentioned the models. I know you said this before we started the interview. You mentioned you use 9 different models about the grief process. I was wondering if you could give us a little bit of a snapshot. It sounds like that is a way you create choice with building that understanding of what it really means to grieve.

18:08 **Sandra:** I tell them that anyone who has gone through a significant grief process can find their own model as well. Experts in grieving will write from the client's population they have treated. Kubler Ross, of course is the oldest one, and she worked with the terminally ill first. So, her model comes from having worked with people who were dying. Then she extrapolated that model to include grieving and bereavement and children's grief as well. William or Thomas Wooden has the task of grief. He's written a manual for the mental health practitioner. He worked with widows and widowers. He comes from the perspective of what happens when you lose a spouse. I also like a man named Richard Dilsheimer who was a pastor. He has a spiritual component to the grief process. I like his model best of the 3 because he's worked with so many people with different types of grief. People in his congregation and that kind of thing. Then there's Rondos 6 R's and then another one that is Weisberg's from the human behavior text book. Which he makes you a diagram where you go down into the grief and then finally rise up. I had someone speak in my class once who had applied that to unemployment. So, I use his grief model as well. He puts culture as a defining factor of the grief process which I find interesting. Then there is the grief wheel and I have not been able to confirm who actually developed the grief wheel. But the person who introduced it to me had lived on Ashbury in San Francisco and had been part of a commune and lost everybody in that house died except for her of AIDS. Then she lost her son in a hunting accident. The grief wheel you go down through inside are the emotions of grief. Outside are the behaviors of grief. You go through protest, despair, and recovery, but Cheryl, the person who showed it to me. Didn't believe there was ever recovery. But she had so many multiple losses that she was still in the midst of her grief at that point. I've seen that wheel used by other people, so I'm not really sure who first created it. Then in terms of divorce there are models of grief that I use, uh, one by Abigail Trafford, who is a journalist, and the other one is by [inaudible] Ricci who is a psychologist. Then I use one by Crampster and Belly which is more directed toward men. Then there are a lot of writings about how suicide is different. The grieving due to suicide is different.

21:58 **Josie:** Absolutely. A lot of choice on so many levels. That presents ways that your students can organize and dig more deeply into their own life story. It also breaks through any mirage that grief is only about death or dying. It is multifaceted and there are many losses that can happen throughout the developmental course of their life. That really illustrates that powerfully. The

next principle that Harris and Falot talk about is collaboration. They say this is really essential, this teamwork. There are a lot of people who come together to provide support and provide an environment that is conducive to healing or coping, or just getting by day to day. I'm just curious to know in both your teaching or your clinical experience what has been your experience with those individuals who are dealing with grief. And what kind of role does collaboration play? You had in terms of that really manifesting itself in the grieving process?

23:43 **Sandra:** Grief is very important. So, in the course when I describe a lot, but one of the treatment techniques is finding a support groups. It is invaluable. If I am grieving and it's fresh and it's intense and I feel like it's never going to go away, and I don't know when I might even feel better. Then it is very helpful to see somebody, meet somebody who is further along in the process. So those groups are really important. When you lose somebody to hospice, survivors of suicide, children whose parents are divorcing, I think is a necessity to be in a support group. So that is kind of collaboration. As far as the animal owners, we do have a support group which happens twice a month. They happen for the same reasons they need to know that other people have been where they are, and they got better. They may be struggling months later, but they are getting better.

24:51 **Josie:** People pull on one another in support groups to get that peer strength. People who understand where they have been and what they are experiencing. That place into the last principle which is empowerment. Which is really powerful. Which is calling on strength and facilitating healing and growth. What I'm curious to know, is you have spoken about how student have really been triggered by experiences, both in the veterinary hospital as well as in your class. I'm sure that you have seen that elsewhere in your 37 years of practice. I'm wondering as a supervisor as an educator, what are ways that you have approached that in the spirit of empowerment? In a strength based perspective? How do you handle those situations?

26:02 **Sandra:** In grief counseling and back to the class and all of that. So, this really comes into play because I really think making it through a process of grief is the most empowering thing. A therapist cannot do that for a client. One of the things we know about healing from grief is that a person does feel more empowered like they can handle almost anything if they work through their grief. Even though it may be hard to work through that grief they know that they made it through. I don't know if I'm answering your question in the way you wanted me to. I often say a trauma or a loss or grieving whatever is important to you, it's a loss. Again, it can't be fixed, but what if I say to my class it's like if you get a bad cut and you go get it sewed up at the emergency room but they didn't clean it out well. That is like unresolved grief and it gets infected. You have to take care of it. So, you have to go and get it all opened up again, cleaned out, and that is the work of grief. It's the work of cleaning all that stuff out. Then eventually it will heal, but you will always have that scar. That scar becomes a part of you that you recognize they see it every day, and if you concentrate on it, you can remember how horrible that was. But it's all healed now. That's how I look at it. But I feel it's empowering.

27:59 **Josie:** What I really hear too is making a connection in what we were talking about earlier. Is that you the social worker or the intern is really the conduit to really help facilitate the healing process which in and of itself is empowering. Because it is such a profound thing to go through, even if they are able to take baby steps through cleaning that out. How hard and how stinging

that may feel. That as the worker to being willing to sit and facilitate that process is really in and of itself a really empowering practice. In keeping with that. Have you had experiences either with students or with clients where you really have seen that individual coming out on the other side of having felt like they feel healed, they have some newness in the wake of that profound loss and grief.

29:14 **Sandra:** I have and it's wonderful when I have. There's a component that when they blossom the most, whether it's students, whether it's survivors, whether it's owners who have lost pets. The people who blossom the most get into helping other people get there. They are truly indispensable. I think that is something we need to keep in mind too. So, yes, I have seen them come out on the other side and they are such a great contribution to other people in pain.

29:57 **Josie:** So were wrapping up now. Is there any final thing you want to share with the audience who are listening whether people are going through their own grief and loss or maybe dealing with a loved one dealing with grief and loss? Any final words you feel called to share with us before we wrap up?

30:25 **Sandra:** I will say to anyone out there experiencing grief, loss, or trauma right now that you're not required to do anything at this point right now except to get up every day. Even if you don't shower at least you got up. This is hard, this is really hard, and life is really hard sometimes but it will gradually get better. So, I just compliment people for just getting up and putting one foot in front of the other. So, it's difficult.

30:58 **Josie:** Thank you so much. On behalf of The Institute on Trauma and Trauma Informed Care I really want to say thank you again for taking the time to speak with us today and to really share your witness and your story. It has been a real pleasure, so thank you.

31:15 **Sandra:** You're welcome it was fun.