

# Review of *Treating Traumatic Bereavement: A Practitioner's Guide*

Pearlman, L. A. Wortman, C. B. Feuer, C. A., Farber, C.H., and Rando, T. A. (2014) *Treating Traumatic Bereavement: A Practitioner's Guide*. New York, NY: Guilford Press (358 pages) ISBN-13: 978-1462513178 ISBN-10: 1462513174 (\$45.00 paperback).

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*Treating Traumatic Bereavement* is a comprehensive book (358 pages) on traumatic bereavement, which is defined by the authors as being the result of “a sudden, traumatic death, which is abrupt and occurs without warning.” Other aspects of traumatic death are those that are untimely, involve violence or mutilation, or are perceived by the survivor as having been preventable. Sometimes the survivor experiences many losses at once or the survivor’s own life was threatened. Inherent in this book is the recognition that the trauma must be processed in order to allow the survivor to fully attend to mourning and adapt to the loss. As a clinician who specializes in traumatic grief and disaster mental health, it is exciting to read a book which fully explores the impact of trauma on loss and grief. The authors present various theoretical foundations (Cognitive-behavioral, Relational, Constructivist Self Developmental) which inform their treatment approach. Through these frameworks, they explore how loss and psychological trauma are defined, and how they are processed by the client.

*Treating Traumatic Bereavement: A Practitioner's Guide* also contains a treatment manual. After laying the foundation for a model to treat traumatic bereavement in the first half of the book, the authors focus on the implementation of the techniques and concepts. They have constructed a 25 session plan for working through both the trauma and loss. Parts of it can be used as needed, however, beginning clinicians or those new to this field may prefer to adhere to the treatment plan. Purchasing the book allows the practitioner access to a companion website containing the session planner and over 30 handouts, several of which I have used in my practice. For instance, a recent suicide survivor found the supplemental handout on “Getting through the Holidays” very helpful. I valued being able to give the client something to take away with her over the difficult Thanksgiving holiday. The worksheet on secondary

losses following the traumatic loss of a loved one, was well written and helped several of my patients identify and put words to their experiences.

There are “three core components” to the treatment plan:

1. The authors stress the importance of developing internal and external resources to support the processing of the trauma and to facilitate the mourning process. Chapter 10, *Building Resources* (and its accompanying handouts) provides excellent guidance for assisting the patient in building internal stability (self-capacities, coping skills, breathing retraining) and an external support system. What clinician couldn't use ideas about how to help clients develop these resources? While of course this chapter was geared to traumatic bereavement, there is much value in using these ideas and techniques with other clinical populations.

2. The authors stress that the traumatically bereaved individual must process the loss both cognitively and emotionally. The rationale for this second core component is based in Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), and Constructivist Self Developmental Therapy (CSDT). The accompanying handouts are helpful, particularly Handouts 10 through 14, which constitute a CBT primer on identifying and challenging automatic thoughts.

3. The third core component is “moving through the processes of mourning,” which are Therese Rando's (Rando, 1993) tried and true, 6 “R” Processes of Mourning: Recognize the loss, React to the separation, Recollect and Reexperience the deceased and the relationship, Relinquish the old attachments to the deceased and the old assumptive world, Readjust to move adaptively into the new world without forgetting the old, and Reinvest. If you are not familiar with these, I recommend becoming familiar with them. I have taught the “6 R's” in my graduate school classes for many years and use them to guide my treatment with grieving patients.

However, this book does not take a cookie cutter approach to traumatic grief. Part III of the book (*Risk Factors And Related Evidence*) is devoted to understanding potential factors affecting how one



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processes the trauma and the loss. These include: event-related factors (characteristics and mode of the death), and person-related factors (gender, personality and coping strategies, spiritual/religious beliefs, nature of relationship with the deceased, attachment style). These factors are thoroughly discussed and supported with recent research in the field. Each chapter begins with a clinical vignette illustrating the challenges of developing an appropriate treatment approach. These were helpful in setting up the chapter's focus and I think they would be especially valuable to beginning trauma therapists.

Finally, the concluding chapters, which cover working with challenging clients, self-care and vicarious traumatization for therapists, are valuable resources during treatment implementation. I highly recommend this book and will add it to my required reading list for

graduate students studying traumatic bereavement. I plan to refer to this book and its accompanying handouts regularly in my private practice.

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