



*The Compassionate Friends Victoria:
Peer support groups for bereaved parents,
siblings and grandparents*

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Support groups form an integral, if not a defining, part of The Compassionate Friends Victoria's (TCF) service provision. As a Mutual Support Self Help (MSSH) agency, TCF has been providing state-wide specialist grief and bereavement peer support, to bereaved parents, siblings and grandparents following the death of a child at any age and from any cause since 1978. Support groups, along with other TCF services, are run by bereaved family members for bereaved family members. The organisation is also largely peer-governed and the primary evidence is "lived experience" and the delivery of peer support.

There is an emerging body of knowledge and research which reveals that, boosting and protecting social support, can increase an individual's capacity to deal with a potentially traumatic event. Presently, 26 TCF open-ended support groups operate throughout Victoria, and each has been established to help ensure that a peer support mechanism is available for the traumatically bereaved.

TCF Victoria's groups offer an opportunity for bereaved family members to connect with other bereaved individuals who are "*further down the track*", which, in turn, plays a vital role in normalising people's experiences of grief, fostering a sense of community and building resilience. Through the experience of mutual understanding and support comes the possibility of hope and, from that, the ability to reconnect meaningfully with the wider community.

We have confidence in our approach. TCF support groups follow the Standards and Guidelines researched and developed by Lifeline Australia (2009) which are continually being internally evaluated - formally and informally - by obtaining feedback from those who attend the groups.

Group members consistently report finding the meetings helpful, specifically emphasising the discovery of a community, of others outside the family, who understand and accept their complex and confused feelings and thoughts and who allow them the freedom to remember and speak openly about their children, even critically, in a safe, non-judgemental environment.

In this chapter, we wish to outline the dimensions that help ensure an optimum support group environment is provided for bereaved family members; we will discuss:

- the conceptual and experiential model that guides our group meeting ethos and format;
- the meeting guidelines and ethos that help ensure group democracy;
- examples of issues that can arise in groups and how they are managed;
- our training program for group leadership;
- and the ongoing management and leadership of groups.

Our Model

In 1951, Carl Rogers, author of *Client Centred Therapy*, stated his fundamental belief in the innate ability of people to determine their own growth (or regrowth following trauma). Rogers presented evidence, from his therapeutic experiences, that this fundamental self-determining process is best activated in a facilitative climate of empathic understanding, unconditional respect and similar openness on the part of the facilitating therapist. Later research supported and extended this to include all helpers and helping situations, including groups.

Our experience strongly supports the above. Consistently, we found that allowing the bereaved to tell their stories and to be listened to actively and empathically, without judgement, eventually helps them to regain autonomous control over their shattered lives. This does not preclude gentle challenging of inconsistencies or confusions or sharing our own similar (but significantly different) experiences. What it does tell us is that none of those intrusions from our world will be useful, until the bereaved person has walked around their story to the point where it is clear enough to feel in control and able to slot in outside offerings. Clearly, this will rarely occur in the first telling of their story.

Working within a Rogerian-based framework is challenging; it is not a passive process, as many have mistakenly thought, but requires active hard-nosed discipline to put our world aside and enter another person's world to help them clarify and confront painful feelings, confused thoughts and often obsolete patterns of coping. It also requires a firm belief in the effectiveness of this mode of working with people.

Values And Beliefs In Operation

Translating values and beliefs into guidelines for working with people has been a challenging and ongoing shaping process. These are guidelines we currently find valuable:

- 1.** Bereaved people require clear, simple structures as they move from chaos to order. Resources are down and they seek security. Hence, our meetings are simply structured and always follow the same basic format.
- 2.** In open-ended meetings, such as those at TCF, the newly bereaved get first priority. Hence, the major focus is on the opportunity to express their own feelings and thoughts and listen to the experiences of others. This helps to normalise their experiences. In those early days, rational strategy development is difficult and beyond most people. Expressing feelings has more healing value. In TCF groups, those who have been attending for some time probably gain most from the networks they have developed. To the newly bereaved they provide a model of hope and from their ranks come the next generation of leaders and support team members.
- 3.** Promoting a non-judgemental atmosphere is vital; especially in the area of bereavement, where there can be self-blame and regret as well as anger commonly directed at one's self, one's family or friends, professionals and institutions. Balanced, realistic pictures of their world are best developed through non-judgemental listening.
- 4.** Bereaved people need time to express their needs. Their story is painful and unique to them. We expect long pauses, hesitancy, messy thinking. In fact, we have found it

helpful to deliberately slow stories down - which also helps the listener.

5. In the very early survival days, it is OK to do some things for the newly bereaved (such as cook meals and mow lawns), but this should move quickly to doing things with them and not for them. Helping them regain autonomous control of their lives cannot start too soon.
6. Helpers naturally look for signs of recovery in those they are helping. But that should not be the helper's first focus. Rather, in this context, the helper's task is to establish an atmosphere of care and support, to focus on listening to and clarifying stories. Change and regrowth will then take care of itself.
7. Empathic involvement is demanding of a leader's personal resources. In our support groups, at least two caring qualified leaders/facilitators must be present.
8. Defusing and debriefing of leaders/helpers is imperative. Listening intensely to people with similar experiences to our own is not only draining, but inevitably taps into our own experiences and must be dealt with. The leadership team is checked at the close of meetings and we meet for a meal before each monthly meeting where the first focus is "How are WE?"
9. Finally, adopting a Rogerian approach means a caring empathic person is the primary criterion for leadership. Other important criteria include knowledge of the skills of helping, of the current understanding of the grief process and the ability to work in a team. We view leadership by a bereaved person down the

track in their grief and a qualified leader as a gift. In line with early research by Carkhuff (1969) and others who came later, we believe it is better not to form a group rather than to have leaders without the above qualities. This is often misunderstood by well-meaning and keen volunteers (and professionals), but as Carkhuff found, "*helping can be for better or for worse.*"

The Three Part Meeting Format

The following is an outline of the format and organisation of a TCF support group; we believe a simple-structured program provides security for the bereaved. Also, meetings are regularly advertised and regularly held in the same comfortable, "neutral" venue each month. We have found that people often read notices and "*sit with them*" for a time, before finding the courage and energy to attend their first meeting. Finally, we believe it is best to have one person in charge of the overall support group operation and one person responsible for running each meeting; care of distressed people cannot be left to chance or confusion of roles.

The leadership team

The support group team currently consists of the coordinator and contact person in charge of overall operation and new contacts; at least one Support Facilitator responsible for general support and supporting the "helping process". All leaders are trained and, over time, modelling by leaders also means that each regular attendee becomes "*trained*" and better able to provide more effective support.

The Meeting Structure

1. Informal welcome and cuppa for approximately 30 minutes

This allows transition from the outside world to the support group world, pairing of new people and recording of personal details (although anonymity is a key component of our groups if desired).

2. Formal sharing segment for a maximum of 2 hours

Introductions

Following the welcome we focus the group with an appropriate poem or TCF's credo and outline some ground rules of which we suggest four: confidentiality; permission for the leaders to say "*we need to move on*"; recognition of energy needed to talk and therefore the importance of listening; people feel free to contribute as they feel able but to pass or be silent is also OK.

Input

Then a short input segment (bereaved people have short concentration spans) with three main goals - offer ideas and strategies, build hope and further help members settle into the group.

Sharing

The central part of the evening follows; this is the working part, where people share their stories and discuss the issues and problems they are facing. We systematically go around the group rather than let people come in indiscriminately, mainly for security and to ensure that everyone has an opportunity to speak.

Closure

Finally, we usually close the formal part by summarising the main points that have come out in the sharing, reinforcing networking and supporting each other, inviting them to stay for a cuppa and wind down and acknowledging the courage, especially of new members. We also always remind them that they may feel tired and flat over the next day or so, but stress that long-term benefits will be felt. We then close with a short poem or reading.

3. Informal wind down and cuppa for around 30 minutes

A vital time, when networks are established, unfinished business from the meeting is processed and support for those who are especially vulnerable is put in place. It also allows breathing space before re-entering the outside world. Finally, it incorporates time for defusing of the leadership team.

After meeting tasks

1. Between meeting support for group members

Each new member and all vulnerable members are contacted in the week following the meeting by a leadership team member. Sharing can have repercussions such as a "low" that lasts for several days, new tensions in relationships or the emergence of new issues as a result of the freeing experience of the group sharing,

2. Debriefing the team

There is an ongoing challenge to find time for this and it often relies on the caring networks formed within the leadership but it is vital for team

maintenance and leadership effectiveness; ideally it should be structured and focused.

Guidelines to Ensure Group Democracy

Below is a template (using actual words) to outline the “ground rules for group meetings” we suggest best reflect TCF’s belief on how the optimum learning/growing support might be facilitated. We believe it reflects the qualities of empathy, respect and genuineness towards participants.

About our Sharing:

First let me emphasise:

Tonight is for you - to use as you feel able. Our task, as leaders, is to set up a supportive atmosphere, so you feel comfortable sharing your pain and in so doing, learn to better manage it. The opportunity is to share:

Where you are at this stage in your difficult journey to build a new life, and

Any issues you are faced with and would like to discuss.

Furthermore:

You may share as little or as much as you feel able to. Sharing or being silent - both are OK.

Feel free to contribute at your own pace.

Tears are OK - they show that you cared very much for your loved one and that you care for yourself.

And some of you may have some energy left over to cry with and show a little caring for others. But don’t be too hard on yourself if your pain is still too great to go outside yourself and feel for others. It will come with time.

Five additional things from us; we call them

“ground rules”, but they are just reminders that help us support each other better, that keep us aware that our time tonight is limited, and that remind us about the best way to share and help each other.

- 1. Firstly**, it takes courage to come here and to speak about ourselves. We ask that we **all listen when someone is speaking**, especially being aware when someone is just pausing and needs silence and time and space before continuing.
- 2. Secondly**, we suggest that what we are most looking for in our struggle is just to be heard and understood. **Rarely do we need advice.** If we do, we usually ask directly for it. So be wary about jumping in with advice and suggestions.
- 3. Thirdly, we are not here to rescue each other**, but to listen and to support each other to regain confidence in using our strengths. Distressing though it may be, we *need* to express and feel our pain. Unless we are “with” our pain, we cannot learn to walk beside it. So someone who is distressed and crying is actually doing something very positive. They are learning to handle their pain. Again, the best support we can give is to listen and encourage them to talk about their feelings and experiences.
- 4. Fourthly**, I know our own needs are often very strong and we get wound up with the need to express and talk about them. However time is limited and so **we ask your permission for us to say “we must move on” if it becomes necessary. Is that OK?**
- 5. Fifthly**, the issue of **confidentiality**. We ask you to keep what is shared tonight within the group. Some of us don’t care who knows our story, but some of us are private people and will feel more comfortable and more confident

about sharing if we know that what we share will remain private in this group. Also we will inevitably be talking about other people who are not here (our children, family members, friends, professionals, etc.) and their privacy needs to be respected.

Issues that can arise during Group Meetings

It is essential that group leaders have a clear understanding of the above meeting guidelines, not only of the individual and group benefits they facilitate but also of the “assertive power” such knowledge provides in confidently running meetings. Based on feedback we frequently receive from group leaders, the running of group meetings is typically a smooth operation (particularly when leaders have opportunities to debrief following a meeting). The principal issue they face is the ability to be empathically attuned to each and every group member (a process supported by TCF’s training in empathic listening and responding). To be empathically attuned while also ensuring meetings run on time and all participants are given an opportunity to speak can be challenging - and requires skill development and refinement.

Sometimes, however, additional group dynamics need to be addressed by group leaders; some issues can be as “simple” as keeping the subject on course, others can be more complex, such as managing a meeting so that the needs of newly bereaved group members and group members “further down the track” are equally attended to.

One of the most commonly reported issues is when a group member dominates the flow of group conversation. As we will discuss in the following section, “Training and post-training support”, TCF’s compulsory Lifeline-accredited group leader training provides comprehensive

group management strategies, including managing disruptive events. There are also post-training support programs provided by TCF that encourage reflection from group leaders in relation to best practice. A moderated email discussion group, for instance, allows group leaders to collectively examine a range of group-related issues - and discuss how they individually managed them.

We will use some contributions from group leaders in this online discussion group to help elucidate the common issues facing group leaders. To begin with, we will include an excerpt from a group leader, who reflects on the careful, respectful management of “dominating” group members:

When a group member dominates the conversation we try and pick up on a point [he/she is expressing] and ask the rest of the group to respond, or ask how they would handle it. Support leaders play an important role here as they can ‘come in’ on the conversation and assist in redirecting it. If it’s something that occurs regularly, it’s a good idea for the leaders in the planning/debriefing process to plan strategies to avoid the problem or at least to be aware of it. Another thing that I have found helps is emphasising the ‘housekeeping’ rules at the beginning of the meeting, that everyone needs time to share and get permission from the group to ‘move on’ if necessary.

In the same online discussion, another group leader similarly emphasised the importance of guidelines, or house rules, as a mechanism for managing group dynamics.

I’m sure that most groups will encounter this problem from time to time. Often the dominating group member will interrupt to offer advice. Their intentions are good, but the

manner unfortunate, because it does prevent the less confident members from continuing with their story once the flow has been lost. Like other group leaders, I also make a point of stressing the ground rules (gently) at each meeting. I have even printed them and put them in a small silver frame in the centre of the table. So far I have only addressed the group as a whole about this, deliberately not singling anyone out. Constant gentle reminders seem to be getting the message across.

As well as providing a safe environment, where everyone can equally contribute, TCF group meetings should also facilitate mutual support - peer-to-peer support - and within that support, the concept of hope. However, while it is essential that group members feel safe to speak openly of their grief experiences (and speak openly without fear of censure), a complex matter can emerge when a group member articulates to the group that his or her life "has not gotten any better" since the death of his or her loved one. How can hope be respectfully conveyed to the wider group without undermining the experience of individual group members? In another online discussion, a group leader reflected on her management strategies in these cases:

During my 10 years of leading the group, this problem cropped up a number of times, and on many occasions, I agonised over the fear that newer people would be put off by the extreme negativity of some people who were further along in their grief. I often used self-disclosure, first, to relate to the person expressing the negative thoughts, but then to make the point that things had very gradually changed for me, sometimes so slowly that it was only in looking back that I could see any progress - but change had happened despite me.

Follow-up phone calls certainly provided another opportunity to form a closer understanding and bond with the new person/people and also gave me the chance to counter any very negative thoughts which had been expressed at the meeting.

Additionally, as a group leader relates below, within this issue is the "juggling act" of tending to the often divergent needs of newly bereaved group members and "regular" group members. To address this issue, this leader utilised a range of group management strategies, partially learned through TCF training programs, but also through accumulated experience as a group leader.

One difficulty is when those who are further down the track in their grief attend a group meeting precisely because they are going through a particularly difficult time and are feeling that life will never get better. When this sentiment is expressed, it is difficult not to look nervously toward the newly bereaved member. Is he/she thinking, "I can barely cope with life at the moment? What if I feel the same way five years later?"

It can sometimes feel like you are entering into a disagreement with the group member who is stating nothing will improve. But it is more a case of counter-point than disagreement. "Yes, we can find ourselves overwhelmed with our grief" you can say, hoping such counter-sentiment will also be heard by the new member. Or you can say, "I know I've had times where I've slipped back into the depths of grief and it's awful, but it's also so reassuring when you find yourself coming out of those spells." And it's worth emphasising that the support group is a great place for refuge in difficult times. By emphasising difficult times, the implication is that we also have "better times".

Still, in this sort of scenario, you may come to the end of the meeting feeling concerned that your counterpoint may not have been heard over the sentiment that “nothing improves”. Bringing the meeting to a close with a good feeling is desirable. That’s where summarising earlier points about hope can be helpful or having an inspiring reading or a poem.

Another group leader mentioned that if a newly bereaved individual was attending, he would immediately employ two discussion topics for the night: “How we managed” & “How our grief changes over time”. The process of “Introducing ourselves around the circle” would still occur beforehand, but he would emphasise the need to address these topics. He felt that this was a beneficial approach to take, providing some level of reassurance to the newly bereaved, while also having the potential to reveal to less recently bereaved group members how their grief journey has developed.

Training and Post-Training Support

As the previous section shows, there are a number of complex issues that can emerge in a group meeting context that need to be handled confidently and assertively by group leaders. While a mutual support self-help agency such as TCF Victoria places “the lived experience” front and centre of their service provision, it is compulsory that their peer support volunteers receive training in the principles and skill set related to *Mutual Support Self Help*. For instance, TCF provides comprehensive training in empathic skills and self-care as well as group management, along with a working knowledge of the theoretical underpinnings of the organisation’s charter.

TCF’s training program – which operates on three levels – ensures that those who become volunteer

leaders will be able to provide a “duty of care” for group members and they themselves will receive ongoing organisational support.

Selection

The first focus is to ensure that group leadership is undertaken by sensitive and caring parents/siblings/grandparents whose bereavement time span allows them to bring some objectivity to their support of others. The general TCF rule of thumb is at least two years post the death of their loved one.

Training

The second focus is to ensure that *all* those volunteering and accepted to lead a group are appropriately trained and thus able to provide consistently safe, knowledgeable and skilled support. Responsible duty of care must also include recognised training in effective leadership and TCF Victoria group leader training mirrors the internationally recognised training program researched and tested by Lifeline Australia (2009).

Post-training or ongoing support

This third focus of TCF’s support group leadership program is vital. It recognises that because all TCF leaders are themselves bereaved, it is vital that well planned, ongoing and closely monitored support be provided for these volunteer leaders. Our ongoing outreach program is essentially a three year repeating program with a number of other support opportunities “feeding into” this basic structure.

1. Year 1: One-on-one meetings with group leaders (GL)
2. Year 2: Visits to & participation in actual group meetings

3. Year 3: Weekend GL Retreats
4. Other opportunities for sharing & discussion: Gathering program; GL Bulletin; Email discussions; Debriefing team; Informal contacts between GLs

One of the most important components of the outreach is providing forums for reflective practice and reinforcement of knowledge.

The Continuing Health of Support Groups

Along with post-training support, we wish to emphasise two further dimensions that help ensure the ongoing delivery of bereavement peer support meetings.

Succession

Succession leadership plays an integral role in the maintenance of support groups. Therefore, within TCF's training program, we strongly encourage current group leaders to keep a lookout for members in their group who show leadership potential (and who are also further along in their grief and therefore feel sufficiently able to support others).

TCF support groups now have a long history in the smooth handover of group leadership. Only rarely has a group needed to disband for a short period of time (i.e. when a current leader retires and some time passes before a group member takes up a leadership role); group leadership training being held on an annual basis helps facilitate a smooth handover.

Promotion:

Another dimension of group leadership is the ongoing promotion of groups within their communities. This is primarily achieved through activities such as: approaching local media to organise an article (or an ongoing notice) regarding the support group; leaders meeting with community organisations and explaining the function of group meetings; and distributing TCF materials to general practices, counselling services and community organisations (in particular, distributing pamphlets which outline the organisation's purpose, as well as the particular group's venue, meeting time, and contact details).

Conclusion

There are inherent challenges in leading bereavement support groups; issues can arise that require careful thought, action and reflection; in other words, leaders' responses must be driven by a "duty of care". We have found that having a strong guiding model for running support groups combined with a comprehensive training program and ongoing organisational support allows leaders to approach the emotional and intellectual demands of group meetings with both a sense of confidence and a sense they "are not alone" in their endeavours. The confidence and commitment of group leaders are integral factors in ensuring that the social and emotional benefits of TCF's peer support groups continue to be available to communities across Victoria.

Endnotes

References

Rogers, C. (1951), *Client Centred Therapy: Its Current Practice, Implications and Theory*. Boston: Houghton Mifflin.

Carkhuff, R. (1969), *Helping and Human Relations, Volumes I & II*. New York: Holt, Rinehart and Winston.

