

Best Practices for Helping Military Widows Dealing with Grief from an Unexpected Death

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DEDICATION

For my late husband, Dougal Mitchell.

Your spirit was with me throughout this whole process. You showed me what it is like to love unconditionally and to apologize. You really laid a foundation of softness because only you and God know that I was stubborn in my 20s, and you loved me through it all. I oftentimes become frustrated that your life was cut short, but the time I had with you was well spent with so much love and laughter between us. I miss that gap-toothed smile and all of our inside jokes, so I will end this by saying, “I love you, light skin,” and I can hear your response back: “I love you too, dark skin.”

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First and foremost, I give all honor and glory to God. In 2016 I thought You had forsaken me when You called my husband home, and it took me a while to know that although my life had changed, You had not forsaken me nor left my side. I am grateful for my angels here on earth that You allow to pour into me every day.

Dr. Reed, I admire you in more words than I can describe. I appreciate you allowing me to be a rambling mess and wrangling me back in. You really do have a lot of patience, and I am beyond grateful you were assigned as my advisor. You are another testament to how God is looking out for me. Every time we met, although it may not have been obvious, I was soaking up your expertise and guidance, so I was listening even throughout me stressing myself out.

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My Texas Family: the Stokke Family, Hoskins Family, and Gunn Family. When Eddie and I decided to buy our house on Diana Lane, never in my wildest dream would I have imagined that we were not only buying a house but gaining family. Since day one, you welcomed us into your homes. I had never had hospitality like that, and I was stand-offish, but my best memories were falling asleep on your couch even though I lived across the street. The day I called and had to tell you, Susan, that Eddie had died, I never considered how you felt, but what I do know is you made sure my Texas family was there to rally around me. I would not eat, and I remember Karah making me a smoothie and checking in on me as I struggled to sleep. The love you guys showed me and Apollo even in my darkest moment—I was blessed to have all of you.

To my fellow military survivors (Carolyn and Kimberly): Our husbands were friends, but that is not what brought us together. An introduction, yes, but our connection happened organically because you ladies are amazing. We bonded with one another, and then our bond was familiarized when we all lost our husbands through various unexpected means. We share a pain that I would not wish on my worst enemy, but even through our struggles we will always show up for one another. We may not talk every day because life gets in the way. Carolyn, I will never forget how you drove from Dallas, TX to Harker Heights, TX and opened up hurt wounds for

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Edonna McBride, I do not think I could pour my heart out on this page enough for people to know how much I love you. First off, I want to publicly say thank you. Thank you for pushing me to join the program because I know I would not have done it otherwise. I know you had to listen to me gripe month after month about how I could be stress free right now, but I could not imagine being on this journey alone, so I am beyond happy to have done this with you. You push me and encourage to be successful, and there is no competition between us. You are the reason I will be Dr. Kenesha Mitchell. I cannot wait to see what else life has in store for us, and I cannot wait to see your bond with Peanut like I have with your children. I guess it's payback time. As I write this my eyes are filling up with tears because of what you mean to me. I love you, fellow Taurus.

My Family: mom (Ronnie), brother (Anthony), and sister (Roneisha). Thank you for our inside jokes and the love that we have for one another. Mom, you have always instilled in me that I was enough. I never realized how lucky I was to have you because I assumed everyone had a mom like mine, but boy was I wrong. Thank you for selflessly being there for me and my brother.

Anthony, even though you are the younger sibling, you are wise beyond your years. The man you are growing up to be inspires me and challenges me to be great. Never change and know that my love for you is infinite. Ro, you are also wise beyond your years, and I look up to you for so many reasons. You are always a solid sounding board, and you have never led me astray. Thank you, family, for supporting me on this journey because I know it has not been easy, yet you all made it look so effortless.

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EXECUTIVE SUMMARY

Kenesha Mitchell

Aligned with the CESI model's commitment to innovative, collaborative, and sustainable practices, Chapter 1 delves into grieving as a complex and personalized emotional reaction that frequently challenges traditional expectations of a structured and time-frame development. As a military widow who has directly experienced the loss of a spouse, I emphasize my personal and professional connection with grief. I explore how examining grief through a CESI model perspective enabled me to not only recognize an unaddressed issue, but also empowered me to initiate creative solutions and bridge the gap to bring about change.

Chapter 2 explains that military widows may encounter distinctive and intense sorrow as a result of unexpected and traumatic circumstances surrounding their spouses' demise along with the particular difficulties associated with military life, such as frequent moves and deployments. The sudden death of a military spouse can result in considerable mental anguish, such as protracted complicated bereavement disorder (PCBD), depression, and post-traumatic stress disorder (PTSD). Organizations such as TAPS and policies focused on offering extensive assistance are essential in assisting military widows in managing their sorrow and reconstructing their lives. However, there are still deficiencies in the agencies meeting their specific needs. In order to provide more effective assistance to this specific group, it is necessary to make ongoing endeavors to provide specialized mental health services and enact laws that acknowledge the unique challenges faced by military widows.

Chapter 3 integrates biblical references, such as the story of Ruth and Naomi and the widow with two pennies to highlight widowhood and grief, and social work theories, such as grief, social learning, and empowerment theory. These theories highlight the emotional,

cognitive, and behavioral responses experienced due to a loss, how to learn to cope with grief through observation, and eventually regaining control over one's life.

Chapter 4 highlights the Alliant Counseling Services Association (ACSA) and other stakeholders who have been actively engaged in the creation of Bridging the Gap. This involvement facilitates a comprehensive understanding of the needs of military widows, identifies areas of deficiency, and fosters cooperation to improve the project.

Chapter 5 contains a scoping review that assesses best practices for helping military widows dealing with grief and isolation from an unexpected death. Eight studies met criteria and included a supportive community environment. The scoping reviewed highlighted the importance of peer support to aid military widows experiencing grief and isolation.

Chapter 6 outlines the Bridging the Gap training series that provides psychoeducation and hands-on training to support clinicians with specialty training to be able to work with military widows. This training is conducted over an 8-hour time frame and provides a platform where clinicians can become confident and competent when dealing with grief and military survivors.

Chapter 7 describes the mixed method approach used to evaluate the impact of the training series. A pilot was conducted with 13 mental health clinicians (MFT's, PCC's, and CSW's). A post questionnaire captured the clinicians' thoughts on the training manual and their current understanding of grief. The results of this evaluation showed an increase in knowledge and comfort level when working with military widows experiencing grief.

Chapter 8 includes recommendations for future practice and emphasizes the importance increased community engagement with Veteran Affairs and Survivor Outreach Support Coordinators across various military installations to coordinate education for clinicians and support for military widows in in-person and web-based settings. It also includes

recommendations for training that is tailored towards children who have lost a parent who was a service member.

CHAPTER ONE: OBSERVATION

In American society, grief is regarded as a social matter since there is an expectation that the grieving process should have a well-defined beginning, middle, and end, all taking place within a socially acceptable period of time; however, this is not frequently the case (Jones et al., 2019). The experience of grieving is significantly complex and unique, frequently challenging the predetermined societal expectations regarding its duration (Jones et al., 2019). According to Bowen et al. (2016), military service personnel and their wives often refrain from seeking treatment when they experience grief, as they feel ashamed and stigmatized by their own perception of weakness. For the purpose of this paper, widow and survivor will be used interchangeably. Military widows who do not seek appropriate treatment for the emotions they go through after the death of their spouse exhibit this hesitancy. Bowen et al. (2016) emphasized that the distinct demands and expectations faced by military families worsen the challenge of openly and effectively dealing with loss. My own life trajectory placed me on the path of losing my husband unexpectedly from a car accident.

Nobody is prepared to lose a spouse, especially when the death is unexpected. I was not prepared to never hear my husband's voice or laughter ever again when he left our home one day to meet with some of his battle buddies. At the age of 23, as a young military spouse, I aspired to one day have children with my husband and grow old together only to be faced with the unsettling reality that I would be living as a widow at the age of 31. On June 11, 2016, as two Texas State Troopers stood at my doorstep to notify me that my husband had died while driving home, I could not believe what I was hearing. Every dream, every aspiration, every goal had been shattered in an instant. I was left to pick up the pieces and begin navigating my grief in the best way that I knew how, and let me be the first to tell you that I had no clue how to do that. In

life there is not a manual on how to navigate one's grief. Now, as a military widow, I felt as though I was being rushed through paperwork and other mechanical tasks in a blur.

My first point of contact was my casualty assistant officer (CAO), who was assigned to me by the military. A CAO plays an important role in ensuring that military widows receive any necessary assistance, information, and resources during one of their most difficult moments. Empathy, communication skills, and practical aid are used to help the widow manage the complications of losing a military spouse. I was unaware of the pivotal role my CAO could have, with proper training, played in my life by providing immediate support, offering comfort and assistance during my initial shock and grief, explaining information regarding available support services, benefits, and entitlements, and assisting in coordinating services like funeral arrangements and transportation. My CAO's role was to provide me with information about financial, healthcare, and education benefits, assist me with legal and administrative matters related to the death, such as processing paperwork and navigating military bureaucracy, and connected me with support resources like mental health services (MHS), counseling, and community organizations. As a widow, I felt abandoned, struggling with attempting to maintain what little sanity I had left as grief was swallowing me whole. However, as I reflect upon my experience through the lens of a clinician, I understand that my CAO may not have been properly trained to step into the role because a CAO is a multifaceted position that not just one person can encompass.

After losing my husband, I would come to find out that I did not experience healthy examples of coping with grief. When someone I knew lost a loved one, I saw them cry for a certain number of days after the person's passing, and then they stopped crying, appearing to have moved on. I was not told about the ways that grief changes people physically, mentally, and

behaviorally. Because of this lack of awareness, I did not know I would need coping skills to deal with the loss of my husband. I was unaware that I would soon display symptoms of this grief, such as nightmares, changes in my eating habits, difficulty maintaining hygiene, and excessive worrying. My emotional state often fluctuated between anger and sadness. I encountered significant frustration and a lack of patience towards myself, pondering the reasons behind my inability to progress. I only started to recognize and address these problems after seeking treatment as a requirement of my master's program in marriage and family therapy. The therapist I visited made the connection between my triggers and the grief I had gone through. I initiated communication with several of my peers who had comparable experiences, and I began the process of recovery upon realizing that I was not the only one experiencing these emotions. I discovered that my peers would play a crucial role in my recovery process.

Working exclusively as a mental health clinician with military survivors as a TAPS peer mentor, I obtained the necessary skills to support others going through their grief journeys. Working with a mourning population is essential for various reasons in my role as a marriage and family therapist. I comprehend that sorrow has a profound effect on mental health, frequently resulting in disorders such as depression and anxiety. Through the provision of clinical assistance, I assist individuals in managing and navigating these emotions, therefore promoting resilience and mitigating the risk of long-term complications. By providing psychoeducation, I aim to make the grieving experience more typical, thereby lessening emotions of solitude and uncertainty. Exhibiting empathy and validation is vital as it enables my clients to experience a sense of recognition and understanding, which is crucial for their recovery.

In order to maintain efficacy, it is necessary for me to manage my emotional reactions to a client's loss, which is sometimes referred to as countertransference. Establishing a secure and accepting environment for clients to openly express their sorrow, also referred to as "holding space," enables them to effectively navigate their emotions at their preferred speed. I adopt a comprehensive strategy that encompasses all aspects of mourning, including physical well-being, interpersonal connections, and day-to-day activities.

As a military survivor looking back, I was grateful to TAPs for reaching out to me during the first year of my husband's death even though I was closed and shut off from any communication. I was also grateful to have a strong foundation of family and friends who allowed me to grieve without rushing me to move. Not once did anyone in my support system utter the words to me, "You are young and can remarry." I lost my husband and my best friend in what felt like the blink of an eye, and now, 8 years later, I am ready to have a seat at the table to create policies for survivors and their children and to help others who find themselves in a similar situation.

CHAPTER TWO: IDENTIFYING THE PROBLEM

Military widows dealing with grief from unexpected deaths frequently have particular forms of sorrow that require care and understanding (McGill et al., 2022). Military spouses are aware of the occupational hazards associated with military duty; even with this knowledge, planning for the worst remains an impossible problem (McGill et al., 2022). Borah and Fina (2017) emphasized that managing life without a companion poses several problems for military widows, distinguishing their experiences from other types of widowhood.

Military widows endure a variety of obstacles, including the stress of many deployments, the trauma of losing a military partner while serving or fighting, and the possibility of financial insecurity and other adversity (Borah & Fina, 2017). Military widows are a separate demographic because of the numerous causes of death associated with their loss. According to the Defense Casualty Analysis System (2022), around 1,100 active-duty soldiers died unexpectedly in 2021 from suicide, vehicle-related accidents, undetected terminal illnesses, homicide, and communicable diseases, such as COVID-19. The sudden and unexpected nature of these deaths gives military widows no time to prepare, resulting in tremendous devastation.

Cozza et al. (2017) noted surviving military dependent family members, particularly young female spouses, may be more susceptible to prolonged complex bereavement disorder (PCBD). They face additional challenges due to frequent relocations, limited community and healthcare resources, and separation from supportive family members following the death of a service member. There is a correlation between abrupt, violent deaths and higher levels of anxiety, impaired functioning, post-traumatic stress disorder (PTSD), and depression among survivors compared to non-violent deaths. Most military duty-related deaths are unexpected and violent, often due to accidents, suicides, and homicides. These traumatic fatalities increase the

likelihood of psychiatric conditions, emotional distress, and reduced functionality among grieving relatives (Cozza et al., 2017)

Grief, as noted by the Substance Abuse and Mental Health Services Administration (SAMHSA; 2020), emerges differently in each person and is impacted by the circumstances surrounding the loss. The sudden aspect of death, combined with an individual's particular circumstances, can have an impact on how they handle shock, grief, and despair. The grieving process can often last more than a year (SAMHSA, 2020). Jones et al. (2019) argued that while death is an unavoidable aspect of life, the method and timing of death can be especially distressing. The loss of a spouse, particularly under unexpected circumstances, can have an even greater impact than deaths where the outcome is known.

Survivors of unexpected deaths may experience increased melancholy, and a lack of proper support can exacerbate emotional pain, feelings of loneliness, and bereavement caused by the devastating loss of a spouse (Jones et al., 2019). Recognizing and addressing the unique issues that military widows confront, particularly those resulting from sudden deaths, is critical to provide the comprehensive assistance required to navigate the complicated journey of sorrow and recovery (Jones et al., 2019).

Evidence of the Problem

In 2021, approximately 20,000 active-duty soldiers died while serving in the U.S. Armed forces, and roughly 10,000 spouses were left to grieve service members due to an unexpected death (Dooley et al., 2019). Military widows can experience the loss of a spouse due to an accident, self-inflicted injury, illness or other injury, combat, or homicide (Congressional Research Service, 2022). McCullough et al. (2023) noted more than 80% of military deaths involved men, most of whom were younger than 35 years old. Dealing with loss can be a

debilitating experience for military widows due to the increased risk of anger, depression, and anxiety, and dealing with unexpected loss can lead to more severe and long-term grief (Wehrman, 2021, 2023). Wehrman (2023) argued when military spouses feel forced to immediately relinquish their identity as a spouse to that of a widow, it can cause higher levels of depression. Their spousal identity is often a core element of how military wives identify themselves, so a swift change in status can prove to be challenging to process (Wehrman, 2023). This literature review discusses the phenomenon of military deaths, the impact of those deaths on military spouses, and current solutions to dealing with the emotional distress of those deaths.

According to Harrington-LaMorie et al. (2018), across all branches of the military, the suicide rate remains high and is the leading cause of death. In the aftermath of military suicide, survivors frequently feel loneliness and isolation. This occurrence of dealing with grief and isolation particularly affects the spouse. Military widows who lose a spouse to unexpected death can experience emotional distress that may or may not resolve over time if left untreated without any interventions (Frye & Duchac, 2013). The bereavement process is particularly difficult for widows who have lost a spouse to suicide due to differences in the components of their grief that are unique to the manner of death. According to Harrington-LaMorie et al. (2018), military widows are known to suffer from intense feelings of rejection, shame, guilt, anger, and social isolation and have a greater need to hide the cause of death. Research showed an estimated 1 in 4 suicide loss survivors will seek help (Harrington-LaMorie et al., 2018; Linde et al., 2017).

Knowles and O'Connor (2015) reported that grief is associated with a decline in physical and mental health, and participants have trouble adapting to unexpected loss regardless of how much time has passed. When grief and isolation are left untreated, those who have experienced a loss are more likely to have depression, substance misuse, and health issues. Maintaining a

healthy emotional and physical lifestyle is imperative because mortality rates are significantly higher for both men and women following the death of a spouse (Frye & Duchac, 2013).

Effects of Grief and Isolation

Shear (2012) explained that complicated grief (CG) is a chronically impairing form of grief brought about by interference with the healing process. Symptoms include intense yearning or longing for the person who died, intrusive or preoccupying thoughts or images of the deceased person, a sense of loss of meaning or purpose in a life without the deceased, and a cluster of other symptoms that interfere with activities or relationships with significant others. A person with CG may catastrophize about the future or worry incessantly about a range of bad things that may happen because their loved one is gone. CG can cause individuals to restrict their lives by avoiding certain places or even avoid being with family or friends due to feeling envious, embarrassed, or anxious because of the death of their spouse (Shear, 2012).

Wilson-Menzfeld et al. (2024) noted that individuals within the military widowed population are likely to face an increased risk of social isolation and loneliness due to various factors such as adjusting to the unexpected loss of their spouse, experiencing bereavement, and potentially needing to relocate geographically due to military involvement. Unlike individuals who face the loss of a spouse after a prolonged period of illness, military widows and widowers can encounter the sudden and traumatic death of their spouse. Therefore, when family members receive the news of a loved one's unexpected death in military service, which is often known as “the knock on the door”, it typically has a lasting impact on them (Wilson-Menzfeld et al., 2024).

According to Freak-Poli et al. (2022), widowhood is linked to reduced social support and increased loneliness. Individuals who have lost their spouse are 5.2 times more prone to experiencing frequent loneliness compared to those who are in a romantic partnership. The risk

of feeling lonely is highest immediately after becoming widowed, with the likelihood of experiencing loneliness potentially increasing by up to 193% (Freak-Poli et al., 2022). The loneliness experienced by widows is directly correlated with their decreased well-being and prolonged, more intricate bereavement processes. The loss of a spouse triggers a grieving process that can present itself in several forms, including depression, complex, persistent, and/or distressing mourning reactions, or conversely, posttraumatic growth and resilience. Young military widows who experience the loss of a spouse during a formative period in their lives face challenges, such as feelings of isolation, and are susceptible to experiencing heightened levels of sorrow (Shorer et al., 2021).

Existing Agencies and Their Missions

The majority of deaths in the United States Armed Forces are unexpected and traumatic, and they represent the death of a young adult aged 18 to 40 (Amital et al, 2004). When a military service member dies, the typical demographic profile of the remaining family comprises a young adult widow and small children (Harrington-LaMorie, 2011). Survivors of young adult deaths frequently have a limited group of age-related peers who share their experience and can offer assistance throughout their mourning (Harrington-LaMorie, 2011). Peer support programs have been created to connect other military widows who have experienced the grief of a spouse. Bonnie Carroll created the Tragedy Assistance Program for Survivors (TAPS) to provide support and comfort for surviving families of military loss regardless of the location or manner of their death. Carroll established TAPS after her husband, Brigadier General Thomas Carroll, died in an Army C-12 jet crash in 1992. In the midst of her own sorrow and grief, Bonnie Carroll sought support from other military widows (Dooley et al., 2019).

The American Widow Project (AWP) is another agency that empowers military widows through healing and rebuilding connections, community, and growth. The AWP recognizes and honors the sacrifices made by the families of our deceased soldiers and believes that no military widow should feel alone in their grief. Every grieving spouse, regardless of age or stage of grief, deserves the opportunity to help rebuild their lives. The AWP strives to give a forum for military widows to recover together, find support, and hope for a better future.

Transitioning from a peer support platform, Military One Source (n.d.) works to encompass access for both military spouses and military survivors to obtain help regarding education, finances, MHS, and more. Military One Source offers military spouses 12 free sessions per issue (e.g., grief, anxiety, posttraumatic stress disorder). The objective of these sessions is the hope that the client will be provided with short-term, solution-focused interventions by various outsourced providers (Military One Source, n.d.).

As a military survivor looking back, I was grateful to TAPs for reaching out to me during the first year of my husband's death even though I was closed and shut off from any communication. I was also grateful to have a strong foundation of family and friends who allowed me to grieve without rushing me to move. Not once did anyone in my support system utter the words to me, "You are young and can remarry." I lost my husband and my best friend in what felt like the blink of an eye, and now, 8 years later, I am ready to have a seat at the table to create policies for survivors and their children and to help others who find themselves in a similar situation.

Grand Challenges When Working with Military Widows

According to Uehara et al. (2014), grand challenges serve to spotlight the focus of gathering talented individuals around important, shared, and solution-focused goals that strive

towards innovative influences that work on progressing societal change. The first grand challenge involves eradicating social isolation. According to King et al. (2021), spousal grief can lead to more intense emotions of loneliness in the older widowed population. Activities that once fostered social connection with a spouse can now result in feelings of social isolation. Grief related to sudden death has been associated with increased functional impairment, which can make it hard to move forward and lead a gratifying life (Cozza et al., 2019). As noted by the National Association of Social Workers (NASW, n.d.-a), research has shown that isolation can be a silent and potent killer that does not discriminate and affects diverse age groups. With mental health services, peer support, and community, we can decrease social isolation and strengthen social bonds.

The second grand challenge involves harnessing technology for social good. Throughout various studies, engagement with participants can occur in person, via telephone, or via Zoom video call (DeHart et al., 2022). It is essential for social workers to advance their technological understanding and skills to provide innovative ways of helping military widows navigate with alternative ways of branching away from social isolation (NASW, n.d.-b). MHS and peer support programs can be provided online (e.g., individual or group therapy sessions, online chat support, one-to-one peer monitoring, peer-facilitated support groups, and other telehealth services that can reach isolated survivors).

DeHart et al. (2022) argued that an increasing body of research shows that telehealth consultations' clinical outcomes and quality of care are on par with those of more traditional face-to-face appointments, with the added benefit of greater access to care for the population being served. Social workers can be more impactful when using technology as a bridge to build community while maintaining a confidential environment that is structured to provide military

survivors with a cathartic place to begin healing (Harrington-LaMorie et al., 2018; NASW, n.d.-b).

According to McGill et al. (2022), widows, particularly those who are inside the military community, encounter distinct obstacles during their process of grieving. A combination of conventional norms and the distinct stressors inherent in military existence might result in heightened sensations of seclusion and a hesitancy to seek assistance. Through the utilization of technology, social workers can provide support alternatives that are more adaptable and easily available, consequently diminishing the stigma and obstacles associated with requesting assistance. This strategy not only caters to the urgent need of military widows but also cultivates a nurturing group that can assist them in their long-term process of healing (Standards for Technology in Social Work Practice, n.d.).

Consequences of the Problem

There are various types of grief, such as traumatic grief, prolonged grief, disenfranchised grief, and delayed grief. Ennis et al. (2023) defined traumatic loss as the death of a significant person that occurs unexpectedly, is violent, or results in bodily harm. A traumatic loss is one caused by a sudden and violent death, such as suicide, accident, homicide, drug overdose, natural disaster, war or terror conflict, heart attack, or perinatal. If left untreated, traumatic loss is also associated with elevated rates of psychiatric morbidity, such as PTSD, depression, anxiety, and pathological forms of grief, such as PGD.

PGD is a severe and debilitating grief reaction marked by core symptoms of separation pain, including longing for and/or preoccupation with the deceased (O'Connor et al., 2023). The Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) describes PGD symptoms such as guilt, blame, difficulty accepting loss, a lack of positive feelings, isolation, avoidance,

feelings of meaninglessness, and bitterness (American Psychological Association [APA], 2022). Disenfranchised grief has been described as the “grief experienced by those who incur a loss that is not, or cannot be, openly acknowledged, publicly mourned, or socially supported” (Doka, 1999, as cited in Serota et al., 2023, p. 2). Disenfranchised deaths, such as those caused by suicide or drug overdose, can result in stigma and isolation (Serota et al., 2023). According to Maccallum & Bonanno (2016), delayed grieving can develop when you are experiencing intense feelings of sadness and desire, even if the loved one died a long time ago. It can last for years after a loss and indicates that your emotional reaction did not occur when the loss happened. This could be due to disassociation, which occurs when things are too painful to experience. To cope, the mind may suppress many of the thoughts, emotions, and feelings related to the loss until one is ready to process and confront them (Wehrman, 2023).

Historical Context

According to Cavallo and Warner (2014), the historical narrative around military widows demonstrates a progressive development of support structures and societal expectations over many historical eras and cultural contexts. During ancient civilizations and medieval Europe, military widows frequently depended on familial or communal aid, which sometimes included financial support from pensions or local nobles. In Ancient Rome, the widows of soldiers occasionally received pensions, although these were not assured and frequently inadequate. During the medieval period in Europe, the church would sometimes provide assistance, and local lords could offer some help as well. However, numerous widows experienced considerable difficulties and were socially exposed to vulnerability (Clark et al., 2003).

During the early modern period, nation-states started to acknowledge the necessity of organized assistance for military families, leading to the development of institutional pension

systems. Nevertheless, some widows continued to experience difficulties, since these mechanisms frequently proved to be insufficient and inconsistently implemented (Clark et al., 2003). In the 19th century, particularly during the Napoleonic Wars and the American Civil War, there was an increased recognition of the necessity for organized assistance, resulting in the creation of federal pensions in the United States specifically for widows of the Union. During this period, there was a notable transition as governments started assuming greater accountability for the well-being of military widows (VA History, 2022).

In the early 20th century, the occurrence of World Wars I and II led to the implementation of more organized assistance for military widows (Military.com, n.d.). This included the provision of financial and educational benefits through programs such as the GI Bill in the United States. These conflicts witnessed the extensive deployment of soldiers and, as a result, a substantial population of widows from the armed forces. Recognizing the necessity, governments implemented a range of perks and services to offer more extensive support (VA History, 2022).

The Cold War era and Vietnam War brought attention to the significant emotional and psychological burden experienced by military families, leading to the establishment of support groups and advocacy organizations (Military.com, n.d.). During this period, the U.S. Veterans Administration (now the Department of Veterans Affairs) broadened its range of services to encompass healthcare, counseling, and various other types of assistance for widows and their families (VA History, 2022). The Vietnam War highlighted the necessity for psychological assistance, as numerous widows grappled with the psychological distress caused by the loss of their loved ones in a fiercely disputed and protracted fight (Hobbs, 2023).

In the present era, government programs and organizations such as the Tragedy Assistance Program for Survivors (TAPS) in the U.S. provide ongoing assistance to military widows. These groups offer a variety of services, such as grief counseling, peer support, and advocacy. Notwithstanding these progressions, the degree of assistance provided to military widows differs significantly on an international level. Certain nations offer extensive benefits and strong support systems, whereas others primarily depend on community networks and informal support structures (TAPS, n.d.).

Johnson et al. (2023) argued there is still a significant global demand for extensive emotional, financial, and social assistance for widows of military personnel. Widows in numerous developing nations encounter notable obstacles, such as societal discrimination, financial instability, and restricted availability of healthcare and education. Advocacy groups and international organizations persist in their efforts to enhance conditions for military widows globally, with a focus on the significance of comprehensive and culturally familiar support networks. Although there have been advancements throughout the years, the persistent issue lies in guaranteeing that every military widow obtains the necessary assistance.

Policy and Legislation

On October 5, 2020, Former President Trump issued Executive Order (EO) 13594, titled “Improving Access to Mental Health Services for Veterans, Service Members, and Military Families”, which aimed to save lives by increasing support for mental and behavioral health needs. This demonstrated the administration's commitment to preventing suicide, addressing the opioid crisis, and enhancing mental and behavioral health. As a result, the administration placed a strong emphasis on assisting people who were most vulnerable, from a mental health perspective, to protracted state and local COVID-19 restrictions. While this EO was not

specifically tailored to military widows, there are indirect ways military survivors can benefit from it. Since it has already been proven that members of the military suffer disproportionately from PTSD (Ruocco et al., 2022), this order can help reduce life-threatening situations related to mental illness and substance use disorders (SUDs) by increasing education, crisis intervention, follow-up and support services, and telehealth and online behavioral health services. This will ultimately help prevent losses for military widows. For military widows themselves, these services can help deliver coping skills and resources for dealing with grief. Public and private resources will be utilized (SAMHSA, 2020).

President Biden signed an EO in June 2022 to improve the financial well-being of military families by making it easier for service members' wives to work in the federal government. It directs the Office of Personnel Management (OPM) and the Office of Management and Budget to develop a government-wide strategic plan for hiring and retaining military spouses, requires agencies to highlight job openings that are eligible for noncompetitive hiring of military spouses through USAJobs, and revises the rules governing when employees of domestic federal agencies may telework from outside the United States (The White House, 2023).

Other survivor benefits and compensation that can be offered to military widows are the Survivor Benefits Plan (SBP) and Dependency and Indemnity Compensation (DIC). When a service member dies on duty or after retirement, SBP offers eligible beneficiaries a monthly annuity financial support for the service member's spouse and/or children. DIC is provided by the Veterans Affairs (VA) to qualifying survivors of deceased veterans who died as a result of a service-related disease or injury.

Lack of legislation and policy geared towards mental health can certainly impact a military spouse in their overall grieving mental health journey, which can be stifled by shifting their focus to other things, such as childcare and finances, leaving their grief to come second in place of those things. The Promise to Address Comprehensive Toxics (PACT) Act is one of the VA's largest healthcare and benefit expansions. The act seeks to expand and broaden eligibility for health treatment for veterans with hazardous exposures, as well as veterans of the Vietnam, Gulf War, and post-9/11 eras. While every policy is not geared especially towards military widows, the policies do aim to benefit them under the protection of the service member.

Conclusion

My personal grief brought me on an unexpected journey when my husband died, but I am learning how to navigate grief and learning that each loss is different. Being aware of my triggers and symptoms can lead me to be more aware of the physical, mental, and behavioral changes that grief brings me and others. Anger, depression, anxiety, and long-term grief may persist when dealing with the loss of a military spouse. In turn, this can lead to further psychiatric morbidity, stigmatization, and social alienation. Policy and legislation have implemented easier access to support for military members suffering from mental illness as well as military widows suffering from grief. However, more work is required for training the mental health clinicians who provide these support services so that they can meet the specific needs of this demographic. This training will help bridge the gap between the moment the military widow is informed of their loss to the moment they begin to heal.

CHAPTER THREE: INTEGRATION

This chapter integrates a Christian worldview to the project's focus on the profound grief and loss experienced by military widows. Examples from both the Old and New Testaments are analyzed in conjunction to the problem. Conceptual frameworks from social work are identified and implemented. Social work theories offer frameworks to comprehend and navigate the emotional, social, and psychological aspects of grieving.

Faith Integration

The death of a spouse is one of the most significant and intensely felt experiences a person can have. This loss is especially poignant for military widows because it is frequently the result of their spouse's ultimate sacrifice in service to their country. In the Bible, the tie between husband and wife is frequently represented as sacred and unbreakable, indicating the great significance of widows' losses. Scripture highlights the value of marriage and the link between spouses. Genesis 2:24 states, "Therefore a man shall leave his father and mother and hold fast to his wife, and they shall become one flesh" (Bible Gateway, 2011). This oneness emphasizes the intensity of the bond between spouses, making the death of a partner especially impactful. The Bible also comforts individuals who have lost a loved one. In Matthew 5:4, Jesus says, "Blessed are those who mourn, for they shall be comforted" (Bible Gateway, 2011). This reassurance acknowledges widows' pain and promises supernatural comfort to aid them through their mourning journeys.

Furthermore, Scripture instructs believers to support and care for widows in their time of need. In James 1:27, it is said, "Religion that is pure and undefiled before God the Father is this: to visit orphans and widows in their affliction, and to keep oneself unstained from the world"

(Bible Gateway, 2011). This guideline emphasizes the significance of providing practical help and compassion to widows as they face the challenges of widowhood. For military widows, the loss of a spouse not only causes tremendous personal anguish, but also creates practical obstacles, such as financial uncertainty and mental turmoil (Marnocha, 2012). As a result, it is critical for communities to unite around these individuals, offering both material and spiritual support while they mourn their loss and rebuild their lives. Through acts of compassion, empathy, and love, we may assist military widows in finding consolation and strength in their faith as they go through the grief process. This chapter views the topic of grief and widowhood through a theological lens and three theoretical frameworks: grief theories, social learning, and empowerment.

Theology of Grief

Maxwell and Perrine (2016) argued that the experience of losing a loved one affects both non-believers and believers deeply, and believers often discover that the emotional and psychological impact of mourning is significant and long-lasting. In the Bible, the stories of Job and Lazarus are notable examples of responses to grief, including a search for meaning and significance. A faithful believer in God, Job endures profound anguish and deprivation, which encompasses the demise of his offspring, the devastation of his possessions, illness, and other hardships. He struggles with intense sorrow, grappling with the perplexing inquiries of why he has experienced such disastrous events despite his virtuousness. Job is humbled by God and encouraged to find peace in his unwavering faith and reliance on God, even in the absence of definitive responses to his inquiries. Job's exploration of grief highlights the intricate nature of mourning and the quest for significance in the midst of deep sorrow.

The story of Lazarus presents the experience of sorrow as seen from the perspectives of Mary, Martha, and Jesus. Upon Lazarus' affliction and subsequent demise, his sisters, Mary and Martha, undergo profound distress and grief. Their sorrow is tangible, and they articulate their disappointment that Jesus did not arrive in a timely manner to prevent Lazarus' demise. Jesus' response in this instance happens to be the shortest verse in the Bible: "Jesus wept" (John 11:35, Bible Gateway, 2011). Jesus did not shed tears due to Lazareth's death, but rather due to his astonishment at the overwhelming grief displayed by everyone (Lyons, 2012). Soon after, Jesus revives Lazarus, displaying his power over mortality and providing faith in the face of hopelessness.

The Bible provides great insights on the experience of grief, acknowledging its enormous emotional influence on individuals, and it is noted that grief affects each person in a unique manner. Psalm 34:18 acknowledges the existence of suffering and sadness, providing comfort to people who are mourning by affirming that God is near to those who are deeply hurt and extends deliverance to those who are emotionally overwhelmed (Bible Gateway, 2011). The Bible consistently highlights God's solace and companionship in moments of hardship, assuring empowerment and assistance to those who rely on Him (Isa. 41:10 Bible Gateway, 2011).

Ruth and Naomi

The biblical narrative of Ruth and Naomi resonates deeply with the experiences of military widows, offering profound insights into their journey through grief, loss, and the search for resilience and hope amidst adversity. In the biblical story of Ruth and Naomi, Naomi is married to Elimelech, and they have two sons who are also married to Ruth and Oprah. Naomi experiences the death of her husband, which results in her becoming a widow. Additionally, her sons pass away, leaving their spouses behind (BibleGateway, n.d.). Much like Naomi, military

widows often find themselves grappling with the overwhelming grief of losing their spouse, who may have served in the armed forces and sacrificed their life in service to their country. The sudden and tragic loss of a beloved partner leaves military widows navigating uncharted emotional territory, facing not only the pain of bereavement but also the challenges of adjusting to life as a widow within the context of military culture.

Naomi's decision to return to her homeland of Bethlehem mirrors the journey of many military widows who seek solace and support among their own community of military families and fellow widows. In their shared grief, military widows find comfort and understanding in the companionship of those who have walked a similar path, providing a sense of belonging and solidarity amidst their loss. Ruth's unwavering loyalty and commitment to Naomi resonate deeply with the devotion and resilience exhibited by military widows in honoring the memory of their fallen spouses and navigating the complexities of grief and widowhood. Like Ruth, military widows often face daunting challenges and uncertainties as they confront their new reality, but their steadfast determination to support one another and forge a path forward offers a beacon of hope and strength in the midst of adversity (Garcia-Treto, 1997).

The story of Ruth and Naomi also speaks to the importance of community support and the transformative power of compassion and generosity in aiding military widows on their journey of healing and restoration. Just as Boaz extends his protection and support to Ruth, military widows may find support from organizations, fellow military families, and communities that offer assistance, resources, and a sense of belonging.

Ultimately, the story of Ruth and Naomi serves as a timeless reminder of the enduring bond between widows, the resilience found in companionship, and the redemptive power of faith and solidarity in overcoming grief and adversity. For military widows, the narrative offers

inspiration and encouragement as they navigate their own path through grief, finding strength, hope, and healing in the company of those who understand and support them on their journey.

The Widow with the Two Pennies

The story of the widow with the two pennies in the Gospel of Mark (12:41-44, Bible Gateway, 2011) provides thoughtful insight into the lives of widows and the meaningful impact of their contributions, especially in times of sorrow and bereavement. Amidst the busy temple environment filled with noise from sacrifices and extravagant displays of wealth, Jesus notices a lone widow. She humbly and quietly approaches the treasury and submits two little copper pennies, all she possesses. Jesus praises and commends her behavior, even if it may seem insignificant compared to the generous donations of the wealthy.

The widow's sacrificial offering holds deep symbolic meaning that goes beyond its tangible value. The widow's faith, resilience, and steadfast commitment to her convictions are highly evident. She shows exceptional devotion by giving not only her money but all of herself in the midst of grief and financial struggles. Her gesture epitomizes selflessness, showcasing a heart that is unwavering in its reliance on God's providence. Similar to Job, this story highlights her unwavering faith in spite of everything she was going through. The widow's act of offering demonstrates a deep trust and surrender, showing her willingness to let go of control and entrust her future to God. She sets an example for widows to adopt a similar attitude of openness and reliance, drawing on their connection with the Divine for inner strength and perseverance.

Theoretical Framework

According to Fasse and Zech (2016), grief among military widows can be analyzed using the dual process model of coping with bereavement, developed by Margaret Stroebe and Henk Schut. Military widows in this context face fluctuations between stressors focused on loss and

stressors focused on healing. Lindberg and Stemmer (2022) argued that loss-oriented stressors involve facing the actuality of their spouse's passing, managing the uncertainty around the situation, and adjusting to life without their loved one. These stressors typically entail strong emotions and the requirement to participate in grief work, which may involve mourning rituals, seeking assistance from other military families or support groups, and therapy to address trauma and loss.

Restoration-oriented stressors involve practical tasks like handling finances, understanding benefits, and taking on new responsibilities in the family or society (Fiore, 2019; Fasse & Zech, 2016). Military widows utilize adaptive coping mechanisms, like seeking social support and practicing self-care, to manage various pressures. Examining the shift between dwelling on the loss and participating in activities aimed at recovery reveals the differences in grieving experiences among military widows, highlighting the ever-changing character of grief in the military environment.

Grief Theory

Various psychological processes and theories have been examined to comprehend how support measures can assist military widows in coping with the profound emotional difficulties that arise after the loss of their spouse. The essence of these strategies revolves around acknowledging grief as a vital undertaking in providing support to military widows.

Hamilton (2016) highlighted the significance of grief theory, as conceptualized by Sigmund Freud, which delineates the fundamental components of the grieving process: disengaging from the deceased, adapting to novel circumstances, and establishing fresh connections. Freud proposed that grief is a vital phenomenon that occurs following the loss of a

loved one, indicating a fundamental shift in the emotional condition of the one experiencing mourning.

Expanding on Freud's framework, Worden (2015) highlighted the importance of mourning in assisting individuals to confront reality and gradually disengage emotionally from the deceased. Ruocco et al. (2022) substantiated this perspective by affirming that grief is an inherent and anticipated response to bereavement. Widows may find it difficult to understand the specific ways in which their grieving symptoms appear, because of the unique nature of their loss. Jones et al. (2019) emphasized that the process of grieving can persist for long periods of time, necessitating the qualities of patience and resilience. According to King et al. (2021), it is crucial to establish robust social support networks to assist widows in coping with grief, fostering a sense of social interconnectedness and significance.

Support and psychoeducation assist widows in comprehending avoidance, confrontation, and accommodation as integral components of the grief process. Initially, the widow may exhibit avoidance by experiencing disorientation or emotional detachment upon learning of the death. Confrontation ensues when strong emotions become apparent, causing the widow to confront the painful reality of the loss. Accommodation is the process of gradually reintegrating into emotional and social components, which is an important stage of recovery and adaptability (Dooley et al., 2019).

This comprehensive understanding of grief as a dynamic process emphasizes the importance of tailored support interventions and resources to help military widows navigate the complexities of sorrow, foster resilience, and ultimately adjust to their altered circumstances. These methods emphasize the significance of acknowledging unique variations in the grieving process and the necessity for customized assistance to promote recovery and adaptation.

Social Learning Theory

In the 1970s, psychologist Albert Bandura introduced the social learning theory, which is often referred to as the social cognitive theory. This theory provides insight into the interactions that occur on a small scale and clarifies how individuals gain information and behaviors by observing, modeling, and imitating, as described by Allan (2017). Within this concept, language acquisition and social interaction are shaped by monitoring the actions and behaviors of others, emulating those behaviors as guidelines for acquiring new skills, and replicating the activities of others (Allan, 2017).

Bartone et al. (2018) argued that widows, who are experiencing grief and loss, often learn by observing and imitating the behaviors of others who have faced similar circumstances. This is based on Bandura's theory. This modeling technique serves as a crucial tool for transitioning from grieving the loss of a connection with the deceased to fostering self-care and forming new relationships. This, in turn, aids the survivor in their journey towards healing and building resilience.

More precisely, the widows of service members who have access to peer supports that can serve as role models are capable of observing and replicating the effective coping strategies that their peers have employed to handle similar challenges and difficulties (Bartone et al., 2018; Hirsch, 2019). Military widows gain a sense of hope and strength when they witness their fellow widows overcoming the challenges of grief and loneliness. They come to the realization that they also have the ability to navigate the process of experiencing loss and conquering the challenges that they create for themselves.

Consequently, social learning theory has a strong connection with the experiences of military widows who are grieving. By seeing and emulating the actions of those who have

successfully navigated similar challenges, widows gain practical solutions and emotional support. This process helps them develop resilience and adaptive coping mechanisms. The theory emphasizes the significance of social networks and community in the grieving process, emphasizing how interactions with others can promote emotional healing and adaptation.

Widows who participate in support groups and peer networks can directly observe the successful coping tactics and resilient behaviors of others, which, in turn, impact their own coping mechanisms and emotional reactions. Observational learning plays a vital role in assisting individuals in coping with their grief, adjusting to their changed situations, and reconstructing their life. The social support systems advocated by King et al. (2021) are in line with Bandura's theory as these systems offer widows the chance to acquire knowledge and receive assistance from those who have had similar losses. This, in turn, strengthens their feeling of social connectivity and significance.

Empowerment Theory

Empowerment theory, as advocated by scholars such as Mark Zimmerman, Paulo Freire, Marybeth Shinn, and Julian Rappaport, focuses on enhancing collective and individual control and power over social, personal, and political factors to promote social justice, positive change, and overall well-being in social work and community settings (Joseph, 2019). The theory emphasizes that communities and individuals have the ability to bring about change and improve their situations by having access to resources, information, and supportive networks (Joseph, 2019). Empowerment theory offers unique insights into the complex and continuous nature of grieving within the context of grief theory, highlighting its substantial influence on an individual's well-being. Empowerment theory enables individuals to navigate their distinct journeys through the grief process by promoting autonomy and control.

Empowerment is especially significant for widows dealing with grief, as they frequently encounter demands to hasten their mourning. Specialized support services like the Tragedy Assistance Program for Survivors (TAPS), Military OneSource, Gold Star Wives, and the American Widow Project (AWP) provide essential peer support programs designed exclusively for military widows. These programs offer a supportive environment where widows can share their experiences and learn from others who have faced similar challenges. Access to skilled military health care practitioners who can identify indicators of complicated grieving and apply successful intervention strategies is crucial for promoting healthy recovery in bereaved military widows (Dooley et al., 2019).

Peer support programs, emphasized by Dooley et al. (2019), are crucial in helping individuals recover from different mental health challenges, such as grief. These programs promote trust, empathy, and relatability between peer supporters and recipients, creating a sense of hope through shared positive experiences. TAPS holds seminars that concentrate on mourning, coping strategies, and peer-based emotional support. These seminars provide widows with an opportunity to connect with other survivors, reminisce about their loved ones, and receive advice on moving forward (Dooley et al., 2019).

Empowerment theory emphasizes the need to acknowledge power disparities and encourage self-determination, especially among widows who may feel disempowered or alienated after losing their spouse. Der Pan et al. (2015) highlighted the significance of pastoral counseling and faith in the mourning process, stressing the function of time and faith as protective factors throughout the period between death and bereavement. By adopting empowerment theory, widows can regain their self-identity, access resources, and support

systems, advocate for their needs, develop new skills, and participate in their communities. This approach promotes resilience and aids in their healing and adjustment process.

Furthermore, empowerment theory aligns with the goals of these support programs by fostering a sense of agency and control in widows. By empowering military widows, these programs help them to take active roles in their grieving process, make informed decisions about their lives, and build supportive networks that contribute to their overall well-being and resilience. This holistic approach ensures that widows receive not only emotional support but also practical assistance and advocacy, helping them to navigate their grief and rebuild their lives with a sense of empowerment and hope.

CHAPTER FOUR: ENGAGEMENT

The following chapter identifies the specific evidence-based leadership and community engagement strategies employed as well as a description of how the implemented strategies affected stakeholders and community members. This chapter also contains interview details from the five participants in this study. Stakeholders' occupations ranged from various mental health providers who worked with military widows and military families. Various stakeholder's occupations ranged from survivor outreach support coordinators, nurse practitioners, licensed marriage and family therapists (MFT) supervisors, and grief/loss professionals. Their answers are separated by type and style of interview.

Evidence-based Leadership and Community Engagement Strategies

Engaging in communication with stakeholders and community members was crucial in order to obtain valuable input regarding the observations and needs of military widows. A multitude of mental health professionals, who were highly knowledgeable in their field, shared their expertise from their own experience in dealing with the loss and isolation faced by military widows. Being receptive to feedback is crucial since community involvement is necessary for initiating change. Leadership is ineffective unless it leads to transformation and advancement, especially in terms of human development and progress (Peters, 2017). This was apparent via my conscientious effort to eliminate any prejudices and concentrate on assisting military widows based on the feedback obtained from the stakeholders I interviewed.

Impact of Strategies on Community Members and Stakeholders

The collaboration with Alliant Counseling Services Association (ACSA) demonstrated the significance of partnership as their contribution not only revealed a deficiency in mental health clinicians' readiness to work with military widows, but it also emphasized the necessity

for a specialized educational emphasis that would enable clinicians to feel assured and proficient in their work with grieving military widows. Upon consulting with the personnel, the owner of ACSA found that although associate MFT and associate clinical social workers (CSW) were regarded as clinicians at the master's level, they expressed dissatisfaction with the amount of training they received during their time in school. The therapists had a sense of imposter syndrome while working with military widows in addition to the reluctance they already felt when engaging with an individual who was grieving. The willingness of ACSA staff to serve an already vulnerable group, guide them through their loss, and empower them to advocate for themselves was admirable.

Through our collaboration with ACSA, we successfully addressed the requirements of military widows. The information we obtained from various community partners and stakeholders helped our staff deliver compassionate care that was culturally sensitive and customized to meet their individual needs. The objective was for stakeholders and community members to disseminate their expertise and personal encounters, thereby increasing the awareness of community members regarding the distinct difficulties encountered by military widows. This heightened consciousness can result in enhanced empathy, assistance, and validation from the community.

Thematic Analysis

Detailed results of the interviews are included in appendix A. In this section, they are broken down into the following themes: emotional and psychological challenges; support systems and community involvement; legal and financial challenges; leadership and supervision; and health and self-care. Cultural and social considerations are also taken into account in order to

highlight the many factors stakeholders observed as an awareness of things that affect military widows going through the grieving process.

Emotional and Psychological Challenges

Military widows face substantial emotional and psychological difficulties, primarily characterized by feelings of bereavement and social isolation. The demise of a spouse has a dramatic effect on one's emotional and psychological state, resulting in intense distress, grief, and a heightened vulnerability to mental health conditions such as depression and anxiety, as emphasized by Dr. S. Mrs. V highlighted the profound sense of seclusion experienced by individuals who have gone through deployments or have lost their spouse. Another obstacle to obtaining treatment is the lack of awareness about available programs and the cognitive difficulty survivors face in understanding the aid provided. The military community's aversion to seeking assistance is further intensified by the negative perception around mental health services. Moreover, specialists who provide care to mourning families are often affected by secondary stress. Mrs. P shared her encounters with secondary trauma and PTSD, emphasizing the profound emotional impact and substantial mental health difficulties, such as sleep disruptions and a requirement for ongoing mental healthcare.

Support Systems and Community Involvement

Support systems and community engagement are essential for military widows. Both Mrs. V, Mrs. P, and Mrs. M underscored the significance of constructing a cohesive and encouraging community. Mrs. V endeavored to cultivate a sense of inclusion among survivors, acknowledging the vital role that social bonds play in alleviating feelings of seclusion and despondency. As a coordinator, Mrs. P facilitated the connection between survivors and crucial resources, including mental health treatment, financial assistance, childcare, and educational

help. Mrs. P prioritized advocacy and empowerment, ensuring that survivors receive continued support beyond the initial period after their loss. She emphasized the significance of sustained advocacy in addressing their ongoing needs. Professional assistance is crucial, as Mrs. V strongly advocated for the involvement of a diverse group of experts, such as clinicians, nurses, doctors, and psychiatrists, to provide support to military widows. This interdisciplinary approach guarantees thorough care that addresses both emotional and practical demands. Mrs. F's responsibility as a supervisor was to teach mental health associates in efficiently assisting military widows. Lastly, Mrs. M shed light on the struggles of a military spouse losing their partner while being overseas and so far away from family. Mrs. M highlighted that support systems can be few and far between depending on their connection with other military spouses.

Legal and Financial Challenges

Military widows often face substantial legal and financial obstacles. Mrs. P outlined the challenges that widowed spouses encounter while seeking benefits such as Dependency and Indemnity Compensation (DIC) and the Survivor Benefit Plan (SBP). These benefits are essential for maintaining financial stability, but they often come with intricate qualifying criteria and bureaucratic obstacles. Dr. S highlighted the economic consequences of losing a spouse, resulting in substantial financial strain, particularly for widows who rely on their spouse's earnings. The financial burden can intensify feelings of uncertainty and vulnerability while going through the grief process. Mrs. V emphasized that groups such as TAPS are actively collaborating with Congress to enact legislation that tackles these financial difficulties. The Love Lives on Act of 2023 intends to permit surviving spouses to enter into a new marriage without forfeiting their benefits. Additionally, it strives to harmonize DIC payments with other federal benefits, guaranteeing equitable recompense for survivors.

Mrs. F highlighted the difficulties that military spouses may encounter when trying to find a civilian therapist from a therapeutic standpoint. Several problems were found, including private practices or organizations refusing to accept insurance from survivors like Tri-Care or Champ VA, limited availability of providers for service members' family members (e.g., spouses, widows, or children), and budgetary restraints. Mrs. F observed that financial limitations might exacerbate a survivor's emotional resistance, causing them to feel reluctant to seek care. This, in turn, intensifies their sense of stigma and shame.

Leadership and Supervision

Effective leadership and supervision are crucial in assisting individuals who provide support to military widows. Mrs. F's supervisory style was marked by a combination of support and authority, motivating her employees to cultivate their counseling techniques while upholding ethical principles. The mentorship she provided emphasized the need of establishing a secure and encouraging work atmosphere, enabling those under her supervision to feel empowered and thrive. Mrs. F exemplified the principles of transformational and servant leadership by placing a high emphasis on the development and welfare of her team. She implemented strategies such as team-building exercises, open-door policy, and cultivating a feeling of community inside her organization.

While the other participants may not have had direct managerial experience over mental health professionals, they unanimously emphasized the crucial necessity of having sufficient providers. Throughout their careers, Mrs. M, Mrs. P, and Mrs. V observed the stigma surrounding the act of obtaining mental health treatment, which frequently discouraged widows from seeking assistance. Mrs. V stated that she started referring survivors to peer support agencies because

spouses felt more at ease discussing their grief with someone who can empathize with their experience.

Health and Self-care

Providers should prioritize their health and engage in self-care activities. Mrs. P discussed the challenges she faced in maintaining her own well-being while devoting herself to assisting survivors, emphasizing the significance of self-care for caregivers in order to avoid exhaustion and ensure their ability to offer effective assistance. Mrs. M also discussed the importance of health care providers taking care of themselves due to the weight grief carries when submersed in daily. Mrs. F implemented daily self-care routines, including physical exercise and deliberate deep breathing, to effectively cope with stress and uphold her overall health, thereby serving as a role model for her subordinates. Dr. S emphasized the interdependence of physical and mental well-being when going through the grieving process. The doctor emphasized the significance of widows taking care of their health by getting medical help and actively prioritizing their overall well-being. Mrs. V discussed the challenges faced by military widows in prioritizing their own well-being amongst their mourning. She observed that survivors may experience a sense of diminished self-worth following the demise of their partner, which can impede their ability to attend to their own well-being.

Cultural and Social Considerations

Effective support for military widows necessitates careful attention to cultural and societal factors. Mrs. V explored the distinctions between military and civilian life, specifically highlighting the regimented and goal-oriented nature of the military in contrast to the emphasis on domestic duties in civilian life. Comprehending these distinctions is vital for delivering efficient assistance to widows of military personnel. A common topic was the necessity for

survivors to adjust to a new world while also maintaining their resilience. Both Mrs. V and Mrs. P noted the significance of enabling widows to assert themselves and establish new networks of support. Mrs. P's faith and writing serve as important coping mechanisms, highlighting the critical roles of spirituality and perseverance in her life as a widow. Mrs. P's endeavors to arrange social events and cultivate positive experiences for survivors exemplify the significance of nurturing resilience and hope among bereaved folks.

Conclusion

These interviews yielded themes that collectively provide a complete depiction of the complex obstacles encountered by military widows and the crucial functions fulfilled by different support networks. To tackle these difficulties, a comprehensive approach is needed, encompassing emotional, psychological, legal, financial, and health-related assistance, supported by strong leadership and community engagement.

CHAPTER FIVE: ASSESSMENT

The following chapter includes an assessment of best practices for supporting military widows in coping with grief and social isolation. Customized best practices that target the particular difficulties experienced by military widows are essential, especially when considering the distinctive barriers they confront after the death of their partner and the subsequent emotions of sorrow and seclusion. This scoping review aimed to identify evidence-based strategies that have been effective in supporting military widows during the mourning process and that reduced feelings of loss and loneliness.

Search Strategy

This scoping review included peer-reviewed articles written in English and used several search databases: PsycInfo, Academic Search Premier, PubMed, MEDLINE, Google Scholar, Military and Government Collection, APA PsycArticles, Social Sciences Full Text, and CINAHL (see table 1). The search used limiters of peer-reviewed journals and a 10-year time frame, from June 2013 to June 2023, to ensure the most relevant and methodological advancements pertaining to effective interventions that support military widows dealing with grief and isolation.

Keywords used in the Boolean search string focused on interventions to help military widows dealing with grief and isolation when experiencing an unexpected death. The search strategy involved linking Boolean operators “AND” and “OR” with keywords for military widow populations (*military widow**, *military survivor*, *military spouse*); interventions (*intervention*, *program*, *services*); and grief (*grief*, *isolation*, *loneliness*, *bereavement*; see Figure 1).

Table 1. Search Process and Results by Database Source

Database	Search	Databases	Articles
EBSCOhost	military widow* OR military spouse OR military survivor AND grief OR isolation OR loneliness OR bereavement AND intervention OR program OR services	PsycInfo	39
EBSCOhost	military widow* OR military spouse OR military survivor AND grief OR isolation OR loneliness OR bereavement) AND intervention OR program OR services	MEDLINE	39
Google Scholar	(military widow* OR military spouse OR military survivor) AND (grief OR isolation OR loneliness OR bereavement) AND (intervention OR program OR services) (peer support OR “cognitive behavioral therapy” OR mindfulness OR “dialectical behavioral therapy”) -veterans	Google Scholar	680
EBSCOhost	(military widow* OR military spouse OR military survivor) AND (grief OR isolation OR loneliness OR bereavement) AND (intervention OR program OR services)	Military & Government Collection	7
EBSCOhost	(military widow* OR military spouse OR military survivor) AND (grief OR isolation OR loneliness OR	APA PsycArticles	4

	bereavement) AND (intervention OR program OR services)		
EBSCOhost	(military widow* OR military spouse OR military survivor) AND (grief OR isolation OR loneliness OR bereavement) AND (intervention OR program OR services)	Social Sciences	13
EBSCOhost	(military widow* OR military spouse OR military survivor) AND (grief OR isolation OR loneliness OR bereavement) AND (intervention OR program OR services)	CINAHL	26

Figure 1. Example of Search String

<p>EBSCOhost</p> <p><i>Military widow* OR military spouse OR military survivor AND grief OR isolation OR loneliness OR bereavement AND intervention OR program OR services</i></p> <p>Google Scholar</p> <p><i>Military widow* OR military spouse OR Military survivor AND grief OR isolation OR loneliness OR Bereavement AND intervention OR program OR services AND peer support OR cognitive behavioral therapy OR mindfulness OR dialectical behavioral therapy -veteran</i></p>

Inclusion and Exclusion Criteria

Participants included military widows and other populations identified as bereaved survivors. Articles using the terminology “military widows” was very limited in yielding search results, which lead to the use of other synonyms such as “bereaved survivor” to find research pertaining to the population. The review included studies conducted between June 2013 and June 2023, published in peer-reviewed journals, written in English, and conducted in the United States and internationally. Articles had to mention interventions (i.e., individual or group therapy, grief support, coping strategies, online support, and psychoeducation or programs pertaining to grief/isolation). The author sought articles that mentioned participants who were widows or bereaved from unexpected death (see table 2).

Publications that mentioned the veteran population without mention of any transition to widowhood were excluded. Any articles that focused on military veterans or service members who experience military sexual trauma or symptoms that were not caused as a result of experiencing grief/isolation were excluded. Grey literature, articles written in a language other than English, and articles published outside the 10-year search period were deemed ineligible for this review. Lastly, any studies that discussed treating participants with substance or alcohol abuse disorders were excluded.

Table 2. Inclusion and Exclusion Criteria

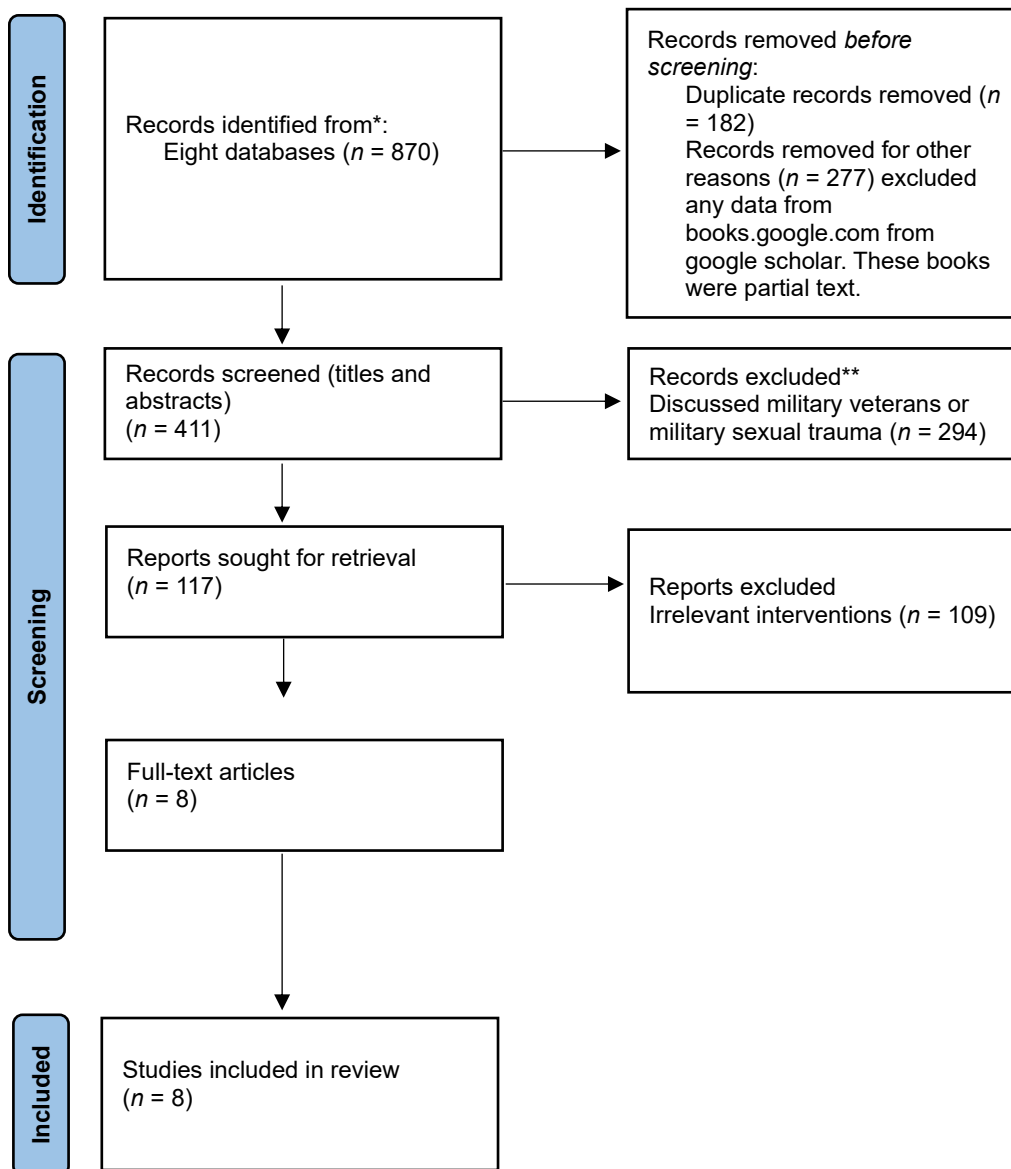
Inclusion	Exclusion
Studies written in English and published in the 10-year time frame	Grey literature, articles written in a language besides English, and articles published beyond the 10-year-period
Publish journal articles in research journals	Book reviews, editorials, blogs, books, all other published material not in research journal publication.
Studies focused on military widows only (other terms include bereaved women, etc.)	Articles related to the veteran population without mention of spouses' transition to widowhood.

Participants bereaved through suicide, combat, vehicle-related accident, or unexpected deaths.	Any studies that relate to bereavement or grief not through unexpected death.
Interventions or treatments	Studies that discuss interventions used to treat the diagnoses only and were not directly related to grief.

Scoping Review

According to Pham et al. (2014), a scoping review maps the body of literature on a certain topic. It can be carried out as a standalone project, particularly if a topic is complex or has not been thoroughly reviewed before and aims to map the core concepts of a research subject and the main sources and forms of data available (Arksey & O'Malley, 2005). Researchers may find it useful to conduct scoping reviews when determining different sources of information that can be used to gauge the volume of study done in a specific area (Munn et al., 2018).

Figure 2. PRISMA-ScR Flow Diagram



As illustrated in Figure 2, 870 articles were initially identified across eight databases. Duplicates ($n = 182$) were removed, as were books on Google Scholar ($n = 277$) because full-text versions were not available. After screening the remaining 411 articles by reading their title and abstracts, 294 studies were excluded because they were not related to the focal population; these

articles focused primarily on military veterans and military sexual trauma. Thus, 117 reports were sought for retrieval. An additional 109 articles were excluded because the literature discussed therapeutic interventions for diagnoses like post-traumatic stress disorder (PTSD), substance abuse, and alcohol abuse. The remaining full-text article count was eight.

Data Extraction and Synthesis

Articles that met criteria for inclusion in the review went through a data extraction process to identify themes and interventions highlighted in the literature. This study focused on synthesizing articles that emphasized interventions that help military widows affected by grief and isolation due to the loss of their spouse from an unexpected death.

Research Ethics

Institutional review board approval was not necessary because this research involved a scoping review. No human involvement occurred.

Results

This study involved a scoping review of studies addressing effective interventions used to help military widows coping with grief/isolation. As shown in the PRISMA-ScR flow chart, this review yielded 870 records in the initial search that were written in English and published between June 2013 and June 2023.

As illustrated in Figure 2, 870 articles were identified across eight databases. After duplicates and initial exclusions were removed the author screened articles by reading the title and abstract of the remaining (N=411) articles. Further exclusion was achieved if the desired military widow population was not mentioned or if interventions for treating diagnoses like PTSD, substance abuse, and alcohol abuse were discussed without being comorbid because of grief/isolation from the death of a spouse. The remaining full text article count was (N=8).

As displayed in Figure 1, the author used search string verbiage grief OR isolation in the Boolean search operator due to the studies making those specific words interchangeable, and because of how it was presented, the author did not have to view the words as separate entities.

Study Characteristics

The characteristics of this study included in the scoping review are described in Table 3, which outlines the sample characteristics, measures/models, key findings, and study focus. Most studies involved qualitative interviews with the participants.

Sample Characteristics

Two studies highlighted White participants aged 18–25 years old (Frye & Duchac, 2013) and 43.0–48.6 years old (Linde et al., 2017). Other researchers focused on widows aged 85 years old or older (Roberts et al., 2019). One study followed 10 participants, four men and six women, who were considered subject-matter experts in peer support for the bereaved military population (Bartone et al., 2018). Four research teams mentioned bereaved survivors (Bartone et al., 2019; Dooley et al., 2019; Harrington-LaMorie et al., 2018; Ruocco et al., 2022).

Measures/Models

Two studies discussed the dual process model a framework to provide psychoeducation on restoration-oriented and loss-oriented coping to validate the bereave with moving forward in a healthy way. One study focused on older adults who participated in a 14-week group-based intervention, whereas the second study focused on widows aged 18–25 years old and did not mention any group-based participation (Frye & Duchac, 2013; Roberts et al., 2019). Furthermore, Roberts et al. (2019) discussed cognitive behavioral therapy as being effective in reducing post-traumatic grief among older adults. This included grief psychoeducation,

modification of maladaptive thoughts, and fostering of adaptive thoughts, which help address isolation.

Three articles used a three-phase model to implement programs that aid military widows dealing with grief and isolation. Dooley et al. (2019) highlighted the goals of the bereavement care model as: (a) stabilization, (b) hopeful reappraisal, and (c) positive integrations. The goal of stabilization included establishing trust and creating immediate care and assistance. Hope reappraisal assisted in establishing new life roles, building hope, and envisioning a positive future. Positive integration renewed a sense of meaning in life, including positive integration of loss into life. Harrington-LaMorie et al. (2018) and Ruocco et al. (2022) emphasized the ideals of the suicide postvention model: (a) stabilization, (b) grief work, and (c) posttraumatic growth. The goal of stabilization is to mitigate risk of allowing emotions to become all-consuming, overly hyper-focused on the details of the death, and lowering the weighted feelings caused as a result of grief by intentionally focusing on those specific areas. Grief work focuses on integrating grief into survivors' lives in ways that can renew their relationships with the deceased and help them embrace grief as a form of love. Lastly, post-traumatic growth measures a survivor's progress in appreciation for life, relationships with others, new possibilities in life, personal strength, and spiritual change.

Linde et al. (2017) discussed the Inventory of Traumatic Grief, a scale used to assess the intensity of complicated grief. Bartone et al. (2019) used a randomized controlled trial in which participants from two peer support groups were compared with a control group receiving traditional care. The results showed that participants in the peer support group were more hopeful, engaged in managing their lives, socially connected, and involved in their communities.

Finally, one study used semi structured interviews and asked participants what makes a successful peer support program (Bartone et al., 2018). The participants described having a program that is easily accessible and responsive, confidential, provides a safe environment, provides a close match between the peer supporter and widow receiving peer support, provides proper training to the peer supporters, and monitors and checks in with the peer supporters (Bartone et al., 2018).

Key Findings

Seven of eight studies involved individual or group therapy interventions. However, some researchers modified the way they applied the interventions. For example, one study used psychoeducation as a way to explain the emotional components of grief to participants. By providing knowledge about grief, the research team sought to return the participants to a functioning baseline that would allow them to manage and live in a world in which the deceased is not present (Frye & Duchac, 2013). In their group sessions, two research teams used talk therapy to encourage open expression of feelings that arise (Bartone et al., 2018; Dooley et al., 2019). Two studies used expressive therapy, which consisted of writing to express emotions (Linde et al., 2017; Roberts et al., 2019). Last, two studies used coping skills as an intervention for participants (Bartone et al., 2019; Ruocco et al., 2022).

Two research teams utilized cognitive behavioral therapy interventions, which helped participants address maladaptive thinking, foster more adaptive thinking, and receive grief psychotherapy (Linde et al., 2017; Roberts et al., 2019). However, Roberts et al. (2019) tried multiple interventions such as behavioral, life review, and nontraditional interventions. The behavioral intervention consisted of positive reinforcement, skill building, and reduced experiential avoidance. The life review intervention involved a therapist facilitating recollection

of meaningful memories and events. The non-traditional intervention was a virtual, reality-based support group for widows who used an avatar to simulate being present in a group. This allowed widows to participate from any location using the Second Life software program (Roberts et al., 2019).

Study Focus

Four of eight studies focused on suicide as a form of unexpected death (Bartone et al., 2019; Harrington-LaMorie et al., 2018; Linde et al., 2017; Ruocco et al., 2022). The remaining four studies did not specify a type of unexpected death (Bartone et al., 2018; Dooley et al., 2019; Frye & Duchac 2013; Roberts et al., 2019).

Table 3. Summary of Included Studies on Bereaved Military Widows

Author (Year)	Title	Sample Characteristics	Measures and Models	Key Findings	Study Focus
Frye & Duchac, 2013	How the social isolation factor and ineffective counseling theory are impacting the grieving experience of today's young military widow	White widows aged 18–25	Dual process model	Group intervention; participants received psychoeducation regarding the emotional components of grief	Grieving experience of young military widows
Linde et al., 2017	Grief interventions for people bereaved by suicide: A systematic review	White women aged 43.0–48.6	Inventory of Traumatic Grief	Group interventions: cognitive behavioral therapy and writing	Widows bereaved by suicide
Bartone et al., 2018	Exploration into best practices in peer support for bereaved survivors	10 subject-matter experts (4 men and 6 women) aged 41–75	Semi structured interviews ($n = 7$) by phone or (n	Individual and group therapy with a peer supporter and talk therapy	Important elements in effective peer support programs for

			= 3) in person		bereaved survivors
Harrington-LaMorie et al., 2018	Surviving families of military suicide loss: Exploring postvention peer support	Bereaved survivors of sudden unexpected death	TAPS suicide postvention model	Group-based intervention: peer-led support groups	Explore postvention peer support for surviving families of military suicide loss
Bartone et al., 2019	Peer support services for bereaved survivors: A systematic review	Bereaved survivors of sudden unexpected death	Randomized controlled trial	Individual and group therapy that focused on providing coping skills	Consistent evidence that peer support is beneficial to bereaved survivors of suicide loss
Dooley et al., 2019	A model for supporting grief recovery following traumatic loss: The Tragedy Assistance Program for Survivors (TAPS)	Bereaved survivors of sudden unexpected death	TAPS bereavement care model	Individual peer support and talk therapy	Help survivors derive a positive sense of meaning from the loss and integrate it into their life patterns while looking ahead to a positive future
Roberts et al., 2019	A systematic review of treatment options for grieving older adults	Bereaved adults aged 85 or older	Dual process model; cognitive behavioral and expressive therapies	Cognitive behavioral therapy; behavioral intervention; life review intervention; expressive therapy; nontraditional intervention	Characterize studies published on grief interventions for bereaved older adults in the last 5 years
Ruocco et al., 2022	TAPS suicide prevention model: A comprehensive	Bereaved survivors of sudden	TAPS suicide postvention model	Group and individual groups with coping skills	Three-phase approach to suicide grief that offers a

	framework of healing and growth	unexpected death			framework for survivors and providers in the aftermath of a suicide
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Discussion

The present study provided a scoping review of the existing literature on interventions that provide support to military widows dealing with grief/isolation. The results of this review indicate that various interventions are used to aid military widows. The standard premise was the release of emotions, whether via talk therapy interventions with a peer supporter or clinician, written interventions, or cognitive behavioral therapy. Interventions involving peer support groups provided widows with a space to process their grief with others who experienced similar circumstances. Even though peer support talk therapy is a simple concept, it is also powerful because it allows psychoeducation to be imparted and normalizes the widowhood experience (Bartone et al., 2018; Dooley et al., 2019).

This study also provided an overview of interventions utilized when working with military widows who experienced complicated grief from the death of a spouse from an unexpected loss. Most articles in this scoping review identified notable strategies for preventing distress. These interventions are based on a heightened level of grief/isolation and include components of psychoeducation, enhancement of emotional processing, problem-solving abilities, and consolidations of support networks such as peer support programs.

Another significant finding from the current study focused on the correlation between peer support intervention and decreased mourning symptoms, enhanced well-being, and personal

development. Additionally, those who provided peer intervention received reciprocal healing and a deeper community.

Limitations

The reviewed research had biases and limitations. First, a study included only favorable outcomes for publication. The author notes that doing so may diminish the integrity of the study by not providing a robust overview of the research (Bartone et al., 2019). Additionally, these studies featured small sample sizes (Bartone et al., 2018, 2019). Only two studies mentioned the racial identity of the participants: White women (Frye & Duchac, 2013; Linde et al, 2017). One study mentioned a low methodological quality of the included studies, weak selection bias and blinding, short intervention duration, limited generalizability of the results, and missing long- term follow-up assessments (Linde et al., 2017).

In the scoping review, the author's personal bias was also a limitation due to lived experience as a widow who dealt with an unexpected death. It was important for the author to relate information from the articles and not from personal circumstances by presenting the information provided by the research and conducting weekly check-ins with their professor to ensure data was not being manipulated. The author observed a lack of research pertaining to black, indigenous, and people of color (BIPOC). There was also a lack of research conducted using the terminology "military widow" or "military survivor," which caused the author to seek similar synonyms for the population that was desired for the purpose of this scoping review.

Future Implications

Future researchers should seek to collect data on military widows from BIPOC populations. Also, while present research examined suicide as a form of unexpected death, other methods of unexpected death should be explored to see if there is a correlation in grief/isolation

or to examine how other widows operate in their grief. Another issue that was not addressed was a way to measure the effectiveness of the interventions and not simply the interventions used. From the previous results section, many researchers discuss interventions used to aid military widows, but there was not a defined way to note the intervention outcomes measured, if any. Future researchers may find it favorable to create an assessment tool to measure grief/isolation similar to the PHQ-8 and PHQ-9, which are used to measure depression and thoughts of suicide.

Conclusion

Due to the unresearched and unrepresented nature of this field of study, the number of articles identified in this scoping review did indirectly answer the research question. As it stands, this was the first scoping review to examine effective interventions used to support military widows dealing with grief/isolation. There were few studies examining grief intervention for military widows, and the findings of those studies should be evaluated carefully due to methodological constraints. However, some findings did point to some beneficial impacts of interventions in lowering grief/isolation.

Our knowledge and understanding of the effect of how an unexpected death impacts military widows and how to best help survivors repair their lives are just the beginning. Research is necessary to continue identifying the effectiveness of interventions, which can also help understand any identified risk factors and long-term impact of grief/isolation, enhance empathy and understanding, and improve training for support providers.

SWOT Analysis

Alliant Counseling Services Association (ACSA) possesses numerous advantages that strategically place it within the mental health services industry. The organization's core values

are centered around a strong dedication to assisting military widows and other individuals in managing distress and enhancing mental well-being. This is achieved through a mission-oriented strategy that places client assistance and the cultivation of hope as top priorities. Furthermore, ACSA's thorough needs assessment offers significant insights into the mental health requirements of the community and identifies any gaps in existing services. This information helps guide strategic changes and focused treatments. ACSA's specialized training program, titled "Supporting Grieving Military Widows: A Clinician's Guide," aims to improve clinicians' abilities and self-assurance in assisting military widows by addressing various aspects of grief, physiological effects, cultural sensitivity, practical techniques, and self-care for both clients and clinicians. ACSA demonstrates its dedication to accessibility through its telemedicine services and cheap counseling choices, which include sliding scale prices and subsidized services. These measures ensure that mental health support is accessible to clients with low incomes.

Nevertheless, ACSA also encounters specific vulnerabilities that require attention. The ability to expand services and implement new initiatives may be constrained by resource limits, including financial and human resources. Furthermore, acquiring reliable funding to maintain and expand operations can present difficulties. Ensuring staff training and development needs are met is a significant problem. Ongoing professional development is necessary to keep physicians informed about the newest evidence-based treatments. However, providing enough training and support to all staff can be resource-intensive. Enhancing community outreach and engagement endeavors is vital to increase awareness and diminish the stigma associated with mental health treatment. Establishing trust and fostering connections with diverse populations necessitates ongoing dedication and deliberate strategizing.

Despite these challenges, ACSA has abundant prospects for expansion and enhancement. Implementing targeted initiatives, such as the introduction of programs like “Supporting Grieving Military Widows,” has the potential to attract fresh clientele and address existing service deficiencies. Furthermore, there is the possibility of creating specialized programs designed for specific demographic groups, such as veterans, teenagers, and older persons. By establishing partnerships with local organizations, schools, healthcare providers, and military support groups, service delivery and outreach can be improved. This allows for access to extra resources, financing prospects, and wider community networks. The utilization of telehealth and online counseling platforms is an additional avenue for enhancing accessibility and convenience for clients, while capitalizing on technological progress. Employing technology for training, teaching, and gathering feedback can enhance service quality and increase client happiness. In addition, obtaining grants, contributions, and partnerships that specifically target the assistance of military families and mental health initiatives can improve financial stability. Engaging in the exploration of new financing opportunities can facilitate the extension of programs and foster the growth of the organization.

However, ACSA must be cautious of potential dangers that could have a negative impact on its achievements. Rising competition from alternative mental health service providers might impact the acquisition and retention of clients. Additionally, alterations in the mental health care sector, such as legislative modifications and reductions in financing, can bring difficulties. The enduring social disapproval surrounding mental health problems may hinder individuals from seeking assistance, while cultural obstacles and inequalities in the availability of mental health services might restrict the efficacy of efforts to reach out and interact with affected persons. Economic volatility, including recessions and financial instability, can have an impact on

financing streams and the financial capacity of clients to afford services, thereby affecting the execution of new initiatives and the long-term viability of current services. The presence of high emotional demands and burnout among doctors can have a negative influence on the quality of service provided and the ability to retain staff. This highlights the importance of ensuring that clinicians receive sufficient self-care and support in order to maintain a healthy and efficient workforce.

Overall, the SWOT analysis underscores ACSA's strengths, which encompass its proficiency, thorough needs assessment, and specialized training program. Simultaneously, it pinpoints areas that require enhancement, such as resource constraints and community involvement. ACSA can increase its influence by taking advantage of opportunities such as extending its specialized services and establishing collaborations. However, it is imperative to also confront challenges such as rivalry, social disapproval, and financial instability in order to guarantee enduring prosperity and viability. Incorporating “Supporting Grieving Military Widows: A Clinician's Guide” will enhance ACSA's ability to offer exceptional, specialized assistance to an overlooked group.

CHATER SIX: INNOVATION

In order to address the problem with clinicians feeling incompetent and unconfident when working with grieving military widows, this chapter proposes a program for those who help support military widows. *Supporting Grieving Military Widows: A Practitioner's Guide* is a specialized, one-day training program in five modules designed for mental health professionals who assist military widows coping with sorrow. The purpose of this program is to provide clinicians with the essential skills and self-assurance needed to effectively assist this distinct group of individuals. The proposed series has psychoeducational elements that encompass a range of modules.

The initial lesson, titled "Different Forms of Grief," delves into the diverse categories of grieving, including anticipatory, difficult, and disenfranchised grief. It specifically examines how these forms of grief are exhibited in military widows. The second module, titled "Physiological Impacts of Grief," provides participants with knowledge about the physical manifestations and health implications of grieving. This includes disruptions in sleep patterns, alterations in appetite, and heightened susceptibility to chronic diseases.

The third module, "Cultural Sensitivity," highlights the significance of comprehending and valuing cultural disparities in mourning customs. This resource offers mental health professionals techniques to address bereavement in a culturally competent manner, taking into account the varied origins of military families. The fourth module, titled "Tools and Interventions," provides practical tools and therapeutic interventions specifically designed for mourning military widows. These include techniques such as cognitive-behavioral therapy (CBT), dialectical behavior theory (DBT), and Mindfulness practices.

The last module, titled "Self-Care," instructs therapists on self-care techniques to teach military widows as well as self-care techniques for the clinicians themselves in order to acknowledge the emotional burden of working with grieving clients. This section contains techniques for effectively handling stress and proactively avoiding burnout.

This program, provided by Bridging the Gap (BTG), of which I am the founder, gives access to consulting services and combines psychoeducation with interactive components, enabling the personnel of ACSA to actively engage and use their abilities in real-time. By engaging in interactive activities and simulated situations, employees will acquire tangible skills and improve their proficiency in assisting military widows. This method guarantees that mental health practitioners possess both extensive knowledge about grieving and its effects as well as the ability to effectively implement therapies with cultural sensitivity and empathy. Upon completion of the course, participants will acquire enhanced readiness to provide support to military widows during their grief process, thereby facilitating resilience and facilitating the process of healing.

Supporting Grieving Military Widows: A Practitioner's Guide

This social innovation was derived from a comprehensive analysis of existing literature, active involvement of the community, input from important stakeholders, and insights obtained from a scoping review. This process was carried out in accordance with the Community Engagement and Social Innovation (Hays et al., 2022) Model, which encompasses several stages: Observation, Identification, Integration, Engagement, Assessment, Innovation, Evaluation, and Dissemination.

BTG consulting conducted a training series that utilized the manual entitled *Supporting Grieving Military Widows: A Practitioner's Guide*, which was designed to improve the skills and

self-assurance of mental health practitioners who assist military widows dealing with bereavement. The training series ensures that mental health professionals are well-prepared to meet the complex requirements of this unique group by offering a thorough grasp of various forms of grief, the physiological effects of grieving, and the significance of cultural sensitivity. The program also highlights the significance of practical skills and therapeutic strategies, such as cognitive behavioral therapy, dialectical behavior therapy, and mindfulness techniques, to effectively assist bereaved military widows.

In addition, the training acknowledges both the need for self-care for the clients while also focusing on the emotional impact on clinicians to incorporate self-care techniques to effectively cope with stress and avoid burnout. This component guarantees that mental health practitioners can continue their practice while preserving their well-being. The training series combines psychoeducation with interactive components. This approach enhances practical experience and reinforces the knowledge acquired by providing a lesson to the participants instead of just presenting the information.

The primary objective of the training series is to enhance the standard of care offered to military widows, foster resilience, and support the process of healing. The training series aims to have a significant effect on the lives of grieving military widows by equipping mental health professionals with the appropriate tools, information, and support. Additionally, it seeks to cultivate a nurturing network among medical professionals, promoting cooperation and ongoing education to enhance assistance for this susceptible group.

The training series brings together mental health professionals, including associate and licensed marriage and family therapists (MFTs), associate and licensed professional clinical counselors (PCCs), and associate and licensed clinical social workers (CSWs). The primary

objective of developing this specialized training manual was to assist mental health professionals in acquiring knowledge and confidence when working with military survivors. Through community engagement, the owner of ACSA and I identified a gap in the training of their staff, who are master's level clinicians, particularly in working with the grieving population. This gap was further supported when staff was seen to have had limited direct interaction with military widows. The establishment of the International Review Board (IRB) was crucial for the initial examination and review of the project. The IRB eventually concluded that the project does not meet federal guidelines for research with human participants and was, thus, not regulated by the IRB.

The training series *Supporting Grieving Military Widows: A Practitioner's Guide* took place in the conference room of ACSA, located in Riverside, California. The conference room setting provided a supportive, engaging, and productive environment for the clinicians to interact with myself as well as their peers. Clinicians were able to implement learning in real time.

Training Goals

The training goals were formulated to offer specialized training to the personnel of ACSA, enabling them to attain a high level of competence in assisting military widows who are undergoing the grieving process. The trainings encompassed the following:

Goal #1: Knowledge of the Various Types of Grief

This goal sought to provide therapists with a thorough comprehension of the different forms of grief experienced by military widows, enabling them to offer effective and culturally sensitive assistance throughout the grieving process. Its objectives included the following:

- Recognize the characteristics of normal grief by comprehending the spectrum of emotions typically encountered during that process, which encompasses sadness, anger, guilt, and yearning.
- Outline the inherent sequence of typical sorrow, starting with initial shock and disbelief and culminating in eventual acceptance and adaptation.
- Differentiate normal grief from complicated grief.
- Define complicated grief and its distinguishing features, such as prolonged duration and interference with daily functioning.
- Recognize the risk factors that may predispose military widows to complicated grief, such as sudden and traumatic loss.
- Understand disenfranchised grief and its impact
- Define disenfranchised grief and its implications for military widows, including feelings of isolation and lack of social validation. Identify examples of disenfranchised grief specific to the military context, such as societal stigma and cultural expectations of strength.
- Explore the intersectionalities of grief types.
- Understand that military widows may experience a combination of normal, complicated, and disenfranchised grief simultaneously.
- Recognize the complex interplay between grief types and their impact on the grieving process and treatment outcomes.

Goal #2: Understanding the Comorbidity of Physical Symptoms from Grief

This goal sought to increase clinicians' understanding of the physical symptoms experienced by grieving military widows and the impact on overall well-being. Its objectives included the following:

- Mental health professionals will be able to (a) describe common physical symptoms experienced by grieving military widows, including fatigue, sleep disturbances, appetite changes, headaches, muscle tension, and gastrointestinal distress and (b) learn how to tailor interventions to meet the participants' needs and preferences.

Goal #3: Develop Cultural Competency

This goal sought to improve comprehension of military culture, encompassing its principles, standards, and distinct sources of pressure, in order to provide more effective assistance to bereaved military widows. Its objectives included the following:

- Participate in cultural sensitivity training courses that specifically address military culture and its influence on the experience of loss.
- Enhance understanding of military life by actively pursuing independent learning through reading literature, watching films, or engaging in discussions.
- Engage in partnerships with military-affiliated groups or experts to acquire valuable perspectives on the experiences of military families.

Goal #4: Improve Assessment Skills

This goal sought to enhance the capacity to evaluate and distinguish between different forms of grief encountered by widows of military personnel. Its objectives included the following:

- Acquire knowledge of standardized assessment methods and methodologies used to evaluate sorrow, such as the GAD-7 and PHQ-9. Engage in the process of performing

thorough assessments that take into account the cultural, environmental, and individual aspects that influence how people experience sorrow.

- Obtain guidance and input from seasoned practitioners to improve assessment abilities and understanding.

Goal #5: Enhance Intervention Strategies

This goal sought to obtain a wide range of evidence-based therapies to effectively address the multifaceted needs of military widows who are mourning. Its objectives included the following:

- Undergo instruction in several therapeutic approaches, including CBT, DBT, narrative therapy, and mindfulness-based methods specifically designed for addressing bereavement.
- Participate in training or seminars that specifically address trauma-informed care and its practical implementation in assisting persons who have undergone abrupt or catastrophic loss.
- Engage in role-playing exercises or case consultations to enhance skills using intervention approaches in realistic circumstances.

Goal #6: Foster Self-Care Practices

This goal sought to foster individual well-being and resilience to provide effective assistance to bereaved military widows without succumbing to burnout or compassion fatigue. Its objectives included the following:

- Create a comprehensive self-care plan that includes activities for physical, emotional, social, and spiritual well-being.

- Participate in regular supervision or peer support groups to analyze and address emotions and seek advice in handling difficult circumstances.
- Enhance work-life balance by establishing clear limits, assigning duties to others when appropriate, and regularly taking breaks to rejuvenate.

Synopsis of BTG Training Series

The training series begins with an introduction that validates the unique challenges faced by both clinicians and their clients in navigating the complexities of grief. It reviews the training goals to increase knowledge of the impact of unexpected deaths on military widows, increase skills to address grief in this population, and to increase confidence (self-efficacy) to execute skills to manage grief in this population. The program's manual is comprised of five chapters:

1. Introduction: BTG consulting service is designed to equip clinicians with the essential knowledge, skills, and instruments to effectively manage grieving military widows after unexpected deaths. BTG acknowledges the distinct difficulties encountered by clinicians and their clients while dealing with the intricacies of grief. Our objective is to give customized guidance and resources to improve the standard of care offered.
2. Understanding Grief (Types): This segment delves into the various types of grief that military widows go through, such as anticipatory grief, disenfranchised grief, and complicated grief. Through the examination of these differences, clinicians acquire a more profound comprehension of the various manners in which military survivors may experience their sorrow, enabling them to provide more subtle and empathetic assistance.
3. Effects of Grief on the Body: This segment examines the profound physiological effects of grief on the body, including disruptions in sleep habits and appetite, greater vulnerability to sickness, and heightened responses to stress. Clinicians can enhance their

treatment for grieving military widows by identifying and acknowledging the physical symptoms associated with grief. This enables them to implement comprehensive approaches that prioritize the emotional and physical well-being of these military widows. Additionally, it is important to possess a sense of competence and confidence in accurately recognizing the limits of one's scope of practice and knowing when it is necessary to direct the client to their primary care provider (PCP).

4. **Cultural Considerations:** This segment is paramount in delivering efficient care to a wide range of bereaved military widows. This part emphasizes the significance of cultural sensitivity and provided techniques for cultivating inclusive and respectful therapeutic connections. We examine the cultural beliefs, behaviors, and conventions related to grieving, enabling clinicians to modify their methods to address the specific cultural requirements of their clients.
5. **Tools and Interventions:** This segment provided clinicians with a comprehensive toolkit of evidence-based interventions and assessments measures specifically designed for the unique requirements of military widows who are mourning. This part provided practical tools and interventions, such as grief assessment tools and therapeutic procedures, to improve clinical practice and achieve better outcomes for clients.
6. **Self-care:** This segment highlights the significance of maintaining the well-being of clinicians in order to properly provide support to bereaved military widows. BTG focuses on prioritizing self-care tactics and stress management skills that are crucial for preventing burnout and compassion fatigue. We provide clinicians with structured activities to enhance their ability to prioritize their emotional and physical well-being while dealing with the difficulties of providing grief assistance. To mitigate the effects of

vicarious trauma and secondary traumatic stress, clinicians could use self-soothing techniques, seek assistance from colleagues or supervisors, and cultivate self-compassion. These strategies help clinicians preserve their emotional equilibrium and resilience. In addition, clinicians are provided the psychoeducation as to why self-care is crucial for military widows to manage bereavement and improve their overall well-being. Engaging in activities such as introspection and self-expression enhances mental well-being while maintaining a consistent exercise routine, consuming a nutritious diet, and obtaining sufficient sleep promote physical health. Stress management practices, such as mindfulness and relaxation, alleviate stress and foster tranquility. In general, practicing self-care promotes the ability of military widows to cope with their loss by developing resilience, strength, and adaptability.

Conclusion

Supporting Grieving Military Widows: A Practitioner's Guide is an essential training program for mental health professionals, equipping them with the necessary expertise and abilities to effectively aid military widows in their process of grieving. The training course aims to provide a comprehensive understanding of the specific challenges encountered by this population through the examination of different forms of grief, exploration of the physical impacts, and highlighting the importance of cultural sensitivity. Mental health practitioners are better prepared to provide compassionate and effective support by integrating practical skills and therapeutic techniques while also prioritizing self-care for both clients and therapists. This training improves the quality of care for military widows, promotes resilience, and helps healing, ultimately resulting in the creation of a supporting network for those coping with the difficulties of grief.

CHAPTER SEVEN: EVALUATION

Bridging the Gap's training series evaluation uses a mixed design approach by combining a quantitative post questionnaire survey and qualitative data analysis from the use of open-ended questioning. This section provides an overview of the evaluation process, including the pilot group involved in the test performed to assess the participants' knowledge of grief.

Objectives

The development of continuous quality improvement (CQI) is aimed to assess the following goals: (a) increase knowledge of the impact of unexpected death on military widows; (b) increase skills address grief in this specific group; and (c) increase confidence (self-efficacy) to execute skills to manage grief. Based on input from my community partners and feedback from other stakeholders, it was determined that clinicians lacked the necessary skills and self-assurance to effectively assist grieving military widows.

Increase Knowledge of the Impact of Unexpected Death on Military Widows

Comprehending the significant influence of unforeseen deaths experienced by military widows is crucial for delivering efficient and empathetic assistance. Military widows frequently encounter distinctive difficulties linked to abrupt and frequently severe bereavements, such as those caused by battle or accidents. This suddenness might intensify the severity of their sorrow, making it more intricate and challenging to handle. Moreover, the unique culture and close-knit group inside the military significantly impact the way sorrow is felt and communicated. By appreciating the ideals, pressures, and communal features that are essential to military life, clinicians can provide care with cultural awareness.

Having knowledge about these individuals enables therapists to customize their treatment techniques more efficiently, guaranteeing that the care offered fits the distinct requirements of

military widows. Personalization is essential for dealing with the practical and emotional consequences that frequently come with a significant loss. Furthermore, possessing extensive knowledge allows for enhanced communication with military widows, enabling clinicians to provide empathy and comprehension that deeply connects with the widows' own encounters. Consequently, this process aids in establishing trust and rapport, which are fundamental to every therapeutic interaction. An educated viewpoint also assists in reducing the sense of isolation sometimes experienced by military widows, who may regard their sorrow as being misunderstood or unappreciated by individuals who are not part of the military community.

Increase Skills to Address Grief

Developing the particular aptitude required to treat grief in military widows is crucial for delivering efficient and all-encompassing assistance. Specialized treatment strategies are frequently employed to address both sorrow and trauma in military widows. Approaches such as trauma-focused cognitive behavioral therapy (TF-CBT), mindfulness, and narrative therapy are specifically applicable in this situation. These approaches assist in managing the profound and frequently intricate emotional reactions that arise after the loss of a loved one in the military.

Clinicians must take into account not just the emotional and psychological dimensions of grief, but also the logistical obstacles that military widows may encounter, such as abrupt shifts in familial roles and duties. Proficient intervention in these domains facilitates the improvement of treatment results by enabling clinicians to adjust their methods to address the distinct and diverse requirements of military widows. Also, crisis management skills are crucial as military widows frequently undergo extreme emotional states that necessitate prompt and efficient assistance.

Increase Confidence (Self-efficacy) to Execute Skills to Manage Grief

Building confidence, or self-efficacy, in clinicians is crucial for ensuring they can effectively apply their skills in supporting grieving military widows. Confidence in executing therapeutic techniques is essential for competent practice, allowing clinicians to implement their skills adaptively in real-world settings. This assurance is particularly important in complex cases involving military widows, where flexibility and responsiveness are key to providing effective care. A confident clinician is also more likely to manage their own emotional responses effectively, reducing the risk of burnout and compassion fatigue when dealing with highly emotional and challenging situations.

Methodology

Before the training series, the 13 clinicians of ACSA signed an attendance form and were provided refreshments as they engaged an interactive 8-hour training. During the conclusion of training, a post questionnaire was provided, the clinicians were asked quantitative questions and provided qualitative explanations of their level of knowledge of grief in general. The post questionnaires were provided electronically via a QR code designed through Qualtrics, and each clinician was allotted 5 to 15 minutes to complete them in order to adequately assess their perspectives on the acceptability of the intervention measure (AIM), intervention appropriateness measure (IAM), and feasibility of intervention measure (FIM). Identical inquiries were asked at the conclusion of the training series. At the conclusion of the training, they were then asked to articulate how their comprehension of grief had evolved. The clinicians were given open-ended questions to assess these three measurable objectives: increase knowledge of the impact of unexpected death on military widows, increase skills to address grief in this population, and increase confidence (self-efficacy) to execute skills to manage grief in this population. At the

conclusion of the training, they were asked to assess the extent to which their confidence and preparedness had been enhanced in working with military widows.

Triple P Measure

The BTG training series utilized an adaptive version of the Triple P, which is an evidence-based tool used to assess the AIM, IAM, and FIM. The adaptive measure was revised to assess the knowledge gained from the manual *Supporting Grieving Military Widows: A Practitioners Guide*. The four-item measures of implementation outcomes were used to assess the effectiveness of the training series. This survey was conducted among mental health professionals to assess their perception of the acceptability, appropriateness, and feasibility of the intervention (such as Triple P) or an implementation plan (such as training, coaching, data collection, and technical assistance). The measures were selected based on their pragmatic design. The readability level is equivalent to that of a 5th grader. There is no requirement for any specific training to carry out, evaluate, or understand the measurements (Weiner et al., 2017).

BTG Pilot Training Series

Clinicians who attended the pilot included 10 AMFT/APCC, two LMFT, and one LCSW. The training series had five chapters: (1) understanding the types of grief; (2) effects grief has on the body; (3) development cultural competency; (4) tools/interventions; (5) and self-care. The beginning of the training provided psychoeducation on the various types of grief and the effects that grief has on the body. Clinicians were asked open ended questions and provided a vignette to discuss within their small breakout groups to be able to identify the potential types of grief and symptomologies. When the breakout groups came back together as a large group, a discussion was held to go over the vignette. During the training, a few clinicians were puzzled because the vignette did not outright identify the client as a military survivor. The group further discussed

details of the vignette and it was highlighted that most patients disclose they are military survivors or provide key insight during the initial intake process. The training series also provided opportunities for the clinicians to role-play scenarios in their small groups.

Results

Post-test Survey

At the conclusion of the training series the post-test questionnaire was provided, The post-test results for the Acceptability Intervention Measure demonstrate substantial enhancement in all areas of inquiry. Regarding Question 1, the post-test results indicated that all participants expressed a strong agreement. Similarly, Question 2 received a 100% response rate of "strongly agree". Question 3 demonstrated significant improvement, as all participants in the post-test strongly agreed. Regarding Question 4, the post-test findings indicated that 100% of participants strongly agreed. The average post-test percentage achieved a flawless 100%.

The post-test findings for the Intervention Appropriateness Measure demonstrate substantial enhancement in all areas of inquiry. In Question 5, the post-test revealed that all participants strongly agreed, with a 100% agreement rate. Similarly, Question 6 received a 100% response rate indicating high agreement. Question 7 demonstrated significant improvement, as all participants in the post-test strongly agreed. Regarding Question 8, the post-test findings indicated that 100% of participants strongly agreed. The average post-test percentage achieved a flawless 100%.

The post-test findings for the Feasibility of Intervention Measure demonstrate substantial enhancement in all areas of inquiry. In Question 9, the post-test results indicated that all participants strongly agreed, with a 100% agreement rate. Similarly, 100% of respondents strongly agreed with Question 10. Question 11 also showed improvement, as all participants in

the post-test strongly agreed with it, reaching a 100% agreement rate. Regarding Question 12, the post-test results indicated a unanimous agreement of 100% in the strongly agree category. The average post-test percentage achieved a flawless 100%.

Objective A: Increase Knowledge of the Impact of Unexpected Death on Military Widows

The preliminary survey results indicated a significant disparity in the understanding of clinicians regarding the effects of sudden death on military widows. Responses ranged from "completely agree" to "neither agree nor disagree." While several clinicians had a basic comprehension of the matter, others lacked comprehensive knowledge of the distinct stressors and obstacles encountered by military widows. The post-survey results revealed a notable enhancement in understanding as a greater number of clinicians expressed they completely agreed. This enhancement indicates that the intervention successfully targeted and resolved the initial gaps in knowledge, equipping clinicians with a more thorough comprehension of the distinct difficulties encountered by military widows. The guide effectively increased clinicians' grasps of the repercussions of unforeseen death on military widows, so accomplishing the initial goal and bolstering awareness and comprehension of this crucial matter.

Objective B: Increase Skills to Address Grief

Prior to the training series, therapists' self-assessed abilities in treating grief showed considerable variation, with responses spanning from "completely agree" to "neither agree nor disagree." These findings suggest that therapists had varying levels of confidence when it came to dealing with grief-related matters. Several therapists emphasized the necessity of more training to strengthen their proficiency in handling grief, emphasizing a distinct requirement for improved professional growth in this domain.

After the training series, there was a significant rise in the number of therapists who completely agreed that they experienced an enhanced level of proficiency in dealing with grief. This enhancement signified an increase in the self-assurance and proficiency of mental health professionals. Furthermore, the therapists indicated enhanced practical use of the acquired skills from the training manual in their day-to-day practice, implying that the training was not only educational but also immediately relevant to their work with patients undergoing grief.

The training manual successfully achieved its objective of improving clinicians' proficiency in dealing with bereavement, as demonstrated by the enhancements observed in the post-survey. The rise in self-evaluated abilities and the capacity to utilize new techniques in real-world situations suggests that the intervention offered valuable and applicable resources. This achievement exemplifies the effectiveness of the guide in providing clinicians with the essential abilities to enhance their assistance for clients coping with grief.

Objective C: Increase Confidence (Self-Efficacy) to Execute Skills to Manage Grief

Preliminary survey results indicated that prior to the intervention there was a notable disparity in the level of trust among therapists in their capacities to handle grief. Several clinicians recognized the necessity for further instruction and assistance to improve their proficiency in this domain. A significant proportion of clinicians expressed a lack of trust in their abilities to successfully support grieving military widows, specifically in terms of their own preparedness.

Post-survey findings indicated a significant rise in clinicians' levels of confidence. A greater number of clinicians reported increased self-efficacy in effectively implementing their abilities to handle grief. Although there has been progress, several clinicians have stated a

persistent need for continuous training and support to uphold and further improve their skills in this crucial field.

The training manual successfully enhanced clinician assurance in handling grief, achieving this third goal. This enhancement underscores the efficacy of the training manual in providing clinicians with the essential expertise to feel more confident in assisting persons experiencing grief. Nevertheless, the stated requirement for consistent assistance and instruction highlights the importance of continued educational prospects in order to maintain and enhance these advancements. This is essential to ensure that clinicians possess the necessary skills to effectively treat grief in the long run.

Common Themes

1. Initial Knowledge and Skills
 - a. Knowledge Variability: Clinicians' initial knowledge on the consequences of sudden death on military widows showed significant variation, ranging from a rudimentary comprehension to a lack of comprehensive information concerning the distinct pressures and obstacles they face.
 - b. Proficiency Levels: There was a wide range of initial self-assessed skills to deal with grief among clinicians, and many of them felt the need for additional training in order to enhance their effectiveness.
2. Perceived Need for Training
 - a. Training Requirements: Numerous clinicians emphasized the necessity for additional instruction and assistance to improve their proficiency in handling grief, specifically in comprehending and providing care to military widows.
3. Improved Knowledge and Skills Post-Intervention

- a. Enhanced Comprehension: The results of the post-survey indicated a significant rise in clinicians' comprehension of the consequences of unexpected deaths on military widows, as evidenced by more "completely agree" responses.
 - b. Enhanced Skill: Clinicians expressed a heightened sense of proficiency in dealing with grief, as they demonstrated enhanced practical implementation of the skills and knowledge obtained from the training manual.
4. Increased Confidence and Support
- a. Increased Confidence: Clinicians' confidence in their capacity to effectively manage grieving skills significantly increased, indicating improved self-efficacy after the training series.
 - b. Ongoing Support Needs: Despite the increase in confidence, certain clinicians expressed a desire for continuous training and help to sustain and further improve their skills.
5. Practical Application and Preparedness
- a. Practical Application: Clinicians noted enhancements in their capacity to utilize skills acquired from the training series in their practice, suggesting that the training manual offered practical and effective tools.
 - b. Following the training series, numerous clinicians reported an increased sense of readiness to provide assistance to grieving military widows. However, it was emphasized that there is still a need for ongoing training and support.

Limitations

During the innovation, although the clinicians were provided time before and after the training series to complete the post questionnaire, there was not a way to monitor the entire

completion of the questionnaire. Qualtrics identified a 73% completion rate of the survey due to three participants leaving the open-ended questions unanswered. The time frame of the training was a limitation due to participants identifying needing more time as the training was held on a Saturday from 9:30 am to 4:30 pm. Although participants desired a longer training, it was identified that trainings on weekends were not conducive to the busy schedules of these clinicians. Future considerations may include collaboration with employers and integrate training into clinician work schedules.

Conclusion

The general sentiment of *Supporting Military Widows: A Practitioner's Guide* is overwhelmingly good across all three areas. The majority of respondents perceived the intervention as acceptable, appropriate, and practical. There were several minor areas that may be improved, including making the training manual more visually appealing and addressing any concerns about applicability and ease of implementation. This feedback can provide valuable guidance for further enhancing the intervention and better address the needs and expectations of its users in a more comprehensive manner. This comprehensive analysis offers significant insights into the perception of the intervention and identifies specific areas where focused adjustments can boost its efficacy and acceptance.

CHAPTER EIGHT: DISSEMINATION

The training series *Supporting Grieving Military Widows: A Practitioner's Guide*, held on May 18th, 2024 with all 13 staff members of ACSA in attendance, sought to increase knowledge, skills, and confidence of mental health professionals working with grieving military widows. The model for the training series was developed through the implementation of the CESI model (see Appendix B) and insight gathered by stakeholders and community members.

Impact of the Community

The training course that concentrated on providing assistance to grieving military widows resulted in numerous noteworthy enhancements for clinicians. One of the most significant progressions is the augmentation of clinician knowledge and comprehension. After completing the training, clinicians expressed an enhanced understanding and a more profound comprehension of the distinct difficulties and pressures experienced by military widows following an unexpected loss. By broadening their comprehension, clinicians were able to better comprehend and relate to their clients, resulting in the ability to offer more extensive assistance. Furthermore, the training greatly enhanced their abilities in dealing with grief. Clinicians saw an increased level of proficiency in handling grief as they were provided with practical procedures and strategies that they could immediately implement in their practice. This suggests that the training was not simply educational but also offered practical advice that could be applied in real-life situations.

Furthermore, the training series significantly enhanced physicians' confidence and readiness. They conveyed an increased level of confidence in their capacity to carry out grief management techniques and felt more equipped to deal with the particular difficulties linked to assisting military widows. Enhancing confidence is essential for ensuring clinician's efficacy and

reliability in providing care. In addition to these enhancements, clinicians also showed a favorable disposition towards ongoing education. They also conveyed a robust inclination towards receiving continuous training and assistance, demonstrating a dedication to everlasting career growth and a willingness to consistently improve their skills.

Another crucial aspect that requires improvement is the development of cultural competency and sensitivity. This training facilitated physicians' comprehension of cultural subtleties inherent in military life, a crucial factor in delivering considerate and customized treatment to military widows. They gained a deeper understanding of the particular challenges and complexities faced by military families, hence improving their capacity to provide impactful assistance. The training additionally equipped physicians with systematic frameworks and more defined procedures for effectively handling grief. These criteria facilitated the delivery of consistent and high-quality care, enhancing the precision and effectiveness of their interventions.

The training series provided clinicians with opportunities for cooperation and peer support, enabling them to learn from one another and exchange best practices. This collaborative learning setting facilitated the establishment of connections and communities of individuals with shared professional interests, which can provide continuous support for professional development. Medical professionals today possess improved instruments and methodologies to attend to the emotional and practical requirements of military widows, leading to more comprehensive care methods and improved results for the patients.

Overall, the training course greatly enhanced clinicians' talents, understanding, and self-assurance in assisting bereaved military widows. These improvements not only boost their professional growth but also greatly enhance the quality of help they offer to their clients. In order to maintain and expand upon these achievements, it is crucial to persist in providing

additional training and development opportunities, ensuring that clinicians possess the necessary skills to effectively address the changing requirements of the populations they serve.

Options for Dissemination

In order to successfully carry out the subsequent phases of the *Supporting Military Widows: A Practitioner's Guide* training series and broaden its scope to additional organizations, it is crucial to adopt a strategic and comprehensive strategy. The assessment and integration of comprehensive input from participants should be prioritized. By conducting surveys, interviews, and focus groups, valuable insights can be obtained to pinpoint areas that need development and guarantee that the content is pertinent, useful, and captivating. Maintaining a consistent practice of revising training materials to incorporate the most recent research findings and comments will ensure that the program remains up-to-date and valuable.

Improving the ease of access and adaptability of the training series is also crucial. Providing training in many formats, including in-person workshops, live webinars, and on-demand online courses, accommodates diverse schedules and learning preferences. By implementing an adaptable method, which involves dividing the training into smaller components, participants have the flexibility to finish it at their preferred speed. In addition, offering the content in several languages and assuring its cultural sensitivity would enhance its inclusivity and adaptability for diverse audiences.

Enhancing the support and follow-up processes is an additional crucial measure. Establishing support networks via online forums, peer support groups, or mentorship programs will facilitate clinicians in exchanging experiences, seeking advice, and obtaining continuous supervision. Continuing sessions or review courses can strengthen knowledge and aid practitioners in efficiently using newly acquired abilities in their professional work. Providing

supplementary resources, such as case studies and practical guides, will assist clinicians in effectively incorporating the training into their daily practice.

Continuously monitoring and measuring the impact of the training program is essential. By establishing explicit, quantifiable goals and conducting frequent evaluations, it is possible to monitor advancement and pinpoint specific areas where participants may want additional assistance. Utilizing this data to enhance and optimize the program will guarantee its continued efficacy and relevance.

In order to expand the reach of the training series to additional agencies, it is crucial to accurately identify the specific target audience. This encompasses a range of agency categories such as military auxiliary groups, psychiatric healthcare facilities, welfare service providers, and local hubs, as well as influential individuals who hold decision-making authority within these agencies. Creating persuasive marketing materials, such as brochures, flyers, and captivating video content showcasing testimonials and expert perspectives, will generate interest. An informative and visually appealing website that offers comprehensive information on the training series, including schedules and registration data, will help enhance the effectiveness of our outreach efforts.

Utilizing digital marketing methods can greatly improve visibility. Social media campaigns, targeted email marketing, and search engine optimization are efficient methods to efficiently contact potential participants and agencies. Expanding the reach and credibility of the training program can be achieved by actively participating in professional networks through activities, such as attending conferences, organizing educational webinars, and establishing relationships with professional bodies and academic institutions.

It is important to showcase success stories and case studies of agencies and physicians who have effectively implemented the training in order to illustrate its significant influence. Disseminating articles and blogs that highlight the significance of clinician education in assisting military widows can effectively increase awareness and generate enthusiasm. Providing incentives, such as reduced prices, special rates for early registrations, or exclusive deals for group bookings can motivate more agencies to take part. Additionally, effectively conveying the potential benefits of the training will emphasize its value in terms of return on investment.

By integrating these processes—iteratively improving the training based on feedback, optimizing its accessibility and support, and implementing focused marketing tactics—the *Supporting Military Widows: A Practitioner's Guide* training program can substantially broaden its scope and influence, guaranteeing that a greater number of organizations and practitioners can avail themselves of this indispensable asset.

Two-to-Five Year Plan

In the next two-to-five years, BTG's plan for the *Supporting Military Widows: A Practitioner's Guide* training series involves making it more accessible to a wider audience, increasing involvement, and promoting long-term growth. We will concentrate on improving the concise and appealing presentation of training material with detailed input from participants. Our intention is to revise the resources in order to incorporate the most current research and optimal strategies for providing support to those experiencing loss. This entails broadening our distribution methods to incorporate more adaptable options such as online and hybrid models, which will accommodate the varied schedules and preferences of mental health professionals.

During the initial year, we will commence targeted pilot programs in different locations and settings to evaluate and modify the training to suit diverse situations. BTG seeks to expand

another target audience such as military liaisons (e.g., Veteran's Affairs, chaplains, various military installations, and other non-profit organizations). These pilots will assist us in creating case studies and practical examples that showcase the training's efficacy in real-life situations. In the second and third years, our goal is to enhance the accessibility of the program by creating training materials that are available in several languages and culturally tailored. By adopting this method, we will guarantee that our program is all-encompassing and pertinent to a wider range of individuals.

Establishing robust alliances with military groups, healthcare institutions, and educational entities will be crucial for the success of our expansion endeavors. These collaborations will not only facilitate the promotion of the training, but also incorporate it into more comprehensive support structures. In addition, we will actively collaborate with professional associations specializing in grief counseling and military support to augment the program's prominence and reliability. Our marketing plan will utilize digital platforms, such as social media and email campaigns, to expand our reach and enhance knowledge regarding the program's advantages. Our strategy involves creating captivating content, including blogs, videos, and webinars, with the aim of attracting and educating potential participants.

Our objective in the third and fourth years is to enhance participant involvement by creating an alumni network and providing follow-up and advanced training sessions. This will cultivate a community of proficient clinicians who can provide mutual support and continually enhance their expertise. An extensive system for monitoring and evaluation will be put in place to examine the lasting effects of the training on both clinicians and the military widows they assist. This data will inform and direct continuing enhancements to the program.

Furthermore, we acknowledge the crucial necessity of offering specialized education to anyone working with children who have experienced the loss of a parent as a result of military engagement. As a component of our growth plan, we will create novel training modules that are tailored to meet the distinct problems and requirements encountered by these grieving children. This will require the development of specialist programs that concentrate on delivering targeted assistance and therapy customized for young individuals who have experienced significant bereavement.

In the fourth and fifth years, our attention will transition towards achieving sustainable growth and fostering innovation. Our objective is to incorporate the training program into professional development programs' curricula and provide continuing education units (CEU's) to increase its worth and acknowledgement. By exploring a variety of funding sources, the program can secure its long-term financial stability by providing training for both associate and license mental health professionals. Additionally, including cutting-edge technologies would greatly improve the learning experience. This strategic plan will provide clear direction for us to greatly enhance the scope and influence of the *Supporting Military Widows: A Practitioner's Guide* and our new endeavors aimed at assisting children, so creating a long-lasting positive impact on the lives of individuals touched by military bereavement.

Grief can elicit feelings of vulnerability and discomfort for both the person undergoing it and for an external party attempting to provide support to the grieving individual. One of my future goals is to establish a specialized retreat for military widows and their families that will include customized therapies such as seminars specifically designed to enhance participants' understanding of grief, teach effective coping methods, and foster the development of resilience. Both individual and group counseling at this retreat will provide widows and their families with

opportunities to examine their sorrow in various settings and levels of intensity. Creating a secure and supportive environment is essential to allow survivors to openly express their emotions without the fear of being criticized. The retreat will integrate holistic healing practices, including yoga, meditation, and mindfulness to assist survivors in reestablishing a connection with their bodies and attaining a state of tranquility and stability.

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APPENDIX A: PARTICPANT RESULTS

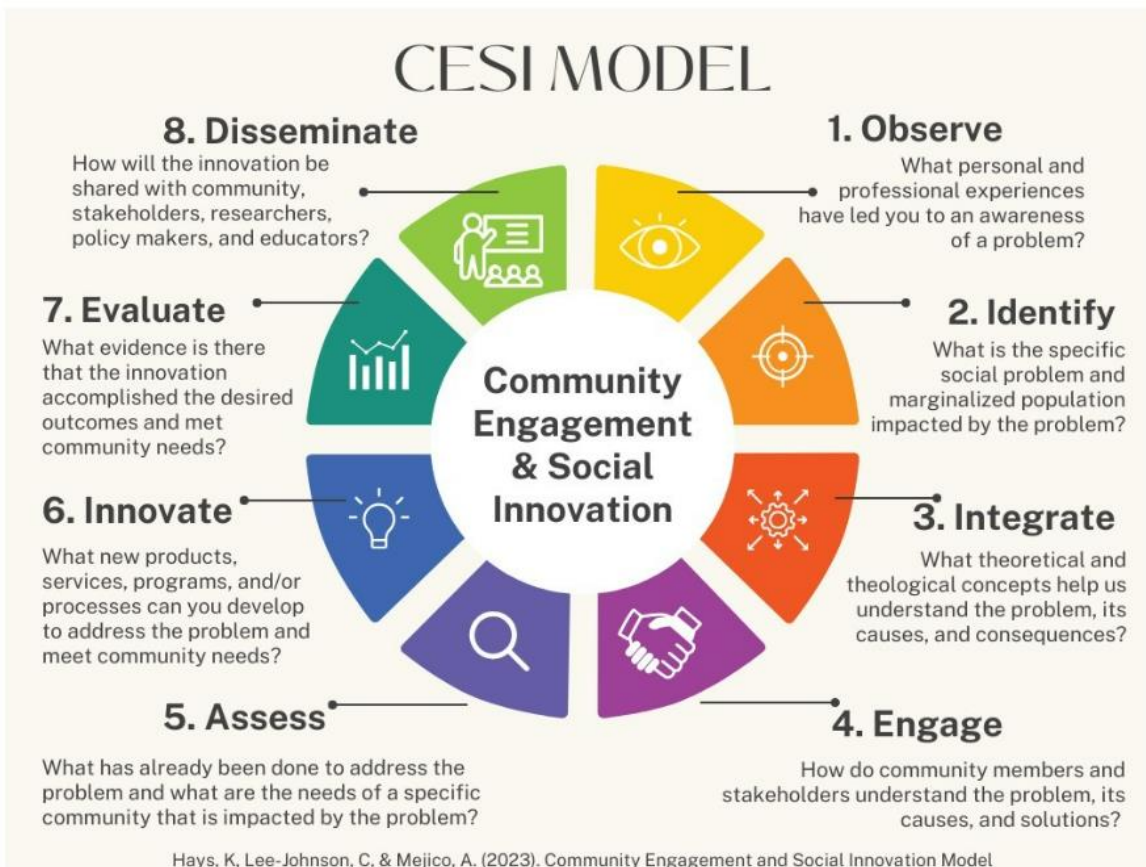
Interview	Interview Style	Key Takeaways
Community Interview	Semi-Structure Interview	<p>Challenges faced by military widows: Mrs. V identified the reluctance of military widows to seek support as a major challenge. She highlighted various factors contributing to this reluctance, including the unique lifestyle of the military and a lack of awareness about available resources.</p> <p>Community Engagement: Mrs. V emphasized the importance of community involvement in addressing the needs of military widows. She advocated for the inclusion of mental health professionals, veteran service organizations, community leaders, and elected officials in the process of formulating solutions.</p> <p>Empowerment of Survivors: Mrs. V recognized the importance of empowering military widows to advocate for themselves. She believes in fostering a sense of community among survivors and advocates for establishing a standard of care for them.</p> <p>Persistence in Advocacy: Mrs. V encouraged persistence in advocating for military widows and their families, despite the challenges and social stigma surrounding mental health services in the military community. She underscored the importance of maintaining a steady commitment to implementing change.</p> <p>Overall, participants highlighted the complex challenges faced by military widows and the importance of community support and advocacy in addressing their needs.</p>
Activist Interview	Semi-Structure Interview	<p>Challenges Face by Military Widows: Mrs. P highlighted the challenges faced by military widows, including the lack of support and understanding they often encounter from both within and outside the military community. She emphasized the importance of ongoing assistance beyond the immediate aftermath of a spouse's death.</p> <p>Policies and Legislation: There is a clear need for legislative changes to address these issues. Efforts by organizations like the Tragedy Assistance Program for</p>

		<p>Survivors (TAPS) to advocate for policy reforms should be exemplified.</p> <p>Activism and Social Justice: Mrs. P's work can be seen as a form of activism, as she tirelessly advocated for the rights and needs of military widows. Despite facing challenges and criticism, she remains dedicated to honoring all survivors, regardless of how their loved ones died, and seeks to create a supportive community for them.</p> <p>Self-Care and Spirituality: Mrs. P's discussed her struggles with self-care and the toll that her work has taken on her mental health, leading to diagnoses of PTSD and secondary trauma. Despite these challenges, she finds solace in her faith and continues to prioritize the well-being of the survivors she serves.</p>
Leadership Interview	Semi-Structure Interview	<p>Supervisory Experience & Style: Mrs. F has extensive experience as a supervisor in a clinical setting, particularly working with mental health associates and licensed marriage family therapists who support military widows and their families. She is passionate about helping these individuals through grief and its effects. Mrs. F described herself as a supportive mentor who encourages her supervisees to take risks and develop their own counseling styles within a culturally diverse framework. She also maintains an authoritative stance when it comes to ethical and legal matters, ensuring her supervisees understand and adhere to professional standards.</p> <p>Self-care and Adaptability: Mrs. F emphasized the importance of self-care for herself and her supervisees, incorporating daily exercise and intentional deep breathing into her routine. She is adaptable to the evolving needs of her team and learned from her own experiences of inadequate supervision as a supervisee.</p> <p>Overall, Mrs. F's dedication to empowering her team members was evident through effective supervisory practices, leadership styles, and commitment to self-care.</p>
Researcher Interview	Semi-Structure Interview	<p>Impact of Spousal Loss: The death of a spouse or committed partner has profound effects on various aspects of a woman's life, including psychological, physical, social, spiritual, and economic well-being. The grieving process following such a loss can lead to stressors that make widows vulnerable to a range of health problems.</p>

		<p>Need for Support: Having a substantial network of empathetic individuals is crucial for facilitating the grieving process. Women, in particular, tend to seek social support from friends, family, and colleagues during times of bereavement.</p> <p>Coping Mechanism: Deliberately seeking peer support can help mitigate feelings of despair and anxiety that arise from the loss of a spouse. It is crucial for widows to mourn at their own pace, and having a support system that understands the grieving process is more beneficial than one that lacks knowledge about the experience of losing a spouse.</p>
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APPENDIX B: CESI MODEL

Phases of the CESI Model



APPENDIX C: POST-TEST SURVEY RESULTS

Table 1. Acceptability Intervention Measure

	Strongly Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Strongly Agree
Question 1	0%	0%	%	30.77%	69.23%
Question 2	0%	0%	0%	7.69%	92.31%
Question 3	0%	0%	0%	23.08%	76.92%
Question 4	0%	0%	0%	25.00%	75.00%

Table 2. Intervention Appropriateness Measure

	Strongly Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Strongly Agree
Question 5	0%	0%	0%	15.38%	84.62%
Question 6	0%	0%	0%	%	100%
Question 7	0%	0%	0%	23.08%	76.92%
Question 8	0%	0%	0%	15.38%	84.62%

Table 3. Feasibility of Intervention Measure

	Strongly Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Strongly Agree
Question 9	0%	0%	0%	15.38%	84.62%
Question 10	0%	0%	0%	15.38%	84.62%

Question 11	0%	0%	0%	7.69%	92.31%
Question 12	0%	0%	0%	15.38%	84.62%

APPENDIX D: QUALITATIVE DATA RESULTS

Question	Test	Response
Q1: How do you feel your understanding of grief has changed recently?	Post-test	<ul style="list-style-type: none"> • I understand that there are several types of grief and how they can be associated with specific populations. • It has drastically improved. • Honestly this has helped so much and opened my eyes to learn more about grief. • Not changed but gained knowledge. • I know the symptoms and behaviors that people can display when they are grieving and if the person doesn't get support it can turn into complex grief.
Q2: How has your confidence and preparedness improved when working with grieving military widows?	Post-test	<ul style="list-style-type: none"> • I feel that learning cultural competencies associated with the military will help me to understand the approach to a grieving military widow. • I feel more confident working with this population. • I feel more prepared and I feel I am able to be more mindful of the stressors that they are going through. • I am feeling more prepared about this! Working with grief is honestly something I've been apprehensive about.