

EXPLORING GRIEF AND INTERVENTIONS TO SUPPORT GRIEVING ADULTS


Presented

by

Tiffani Dilworth, MA, LCPC, CGCS, FT

Edmond Counseling & Professional Development





**“Education is for improving
the lives of others and
for leaving your community and
world better than you found it.”**

Marian Wright Edelman



DISCLAIMER

Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals.

As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your profession's standards.



LEARNING OBJECTIVES

1. Differentiate between acute grief, integrated grief, and chronic grief.
2. Recognize benefits of using grief assessments and grief models.
3. Recall 3 effective tools and interventions to better support clients who are grieving.



OVERVIEW OF GRIEF

Grief/Mourning

Acute Grief

Integrated Grief

Chronic Grief/Complicated Grief

OVERVIEW OF GRIEF

Normal Grief

Ability to move towards the acceptance of loss

Initial intensity of emotions gradually decrease

Ability to engage in daily functions

Normalization

Less challenging than other types of grief

OVERVIEW OF GRIEF

Which of the following grief related behaviors is abnormal?

- A. A father who visits his son's grave every morning
- B. A woman who refuses to part with her deceased mother's belongings
- C. A woman who avoids the restaurant where she met her deceased husband
- D. A man who experiences intense emotional days two years after his daughter's death
- E. None of the above – you have no idea what is normal for anyone else in their grief

PROLONGED GRIEF DISORDER DSM-V-TR

“The inclusion of the diagnostic criteria for prolonged grief disorder in *DSM-5-TR* allows clinicians to use a common standard to differentiate between normal grief and this persistent, enduring, and disabling grief.” - APA

<https://www.psychiatry.org/patients-families/prolonged-grief-disorder>

PROLONGED GRIEF DISORDER DSM-V-TR

- A. Symptoms last most days at least 12 months after the death for adults and at least 6 months for children and adolescents.

- B. At least one of the following symptoms is present, in addition, the symptom(s) has occurred nearly every day for at least the last month:
 - Intense yearning/longing for the deceased
 - Preoccupation with thoughts or memories of the deceased person (in children and adolescents, preoccupation may focus on the circumstances of the death).

PROLONGED GRIEF DISORDER DSM-V-TR

C. Since the death, at least three of the following symptoms:

Identify disruption (e.g., feeling as though part of oneself has died) since the death

Marked sense of disbelief about the death

Avoidance of reminders that the person is dead (in children and adolescents, may be characterized by efforts to avoid reminder).

Intense emotional pain (e.g., anger, bitterness, sorrow) related to the death

Difficulty reintegrating into one's relationships and activities after the death

(e.g., problems engaging with friends, pursuing interests, or planning for the future).

Emotional numbness (absence or marked reduction of emotional experience) as a result of the death.

Feeling that life is meaningless as a result of the death.

Intense loneliness as a result of the death.

PROLONGED GRIEF DISORDER DSM-V-TR

Disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The duration and severity of the bereavement reaction clearly exceeds expected social, cultural or religious norms for the individual's culture and contact.

Associated Features

Intense yearning/longing for the deceased person including intense sorrow and frequent crying

Person experiences maladaptive cognitions about the self, guilt about the death and diminished future orientation

Somatic complaints occur

Decreased self-care

Hallucinations about the deceased

Bitterness, anger, restlessness, blaming others for the death and decreased sleep quantity and quality

KEY DIFFERENCES

Adapted from the APA Dictionary of Psychology

- Grief is “the anguish experienced after significant loss...Grief often includes **physiological distress**, separation **anxiety, confusion**, **YEARNING**, **obsessive dwelling on the past**, and apprehension about the future.”
- PTSD “may develop in some people after extremely traumatic events...People with PTSD may relive the trauma in **painful recollections**, flashbacks, or recurrent dreams or nightmares; **avoid activities or places** that recall the traumatic event; or experience **physiological arousal**, leading to symptoms such as an exaggerated startle response, **disturbed sleep, difficulty in concentrating or remembering**, and **guilt** about surviving the trauma when others did not.
- Depression is “**extreme sadness** or **despair** that last more than days....can cause **physical symptoms** such as pain, **weight loss or gain**, **sleeping pattern disruptions**, or lack of energy. People with depression may also **experience an inability to concentrate, feelings of worthlessness** or excessive **guilt**, and **recurrent thoughts of death or suicide.**”



Key differences between:

Persistent Complex Bereavement Disorder (DSM-V)

Prolonged Grief Disorder (DSM-V-TR)

Key differences

DSM V- PCBD- Adults 12 months; Children 9 months
DSM 5 TR- PGD- Adults 12 months, Children 6 months

DSM V- PCBD- frequent urge to join the deceased in death
DSM 5 TR- PGD-taken out

DSM V- PCBD- rumination about the circumstances or consequences of the death
DSM 5 TR- PGD- rumination replaced by preoccupation

DSM V- PCBD- trouble trusting or caring about others
DSM 5 TR- PGD- taken out

DSM V- PCBD- Intense reactions to memories or reminders of the deceased
DSM 5 TR- PGD- Avoidance of reminders that the person is dead
- Intense emotional pain related to the death

OVERVIEW OF GRIEF

Primary Loss - Initial Loss

Secondary Loss - Hidden Losses
- Voids left after initial loss





ASSESSMENT FOR GRIEVING CLIENTS

Assessment Tools Disclaimer

Some assessment tools may have specific costs, copyright, or licensing requirements associated with them.

Please be aware of any such requirements before use of any assessment tool.

Assessments for groups

ASSESSMENTS FOR GRIEVING CLIENTS

- “Ways of dealing with bereavement and grief are influenced by the norms of one’s cultural identity. Cultural assessment of bereavement and grief is therefore needed for a comprehensive evaluation of grief –related psychopathology and for negotiating appropriate treatment.” ... “How one deals with bereavement and grief is influenced by the norms of one’s cultural identify.

Smid GE, Groen S, de la Rie SM, Kooper S, Boelen PA. Toward Cultural Assessment of Grief and Grief-Related Psychopathology. *Psychiatr Serv*. 2018 Oct 1;69(10):1050-1052. doi: 10.1176/appi.ps.201700422. Epub 2018 Jul 25. PMID: 30041592.

- “There is much agreement that level of cultural sensitivity in the health care that patients perceive experiencing, positively influences their adherence to treatment and, ultimately, their health outcomes” Tucker, C. M., Marsiske, M., Rice, K. G., Nielson, J. J., & Herman, K. (2011). Patient-centered culturally sensitive health care: model testing and refinement. *Health psychology : official journal of the Division of Health Psychology, American Psychological Association*, 30(3), 342–350. <https://doi.org/10.1037/a0022967>

ASSESSMENT FOR GRIEVING CLIENTS

Core Bereavement Items (CBI) (Burnett, Paul C. 1997)

- ▶ 17-item questionnaire that measures the intensity and evolution of bereavement experiences among a variety of bereaved persons (e.g., spouses, adult children losing parents, parents losing children).
- ▶ Items are rated on 4-point scales and fit within three sub-scales
 - ▶ Images and thoughts
 - ▶ Acute separation
 - ▶ Grief

ASSESSMENT FOR GRIEVING CLIENTS

Hogan Grief Reaction Checklist (HGRC) (Hogan, Nancy S. 1987)

- ▶ 61-item questionnaire measures the trajectory and nature of the bereavement process
- ▶ Focuses on 6 areas:

despair	blame and anger	panic behavior
detachment	disorganization	personal growth
- ▶ 5-point scale, ranging from "does not describe me at all" to "describes me very well."
- ▶ Based on how the client has felt in the past 2 weeks

ASSESSMENT FOR GRIEVING CLIENTS

Traumatic Grief Inventory Self-Report (TGI-SR)(Boelen & Smid, 2017)

- ▶ 18-item questionnaire to assess symptoms of Persistent Complex Bereavement Disorder and Prolonged Grief Disorder
 - ▶ 17 items represent PCBD criteria
 - ▶ 11 items represent PGD criteria
- ▶ Responses are scored on a 5-point scale, ranging from never to always
- ▶ Client rates based on client's experiences with the symptoms in the past month
- ▶ Available in multiple languages, including French, Chinese, Dutch, German, Spanish, Turkish, Swedish, and Greek

ASSESSMENT FOR GRIEVING CLIENTS

Pandemic Grief Scale (PGS) (Lee & Neimeyer 2020)

- ▶ Items help identify dysfunctional grief associated with a COVID-19 death
- ▶ 25 languages

Inventory of Symptoms of Professional Traumatic Grief (Gilart et al. 2022)

- ▶ Items help identify professionals who are experiencing traumatic grief
- ▶ Much of the research was done with nurses to check the validity of the assessment

ASSESSMENT FOR GRIEVING CLIENTS

Quick screening for possible bereavement complications:

Symptoms Snapshots

Concrete comparisons

Investigate Integration

Retell story of the death or relationship dynamics

Blocking or incongruence

Credulous Questioning

“If you want to know what is wrong with a person, ask him. He may just tell you.”

Dr. George Kelly

Such screens do not substitute for a more complete assessment, but they can help indicate whether such an assessment could be useful.



GRIEF COUNSELING AND TREATMENT APPROACHES

Grief Counseling vs. Grief Therapy

GRIEF MODELS

Companioning Model

11 Tenets of Companioning the Grieving as developed by Dr. Alan Wolfelt

1. Companioning is about being present to another person's pain; it is not about taking away the pain.
2. Companioning is about going to the wilderness of the soul with another human being; it is not about thinking you are responsible for finding the way out.
3. Companioning is about honoring the spirit; it is not about focusing on the intellect.
4. Companioning is about listening with the heart; it is not about analyzing with the head.
5. Companioning is about bearing witness to the struggles of others; it is not about judging or directing these struggles.

Companioning Model

11 Tenets of Companioning the Grieving as developed by Dr. Alan Wolfelt

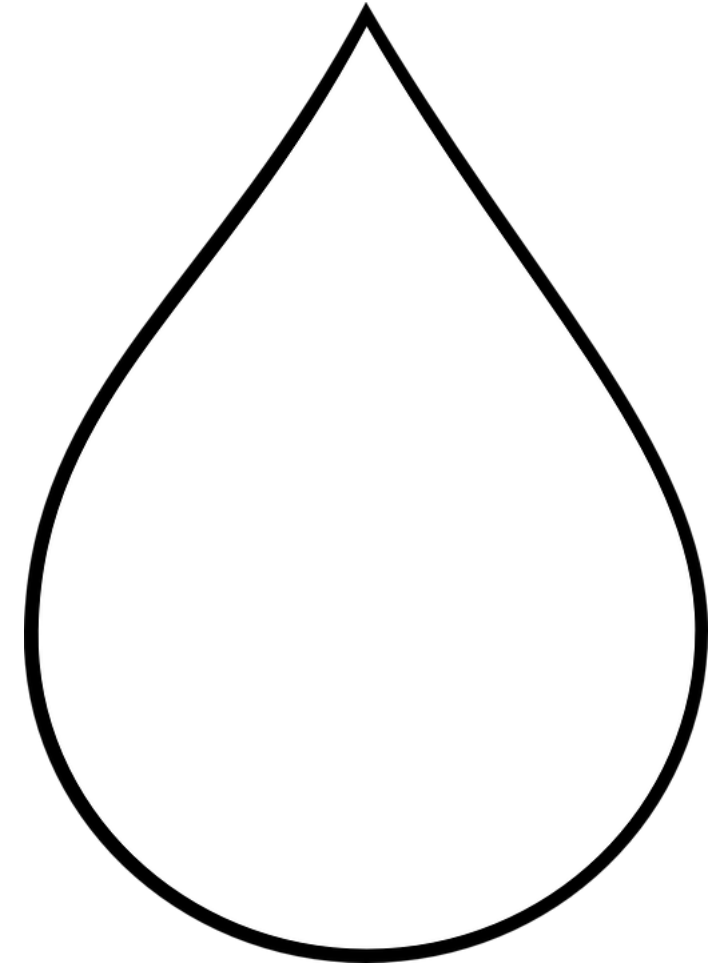
6. Companioning is about walking alongside; it is not about leading or being led.
7. Companioning means discovering the gifts of sacred silence; it does not mean filling up every moment with words.
8. Companioning the bereaved is about being still; it is not about frantic movement forward.
9. Companioning is about respecting disorder and confusion; it is not about imposing order and logic.
10. Companioning is about learning from others; it is not about teaching them.
11. Companioning is about curiosity; it is not about expertise.

GRIEF MODELS

Task Based Model

- T- To accept the reality of the loss
- E- Experience the pain of the loss
- A- Adjust to the new environment without the lost person
- R- Reinvest in the new reality

See their loss, their present, and their future



GRIEF MODELS

Dual Process Model

By Margaret Stroebe & Henk Schut

Dr. Robert Neimeyer on the Dual Process Model Video

<https://www.youtube.com/watch?v=ElTFr2Qc6iM>

Loss-Oriented

Restoration-Oriented

Limitations to Individual grief therapy and models and potential risks

Individual grief counseling isn't all inclusive. There're other forms of support, including: online support, podcasts, group counseling, community support, memorial events, ritual activities, Psychoeducational workshops

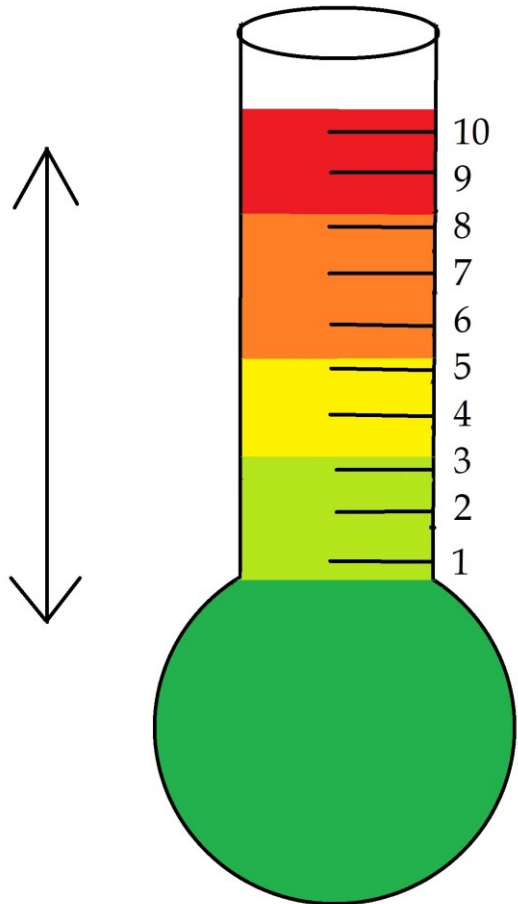
Allumbaugh and Hoyt (1999) 2 years after loss, received intervention "may account for the failure to find expected improvement over time in the control groups, because much of the change in functioning may already have been accomplished by two years."

Schut et al. (2001) concluded their review by stating that "the general pattern emerging from this review is that the more complicated the grief process appears to be, the better the chances of interventions leading to positive results"

"Most longitudinal studies of bereavement show naturally occurring declines in bereavement symptoms." With the help of family and friends, apparently most mourners are able to work through and integrate their losses relatively well. (Ott & Lueger, 2002; Raphael, Minkov, & Dobson, 2001; Stroebe et al., 2001).

GROUNDING TECHNIQUES FOR ACUTE GRIEF

SUD
Subjective Units of Distress



Music

Mindfulness

Muscle Relaxation

Pendulation

Linking Objects

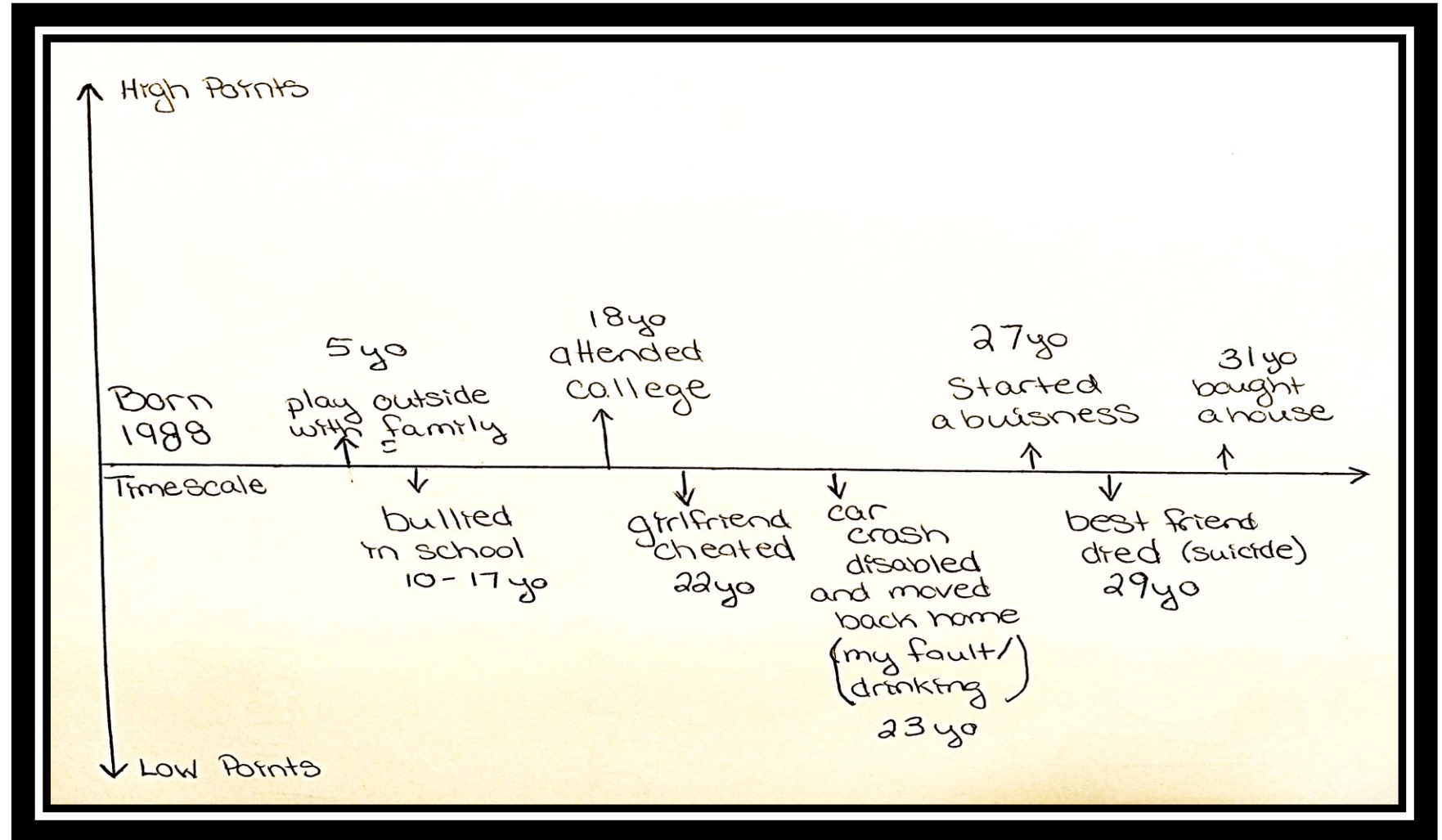
3-3-3 Rule

Anchoring Phrases/Reciting

Ride The Wave

GRIEF TOOLBOX

Loss Timeline

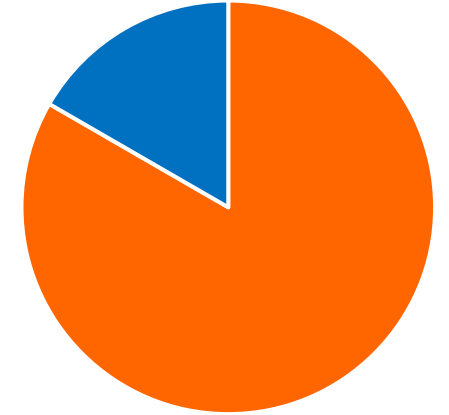


GRIEF TOOLBOX

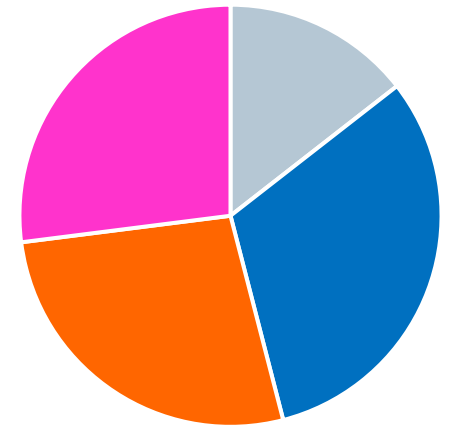
Guilt Work

Validate and Normalize

Responsibility Pie Chart
Fault vs. Responsibility



Me-Orange
Driver-Blue



Me-Orange
Driver-Blue
Alcohol- Pink
Night Time-Silver



GRIEF TOOLBOX

Journaling

Thankfulness

Future/Goal Oriented

Processing

Accomplishments/ Things like about yourself

Directed Journaling

What kind of things did _____ teach you about life?

How did they manage challenging times and what lessons can you take from those experiences?

What strengths did they see in you?

What difference might it make to keep their memories alive?

Who do you want to be, even though they aren't physically here?

SELF CARE

Vicarious Grief

Workload

Work Performance

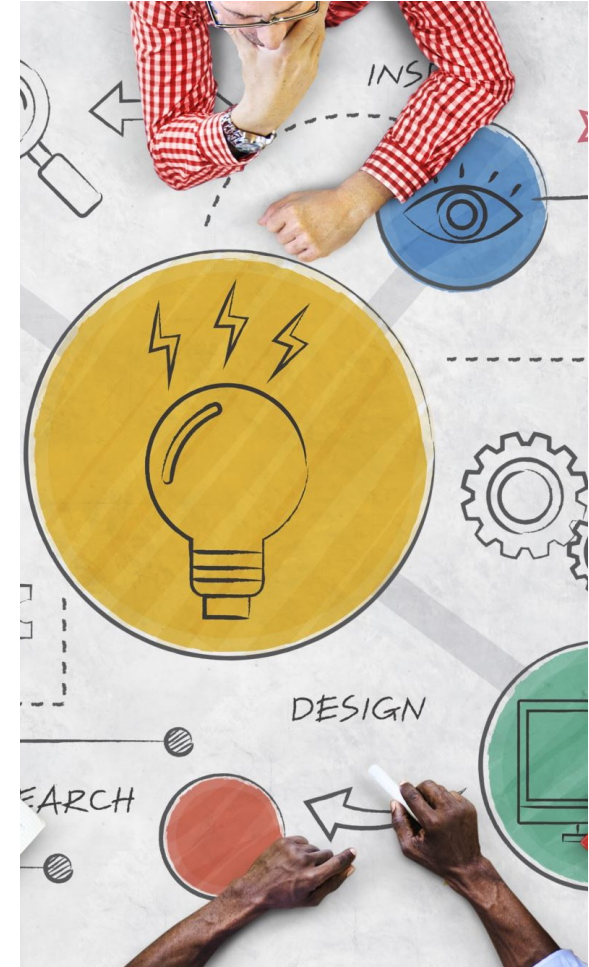
Identify your coping skills

Daily relaxation techniques

Daily or weekly check-ins

Quality time with others outside of work

Open communication with your organization





Empathy is a finite resource.

You can run out.

As a normal, psychological response,
you cannot give of yourself again and again
and again without replenishing.

Emmett Fitzgerald,
Contemplative-Based Resilience Project



Grief is like the ocean, it comes in waves, ebbing and flowing.

Sometimes the water is calm,
and sometimes it is overwhelming.

All we can do is learn to swim.

— Vicki Harrison

“We’re taught how to acquire things,
not what to do when we lose them.”

— John W. James

RESOURCES

Camp Sunshine

National Cancer Institute

Dougy Center

Kate's Club

Compassionate Friend

National Center for School Crisis and
Bereavement

On our Own Terms by Bill Moyers (PBS Series)

WhatsYourGrief.com

Griefincommon.com

TheRecoveryVillage.com

DrKenDoka.com

GriefShare.org

PsychologyToday.com

CenterForLoss.com

RECOMMENDED READING

Don't Sweat the Small Stuff by Richard Carlson

The How of Happiness by Dr. Sonja Lyubomirsky

Saying Goodbye to the Pet You Love by Jacquelyn Landis & Lorri A. Greene

Disenfranchised Grief: New Directions, Challenges, and Strategies for Practice by Kenneth J. Doka

Grief is a Journey: Finding Your Path Through Loss
by Kenneth J. Doka

Ethical Practice in Grief Counseling by Louis A. Gamino & R. Hal Ritter, Jr.

<https://missdilworth.com/therapy-resources-for-trauma-grief/>

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Tiffani Dilworth, MA, LCPC, CGCS, FT

Edmond Counseling & Professional Development

Contact:

E-mail: Tiffani.Dilworth@yahoo.com

Website: MissDilworth.com