

CBT to Support Healthy Grief in the Face of Loss

Ann M. Steffen, PhD, ABPP

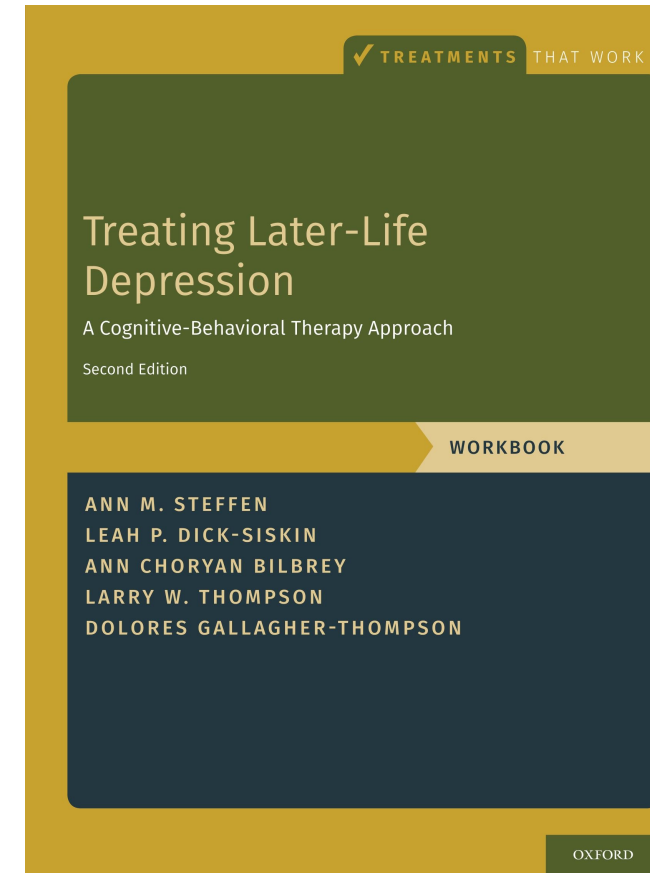
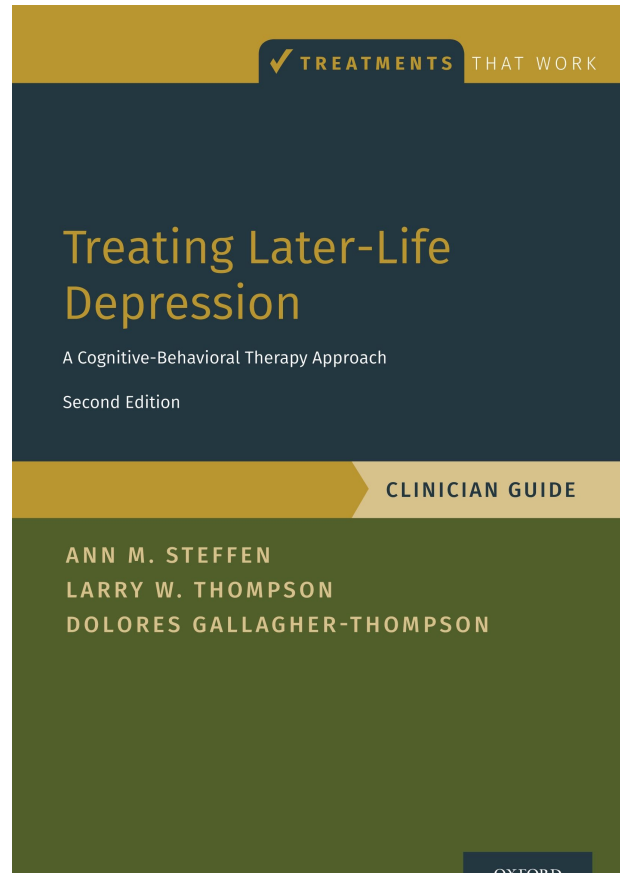


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1

Describe differences between normative grief reactions, depression and DSM-V-TR Prolonged Grief Disorder

2

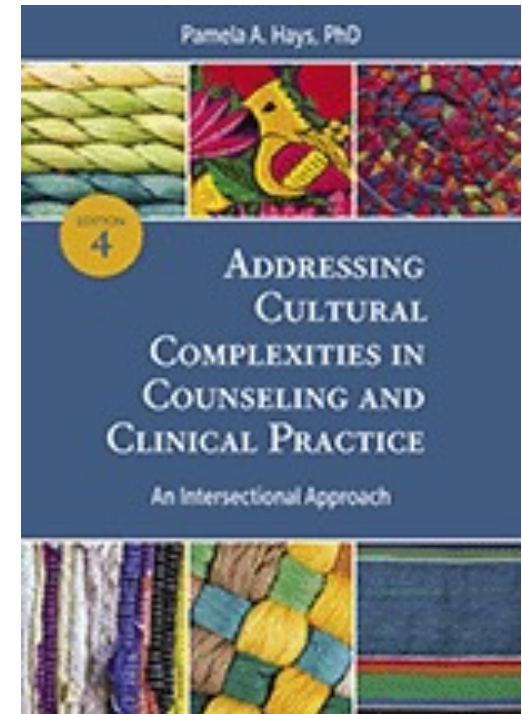
Select 3 strategies to support healthy grieving

3

Identify 2 clinical interventions that should be avoided for most bereaved clients

ADDRESSING Model of Intersectional Identities (Hays, 2022)

- Age/Generational influences
- Developmental disabilities
- Disabilities acquired later in life
- Religion and Spiritual orientation
- Ethnic and racial identity
- Socioeconomic status
- Sexual orientation
- Indigenous heritage
- National origin
- Gender identity



Background on Bereavement

- About 2.5 million people die in the United States annually, each leaving an average of five grieving people behind.
- It's estimated that 1.5 million children (5% of children in the United States) have lost one or both parents by age 15.

Background on Bereavement

Normative but highly life changing

By age 75: Over half of all women (58%) and 28% of all men have experienced loss of spouse/partner (U.S. Census Bureau, 2015)

Most individuals are resilient following the death of a loved one

Meaningful and painful losses can be due to the ending of:

☐ Relationships

(You have experienced the death of a person or pet, lost other relationships because of a move/relocation, memory loss, etc.)

☐ Abilities to do certain things

(You cannot do what you used to be able to, due to illness or injury.)

☐ Roles and activities

(You have lost a valued part of your personal identity through health problems, the ending of a job or pastime, or you were a family caregiver.)

☐ Physical environment

(You have lost a past home or treasured possessions.)

Treatment Priorities

1. Screen early if indicated (e.g., PGD, PTSD); don't assume that intervention will be trauma-focused
2. Help Clients Understand Variability in Grief Reactions
3. Support Self-Care, Routines, and Taking Care of Life
4. Respond to Upsetting Thoughts Associated with Bereavement
5. Support Grief Following Losses other than human (e.g., Pet, Home, or Treasured Objects)

5 STAGES OF GRIEF CYCLE



The 5 Stages of Death & Dying are not supported by research and should not be taught to clients as if this conceptual model is correct.

Grief Looks Different for Everyone

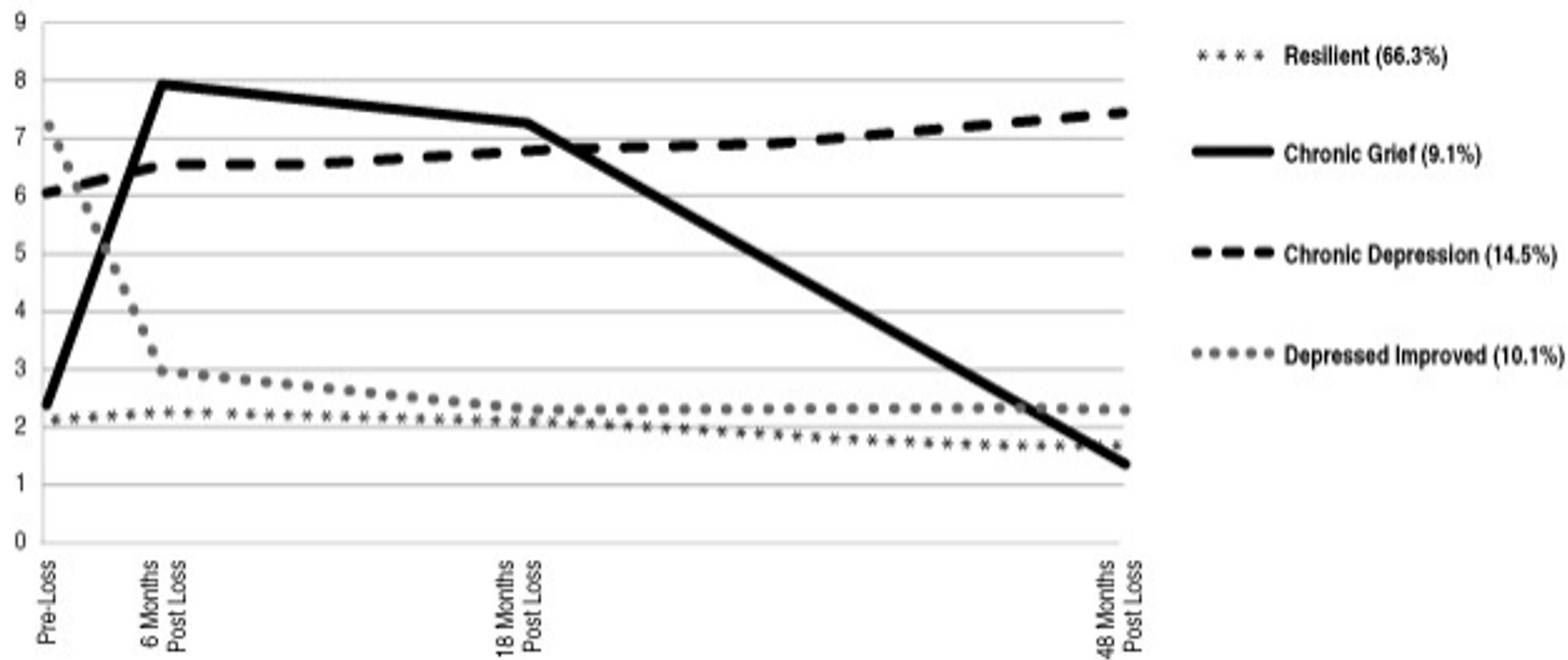
Our society has many myths about grief. Scientific research shows that there is not a “correct” way to respond to an important loss. Some people find it helpful to share this information with others in their life.

Myth: There are specific stages that individuals experience (i.e., Denial, Anger, Bargaining, Depression, and Acceptance).

Fact: Research shows that there are many different reactions to loss, and that many different patterns can be normal and healthy.

Myth: Grief is intense and follows a specific timeline for when you should and should not expect to experience reactions to your loss. After a certain period of time (example: 1 year) you should be ready to “move on.”

Fact: Some of our losses are life changing, so feelings of sadness, longing, and regret can come and go over time. You may need extra support for new tasks and responsibilities.



(Galatzer-Levy & Bonnano, 2012)

Myth: It is important to fully disengage (let go and move on) from what we've lost.

Fact: Research suggests that keeping some connection to what we've lost can strengthen us. Honoring and valuing the person, pet, activity, or thing we've lost can look different for different people.

Myth: There are specific things you should do to properly grieve; it is not possible to recover from a loss without those "grief-work" processes.

Fact: People differ in how much they talk about, think about, or express feelings about their losses. Many individuals do not make an active effort to discuss and understand their loss, while others do. It is important to respect individual preferences for managing grief.

Follow the lead of the bereaved individual

- Do not suggest specific grief practices to your clients (e.g., specific rituals for saying goodbye, journaling, reviewing pictures, writing letter to the deceased).
- Those clinical activities are appropriate for only about 10% of bereaved individuals and only during very specialized therapy for prolonged grief disorder.



Treatment Priorities

1. Screen early if indicated (e.g., PGD, PTSD); don't assume that intervention will be trauma-focused
1. Help Clients Understand Variability in Grief Reactions
1. Support Self-Care, Routines, and Taking Care of Life
1. Respond to Upsetting Thoughts Associated with Bereavement
1. Support Grief Following Losses other than human (e.g., Pet, Home, or Treasured Objects)



Table 1 DSM-5-TR criteria for prolonged grief disorder

- A. The death, at least 12 months ago, of a person who was close to the bereaved (for children and adolescents, at least 6 months ago).
 - B. Since the death, there has been a grief response characterized by one or both of the following, to a clinically significant degree, nearly every day or more often for at least the last month:
 - 1. Intense yearning/longing for the deceased person
 - 2. Preoccupation with thoughts or memories of the deceased person (in children and adolescents, preoccupation may focus on the circumstances of the death)
 - C. As a result of the death, at least 3 of the following 8 symptoms have been experienced to a clinically significant degree since the death, including nearly every day or more often for at least the last month:
 - 1. Identity disruption (e.g., feeling as though part of oneself has died)
 - 2. Marked sense of disbelief about the death
 - 3. Avoidance of reminders that the person is dead (in children and adolescents, may be characterized by efforts to avoid reminders)
 - 4. Intense emotional pain (e.g., anger, bitterness, sorrow) related to the death
 - 5. Difficulty with reintegration into life after the death (e.g., problems engaging with friends, pursuing interests, planning for the future)
 - 6. Emotional numbness (i.e., absence or marked reduction in the intensity of emotion, feeling stunned) as a result of the death
 - 7. Feeling that life is meaningless as a result of the death
 - 8. Intense loneliness (i.e., feeling alone or detached from others) as a result of the death
 - D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
 - E. The duration and severity of the bereavement reaction clearly exceeds expected social, cultural, or religious norms for the individual's culture and context.
 - F. The symptoms are not better explained by major depressive disorder, posttraumatic stress disorder, or another mental disorder, or attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.
-

Prolonged Grief Disorder (PG-13-Revised)

Q1. Have you lost someone significant to you? ☐ Yes ☐ No

Q2. How many months has it been since your significant other died? Months

For each item below, please indicate how you currently feel

Since the death, or as a result of the death...	Not at all	Slightly	Somewhat	Quite a bit	Overwhelmingly
Q3. Do you feel yourself longing or yearning for the person who died?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q4. Do you have trouble doing the things you normally do because you are thinking so much about the person who died?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q5. Do you feel confused about your role in life or feel like you don't know who you are any more (i.e., feeling like that a part of you has died)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q6. Do you have trouble believing that the person who died is really gone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q7. Do you avoid reminders that the person who died is really gone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q8. Do you feel emotional pain (e.g., anger, bitterness, sorrow) related to the death?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q9. Do you feel that you have trouble re-engaging in life (e.g., problems engaging with friends, pursuing interests, planning for the future)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q10. Do you feel emotionally numb or detached from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q11. Do you feel that life is meaningless without the person who died?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q12. Do you feel alone or lonely without the deceased?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13. Have the symptoms above caused significant impairment in social, occupational, or other important areas of functioning?

☐ Yes ☐ No



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the distinctions between normal and pathological responses to the death of a loved one. The goal is not to label bereaved individuals as “well” or “sick,” but rather to identify characteristics associated with prolonged suffering, dysfunction, and distress. Understanding these distinctions is a first step in the direction of providing tools to promote adaptive responses to a potentially disabling loss.

Virtual Standardized Patient Videos

- Normative Grief +
- Prolonged Grief Disorder +
- Posttraumatic Stress Disorder +
- Depressive Disorder +

Contact Us Survey

Grief Intensity Scale

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Jump To Top



The Center for
Prolonged Grief

<https://prolongedgrief.columbia.edu/>

Treatment Priorities

1. Screen early if indicated (e.g., PGD, PTSD); don't assume that intervention will be trauma-focused
1. **Help Clients Understand Variability in Grief Reactions**
1. **Support Self-Care, Routines, and Taking Care of Life**
1. **Respond to Upsetting Thoughts Associated with Bereavement**
1. **Support Grief Following Losses other than human (e.g., Pet, Home, or Treasured Objects)**



For the majority of your bereaved clients.....

Don't

- confuse normal grief responses with clinical depression or traumatic stress

- suggest intensive grief related practices unless already brought up by client as something they think would be helpful (e.g., grief related rituals, exposures, writing letter to deceased, etc)

IMPORTANT – research indicates that the above practices are iatrogenic and can destabilize clients who would otherwise heal from their loss using existing supports



Do not jump into
trauma-focused
approaches

Traumatic Loss



Traumatic Grief

For the
majority of
your
bereaved
clients.....



Do



Listen and validate their
experiences



Assess traditions, beliefs and
preferences



Educate about range of normal
grief responses



Support self-care and use of natural
support systems



Help them problem-solve practical
issues

Discuss preferences

Preferences

People differ in how much they talk about, think about, or express feelings about their losses. Many individuals do not make an active effort to discuss and understand their loss, while others do. It can be hard when the way we express our feelings of loss are different from others around us.

Question: *What are some of your preferences for expressing grief?*

Highlight traditions

Traditions

There are many ways to honor the death of others and the lives they lived while with us. Some rituals are connected to a religious or spiritual practice, and others are linked to our cultural heritage or native country. Families have specific ways to show respect for deceased loved ones. These traditions can be comforting when grieving for someone important to us.

Question: *What traditions and practices are important to you? Who in your life do you share these traditions with?*

Acknowledge Beliefs

Beliefs

People vary in their thoughts and beliefs about death and the afterlife. Some religious beliefs are a part of a specific faith. Other thoughts about what happens at and after death develop over our lifetime. For some, it feels confusing when our reactions to a loved one's death seem at odds with those beliefs. Talking about this can be helpful.

Question: *What thoughts and/or beliefs do you hold about death and what happens after death? Who in your life do you share these beliefs with? Do these beliefs bring comfort? Bother you in some way?*

Start with Behavioral Strategies...

not Cognitive



A few examples from The Living with Loss Module of *Treating Later-Life Depression*

Core Sections (for many patients)

Skills for Getting Started (Therapy Orientation and Goal Setting)
Skills for Feeling (Emotional Literacy, Cultivating Positive Emotions)
Skills for Doing (Behavioral Activation and Problem-Solving)
Skills for Thinking (Self-Compassion and Cognitive Reappraisal)

Personalized Sections (for some patients)

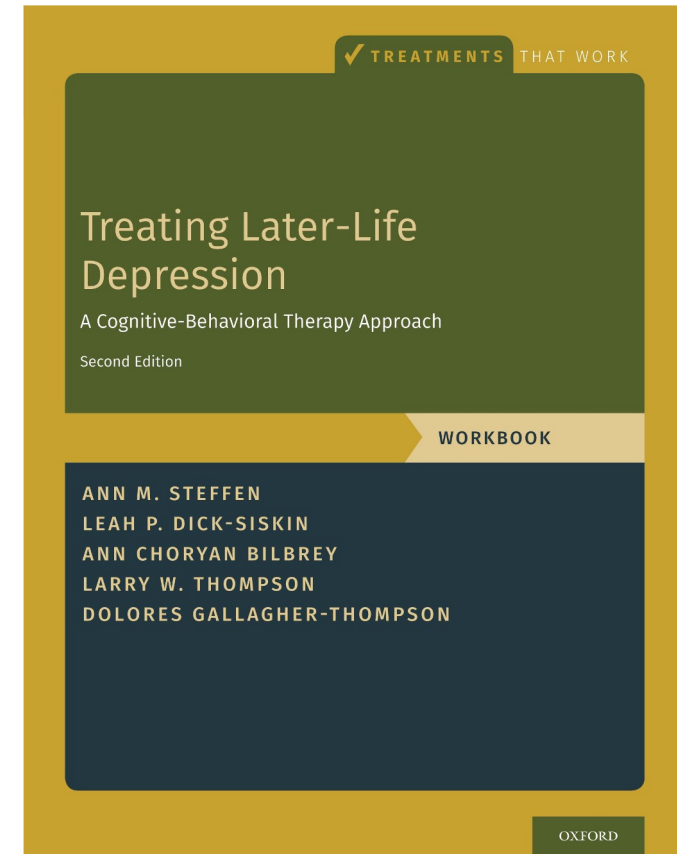
Skills for Brain Health (Preventing and managing cognitive concerns)
Skills for Managing Chronic Pain (Psychoeducation and pain management)
Skills for Healthy Sleep (Psychoeducation and Sleep Hygiene)
Skills for Caregiving (For family and informal caregivers)

Skills for Living with Loss (Support for Healthy Grieving)

Skills for Relating (Communication and interpersonal effectiveness skills)

Core Section (for many patients)

Skills for Wrapping Up (Termination processes and plans)



Introduction to Skills for Living with Loss

All types of losses can be hard; some losses may be extremely difficult to cope with. The pages in this section are designed to help acknowledge and honor your losses while supporting self-care during your grieving process.

Loss is difficult.

- Grief makes it hard to get through the day and stay healthy.
- Reminders of the loss sometimes come suddenly; a large wave of grief may take you by surprise and leave you floundering.
- There might be a sense that others expect you to “get on with living” while you are still grieving. You may wonder if others really understand how much you’ve lost and how your loss affects your life.
- There could be tasks or projects that need attention, but you have not had the concentration or energy to deal with them. You may now have new responsibilities, and do not yet feel confident about managing these. That makes it hard to get started.

All of these experiences and reactions are normal.

This section will help you:

- Honor and respect the loss or losses you have experienced.
- Trust your preferences for how you manage your reactions to loss.
- Use support and suggestions for coping with grief.

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Your Self-Care Is Important

“Self-care” refers to a range of behaviors and habits linked to your physical, emotional, psychological, social, and spiritual well-being. After a loss, many people have low energy, and daily life is hard. Taking small steps to attend to your health and wellness is important. You might want to get support from a family member or friend as you work on this.

Physical Self-Care includes:

- ☐ Engaging in some amount of physical activity each day
- ☐ Planning and eating healthy foods at mealtimes and for snacks
- ☐ Allowing time for the sleep you need
- ☐ Taking prescription and over-the-counter medications as directed
- ☐ Moderate (or no) alcohol use
- ☐ Following guidelines and seeking help for physical conditions
- ☐ Ideas for you? Write here: _____

Along with taking care of your body, it is important to take care of your emotional, social, and spiritual well-being. That looks different for everyone. Staying connected with others may be especially helpful.

Self-Care for other areas of your wellness may include:

- ☐ Engaging in spiritual or religious events or activities
- ☐ Spending time connected to nature in some way
- ☐ Soothing activities: a warm bath, music, book, or a favorite movie
- ☐ Connecting with a person or animal who helps you feel cared for
- ☐ Returning to a hobby or activity that you have valued in the past
- ☐ Getting help cleaning or organizing so you can enjoy living spaces
- ☐ Staying grounded in your values and strengths (Start 5 Practice)
- ☐ Ideas for you? Write here: _____

Question: What areas of your life have shown a decline in self-care?

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My Self-Care This Week

Date(s): _____

“Self-care” refers to a range of behaviors and habits linked to my physical, emotional, psychological, social, and spiritual well-being. Even as I grieve, I can engage in self-care activities that promote my health and wellness.

I can circle each day I did one of these activities to take care of myself. I can ask a family member or friend for support as I practice these skills.

Over this past week, did I:

Sun Mon Tue Wed Th F Sat Engage in some physical activity

Sun Mon Tue Wed Th F Sat Eat healthy meals and snacks

Sun Mon Tue Wed Th F Sat Get at least 6 hours of sleep

Sun Mon Tue Wed Th F Sat Take my medication properly

Sun Mon Tue Wed Th F Sat Have contact with nature in some way

Sun Mon Tue Wed Th F Sat Participate in a soothing activity

Sun Mon Tue Wed Th F Sat Have contact with a person or animal who helps me feel cared for

Sun Mon Tue Wed Th F Sat Do an activity that I have valued in the past

Sun Mon Tue Wed Th F Sat Engage in a spiritual or religious activity

Sun Mon Tue Wed Th F Sat Another area of wellness:

What I learned this week about taking care of myself while I grieve:

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Routine Changes

In addition to taking care of ourselves in a range of ways, most of us do best when we follow a routine.

- Before your loss, you had a pattern of typical activities, habits, and customs that created a rhythm to each day and week.
- After a loss, it is common for some of these routines to either change or fall apart completely. This can feel very unsettling and also influence your moods, energy level, and daily activities.
- Identifying changes can start the process of establishing new daily and weekly patterns for life. Many people start to feel a little better as these new patterns become routine, while still honoring the loss.

Question: As you think about your daily life before the loss, and now afterwards, what are some of the changes that you can see?

Question: Which of these changes may be the most unsettling?

It is possible to hold on to some meaningful routines. You can honor your loss while connecting those past activities to new ones.

Question: Who in your life might help support you as you develop new daily and weekly routines?

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Taking Care of Life

It is common after a loss to let things slide for the time being, including managing finances, taxes, household maintenance, personal health care, and some social engagements. You may also need extra support for challenging new tasks and responsibilities. Some of these can feel overwhelming to even consider, let alone get started on. Working on these concerns can be a part of your efforts to improve your depression and develop a personal approach to coping with your loss.

Question: What are tasks/projects that you have been putting off since your loss? List the main ones here:

Question: Of these, which **one** is weighing most heavily on you?

In *Skills for Doing, Do 16 Learn* presented DEEDS as a five-step technique that helps people develop skills in solving problems in daily life:

1. Define the problem
2. Explore possible solutions
3. Evaluate solutions
4. Decide on one alternative
5. Select another alternative

Now could be a good time to take a few small steps toward the issue that is pressing on you. What might be one first thing to do as you work on that problem? Who in your life can help as you get started?

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Staying Connected to Others

When someone dies, we can struggle with staying connected to family and friends. We can have a range of thoughts, such as:

"People won't be able to handle it when I share my feelings."

"I feel like I have to fake being happy when I am around others."

"I just don't fit in, and end up feeling lonelier when I am with others."

"It is better to be by myself than show others how bad I feel."

These are just a few examples among other thoughts that are common. What thoughts do you have about spending time with others? Do any of these thoughts lead you to prefer to be alone and avoid others?

Which one or two of these are strongest or most powerful in shaping how much time you spend alone versus connecting with others in some way?

Is this always true with everyone? Are there one or two people who are easier for you to be with? What do they do or not do that helps with this?

Are there any ways to see this from another perspective or point of view? What would you tell a friend who is in a similar situation?

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Living with Regrets and Unfinished Business

When someone dies, we may regret things we've said or done, things that we didn't say or didn't do, or decisions that were made. We can also have a sense of unfinished business with the person who has died.

People can feel regret about their actions or choices in situations involving the person prior to their death. Do you regret any of your actions or choices that occurred prior to that person's death?

There can be a sense that something was unfinished, unsaid, or unresolved in the relationship with the person who died. Some wish that an issue in the relationship had been addressed while the person was alive. Do you feel that anything was unfinished, unsaid, or unresolved in your relationship?

Which of these are most upsetting or hard to come to terms with?

How do these affect your feeling connected to other people? What are ways in which these create distance from family or friends?

Talking through regrets and unfinished business may help you:

- accept them as a normal and understandable part of mourning
- acknowledge them while honoring your life values and strengths
- think about these regrets or the situation in a new way

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Losing a Beloved Pet

For many of us, our pet or pets become a part of our family. They are with us during both happy and difficult times, and they are a source of love and comfort. The responsibilities of taking care of a pet can also keep us active and connected to daily life.

Thus, losing a pet can be very very difficult. This loss can be due to the death of a pet, or a change in circumstances (such as a move to a new residence that does not accept pets, or a change in health).

Question: What are some of the things that you miss the most as you cope with the loss of your pet?

There are some things that you can do as you are dealing with this loss.

Question: Are there some specific ways that you currently remember and honor your pet? Which bring you comfort?

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Coping with the Loss of My Pet

Date(s): _____

I can ask a family member or friend for support as I practice coping skills.

Situations this week when I missed my pet the most:

1. _____

2. _____

Positive Coping Behaviors:

☐ I took care of my physical health (meals, sleep, exercise, etc.).

☐ I engaged in a positive, rewarding, or meaningful activity.

☐ Other: _____

Honoring or Valuing My Pet:

☐ I thought about my first time with my pet.

☐ I talked to others about my pet or my feelings.

☐ Other: _____

Contact with Other Animals:

☐ I asked a friend or family member to bring their pet over.

☐ I volunteered or visited a pet shelter.

☐ Other: _____

Positive Coping Statements:

☐ I reminded myself that I am grateful for the time I had with my pet.

☐ I reminded myself that I did the best I could when caring for them.

☐ Other: _____

What I learned about coping with my grief this week.

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Losing Your Home or Treasured Objects

Our homes and treasured objects are important to us. They are linked to special memories, different experiences, and our relationships with others.

- When we move from someplace that has been home for a long time, we can miss this very much. This is especially true if the move was sudden or unexpected. Some people lose treasured objects due to a move, fire, or flood.
- Sometimes, the move hasn't yet occurred but is planned for the future.

Question: What are important parts of your move or loss of objects?

Question: What do you miss the most now or will miss in the future?

Coping with the Loss of My Home

Date(s): _____

I can ask a family member or friend for support as I practice coping skills.

Situations this week when I missed my home the most:

1. _____

2. _____

Positive Coping Behaviors:

☐ I took care of my physical health (meals, sleep, exercise, etc.).

☐ I engaged in a positive, rewarding, or meaningful activity.

☐ Other: _____

Honoring My Home:

☐ I looked at pictures of my home.

☐ I thought about the special memories I created at my home.

☐ I talked to others about my home or my feelings.

☐ Other: _____

Keeping Contact with My Home:

☐ I asked a friend or family member to visit my home for me.

☐ I visited my home.

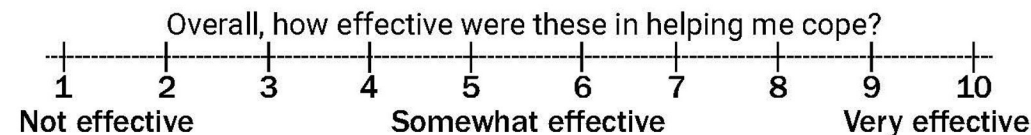
☐ Other: _____

Positive Coping Statements: I reminded myself that:

☐ This home will always have a place in my heart.

☐ I looked after my home the best I could.

☐ Other: _____



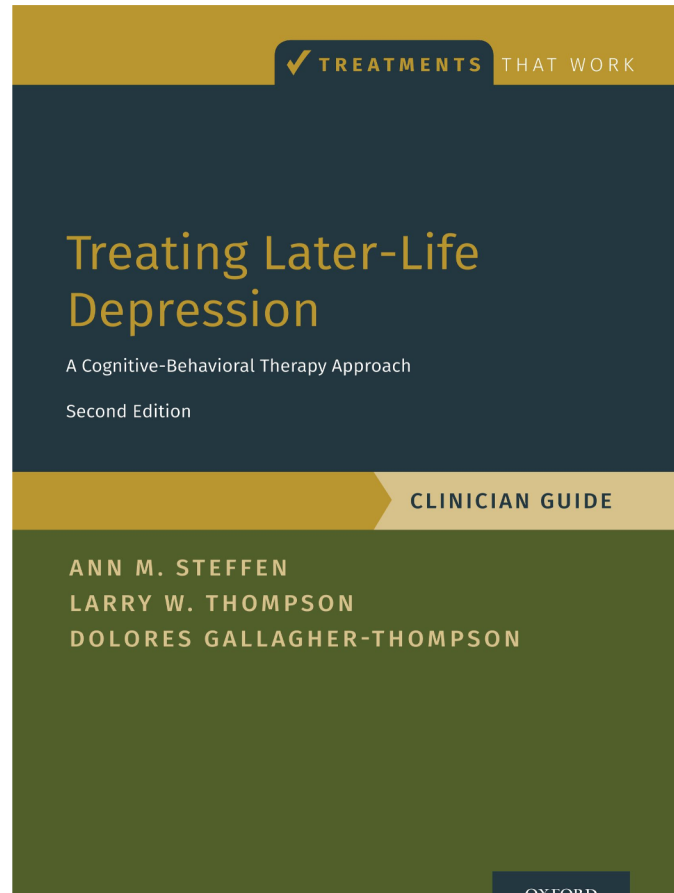
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Questions?



To Learn More....



CHAPTER 15

Module 9: Skills for Living with Loss: Bereavement and Grief

(pp. 255 – 271)

This personalized module of the workbook is focused on the skills of:

1. Monitoring therapy progress and fine-tuning treatment goals
2. Understanding grief reactions
3. Supporting self-care, routines, and taking care of life
4. Responding to upsetting thoughts associated with bereavement
5. Managing grief following specific losses (e.g., pet, home, or treasured objects)
6. Revising therapy goals, staying encouraged and engaged in treatment

This chapter is provided to help you use the *Skills for Living with Loss* module of the workbook with your clients. We start with a brief overview, followed by some practical tips based on the most common questions we hear from clinicians during professional trainings. The bulk of this chapter is devoted to reviewing skills to validate normal grieving and support self-care by your bereaved clients. Descriptions are provided for the specific Learn pages and Practice forms that are available for your use in sessions. We make recommendations for a standard progression of material (i.e., Learn pages and Practice forms that typically go with each other in the same session, estimates of how much can be accomplished in a given session), with the understanding that this may vary quite a bit depending upon your practice setting and specific client needs. We end the chapter with some comments about related topics that are not included in this treatment approach, and point readers to resources for professional development in the area of grief and loss.



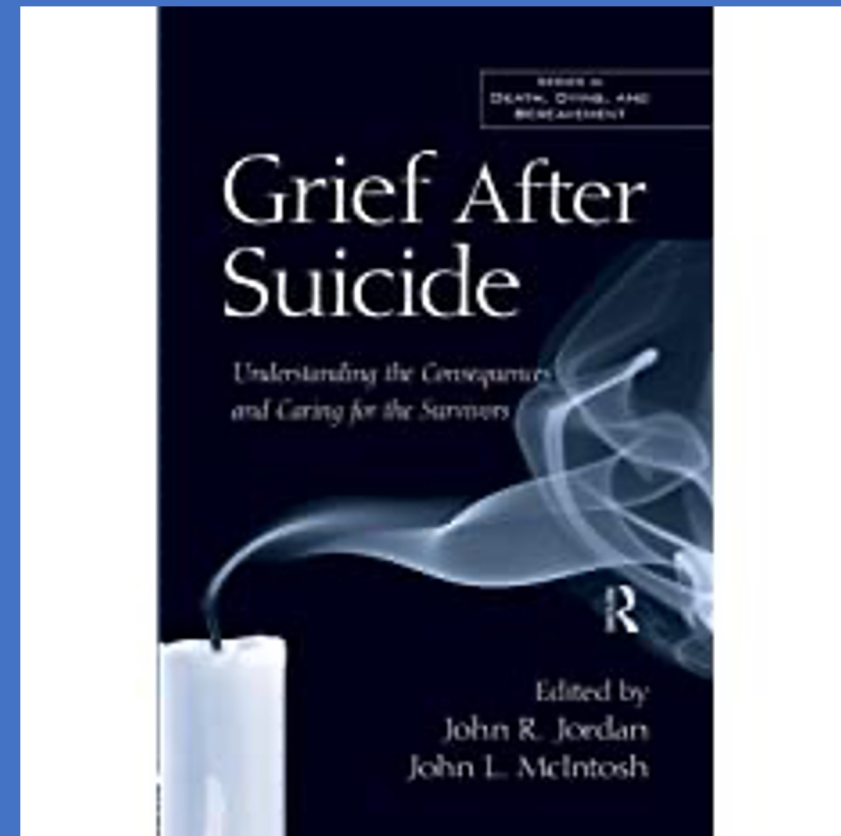
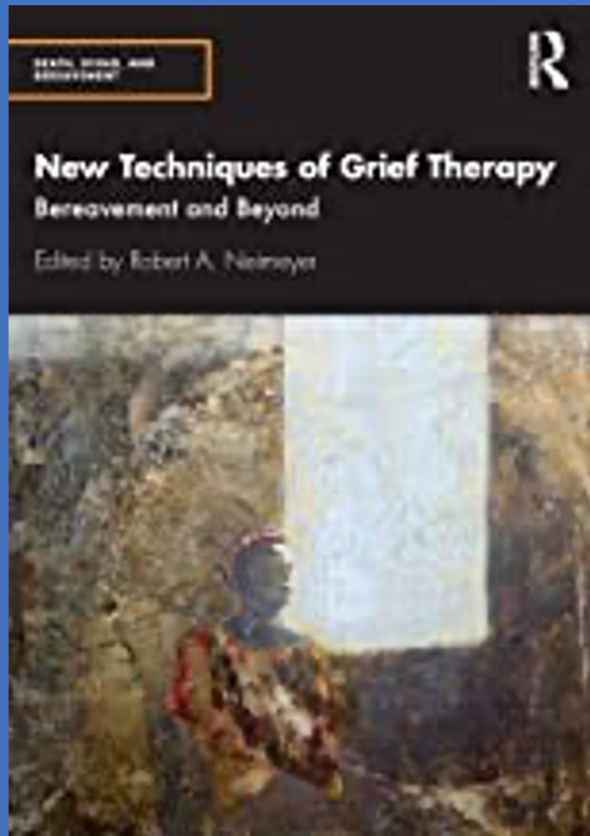
ROUTLEDGE MENTAL HEALTH CLASSIC EDITIONS

GRIEF AND BEREAVEMENT IN CONTEMPORARY SOCIETY

BRIDGING RESEARCH AND PRACTICE

Edited by ROBERT A. NEIMEYER, DARCY L. HARRIS,
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If only...

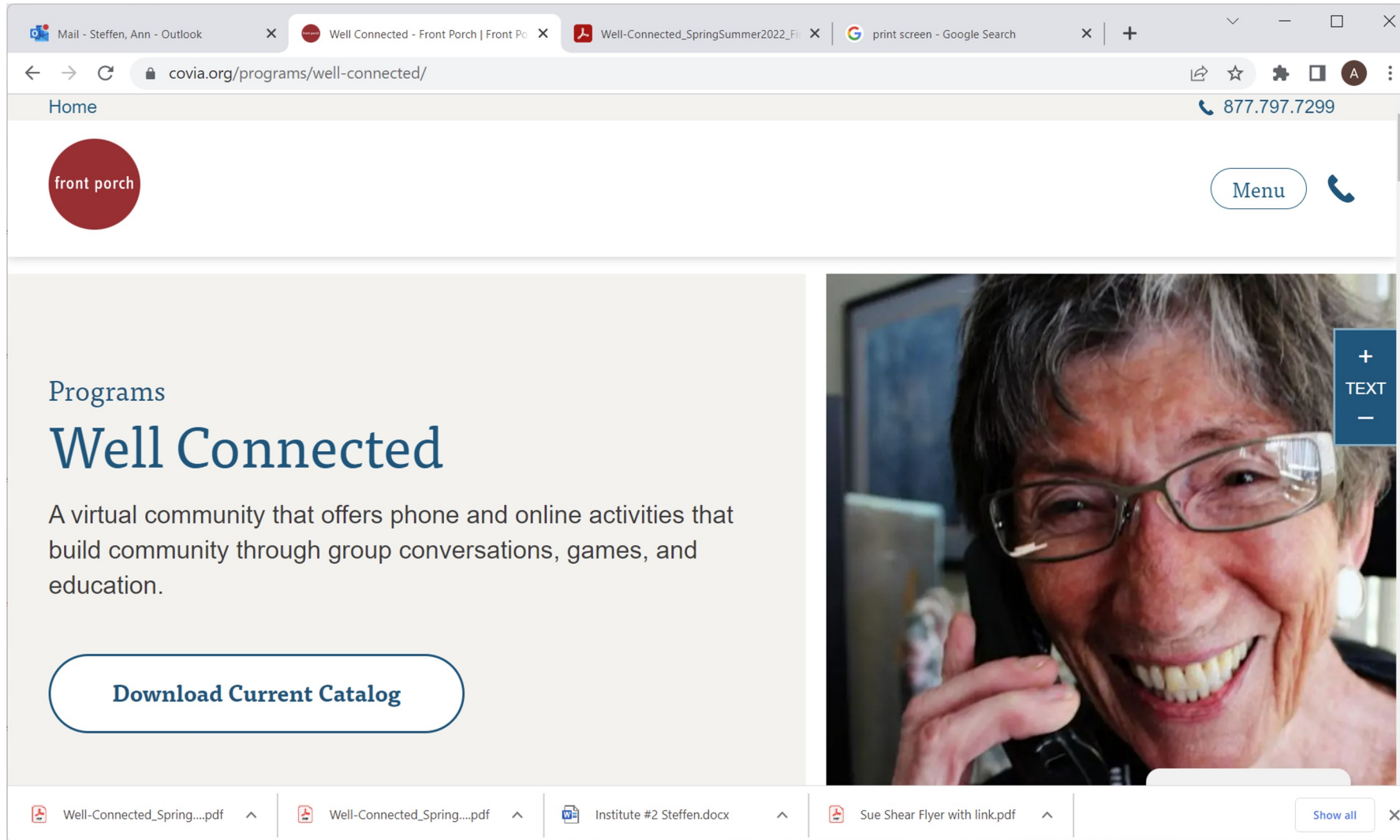
FINDING
FREEDOM FROM
REGRET

ROBERT L. LEAHY, PHD

Author of *The Worry Cure*

National Resources for Social Isolation

<https://covia.org/services/well-connected/>



The screenshot shows a web browser window with multiple tabs. The active tab is 'Well Connected - Front Porch | Front Po'. The address bar shows 'covia.org/programs/well-connected/'. The website has a header with a 'Home' link, a 'front porch' logo, a 'Menu' button, and a phone number '877.797.7299'. The main content area features the heading 'Programs Well Connected' and a description: 'A virtual community that offers phone and online activities that build community through group conversations, games, and education.' Below this is a button labeled 'Download Current Catalog'. To the right is a large image of a smiling woman with glasses talking on a phone, with a '+ TEXT -' button overlaid. The bottom of the browser shows a taskbar with several open files, including 'Well-Connected_Spring....pdf', 'Institute #2 Steffen.docx', and 'Sue Shear Flyer with link.pdf', along with a 'Show all' button.

Mail - Steffen, Ann - Outlook

Well Connected - Front Porch | Front Po

Well-Connected_SpringSummer2022_Fi

print screen - Google Search

covia.org/programs/well-connected/

Home

877.797.7299

front porch

Menu

Programs

Well Connected

A virtual community that offers phone and online activities that build community through group conversations, games, and education.

[Download Current Catalog](#)

+ TEXT -

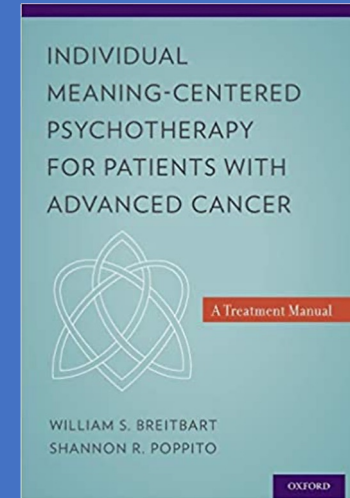
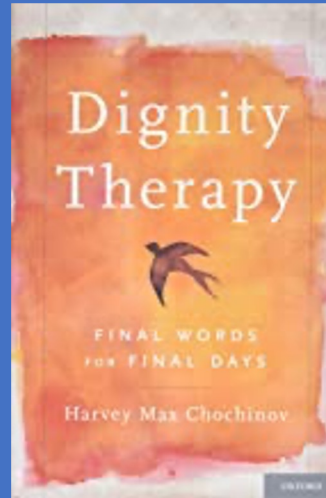
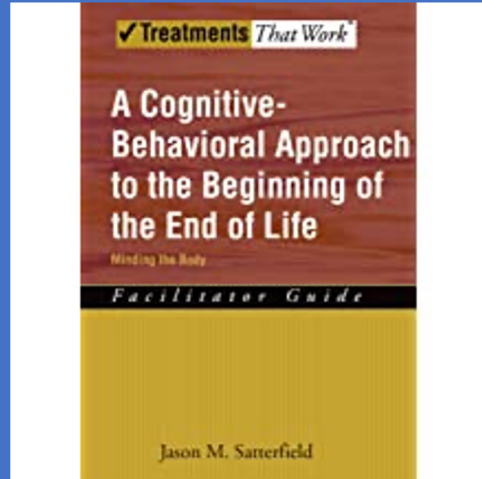
Well-Connected_Spring....pdf

Well-Connected_Spring....pdf

Institute #2 Steffen.docx

Sue Shear Flyer with link.pdf

Show all



For clinical work with patients who are living with life threatening illnesses



Resources for Clinicians

The videos below were developed as part of an National Institute of Mental Health (R21 MH095378)-funded investigation of the clinical utility of a Prolonged Grief Disorder diagnosis, which was awarded to Principal Investigators Drs. Wendy Lichtenthal and Holly G. Prigerson. These video-clips are shared here to assist clinicians in making a differential diagnosis of mental disorders secondary to bereavement. Specifically, they illustrate bereaved individual cases of normal grief, Prolonged Grief Disorder, Major Depressive Disorder, and Posttraumatic Stress Disorder.

We wish to share these video-clips with mental health professionals and the general public to promote understanding of the distinctions between normal and pathological responses to the death of a loved one. The goal is not to label bereaved individuals as “well” or “sick,” but rather to identify characteristics associated with prolonged suffering, dysfunction, and distress. Understanding these distinctions is a first step in the direction of providing tools to promote adaptive responses to a potentially disabling loss.

Download the Prolonged Grief Disorder (PGD) Tutorial

PGD Tutorial.pptx

Contact Us

Survey













The Center for
Prolonged Grief

<https://prolongedgrief.columbia.edu/>



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Tipsheet: General Strategies











-  Use assessment measures that have been validated for use with aging individuals.
-  Plan to assess across a broader range of functioning than is typical with younger adults (e.g., IADLs, cognitive screening, capacities). Identifying relative strengths and limitations.
-  Use written materials to support assessment, in accessible font type and size (e.g., Arial 14pt).
-  Explicitly assess for most salient cultural identities early in therapy, using language that affirms sexual, gender, ethnic and religious minority statuses.
-  Explicitly screen for suicide risk using standardized tool; target moderate to high suicide risk using evidence-based practices.
-  Identify important family members (including chosen family) and consider when and how to involve; prioritize social connectiveness.
-  Use written materials in session and develop daily strategies to prompt recognition memory rather than relying on recall memory (e.g., encourage clients to obtain and use a 1" 3-ring binder with pockets as a therapy notebook).
-  Discuss limitations of catharsis (emotional expression) as a primary change strategy for anxiety and mood disorders.
-  Begin with behavioral strategies (e.g., behavioral activation, relaxation training) and develop problem-solving skills before cognitive reappraisal strategies.
-  Consider environmental changes to maximize use of cognitive and behavioral strengths; minimize need for performance in areas of weakness.

Oxford University Press: *Treatments ThatWork*
[Later Life Depression, Clinician Guide \(2nd ed\)](#)



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Tipsheet: Attending To The Physical


-  ADA compliant entrance to building and ADA compliant bathroom, especially ADA toilet
-  Therapy and waiting room chairs with firm seat, back and arm rests; take shared mid-session stretch breaks.
-  Round pedestal table in therapy room that allows client and therapist to sit side by side for reviewing written materials; reduce reliance on clipboards held in lap for writing
-  White board/screen share for setting and viewing agenda during session
-  Large dial clock visible to client for in-person sessions; verbally note time.
-  Assess use of eyeglasses and hearing aids and encourage use in session; face client directly when speaking, with hands away from your mouth.
-  Signed releases to communicate with primary care providers; collaborate with client on these communications
-  Obtain list of medications and physical health conditions. Both you and client need to understand these conditions, the impact of them on health functioning, and their interplay with mental health.
-  Consistently use written materials to facilitate dual coding, with appropriate font type and size (e.g., Arial 14pt); encourage client to obtain and use thin 3-ring binder for "therapy notebook".
-  Develop consulting relationship with a medical provider to discuss complicated cases while protecting clients' confidentiality.

Oxford University Press: *Treatments ThatWork*
[Later Life Depression, Clinician Guide \(2nd ed\)](#)



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Tipsheet: Within-Session Strategies

-  Begin session with warm greeting: "It is good to see you/hear your voice!" (instead of: "How has your week been? What should we talk about?")
-  Discuss client's values and strengths early and emphasize them throughout treatment.
-  Set agenda with cues for use of phrases ("What 1 or 2 topics are most important to work on today?").
-  Write agenda on whiteboard/screenshot so it is visible throughout session.
-  Collaborate during first two sessions on acceptable way for you to interrupt. Consistently use that signal.
-  Facilitate consistent use of a session preparation sheet ahead of each session.
-  Elicit a summary after each point has been covered in session; facilitate consistent use of a written summary of key points at end of each session.
-  Say client's name, then pause, to direct attention ahead of important points.
-  Use written materials every session to facilitate deeper processing of content and improved memory via dual coding.
-  Refer to and prepare for therapy termination process, including planned booster sessions throughout treatment.

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[Later Life Depression, Clinician Guide \(2nd ed\)](#)



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University of Missouri–St. Louis

Thank You!!!

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