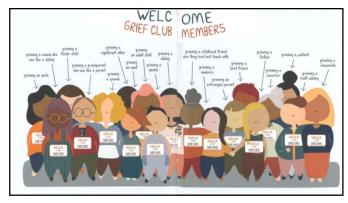


OBJECTIVES

By the end of the training you will have increased understanding of $\dot{}$

- $\bullet\,$ Various types of loss and forms grief can take
- $\bullet\,$ History and Evolution of grief theory over time
- Ways to use grief theories to deeper understand cultural nuances in coping and carrying grief
- Cultural significance of how grief has been viewed in mental health over time

2



1 in 13 children (8%) of children in US will experience death of a parent or sibling by 18– 5.6 million bereaved Nearly 80% of those Why we're here: who lost a parent said it was the hardest thing they've ever had # doubles to 13.9 million when increased to age 25. to face. Said it took **6+** years before they could move forward, yet **57%** said From April 2020- June 2021, support from family and friends waned after first 3months of Bereaved young children are 140,000 U.S. children lost a parent more likely to be expelled from or caregiver, with children of racial and ethnic minorities accounting school, repeat a grade, less likely to be in a gifted education for disproportionate number of children who suffered a loss program. 76% of employed bereft reported For every death, 9 close relatives are left harm to their performance or status at work and 12% reported a decline in reputation.

Definitions

Grief: An ongoing and evolving natural human experience involving cognitive, emotional, physical and behavioral responses to a loss.

Bereavement: The experience of losing something or someone important to us, often by death

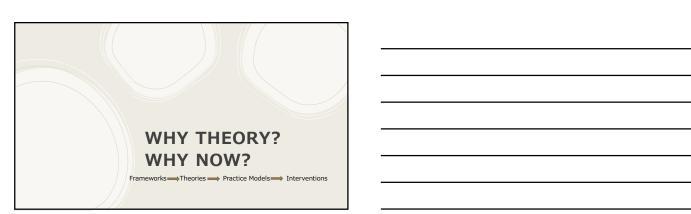
Mourning: The outward expression of grief sometimes through ritual in social, familial, and cultural ways.

Rituals: Actions that symbolically connect us to something meaningful. Can be a transition period (i.e. funeral) or daily observances.

Memorial: Addressing our memory and their legacy.

5

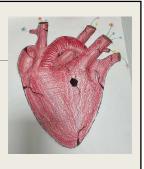
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EVIDE	NCE-BASED [DECISION MA	KING
Framework	Theory	Model	Intervention
Empowerment	Cognitive Theory	CBT	Thought log
Empowerment	Crisis Theory	Robert's 7 Stage Model of Crisis Intervention	Psychoeducation and goal setting
Ecological Perspective	Family Systems Theory	Case Management	Identification of resources/goal setting
Empowerment	Linehan's Biosocial Developmental Model	DBT	Emotional Regulation/ Wise mind
Medical Model	Cognitive and Behavioral Theories	Problem Solving Therapy	Option Identification
Systems Theory	Structural Family Systems	Family Sculpting	Identification and professing of family roles
Strengths Perspective	Mindfulness	Breath Awareness	Walking Meditation/Gratitude Identification

"TYPES" OF GRIEF

- Anticipatory grief
- Traumatic bereavement
- · Secondary grief
- · Cumulative loss
- Intergenerational grief
- Ambiguous loss
- · Suffocated grief
- Disenfranchised grief



8

Types of Loss

CONCRETE

- Health
- Jobs
- Friendships
- Fertility
- Income
- Sexual Function

ABSTRACT

- Self
- Rituals
- Role in system
- Control
- Beliefs (religious/spiritual)
- Safety
- Independence

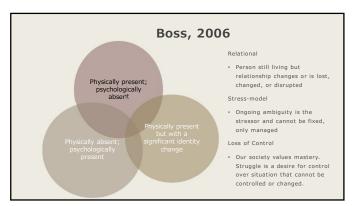
Ambiguous Grief, Boss, 2006

- A delay or complication in grief experiences due to lack of closure
- Can be ruminate with finding answers related to loss
- Struggle with accepting reasons presented
- Paranoid that there could be possible other answers

What helps?

- · Understand illness is not person
- Acknowledge pain and grief
 Be open to new type of relationship
 Connect with others who can relate
- Learn to Live with ambivalence
- Remember present does not override past

10



11



Contingent on development, passage of time, and on a lack of synchronicity with hopes, wishes, Ideals, and expectations. Divorce Having substance use disorder Disability/chronic illness Infertility Career loss Chronic unemployment Racism/discrimination Child abuse Remaining unpartnered The life I imagined and hoped for What helps? Acknowledge loss Dialectical thinking Control flow of information Explore personal fears or ideals Remaily test your fears and dread

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Anticipatory Grief

"Grief before a death isn't a substitute for grief later on and won't necessarily shorten the grieving process after death occurs."- Dr. Lynne Eldrige

Grief that occurs before the loss

- As soon as understood that death of a loved one is close, they may begin to grieve.
- Similar response to "normative" grief, but can be confusing when symptoms start while loved one is alive.
- May experience conflicting emotions (etc. hope and sadness).
- May feel guilty about reactions
 Can happen slower and over

What helps?

- Empathy towards centering the person before you
- Using "both/and" to look at "double dip" emotions
- Ethical wills
- How to use the time before the loss
- · Connect with others

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Disenfranchised Grief, Doka, 1989

A loss that is not openly acknowledged, socially mourned, or publicly supported

- 1. The loss **isn't seen as worthy** of grief (ex. non-death losses)
- The relationship is stigmatized (ex. partner in an extramarital affair)
 The mechanism of death is stigmatized (ex.
- 3. The **mechanism** of death is stigmatized (ex suicide or overdose death)
- 4. The person grieving is not recognized as a griever (ex. co-workers or ex-partners)
- 5. The way someone is grieving is stigmatized. (ex. the absence of an outward grief response or extreme grief responses)

 Acknowledge the love for person was true and significant.

Validate the loss

Create your own ritual

Suffocated Grief, Bordere, 2011

Disenfranchised grief is the precursor to suffocated grief

Punishments and costs imposed for grief and mourning expressions related to death and non-death losses.

- Devalued, misinterpreted, misdiagnosed ("Disordered behavior")
- Imposed for violation of written and unwritten rules created by power structures (educational, social, political, religious) who may lack an understanding, stereotype, and/or devalue grief, mourning and bereavement needs
- Disproportionality affects youth with socially constructed identities that are marginalized

News Headline: Kindergarten Cop: A 5-year old is Cuffed, Arrested in Florida

What helps?

- · Engage in social change
- Give front line people tools to identify and support kids
- Ongoing education
- Culturally Conscious Practice

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Traumatic Grief

- The nature of the loss was traumatic and/or unexpected (i.e. suicide, homicide, child death)
- · Witnessing a violent death
- Experiencing multiple losses
- COVID 19 and the unknown
- · Not uncommon to have: Shattered assumptions
 - o Feelings of guilt and blame
 - o Fear of grief and trauma reactions
 - o Poor social support

What helps?

- Validating and normalizing
 Addressing trauma symptoms
 prior to or alongside grief reactions

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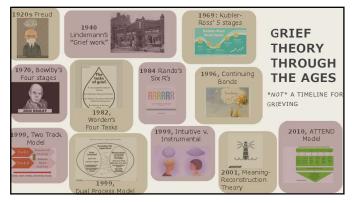


Secondary losses

- Happen as a result of a primary
- loss.

 Have a cumulative effect, adding to overall impact of loss

Artist: Janine Kwoh



Prominent Theories

The Grief Work Model

- \bullet Associated with $\underline{\text{attachment theory}}$ and the work of Sigmund Freud, Erich Lindemann, and John Bowlby
- \bullet Grief is an "adaptive response to loss"
- Reality of the loss must be "confronted and accepted"
- Grieving is an "active process that occurs over time"

Source: Cacciatore, J. (February 2016). Grief Theories and Current Practices, [Powerpoint Slides

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Freud, 1920s

Mourning and Melancholia (1917): to recover from grief you must express grief and detach emotionally from the deceased.

- Grief is a human condition- can apply to loss of fatherland, freedom, or an ideal.
- Wrong to regard grief as pathological and requiring treatment. We must trust the human ability to endure stress and strain and overcome hardship through personal effort.
- $\underline{\operatorname{Can}}$ assume pathological form if relationship with deceased as ambivalent or if the mourner as 'narcissistic object-choice' i.e. too many immature features.
- · Person can perceive object loss as an injury to the ego.

Freud, later in 1920s

We know that the acute pain we feel after a loss will continue; it will also remain inconsolable and we will never find a replacement. No matter what happens, no matter what we do, the pain is always there. And that's the way it should be. It's the only way to perpetuate a love we don't want to give up."

-Letter from Sigmund Freud to Ludwig Binswanger-



Image: oil portrait of Sigmund Freud by Wilhelm Victor Frausz, 1936, Library of Congress

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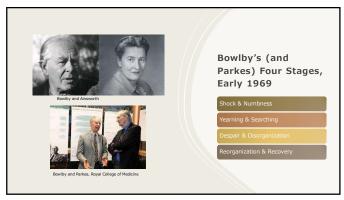


Cocoanut Grove Fire, source from U.S. Army Signal Corps, Boston Public Library

Lindemann's "Grief Work", 1940s

- Emancipation from the bondage to deceased
- Readjust to a new environment
- 3. Formation of new relationships

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Kubler-Ross 5 stage model, 1969

- 1. Denial
- 2. Anger
- 3. Bargaining
- 4. Despair
- 5. Acceptance



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Artist: Janine Kowh EXFECIATIONS Final State Management State of State of

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Harvard Child Bereavement Study, Worden and Silverman (1996)



125 children ranging from 6-17 were studied at three intervals (4 months, 13 months, and 25 months) after the death of a parent. 29% lost a mother and 71% lost a father. A control group of 70 children were included.

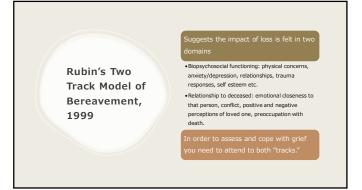
Findings:

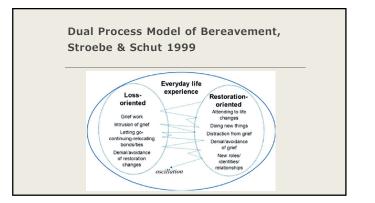
- We generally don't see sequelae until the time between years 1-2.
- Self perception by kids reported higher than their peers with troubles: socially, scholastically, conduct wise, self-esteem, and self efficacy (control over what happens to them)
- 1 out of 5 kids will have clinically significant problems warranting intervention
- In general, more difficult to lose a mom than a dad.
- Teenage females whose mother died at highest risk for cognitive, behavioral, occupational and emotional difficulties at two year follow up.

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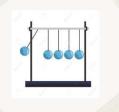
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Dual Process Model

- Grief is a dynamic process
- Bereaved people typically oscillate between and express both "loss-oriented" and
- "restoration-oriented" coping behaviors
- At times, the bereaved confronts his/her loss and at other times they try to avoid the pain of grief
- Over time, alternation between these two modes of coping leads to optimal adjustment



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Intuitive v. Instrumental Grieving Styles, Doka and Martin 1999

- · Intuitive Versus Instrumental Grief
- · Intuitive:
- Grief experienced and expressed emotionally
- Waves of emotion- Inclined to intentionally work through feelings
 Tends to be associated with women

- · Grief experienced and expressed physically or through mental activity
- · Tends to be associated with men
- $\underline{\text{Both}}$ patterns are effective ways of coping with loss, and $\underline{\text{both}}$ men and women use them

Source: Cacciatore, J. (February 2016). Grief Theories and Current Practices, [Powerpoint Slides]

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Doka & Martin cont'd

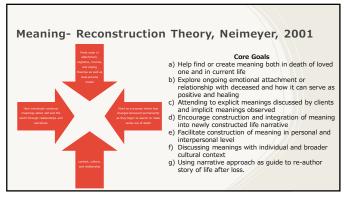
- . "Feminine" grieving style
 Strong need for emotional catharsis
 Grief expression mirrors feelings and em
- Self-blame, loss of identity

 Focused on exploring, expressing, and processing

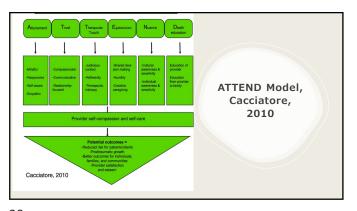
 More likely to connect with others in grief
- Make use of ritual and honor
- · "Masculine" grieving style

- Stoic partner
 Prone to isolation
 Sadness expressed as anger
- Distressed by expressive grief
 Avoid emotions; more comfortable in thinking and action oriented expression
- Take charge of problem solving and doing









Selah: An Invitation Towards Fully Inhabited Grief

BEING WITH GRIEF: THE PAUSE

THE PAUSE

Goal: AttunementSolitude, self-awareness, self-compassion, emotional transparency

Interventions like:

Radical mourning, meditation and prayer, journaling, bibliotherapy, poetry, emotional journal, telling the story, validation of the loss, yoga, help seeking, bodily care

SURRENDERING: INTENTIONAL REFLECTION OF SELF AND OTHER

Goal: Trust

Approaching grief, honoring emotional self, heightened awareness

Interventions like:

Radical tolerance, radical acceptance, retelling the story, writing the story, ritualizing, letters to the dead, letters to the living, support groups for self, grief box

ource: Cacciatore, 3 (2013). Selah: An Invitation Towards Fully Inhabited Grief. Center for Loss

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Other Focus: Doing With Grief

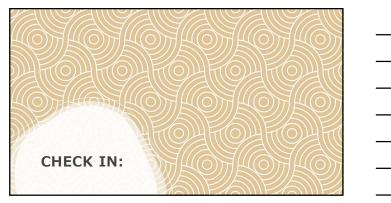
Goal: Responsible Action

Seeing others' suffering, calling to greater cause, post-traumatic growth

Interventions like:

Radical change, seeking kindness opportunities, offering support, support groups for others, community service, seeking awake others, gratitude journal, psychoeducation "When loss is transformed in a way that places it within a context of growth, grief becomes a unifying rather than alienating human experience"- Dr. Joanne Cacciatore

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BEST PRACTICE/INTERVENTIONS

Ways clinicians and communities can help:

- · ABOVE ALL:
 - Normalize
 - Validate
 - Psychoeducate
 - Support
- Individual counseling (e.g., Wagner et al., 2006; Shear et al., 2005)
- Support groups (Umphrey & Cacciatore, 2011)
- Decreasing avoidance of death-related topics (Kirchberg et al., 1998)





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Bereavement **Exclusion**

- The bereavement exclusion over time:
- DSM-III: up to 1 year
- DSM-IV: 8 weeks
- Upcoming DSM-5: eliminate bereavement exclusion; MDD can be diagnosed 2 weeks following bereavement
- Trend in DSM toward making it easier to diagnose bereavement-related symptoms as MDD
- Limited data to support Bereavement Exclusion revisions



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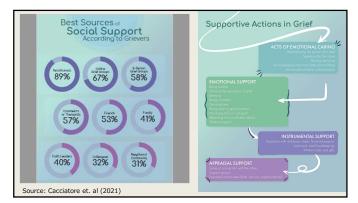
DIAGNOSTICS

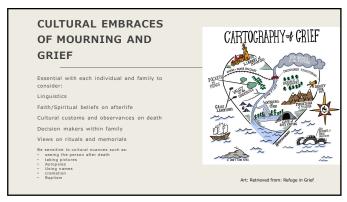
For better or for worse grief became a diagnosis in March of 2022.

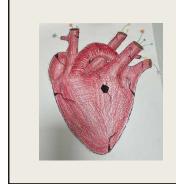
DSM V (specific to the US): Persistent Complex Bereavement Disorder (PCBD); 12 months for adults, 9 months for children/adolescents

ICD 11 (World Health Organization): Prolonged Grief Disorder; 6 months after loss DSM V TR (Combination of DSM V and ICD 10): Prolonged Grief Disorder; 6 months after loss









COPING

Dialectical thinking

Both/and not either/or
 Being with/doing with

Connect with others

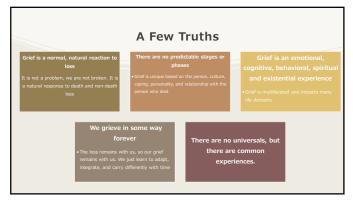
 Online, in person, written, artistically, in nature, tv and book clubs, community events

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Ways to carry with you what you find here As you exit this sacred space today, we recognize the importance of a gentle transition. The feelings that come so fluidly here—the love, the grief, the slughter, the longing—each of those feelings is yours. We also understand that our daily lives may not provide the space and non judgmental support that you so need and deserve. The protects of advantesire entrolinal expression and attumement is one that you are cultivating and we are here for you as your continue your journey, 50, here are some grief practices that you can common to survey with you. ADMITS FROM THE WAS FOUNDAMED, ELL GAMES COLLINGE Reflection: When a letter to your loved one in a quiet space or in the space where you feel most connected to them. Reflection: Orate an artistic or photographic log of your experience in a space where you feel deeply comfortable and connected to the content of the co



Sources Arizona State University Capatione Lecture (2016) [powerpoint presentation] Borders, T. C. (2022). Surfaceated Grind of Youth and Families Coping with Loss. ADEC Fall Conference, 2022. [Lecture]. Bossc, Pauline 8 Vast, Janet. (2014). Ambiguous loss: A complicated type of gride when loved ones disappear. Bereavement Care. 33, 63-69. 10.1080/2082/821.2014-933573. Bowlby 1 (1980) Attendment and Loss: Sadness and Depression. Volume III. Howarth Press, London Bowlby 1, (1981). Processes of Mourning. International Journal of Psychopanyliss, 40, 317-339 Caccitate J. Thialaman K, Potts B, Jackson LB (1021) What is good grid support Exploring the actors and actions in social support after traumatic grid- PLOS 904 14(5): 4023234. https://doi.org/10.112/j.com/10.1221 Caccitate, Joanna & Thialaman, Kara B Ochem, Janes & Oriowski, Karly, (2013). Of the Soul and Suffering: Mindfulness-Based Interventions and Revieweest. Clinical Social Wisk, Journal 4.0. 16.109(7)(1685-143).24657. Caccitates, J. (Richary 2015). Grid Thermins and Current Practices, [Previption Sides] Caccitates, J. (Richary 2015). Grid Thermins and Current Practices, [Previption Sides] Caccitates, J. (Richary 2015). Grid Thermins and Current Practices, [Previption Sides] Collicates, Crist, M. ATTRED: Toward, J. Esta and Statistics. Retrieved from https://www.childrensgridawareness.gov/crycpo2/pdf/gridtstatistics.pdf Chihe, LK. (2016). Perinalal Loss and Grid: Supporting Families (PowerPoint clinics). Retrieved from https://www.childrensgridawareness.gov/crycpo2/pdf/gridtstatistics.pdf Chihe, LK. (2016). Perinalal Loss and Grid: Supporting Families (PowerPoint clinics). Retrieved from https://howards.com/colling/asser.com/colling/scars.pdf. 2016-2016. Chihe, LK. (2016). Perinalal Loss and Grid: Supporting Families (PowerPoint clinics). Retrieved from https://www.childrensgridawareness.gov/crycpo2/pdf/gridtstatistics.pdf Chihe, LK. (2016). Perinalal Loss and Grid: Supporting Families (PowerPoint clinics). Retrieved from https://doi.org/1

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Sources Color-test 6 (180) to cash and pure, Recorder, See 164 NO. Mingly 54, Johnson 1C, Cong 1D, Armes 50: The prevaence of PTD following the values death of a folial and prediction of change 5 years (1801.) Traine Street, 2805 Feb; [6] (1) 17. 25. doi: 1.8.123/4.123282132841. PMID: 1282346. Mingly, E. A. (2010) Maxima March 2011. See 164 No. Mingly, E. A. (2011) Maxima March 2011. See 164 No. Mingly, E. A. (2011) Maxima March 2011. See 164 No. Mingly, E. A. (2011) Maxima March 2011. See 164 No. Mingly, E. A. (2011) Maxima March 2011. See 164 No. Mingly, E. A. (2011) Maxima March 2011. See 164 No. Mingly, E. A. (2011) Maxima March 2011. See 164 No. Mingly, E. A. (2011) Maxima March 2011. See 164 No. Mingly, E. A. (2011) Maxima March 2011. See 164 No. Mingly, E. A. (2011) Maxima March 2011. See 164 No. Mingly, E. A. (2011) Maxima March 2011. See 164 No. Mingly, E. A. (2011) Maxima March 2011. See 164 No. Mingly, E. M. (2011) Maxima March 2011. See 164 No. Mingly, E. (2012) March 2011. See 164 No. Mingly, E. (2012) The Gain Maxima Canading Strategies for Maxima March 2011. See 164 No. Mingly, E. (2012). The Gain Maxima March 2011. See 164 No. Mingly, E. (2012). The Gain Maxima March 2011. See 164 No. Mingly, E. (2012). The Gain Maxima Maxima March 2011. See 164 No. Mingly, E. (2012). The Gain Maxima Maxima See 164 No. Mingly, E. (2012). The Gain Maxima See 164 No. Mingly, E. (2012). March 101. See