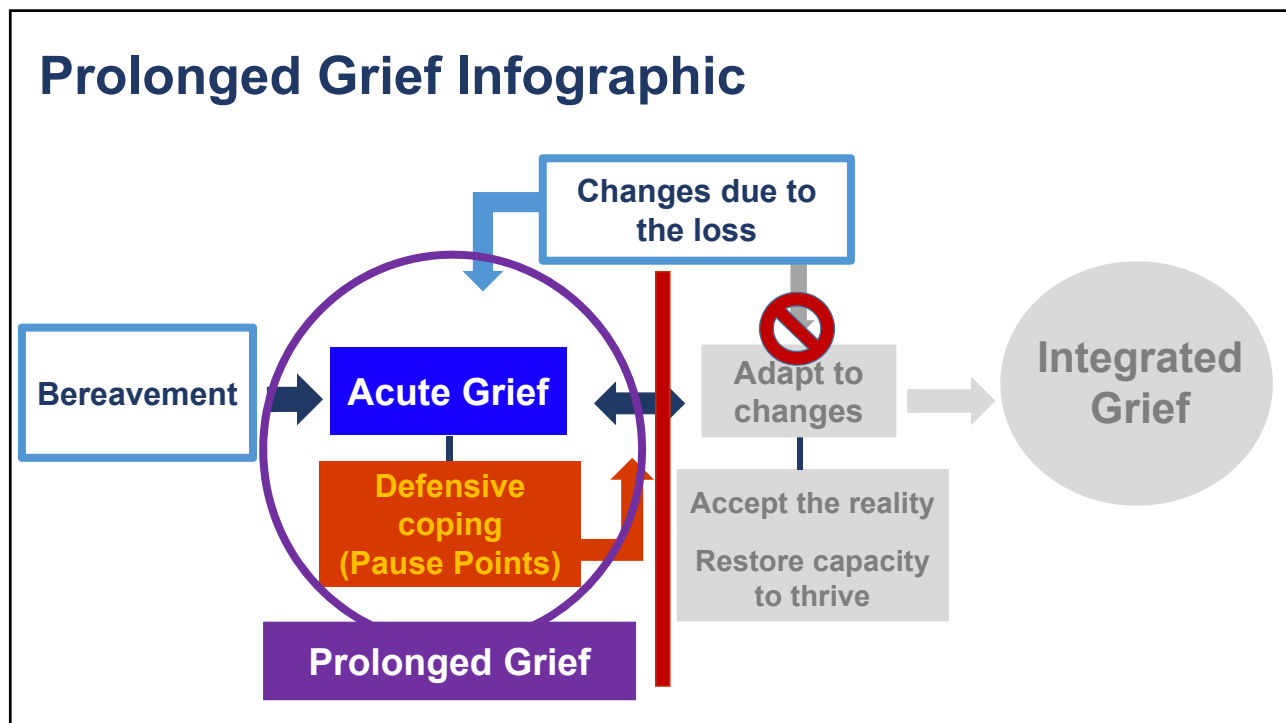




Practice - Focused Training in Prolonged Grief Disorder Therapy

Day 2





Keeping in mind that

- grief is a natural response to loss and needs a place in our lives
- grief is the form love takes when someone we love dies

Strengthening relationships

Each of the Healing Milestones has a specific procedure

Understanding and accepting grief	Psychoeducation & grief monitoring
Managing grief-related emotions	Psychoeducation & grief monitoring
Seeing a promising future	Aspirational goals & rewarding activities
Strengthening relationships	Session with a visitor
Narrating the story of the death	Imaginal revisiting
Living with reminders	Situational Revisiting
Connecting with memories	Memories Questionnaires & imaginal conversation

Session with a visitor

Progress in working on this theme

- Establish a “secure attachment” working alliance with the client
- Client invites someone to a session
- History taking and psychoeducation in session 3
- Look for other opportunities to strengthen relationships
- Look for increased contact and comfort with significant others

Feeling of belonging and mattering is a basic human need

Bereavement robs us of a sense of belonging

Most people don't grieve well all alone

- We help clients strengthen their relationships
- We help them build strong connections

Ideally our social world provides support and comfort during grief

As grief therapists, we do our best to support helpful social relationships

However.... others are not always supportive

- Family and friends may disappoint
"Stop wallowing in your grief"
- Their advice might be insensitive and not helpful
- They may be disrespectful or argumentative

Most of the time people with prolonged grief have exhausted their support system

The larger community can be indifferent, insensitive or cruel

People might turn aside or isolate a bereaved person

- feeling uneasy about where they belong or uncertainty about what to say
- They might ignore or ostracize the bereaved
- ...Or even criticize or disparage them

Clients with PGD

- Tend to be self-sufficient and somewhat mistrustful
- Getting support may feel too vulnerable

Acute grief makes us both naturally wary of others and feeling anxious and needy

We want to help people with PGD feel secure

How we work to strengthen social experience

We help clients

- Rebuild and/or strengthen close relationships
- Re-establish social identity and social roles
- Reconnect with their community

We are prepared to

- Validate painful social experiences
- Problem-solve egregious social experiences

Core procedures

- Build a strong therapeutic alliance
- Hold a session with a visitor

Look for opportunities to strengthen relationships throughout the treatment

- Encourage openness to others
- Introduce possible social elements in different activities
- Problem solve social difficulties

We strive to be present, listen closely and refrain from judgment or advice

- We help clients feel understood and accepted, connected to others, like they belong and matter - have something to give
- We want them to experience rewarding social relationships

The Therapeutic Triad in PGDT

Validate

Support

Guide

Validate difficult social experiences

- If a client experienced injustice, they may need us to validate their experience and problem solve the response – rather than to explore its roots

Support

- People with PGD need others to bear witness to the pain of their loss without trying to fix it

PGDT Therapist as Guide

Provide helpful information

Help determine goals, suggest strategies, methods and plans

PGDT session 3: meet with a significant other

Ideally someone who...

- Knew the person well before the death
- Is a close family member or lives with the person
- Has tried to be helpful, though may now be frustrated

Can be anyone the bereaved person is willing to invite

Four simple goals

- Discuss the relationship between the visitor and the client
- Get the visitor's perspective on the person who died and the client's life since the death
- Provide an overview of PGD and PGT
- Discuss how friends and family can support the client

Summary

- A feeling of belonging and mattering is a basic human need, and bereavement can shake the foundation of the sense of belonging
- Restoring the sense of connection to others is an important part of adapting to loss of a loved one
- People with PGD feel a sense of disconnection to others and may also be wary of others
- We work to strengthen relationships through the therapy alliance, holding a session with a significant other, and watching for ways to include others throughout the treatment

TROUBLESHOOTING PGDT

“Don’t want to burden them”

Read the typical Troubleshooting scenario to see how you might respond:

During Session #2, the PGDT therapist asks Michael if he has given any thought to who he would like to invite in for Session #3. Michael hesitates and then says, “Yes I have thought about it. There’s really no one who I can invite.” The therapist recalled that Michael’s son was the person who convinced him to come for treatment, and he had seemed to be genuinely concerned for his father. Based on this observation the therapist asks if Michael might ask one of his grown children. Michael response was, “Both of them are very busy with their lives right now. My son travels a lot with his work, and my daughter has the twins to take care of, plus her job, as well. I really don’t want to burden them any more than I already have.”

What might you say, as a PGDT therapist, to respond to Michael? Type this verbatim in the chat.

TROUBLESHOOTING PGDT**“This will make her feel worse”**

Read the typical Troubleshooting scenario to see how you might respond:

During Session #3, after Brenda, and her visiting support person, Carole (her older sister), had listened to the review of the PGDT model and treatment, Carole challenged the therapist, “I understand that the idea of working this way makes sense theoretically , but don’t you think this is cruel? I’ve watched my sister in agony at times when she was unable to avoid reminders of her daughter’s death, and quite honestly, it is not something I’d ever want to see again. The reminders were bombarding her in the first few months, she could barely function. How do you know she is not going to end up there again? Is this something that you’d recommend doing to someone you love?”

What might you say, as a PGDT therapist, to respond to Carole? Type this verbatim in the chat.

Telling the story of the death

Each of the Healing Milestones has a specific procedure

Understanding and accepting grief

Psychoeducation & grief monitoring

Managing grief-related emotions

Psychoeducation & grief monitoring

Seeing a promising future

Aspirational goals & rewarding activities

Strengthening relationships

Session with a visitor

Telling the story of the death

Imaginal revisiting

Living with reminders

Situational Revisiting

Connecting with memories

Memories Questionnaires & imaginal conversation

Imaginal revisiting

Progress in working on this theme

- Repeat the exercise over 3-6 sessions
- Ask the client to listen to the recording daily during the week; talk to the client after they listen the first time
- Look for increased clarity and comfort in telling this story

Telling the story of the death: sequencing sessions 4-9

A clear session structure supports this procedure

- Reassuring for someone who is highly emotionally activated
- Helps ensure that emotional activation lessens by the end of the session
- Allows us to reinforce the idea of focus on both loss and restoration



Telling the story of the death

- History taking – learning the story as we get to know the client
- Imaginal revisiting
- Interwoven in other themes

Telling the story of how they learned of the death helps people accept its reality

If I told the story of her death, I might understand it better, make sense of it—perhaps even change it. What had happened still seemed implausible. A person was present your entire life, and then one day she disappeared and never came back. It resisted belief. She had been diagnosed with colorectal cancer two and a half years earlier; I had known for months that she was going to die. But her death nonetheless seemed like the wrong outcome—an instant that could have gone differently, a story that could have unfolded otherwise. If I could find the right turning point in the narrative, then maybe, like Orpheus, I could bring the one I sought back from the dead. Aha: Here she is, walking behind me.

Story's End by Meghan O'Rourke
The New Yorker

Telling the story of the death helps us comprehend it

- “Mourning happens slowly and incompletely, as we try to come to terms with a sudden absence.” - Meghan O'Rourke; The New Yorker
- Figure out if it's really final or if it can be changed- (transform internalized model)
- Understand what it means for the future

Why do imaginal revisiting?

From Lipton: "It wasn't my judgment that solved the problem. What solved it was listening to their entire stories."

Telling and reflecting on the story has beneficial effects

- The narrative deepens and develops as its meaning matures
- A story line emerges and makes the unthinkable "thinkable"
- Repetition helps the client face and comprehend the reality
- Emotional pain lessens with repetition, increased self-compassion and alternation between confronting the pain and setting it aside
- "Pause points" are identified and carefully considered
- Sharing this story and thoughts about it allows the client to feel heard and fosters a meaningful human connection which helps with adaptation to loss

The imaginal revisiting procedure in PGT

The story of the death is told repeatedly over 3-6 sessions, in a ritualistic way

Step one: Client tells the story of the death in a ritualized manner (10 minutes)

Step two: Discussion of the client's experience of telling the story and what they noticed about it (10 minutes)

Step three: Client sets the story aside (2-5 minutes)

Step four: Client plans a rewarding activity (2-5 minutes)

Therapist's role

Imaginal revisiting procedure

Scripted

- Describe the exercise
- Step 1: Tell the story
- Step 2: Encourage reflection
- Step 3: Set the story aside
- Step 4: Plan rewarding activity

Personalized

- Active listening
- Connect with client
- Identify derailers
- Facilitate adapting
- Track alliance

Step 1: Doing the revisiting exercise

- Eyes closed, client visualizes themselves at the time when they first learned of the death and tells the story of what happened from that point forward.
- Therapist asks for **distress*** level before starting and periodically as they tell the story.
- The story is recorded so the client can take it home and listen to it.
- The first time – the client tells the story in whatever way they choose.

*distress level is standard in exposure exercises like this one; in the case of PGDT it is considered to be equivalent to a grief level

Emotion regulation during STEP 1

- The procedure is a predictable ritual
- There is a specified timeframe
- Distress levels are monitored
- Therapist shares the pain. provides encouragement, acceptance and compassion

The therapist's role during STEP 1

Dos

- Listen closely, stay present
- Create a safe place for the client to share their experience
- Bear witness to the story – including it's pain
- Comment only to ask for distress level, note they are doing a good job or gently ask them to continue

Don'ts

- Don't offer guidance, comments or suggestions during this exercise – other than explaining how to do the revisiting exercise
- Don't offer comfort or try to relieve pain during this exercise

STEP 2: Encourage reflection

- After 10 minutes the therapist asks the client to open their eyes and report their distress level.
- Comment on the exercise, e.g. “you did a good job”
- Ask: “what was it like for you to tell this story?”
- Ask, “did you notice anything or observe anything as you were telling the story?”
- Repeat this question as needed.
- Facilitate reflection on the story for 10 minutes

Emotion regulation during STEP 2

- Self-observation and reflection is an emotion regulation strategy.
- Reflection provides opportunities to foster self-compassion.
- Resolving troubling thoughts can reduce emotional pain

The therapist's role during STEP 2

Dos

- Use active listening to decide when and how to intervene
- Focus on alliance, derailers and healing milestones
- Validate, support and/or guide as indicated

Don'ts

- Comment on your own observations
- Focus the discussion on a topic you think is important
- Try to problem solve or fix troubling thoughts or feelings

STEP 3: Set the story aside

- At the conclusion of the reflection period you check the distress level.
- Then invite the client to set the story aside, with a plan to revisit it daily during the upcoming week.
- Provide assistance with a visualization or grounding exercise as indicated

STEP 4: Plan a rewarding activity

A way to balance the emotional pain

- Positive emotions are helpful in coping with stress, general health and wellbeing, building strong social resources and adapting to the loss

Ask client to commit to doing a rewarding activity today after they leave the session

Emotion regulation during STEPS 3 and 4

- Inviting the client to set the story aside gives them permission to do so and demonstrates their capacity to move in and out of the story
- Planning a rewarding activity directly invokes pleasant emotions; doing these positive activities is an excellent emotion regulation strategy

Listening to the story at home

Imaginal revisiting is recorded so the client can listen at home

- Ask the client to do the following, and get agreement, if possible
- Listen every day, preferably in the morning
- Record grief levels before, during and after they listen
- Make a plan to speak with them on the phone the first day they listen
- Ask the client to record their distress levels before and after the exercise each day and at the peak during listening.

Imaginal revisiting in sessions 5 and beyond

- Review and discuss experience and record of listening during the prior week
- Repeat the story of the death, beginning at the same place
 - Emotional activation gradually decreases*
 - Coherence of the narrative increases*
 - Opportunities to work with derailers*
 - A change in the feel of acceptance of the reality of the loss*

Troubleshooting

- If levels remain high or they stop listening:
 - *Check for other derailers*
 - *Take a session to focus on the concerning derailer*
 - *Explore other unspoken derailers: i.e. low self-compassion, concerns about improving, survivor guilt*
 - *Check for difficulty setting the story aside, doing rewarding activity*
 - *Assess for sufficient social support*
 - *Check for other problem behaviors*
 - *Slow the pace/frequency/intensity of telling the story and listening*

Self Compassion

Understand what can be changed and what cannot

Focus on changing what can be changed

- You can lower the intensity of painful emotions by exercising self-compassion.
- This means treating yourself like you might want to treat others
- Notice and gently correct self-judgment and self-criticism
- Remember that everyone experiences suffering and we all make mistakes.
- Practice mindful attention to thoughts and feelings

Summary: Telling the story of the death

- Imaginal revisiting begins in session 4 and is repeated for 3-6 sessions during which the story usually evolves
- Doing this exercise lightens the burden of experiential avoidance, fosters acceptance of the reality of the death and often identifies derailers that can also be addressed

Summary: Imaginal revisiting

- Results in a meaningful narrative of a loved one's death
- Lightens the burden of experiential avoidance and fosters acceptance of the reality of the death
- Helps clients feel less alone with their sorrow and their grief and helps clarify and rethink troubling aspects of the death

Listening to others painful stories

- Increased self awareness and compassion
- Learning about and attending to our emotions/reactions
- When we are present to ourselves, we are open to others
- Transparency: openness and congruence
- Humility: serenity prayer, common humanity
- Recognition of limits: physical and emotional
- Good self care: attending to our own needs first

Enhance Your Learning:

Suggestions for reflection and sharing

- *How do you practice self-care?*
- *What stories of loss and associated emotions do you anticipate would give you pause?*
- *Does it make sense to you that telling/listening to the story is important?*
- *Reflect on other thoughts and feelings that you are having in relation to the material*

Living with Reminders

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Strengthening relationships

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Narrating the story of the death

Imaginal revisiting

Living with reminders

Situational Revisiting

Connecting with memories

Memories Questionnaires & imaginal conversation

Situational revisiting

Progress in working on this procedure

- Introduced in Session 5 and continues beyond the end of therapy
- Make an avoidance hierarchy
- Choose a situation to revisit - ideally daily over the next week
- Look for better emotion regulation and greater comfort in confronting this situation
- Repeat this for a new situation weekly or as appropriate

Working with avoidance

Target

- Activities, places and people who evoke painful reminders of the loss

Goals

- Decrease avoidance of reminders of the loss
- Reduce painful emotions associated with avoided situations and release positive ones
- Help with understanding the finality and consequences of the death
- Help bring memories to life
- Discover pleasure (if bittersweet) in activities
- Reduce survivor guilt

Situational revisiting

- The procedure is very similar to in vivo exposure for phobias
- Client develops a list of reminders of the loss that might include people, places or things
- We ask them to rate the intensity of grief they expect to feel at each item on the list and then to select one that they want to address.

SOME SPECIFIC EXAMPLES OF SITUATIONAL AVOIDANCE

Visit the cemetery	Talk to sister about deceased loved one
Read letters from mom	Use his shower
Clean or dispose of my husband's things	Work out with her favorite machines
Listen to CD of Beethovens concertos	Sleep in my own bed at night
Clean out dad's room	Make cookies
Listen to Robert Goulet	Go to a funeral
Look at Christmas cards or Christmas trees	Go to social activities
Participate in family activities	Go through photo albums
Listen to the radio	Go dancing
Watch TV	Watch a video the deceased liked
Visit the deceased's brother and sister	Visit neighbors of the deceased
See people with their mothers	Eat or serve comfort foods the deceased would make
Visit the Wellington Antique Store	Cancel credit cards
Watch the Sopranos	Go to an amusement park
Go to a Christmas party	Do yard work
Talk about the deceased to someone I know	Sing or listen to hymns in church
Read sympathy cards, especially the doctor's note	Have a picnic in the park
	Listen to a music box
	Go to the deceased's house

Situational revisiting as an emotion regulation exercise

- Reminders are confronted in a graded way, beginning with a moderate level of grief intensity.
- Opportunity to practice acceptance of grief emotions, self-observation and reflection regarding the grief experience and self compassion
- Encourage inclusion of a supportive companion
- Reflect on positive memories as well as emotional pain

WHY WE DO SITUATIONAL REVISITING

- People often think the best way to manage the pain is to avoid these triggers. Even though avoidance can relieve pain in the short run, in the longer run it can make the pain worse
- After a loved one dies, it is typical for everyday events, places, people and things to trigger painful reminders of the loss.

We consider facing these situations to be a natural part of the process of adapting to a loss

- Situational revisiting provides an opportunity to learn...
- what the loss means to the bereaved person's life
- how to deal with the emotional activation
- ways to move about in the world as they wish

Introducing situational revisiting

- Discuss avoidance
 - *What is being avoided and why*
 - *Problems with avoidance*
 - Interferes with learning about the finality and consequences of the death
 - An important source of functional impairment
- Explain situational revisiting as exercise
- Develop hierarchy
- Get agreement to engage in activities

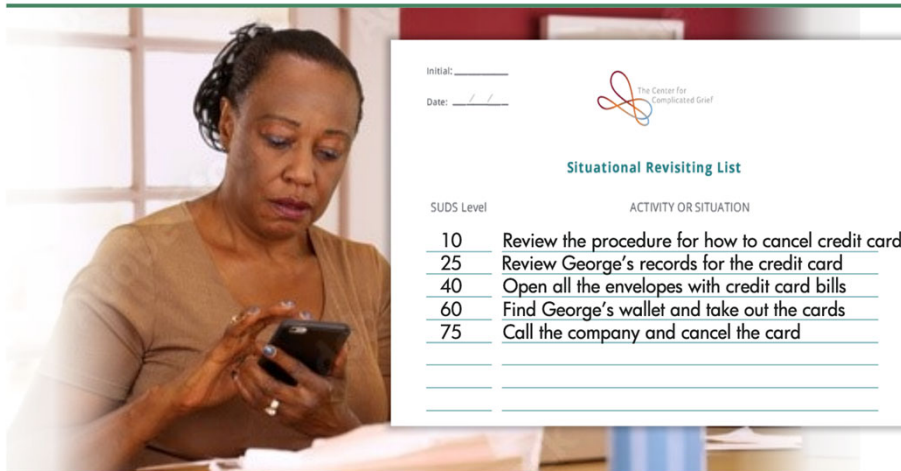
Planning a revisiting exercise

- Review the hierarchy and target an activity that is practical to do
- Generally look for something that is “challenging but doable”
- Start with things that the client is motivated to do

Places, they would like to go or activities they would like to do

Things the person needs to do e.g. getting medical care at the clinic or hospital where their loved one was seen or where they died

A Secondary Hierarchy: Canceling the Credit Cards



The image shows a woman in a light-colored top looking down at her smartphone with a somber expression. Overlaid on the right side of the image is a white form titled 'Situational Revisiting List' from 'The Center for Complicated Grief'. The form includes fields for 'Initials' and 'Date', and a table with two columns: 'SUDS Level' and 'ACTIVITY OR SITUATION'. The table lists four tasks with corresponding SUDS levels: 10 for reviewing cancellation procedures, 25 for reviewing records, 40 for opening envelopes, 60 for finding a wallet, and 75 for calling the company to cancel the card. There are also blank lines for additional entries.

SUDS Level	ACTIVITY OR SITUATION
10	Review the procedure for how to cancel credit card
25	Review George's records for the credit card
40	Open all the envelopes with credit card bills
60	Find George's wallet and take out the cards
75	Call the company and cancel the card

Planned practice helps with resuming activities

Procedure:

- Repeatedly revisit actual places
- Pay attention to feelings and thoughts

Results:

- Repetition tends to reduce the emotionality
- Doing things that are reminders of the loss helps explore the meaning of the relationship and its loss
- Revisiting places and doing things helps promote access to memories
- In some cases, doing things or going places provides an opportunity to enjoy places in a new way

Reviewing situational revisiting exercises

At each session after the first revisiting exercise, you do the following

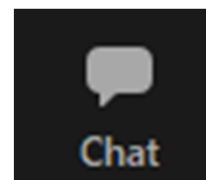
- Check to see if the client did the exercise
- Ask to see the monitoring form (levels before, during, after)
- Consider how the exercise went:
 - Good*
 - Super-good*
 - Not so good*
- Plan for the next week based upon this review

Other ways to address avoidance

- Discuss avoidance in a less structured way
- Decide on something the person would like to do and help them make a plan to do it
- Plan ahead for how to do it - based on what the activity is, e.g.
 - A way to honor the deceased*
 - A way for a client to honor their own life - do something meaningful or fun*
 - A way to reconnect with friends or family who are still alive*

DISCUSSION

- *What did you notice the therapist did or didn't do that surprised or confused you?*
- *What parts of the Situational Revisiting introduction and discussion seemed similar to how you work with bereaved clients? What was different?*



Share in the chat!

TROUBLESHOOTING PGDT

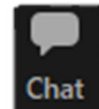
“All or nothing”

Read the typical Troubleshooting scenario to see how you might respond:

At Session 8, the therapist asks Margie about her in-between session work. She takes out the Situational Revisiting form and says, “This did not go very well for me; I’m not so sure that I did it right.” The therapist sees that on the first two days, Margie took out her baby’s blanket and sat with it for 3 minutes each day, which is what they had agreed upon for this week’s practice. Her SUDS level went up to a 20 each time, and her notes said, “nothing is happening to me when I do this.” The next entry read, “I pushed myself to open the box of baby clothes for the first time, sorted through them, so I could finally get that closet emptied out.” The SUDS rating for this day was 90-100. There was no recording for any of the following days and her note said, “I’m feeling awful, cannot do this anymore.”

What might you say, as a PGDT therapist, to respond to Margie?

Type this verbatim in the chat.



TROUBLESHOOTING PGDT

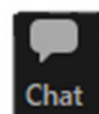
“Everything’s too hard”

Read the typical Troubleshooting scenario to see how you might respond:

During Session 6, the therapist asks Ben if they could begin to generate items for the hierarchy list together. Ben mentions that he has been unable to deal with his son’s ashes, but knows that if he took the urn out of the box it is in, his SUDS would be “off the scale.” The therapist put that on the hierarchy at a 100+. Each item that Ben thought of after this - his son’s baseball cap, going to the high school, taking his bike out of the garage -- all were a predicted “off the charts” 100+. Upon his return the following week, Ben took out the hierarchy and it showed two more items that he added, both at a predicted 100+.

What might you say, as a PGDT therapist, to respond to Ben?

Type this verbatim in the chat.



Summary

- Avoidance can be helpful and has a role in emotion regulation
- Friends, family and other therapists often encourage avoidance
- Avoidance is a common derailer we address systematically in PGDT
- Addressing avoidance promotes acceptance of the reality and restoration of the capacity for wellbeing

Mid-treatment review

Plan for the Mid-treatment Review

- Client completes a second version of symptom ratings
- Review these ratings and compare to baseline
- Have an open-ended discussion of progress
- Review relationship with visitor and/or other significant others
- Discuss how the procedures are going – grief monitoring, aspirational goals, rewarding activities, imaginal and situational revisiting
- Summarize and plan

Review Grief Monitoring

- Review process of monitoring: Self observation and reflection
- Learn from high levels: e.g. grief activators, derailers including possible undetected avoidance, possible ways to build support and other coping strategies; changes in duration and intensity over time
- Learn from low levels., e.g. using distraction, building rewarding activities - clues to possible activities and interests, possible ways to build support and other coping strategies, derailers that make low levels difficult, changes in levels and duration over time
- Learn from overall levels, e.g. a broader perspective on daily grief intensity; discuss adaptation, changes in levels over time

Comparing Baseline & Mid-treatment Assessments

- Inventory of Complicated Grief (ICG)
- Typical Beliefs Questionnaire (TBQ)
- Grief-related Avoidance Questionnaire (GRAQ)

Inventory of Complicated Grief (ICG)

PRE-TREATMENT	TOTAL = 55	
ITEM	OFTEN	ALWAYS
Think about person so much its hard to do things		x
Memories of the person upset me	x	
Feel I cannot accept the death		X
Longing for the person		X
Angry about the death		X
Disbelief over what happened		x
Stunned or dazed over the death	X	
Lost ability to care about others or feeling distant	X	
Go out of my way to avoid reminders	x	
Life is empty		X
Feel bitter		X
Feel envious		X
Feel lonely	X	
MID-TREATMENT	TOTAL = 33	
ITEM	OFTEN	ALWAYS
Longing	x	
Life is empty	x	

Typical Beliefs Questionnaire (TBQ)

PRE-TREATMENT ITEM	TOTAL = 67	
	STRONGLY	VERY STRONGLY
Death should not have happened		X
You should have done something to prevent the death		X
Someone else should have prevented it		x
It isn't fair that this person died		X
You should have expressed more love and affection		X
Person did not have to die in this way	X	
Life is unbearable without this person	X	
The only thing that can really help is to have the person back		x
Other people are tired of your grief	X	
You need this person to help you cope	X	
You have nowhere to turn now that this person is gone	X	
Something is wrong with you because you are not over this	X	
You can't stop wishing this person was still here		X
You need the person so much they should not have died	x	
MID-TREATMENT ITEM	TOTAL = 38	
	STRONGLY	VERY STRONGLY
Death should not have happened	x	
You should have done something to prevent the death	x	
Someone else should have prevented it	X	
It isn't fair that this person died	X	
You should have expressed more love and affection	x	

Grief-related Avoidance Questionnaire (GRAQ)

PRE-TREATMENT ITEM	TOTAL = 43	
	OFTEN	ALWAYS
Avoid visiting final place of rest		X
Avoid hospital or other places associated with the death		X
Avoid looking at photographs		X
Avoid talking about the person with family or friends	X	
Avoid contact with person belongings of the person		X
Avoid rooms or places associated with the person		X
Avoid activities around your home		x
Avoid activities outside your home	X	
Avoid going to funerals	X	
Avoid visiting ill people	X	
Avoid talking with others about painful losses	x	
MID-TREATMENT ITEM	TOTAL = 28	
	OFTEN	ALWAYS
Avoid hospital or other places associated with the death	X	
Avoid contact with person belongings of the person	X	
Avoid rooms or places associated with the person	X	
Avoid activities outside your home	x	

Possible Topics for Open-ended Discussion

- How things have been going from client's perspective.
- Discussion of the treatment so far and any questions
- Expectations of the treatment. What were they? How well they have been met?
- Ask the person to think back to when they first started treatment. How did they feel? What's different now?
- Consider what's left to do
- Discuss possibility of work on other losses (if relevant)
- Discuss goals and expectations for the remaining 6 sessions.

Connecting with memories

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Remembering a person who died

- Death changes our relationship to the person who died but it does not end it.
- A relationship can still provide comfort and hope even after a loved one has died.
- Memories are also living parts of us, and they can and should change and grow as we change and learn new things.
- Our sense of connection is strengthened when our memory system is revised to accurately reflect the reality of the death.

People sometimes think that memory is like an encyclopedia or a photo album but it's not.

Memory is a part of our brain and that makes it alive and changing, just like the rest of our body.

We store a lot of different kinds of Information in our brain.

Information is stored in many ways, changing and growing as we accommodate to a changing world.

Frederick Buechner: The Sacred Journey

- "... how well they manage to take even death in their stride because although death can put an end to them right enough, it can never put an end to our relationship with them. Wherever or however else they may have come to life since, it is beyond a doubt that they still live in us. Memory is more than a looking back to a time that is no longer; it is looking out into another kind of time altogether where everything that ever was continues not just to be, but to grow and to change with the life that is in it still. The people we loved. The people who loved us. The people who, for good or ill, taught us things. Dead and gone though they may be, as we come to understand them in new ways, it is as though they come to understand us—and through them we come to understand ourselves—in new ways too. " p.21

Memory connects us to the past, to other people, to things in our daily life and to the future

- Our brain has a special memory system for the people we love, keeping us connected to them when they are alive and also when they die.
- How we stay connected is unique for each relationship, but the system works in a similar way for all of us.
- In grief therapy we help clients understand something about how memories work and we help them see different ways to connect to memories of their loved one

We use our different kinds of memory in everyday life

- Episodic memory
 - *specific facts and personal experiences*
- Semantic memory
 - *general information about the world*

Implicit memory

How we store information about how to do things like...

ride a bike

knit

or react emotionally to cues

Implicit memory can't be put into words

- Our brains arrange information about loved ones in a network that we call a “working model” - a way of mapping a version of the person we love. This is a way we use our relationship in everyday life.
- The working model of a loved one makes us feel connected to our loved ones when they are alive.
- This is how we feel secure in our relationship with them even when we are apart.

Information about people we love is stored in all kinds of memory.

We couldn't erase them even if we wanted to.

- When someone dies, the working model – a vast network of memories of them - becomes more active as we notice their absence and want to find them. This activity can create a feeling- even when we know it is irrational - that they might reappear. This hopeful feeling is one way we get some respite from grief but in the end it only adds to painful longing.
- It takes time to generate memories of what their death means and what it's like to live in a world without them.

- Accessing memories and allowing them to grow and change is a way to feel connected to a person who died, to honor the person and to experience positive emotions even during acute grief.
- Memories provide a way to have an ongoing, realistic connection to a deceased person. It's not the same as when they are alive, and of course it's not what a client really wants, but it is still an important connection that can make a meaningful difference in a client's life.

- It is natural to remember mostly positive things when someone we love dies.
- In some cultures it is prohibited to say anything negative and it might even be considered wrong to think negative things.
- We tend to think mostly about what we loved and admired about a person who died.
- The tendency to idealize someone who died is natural even if it's not the only way to feel about a deceased family member. It can be helpful in adapting to their loss.

- Everyone has good and bad qualities, strengths and weaknesses, things we admire and love about them and things we dislike.
- If our relationship with the person who died was mixed, conflicted or difficult we might have negative feelings about them.
- This is natural but people feel guilty or ashamed of negative thoughts or feelings.
- We help clients allow themselves to have whatever feelings and thoughts they have without judging what they should think or feel.

- We encourage clients to refrain from judging or second guessing their thoughts or feelings or memories.
- We encourage them to stay open to different kinds of memories as a way they can learn and grow, a way their loved ones can continue to play a role in their life and continue to teach them things even after they die.

We created a series of memories questionnaires to use in PGDT

- We use them after the client has made progress accepting the reality of the death
- Three questionnaires are about positive experiences.
- A fourth one includes not so positive memories
- A fifth includes both positive and negative memories.

Positive memories

1. most likeable characteristics
2. most enjoyable times
3. things you loved about them
4. important thing they added to your life
5. your favorite pictures
6. other memories if you feel like it
7. additional likeable characteristics
8. additional enjoyable
9. additional things you loved about them
10. other things they added to your life
11. additional pictures you liked
12. more memories if you feel like it

Most favorite memories

1. Some most favorite memories of their best traits?
2. What you loved most
3. what you miss most
4. How you comfort yourself
5. more memories or comments

Least favorite memories

1. Least favorite memories
2. most annoying traits
3. What you wished was different
4. What you don't really miss
5. ways that life is easier
6. more memories or comments

Mixed memories questionnaire

1. What are some of your most favorite memories?
2. What are some of your least favorite memories?
3. What were some of their endearing traits?
4. What did you admire about _____?
5. What were some of their annoying traits?
6. What did you love most about _____?
7. What did you love least about _____?
8. What do you miss most?
9. What do you miss least?
10. How do you comfort yourself when you missing them?

How we work with memories in PGDT Imaginal Conversation

A different and powerful way to access memory

- The client imagines they can talk with the deceased after the death, that they can be heard, and then take the part of the deceased person, and imagine they are responding.
- They can ask the person or tell the person anything they want
- Creates a strong sense of connection
- Is an opportunity to revisit troubling thoughts or feelings

The Imaginal Conversation Procedure in PGDT

- The client is invited to close their eyes and imagine that they are with the deceased person shortly after they died.
- They can tell them or ask them anything they wish and then take the role of the deceased person and respond.
- The conversation should last 10-15 minutes
- Answer any questions and clarify procedure as needed
- Ask for SUDS levels before and after the exercise
- Spend about 10 minutes after the exercise reflecting on the experience with the client

ENHANCE YOUR LEARNING:

Suggestions for reflection and sharing:

- Do you think it is important for bereaved people to remember and have a sense of connection with their deceased loved one? If so, why? Or why not?
- Reflect on other thoughts and feelings that you are having in relation to the material

Treatment termination

Possible benefits of time-limited therapy

- Structure is often helpful for people who are struggling to manage intense emotions
- Time limit provides a structure that can be reassuring
- Keeping the time limit in mind can motivate client and therapist
- A planned ending affords an opportunity to observe and reflect on feelings about ending

Clients who might not be ready to end

- Has not made enough progress
- Might not continue to progress and/or might back-slide
- Not seeing you
- Other problems
- Discuss this –decide if you agree
- If you do not agree – discuss and support ending
- If you do agree - decide what to do next

Principles to use in termination of grief therapy

Using an IPT role-transition approach

- Ways in which the therapy has been supportive and helpful; e.g. feeling understood, moving through Healing Milestones, recognizing and addressing natural obstacles in the Healing pathway
- Parts of the therapy that have been difficult, e.g. time required, travel, other inconveniences; ways therapy has been difficult and time consuming, other things that may have been distressing or problematic

IPT role-transition approach to ending grief therapy

- Problems in the foreseeable future, e.g. managing difficult times, other problems the patient may anticipate, including issues the person feels are not yet resolved
- Opportunities and positive aspects of ending treatment, e.g. having more time, having the opportunity to test new learning and develop a sense of confidence in having assimilated something new, elicit positive expectations for the future without treatment

An example of a “termination phase”

Add discussion of termination to the agenda 4 sessions before the end and increase time spent on this in each subsequent session

Session -4: Mention there are 3 sessions remaining, ask about thoughts or feelings about this and discuss as indicated

Session -3: Mention 2 more sessions, ask again about thoughts or feelings; ask about plans for the future; review difficult times; ask client to think about these issues

Session -2: Note one more session, review thoughts or feelings about ending and plans for future; identify next difficult time and discuss it

Final session: Focus session on ending and plans for the future

Discuss difficult times and how to manage them

- One component of the future focus is a discussion of difficult times, i.e. calendar dates that trigger surges in grief intensity
- Most bereaved people react to certain times of the year that serve as reminders of the deceased
- Surges can be especially intense for people with PGD

What is a Difficult Time?

Examples of common difficult times

- Holidays
 - Eg. Winter Holidays – the period between Thanksgiving and New Year
 - Typically, a time when families gather and a stark reminder of the loved one's absence for traditions
- Birthdays
- Weddings or Anniversaries
- Anniversary of the death
- Life milestones: first day of school, graduation, moving into university and more

Managing difficult times

- Might just want the day to be over; try to hide and hope for the best
- Our approach to managing difficult times includes:
 - planning
 - self care, positive emotions
 - help and support from others
 - honor the deceased person
- Termination sessions include planning for future difficult times

Example of a Grief Therapy Final Session

- Review therapy you have done together, the client's present situation and plans for the future, including
- Review of the Healing Milestones model
- Discuss what you shared and what remains unfinished
- Discuss plans
- Review client's strengths and vulnerabilities
- Discuss any remaining thoughts or feelings about ending
- Say good-bye and end the session

Using PGDT in Practice

- PGDT is evidence based - very good treatment for the 10% of bereaved people with PGD
- The principles and themes are generalizable to any bereavement situation
- We suggest you consider using the map, the goals, the themes and the sequencing in your practice
- You can implement these the way you want

Ending PGDT

- PGD is a debilitating condition that often leaves people feeling disconnected from others and their sense of purpose and meaning in life
- PGDT is a structured, 16-session intervention that has shown efficacy in multiple rigorously conducted clinical trials
- The goals of the treatment are to address impediments to adaptation and facilitate its progress
- Therapists aim to help clients find a way to accept the loss and grief into their lives and do not target reduction in grief intensity directly
- Clients who end treatment successfully feel reconnected to loved ones and have energy and enthusiasm for their lives moving forward
- We use the final segment of the treatment to review these concepts and the patient's individual progress and to plan for the future

Learn more about Prolonged Grief Disorder and its treatment

- Workshops
 - The Big Picture – 1 day; 6.5 CEs
 - Practice-Focused Training – 2 day; 13 CEs
- Monthly webinars - 1 CE per webinar
- Treatment Manual & Assessment Tools (included in your registration)
- Research projects
- **NEW! PGDTWeb**
 - Online, asynchronous tutorial (8 CEs)
- Case-based Video Self Study (4 CEs)
- Invited speakers
- Individual case consultation
- Special events

Stay in touch with us by signing up for our updates for professionals

visit our website: prolongedgrief.columbia.edu