The Center for Prolonged Grief

Practice - Focused Training in Prolonged Grief Disorder Therapy

Presenters

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Workshop Overview

Day 1 - Friday

Conceptual framework

- *Loss and grief*
- *Derailers*

Starting PGDT

- *Initial themes & procedures*

Day 2 - Saturday

PGDT themes & procedures

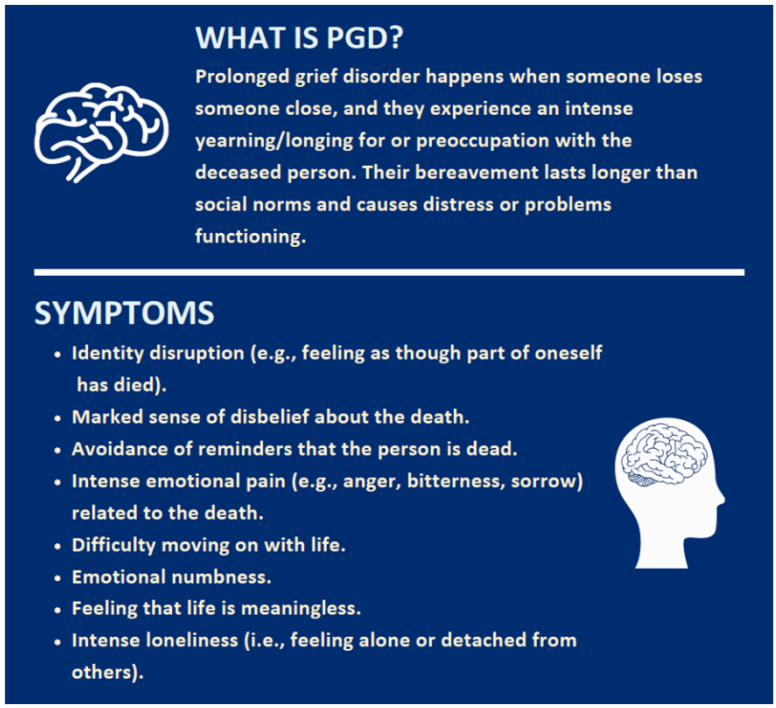
- *A session with a visitor*
- *Imaginal revisiting*
- *Situational revisiting*
- *Imaginal conversation*
- *Treatment termination*

AMERICAN PSYCHIATRIC ASSOCIATION

September 23, 2021

"Prolonged grief disorder is the newest disorder to be added to the DSM. After studies dating back several decades suggested that many people were experiencing persistent difficulties associated with bereavement that are substantially prolonged beyond culturally normed expectations, and a two-year process of review and public comment, APA's Board of Trustees and Assembly approved it last fall for inclusion in the DSM. It will be included in the new text revision of DSM-5 (DSM-5-TR), which is slated for release in March 2022."

https://www.psychiatry.org/newsroom/news-releases/apa-offers-tips-for-understanding-prolonged-grief-disorder



ICD-11 Prolonged Grief Disorder Guideline

- Persistent pervasive yearning, longing or preoccupation with the deceased, persisting at least 6 months, and clearly exceeding expected social, cultural or religious norms in the individual's context
- Accompanied by intense emotional pain, such as sadness, anger, guilt, disbelief, emotional numbness, feeling one has lost part of oneself, difficulty accepting the death, difficulty engaging in social or other activities
- Significant impairment in personal, family, social, educational, occupational or other important areas of functioning

ICD-11, International Classification of Diseases 11th Revision

DSM-5TR Prolonged grief disorder diagnostic criteria

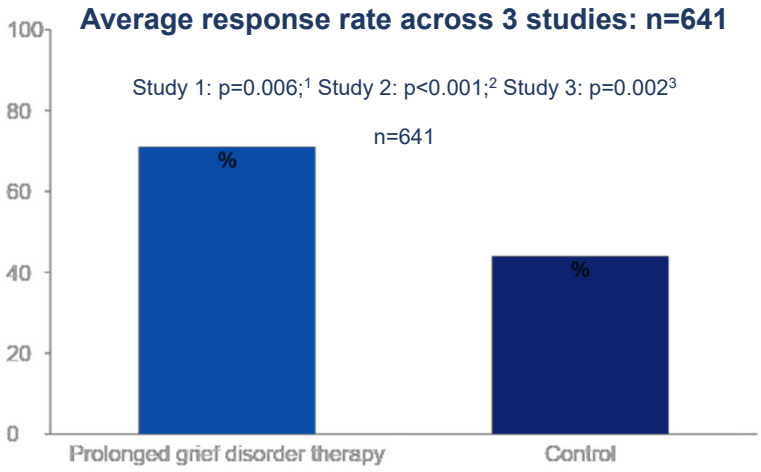
- Death of a person close to the bereaved at least 12 months ago
- Persistent pervasive yearning, longing or preoccupation with the deceased
- Since the death, at least 3 of the following present most days to a clinically significant degree and nearly every day for at least the past month:

- Disrupted Identity	- Difficulty engaging in ongoing life
- Marked sense of disbelief	- Emotional numbness
- Avoidance of reminders	- Feeling that life is meaningless
- Intense emotional pain	- Intense loneliness

- Significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning
- Duration and severity clearly exceeds expected norms in the individual's social, cultural or religious context

Prolonged Grief Disorder Therapy (PGDT)
Results of 3 NIMH-funded randomised controlled trials

Consistent superiority of prolonged grief disorder therapy over efficacious treatments for depression – both psychotherapy and medication



[1.] Shear et al. JAMA 2005;293:2601-8; [2.] Shear et al. JAMA Psychiatry 2014;71:1287-95; [3.] Shear et al. JAMA Psychiatry 2016;73:685-94

To understand loss, we need to understand: what changes when we lose someone close, how we adapt, and how this goes awry?

Grief is the natural response to a meaningful loss

- more than an emotion - complex and multi-faceted
- permanent after we lose someone close
- no stages, but grief changes over time and evolves as we adapt to a loss
- unique to every person and every loss but with important commonalities

- prolonged grief occurs when certain early coping responses make it harder to make peace with the loss

The roots of grief after loss of a loved one

Who are the people we love?

- Motivation to form close relationships is part of our biology
- When we care about someone, we want to be together and not separated

We give and get feelings of belonging and mattering.

- **Safe Haven** - provide comfort and support when things aren't going well
- **Secure Base** - have each other's backs, have confidence in each other, give us strength and courage in taking risks, doing new things

Relationships as Regulators

Psychological processes

- Emotion and attention regulation
- Tolerance of ambiguity
- Empathy and compassion
- Suppression of unwanted thoughts
- Extinction recall
- Decision making
- Sense of self
- Implicit and explicit
- Self-compassion
- Self concept complexity
- Self concept clarity

Physiological processes

- Sleep quality
- Eating behaviors
- Autonomic function
- Cortisol, oxytocin response to stress
- Pain intensity (physical and social)
- Emotional and physical warmth
- Cardiovascular reactivity
- Gene expression
- Immune function
- Neuroendocrine function
- Inflammatory response

:

Other biobehavioral motivational systems linked to attachment

Caregiving

More important to wellbeing than being cared for

Exploration

Attachment **security** activates **insecurity** deactivates

How these systems are affected by loss

Meaningful separation	Grief
Attachment Proximity seeking, Separation anxiety/guilt; dysregulation	Yearning, longing, preoccupation, anxiety, physiological dysregulation
Caregiving Proximity seeking, Separation anxiety/guilt	Yearning, longing, preoccupation, anxiety, guilt
Exploration Loss of interest in exploring; loss of confidence	Loss of confidence and motivation to do things

Grief is the form love takes when someone we love dies

Grief is a Stress Response

Loss of someone close is one of life's most severe stressors

Loss of someone close brings many challenges:

A range of stressful losses, e.g.

- Companionship
- Sense of protection
- Sense of self
- Aspects of personal and social identity
- Sense of stability

Other stresses, restoration-related stresses, e.g.

- challenging family dynamics
- Exclusion from social groups
- Difficulties meeting responsibilities
- Increased uncertainty about the future

The power and complexity of grief adds to the stress

Intense emotional pain; confusing thoughts; mixed feelings, for example...

- Wanting grief to go away and also wanting to hold onto it
- Wanting to be free of pain but also feeling we should be in pain
- Wanting to move on in our life and not wanting to at the same time
- Feeling a need for other people but finding it hard to connect
- Knowing the loss is real but having trouble understanding it
- Craving closeness to the person who died but thinking we need to avoid reminders of the loss
- Not wanting to stop thinking about what we have lost but feeling frustrated because the thoughts are all we have

Bowlby: Defensive Coping is Natural

"...defensive processes can all be understood as defensive exclusion of unwelcome information; ...Many are found in both healthy and disordered variants of [grief].

"The criteria that most clearly distinguishes healthy forms of defensive processes from pathological ones are the **length of time during which they persist** and the extent to which they influence a **part only of mental functioning or come to dominate it** completely."

Loss p. 140

Important losses permanently change the world we live in

Adapting…

- is how we adjust to change.
- helps reduce the stress and promote growth
- to change happens naturally if we don't get in our own way.

- We have a "psychological immune system" that automatically kicks into action.

Coping and Adapting Are Different

We cope with stress

- Short term, time-limited
- Oriented toward reducing stress
- Ends when the stress is removed
- Motivated by a threat or a problem
- Uses resources

We adapt to change

- Long term, ongoing
- Oriented toward adjusting to change
- Ends when adjustments are optimized
- Motivated by change
- Builds new resources

Adapting to loss

Changing our expectations and automatic behaviors to fit a changed world

Accept the Reality

- Finality of the loss
- Permanence of grief
- Changed relationship to the deceased
- Other changes that accompany the loss

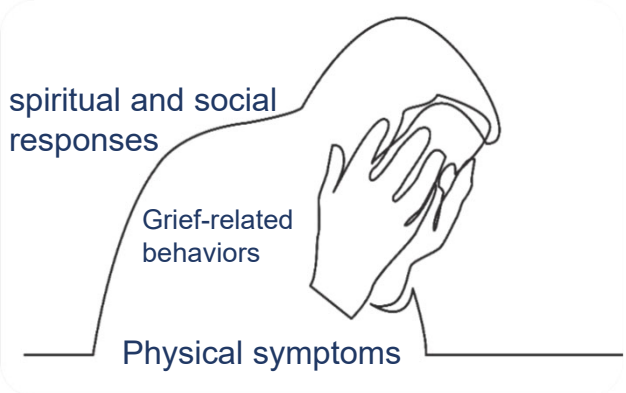
Restore Well-Being

- Possibilities for purpose and meaning; for happiness
- Sense of competence and agency
- Belonging and mattering; Promise of satisfying relationships

Experiencing grief

Grief - a form of love and a stress response - emerges in an acute form

Strong emotions
Insistent thoughts



Almost always accompanied by common defensive responses – early coping reactions that can become impediments to adaptation:

- Disbelief, protest
- Imagining alternative scenarios
- Caregiver self-blame or anger
- Worry about grief
- Survivor guilt
- Separation anxiety/guilt; difficulty moving forward
- Feeling of not belonging

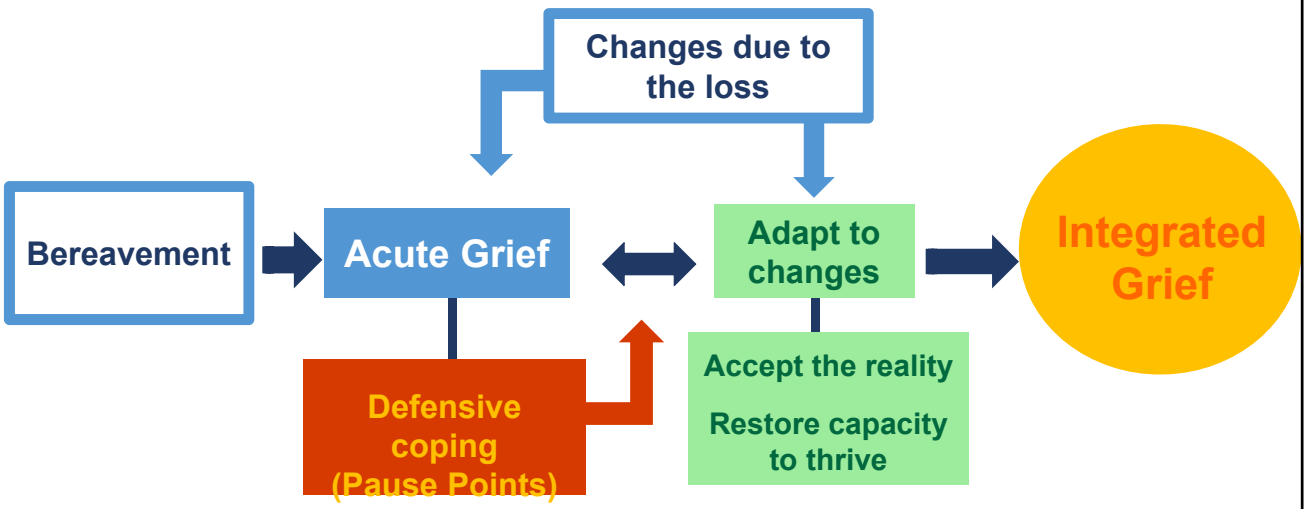
When we accept the reality and restore capacity to thrive:

Grief is transformed and integrated

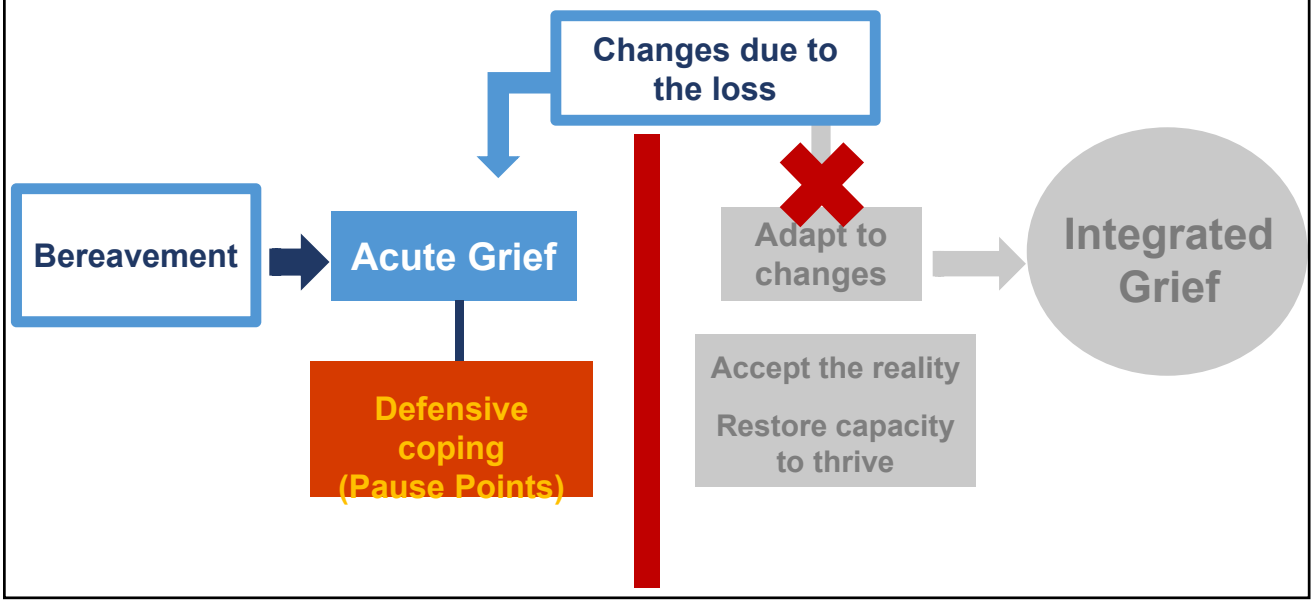
- It **finds a place** in our life
- Physiology is **re-regulated**
- Thoughts and memories recede, more distant yet still accessible
- Emotions become bittersweet, better regulated
- We r**econnect** with others

It's important to know that even when it's integrated, **grief is not always quiet**

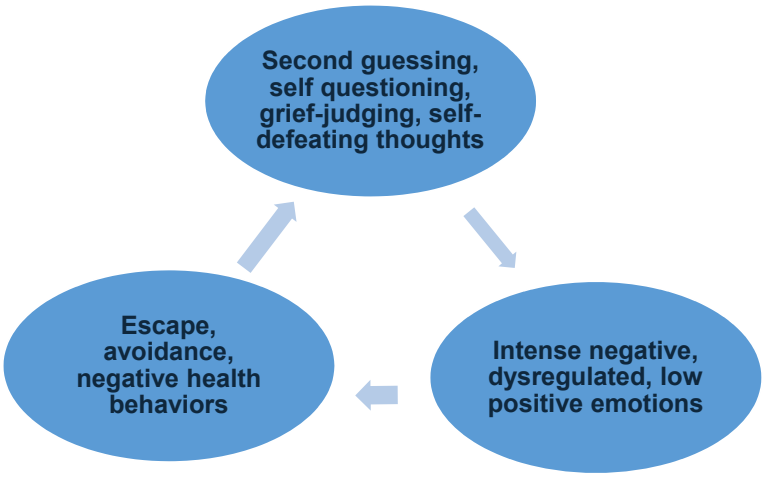
Grief Infographic



Prolonged Grief



Grief derailers are thoughts, feelings and behaviors that interfere with adaptation to loss



How to think about Prolonged Grief Disorder

Not a completely different way of grieving

Defensive coping persists with excessive influence on mental functioning

Adaptation is impeded, preventing the usual evolution of grief

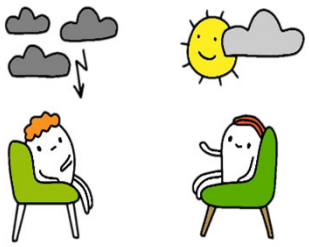
Continuation of natural grief beyond the time it usually takes to come to terms with a loss

Treatment: Remove impediments and facilitate adaptation

Pre-treatment Assessment

Assessment lays the groundwork for therapy

- Build an effective working relationship
- Determine the main focus of therapy
- Elicit treatment-relevant information



Determine the main focus of therapy

- Standard intake interview
- Loss history and current grief symptoms
- Consider differential diagnosis

Considerations in deciding if PGDT is the right fit

- Is grief the main problem? If yes, is this PGD?
- Is there another diagnosable disorder? (e.g., Depression, PTSD) If yes, is it the primary problem?
- Is there a co-occurring condition that needs treatment first?
  - *Psychotic disorder, Bipolar disorder, Substance use disorder, Imminent suicidal risk*

Differential Diagnosis

PGD v Major Depressive Disorder

- **Yearning, longing, thoughts and memories of the deceased, prominent** rather than persistent anhedonia
- **Painful waves of emotion** rather than persistent dysphoric mood
- **Guilt focused on caregiving and/or surviving** rather than pervasive and wide ranging
- **Rumination related to a loved one's death** rather than feelings of worthlessness
- Suicidal ideation motivated by not wanting to be here without them and/or wanting to join them

PGD v Post Traumatic Stress Disorder

- The inciting event is **loss** rather than threat
- **Yearning, longing, and thoughts of the person** rather than fear, anxiety
- **Memories of the person** rather than memories of the event
- **Emotional activation triggered by reminders of the deceased** rather than of the event

Using a clinical interview to diagnose PGD

Elicit information to determine if the following are present:

1. *Persistent pervasive and intense yearning, longing or preoccupation with the deceased*
2. *Other evidence of intense emotional pain, manifested by experiences such as sadness, guilt, anger, disbelief, protest, blame, difficulty accepting the death, feeling of having lost a part of one's self, emotional numbness*
3. *Substantial impairment in one or more areas of functioning*

Two instruments you can use to screen for PGD

Positive Screen

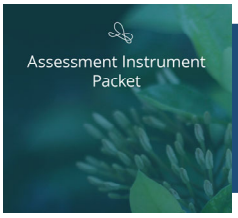
Inventory of Complicated Grief (ICG)
Prigerson, H. G., Maciejewski, P. K., Reynolds, C. F., 3rd, Bierhals, A. J., Newsom, J. T., Fasiczka, A., Frank, E., Doman, J., & Miller, M. (1995). Inventory of Complicated Grief: a scale to measure maladaptive symptoms of loss. Psychiatry research, 59(1-2), 65–79.
Score ≥ 30 on 19-item questionnaire

Brief Grief Questionnaire (BGQ)
Shear et al, 2006
Score ≥ 5 on 5-item questionnaire

ICG is in appendix of this open access article. It is not included in our assessment instrument packet as it is not our instrument to distribute.

Instruments you can use to further characterize PGD symptoms

- Typical Beliefs Questionnaire
- Grief-Related Avoidance Questionnaire (GRAQ)
- Structured Clinical Interview for PGD (SCI-PGD)
- Grief-related Work and Social Adjustment Scale (WSAS)



The above scales are in the Assessment Instruments Bundle included in your workshop registration.
See Workshop Information page for instructions on how to access.

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	TOTAL = 67	
ITEM	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	TOTAL = 38	
ITEM	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)

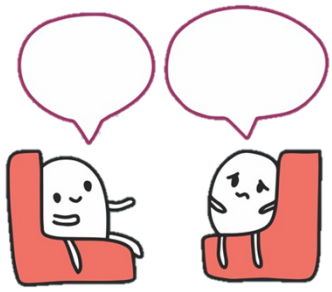
PRE-TREATMENT	TOTAL = 43	
ITEM	OFTEN	ALWAYS
Avoid visiting final place of rest		X
Avoid hospital or other places associated with the death		X
Avoid looking at photographs		X
Avoid talking about the person with family or friends	X	
Avoid contact with person belongings of the person		X
Avoid rooms or places 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	TOTAL = 28	
ITEM	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	

Goals of an intake interview

It's about engagement as much as fact finding

"Assessment is the first step in therapy"

- Get to know the client: life history and social context, including race-based experiences
- Identify strengths and vulnerabilities
- Learn about the client's loss and grief
- Explore how the person is adapting to their loss
- Observe defensive responses/possible derailers
- Decide whether dealing with a loss is the most pressing problem



Important current and past relationships

- Brief history of early upbringing, quality of early relationships
- Important people across the lifespan; any losses; social identities and context
- other important stresses or life changes, interpersonal stressors, including racism experiences or systemic maltreatment
- How have they faced challenges?

Meaning Making: interests, values & accomplishments

- Education employment & achievements
- Interests, dreams, goals
- Racial identity
- Hobbies, leisure activities, non-work interests & achievements
- Religious or spiritual beliefs

Connect with genuine interest in their loss and grief

- Listen to stories about the person who died
- Most people with PGD will talk freely about this person and their relationship with her or him.
- Listen to begin to understand what it is the client has lost.
- Listen for the quality of the relationship and what this person means to the client

The story of the death

- This is a more difficult conversation
- Ask where and how the patient learned of the death
- Be alert to possible derailers as you listen to their story

Ask about the client's grief and listen actively to learn about …..

- What things have been like since the death
- Thoughts and feelings about the loss
- Listen for how person is feeling about herself and self-compassion.
- If they have religious or spiritual beliefs or practices that have been comforting or not so helpful?
- Learn how they are functioning
- Open-ended discussion
- How the person spends their time?
- Who they spend time with?
- How is the loss affecting functioning in the world?
- How was their life changed by this loss?

Prolonged Grief Disorder Therapy

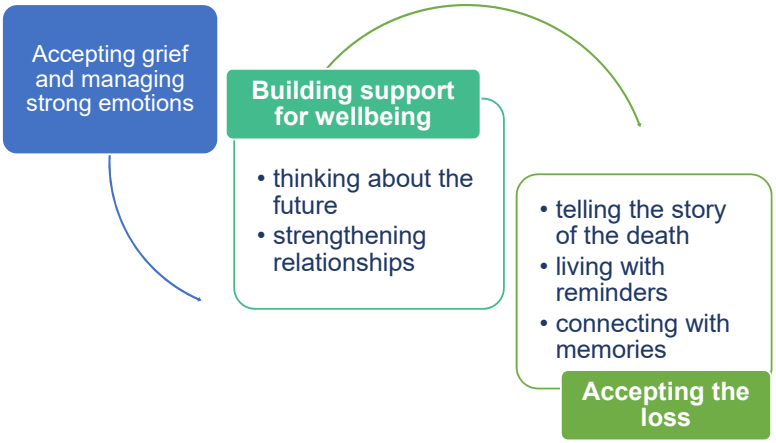
What we do & why
How we do it
Our Results

Healing Milestones: A way to facilitate adaptation

1. Understand and accept grief
2. Manage emotions
3. See a promising future
4. Strengthen relationships
5. Narrate the story of the death
6. Learn to live with reminders
7. Connect with memories of the person who died

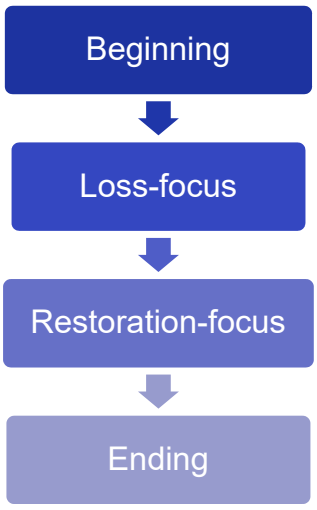
The 7 milestones are introduced sequentially in the first 6 sessions

- We meet the client where they are – concerned about grief and strong emotions
- We build a foundation for restoring wellbeing, instilling a bit of energy, enthusiasm and warmth
- We do the hard part last – coming to terms with the loss and all it means



We sequence sessions to deal first with a loss focus and then with restoration

- Predictability is reassuring when we are highly emotionally activated
- Planned sequence ensures a focus on both loss and restoration
- Sequence so that emotional activation lessens as the session progresses



AT A GLANCE

PGDT – *Session-By-Session Overview*

Getting Started

Session 1: History taking; Introduce grief monitoring
Session 2: Psychoeducation; Introduce aspirational goals
Session 3: Meet with visitor

Core Revisiting Sequence

Session 4: 1st imaginal revisiting
Session 5: Continue imaginal revisiting; Introduce situational revisiting
Session 6: Continue revisiting; 1st Memories Questionnaire
Sessions 7-9: Continue revisiting, memories questionnaires

Mid-Treatment

Session 10: Mid -Treatment Review

Core Revisiting Sequence

Session 11: Imaginal conversation; Discussion of ending
Sessions 12-16: Finish up work on themes; Discussion of ending treatment

Doing PGDT: Underlying premises

- Grief is a form of love that emerges naturally and finds a place in our life
- Adapting to loss is progresses naturally if it is not impeded
- Everyone grieves, copes and adapts in their own way
- We don't grieve well alone

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

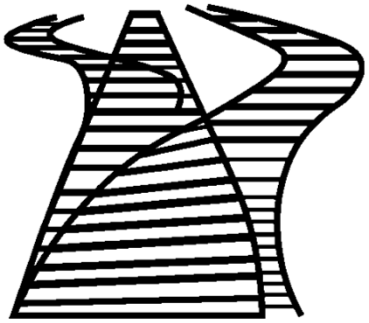
Common *derailers* in Healing Milestones

***Not understanding grief*:** e.g. wanting to hold onto grief or wanting it to go away, feeling embarrassed or ashamed of grief, trying to control it

***Manage emotional pain*:** e.g. fearful of emotional pain or angry that it's hard to manage; rejecting positive emotions, low self-compassion

See a promising future: *e.g.* feeling uncertain about oneself and unenthusiastic about ongoing life; uncomfortable with happiness, little satisfaction or meaning

Strengthen relationships: e.g. feeling disappointed or disconnected from others; unable to accept support; family, friends frustrated and/or unsupportive



***Tell the story of the death*:** e.g. protesting the death as wrong or unfair, blaming oneself or others, rewriting the story with counterfactual "if only" thoughts

***Live with reminders*:** e.g. avoiding reminders that the person is gone – avoiding people, places or things that are reminders of the loss and/or don't do anything differently than when the person was alive

Feel connected to memories: e.g. daydreaming and/or blocking memories, unable to experience memories in an adaptive way

Active listening is the centerpiece of PGDT

Bereaved people need to feel heard and we need to listen

- with unconditional acceptance; refraining from judgment
- conveying interest and a willingness to share pain
- maintaining a focus on ways to promote adaptation and address derailers

Listening, even transformative listening, is not enough

So we provide validation, support and guidance to

- Encourage self observation and reflection
- Foster self-determination goals
- Promote connection with the social world
- Guide clients through the world of loss

We help clients discover their own way

Respectful of the implicit "adaptive unconscious"

Examples of typical troublesome thoughts

- "[My loved one] did not have to die this way."
- "Life is unbearable without [him or her]"
- "Someone else (or I) could have prevented this death."
- "Grief is all I have left of [my loved one]."
- "Something is wrong with me because I'm grieving so much."
- "I can never be happy again."

Examples of emotion dysregulation

- Inability to find an effective balance between confronting the pain and setting it aside
- Focus on escape from painful emotions, for example, by engaging in problem behaviors (over-sleeping, over-eating, using substances, self-destructive or reckless behaviors to hasten death)
- Lack of experience of positive emotions, e.g. survivor guilt
- Low self compassion: over identification, harsh judgment, isolation
- Insufficient comfort and support from others

Examples of typical problem behaviors

- Not allowing anyone to enter deceased's room, not touching belongings
- Spending hours with person's belongings, at the cemetery, daydreaming about the past
- Not talking about the deceased with family or friends
- Isolating from friends and social activities
- Reliance on alcohol, not attending to one's health, nutrition, sleep

ACTIVITY

INTRODUCING CARLY

You'll hear a short case vignette. You can follow along with the handout.

Listen for and/or highlight **potential derailers** in Carly's **thoughts**, **feelings**, and **behaviors**.

INTRODUCING CARLY

Carly is a 28 y/o woman who came in for treatment at her mother's urging. Her mother has become increasingly concerned about Carly over the past few years. Carly's father died 3 years ago of colon cancer. Carly was a main support person for her father during his 8 months illness and decline. She stopped her graduate studies in History and moved home to help her mother to care for him, as the situation became too much for one person to handle.

The therapist learns that Carly grew up in a large family, where she was the youngest of five children. While she loved her siblings, as well as her mother, she was closest to her father. She felt her father was really good at listening, giving advice, and telling stories. She loved when her dad would play his old record albums and the whole family would often sing along. The therapist notices that Carly brightens up and is quite animated as she talks about her dad and how much she loved these family times. Carly and her dad shared many interests -- music, history, old movies. She loved hearing him talk about his experiences in the service and in college, and she learned a great deal from him.

When the therapist asks about her father's course of illness, Carly suddenly becomes distraught. She tries to stifle sobs, wipes away tears, apologizes, and says that she is just not herself ever since his death, and doesn't know why this is happening to her. "I was not like this before, I was always an optimistic person. I'll never be that way again. Never. I hide this from my mom, because it worries and upsets her if I start to cry. And I know she misses my dad, too."

She tells the therapist that her father's deterioration was horrible. She sounds bitter and angry, "Some of those nurses didn't even try to help him in the hospital, and when they did, it just seemed like they were torturing him. We should not have let them do those extra tests. I'll never forgive myself for that. He didn't want to die, he had so much to live for. We wanted them to do anything they could do, if it would have saved him. I just think that if we'd taken him to another hospital, like MSK, they could have caught this earlier. I just feel like there had to be something that we could've done to stop this from progressing. People survive colon cancer all the time. There was one time when he even talked to us about looking into experimental treatment. I can't get that time out of my mind. Why didn't we take him there?" She continues, "I think of this all of the time, but I don't tell anyone. Why did this have to happen to our

Carly explains that she finds it difficult to be with her friends now, "I put on a happy face around them, but I can't wait to get away, and when I leave, I get so mad or start crying, or both. It's so unfair that they have their parents. They don't get it. Honestly, I only go out so my mom won't worry as much about me." She adds that she has lost all interest in dating or returning to school. "How can I plan a future when my career interests were because of all he gave me? And how could I ever become involved with a guy who will never know the most important person in my life?" She denies thoughts of suicide, though she often wishes that she would just not wake up in the morning.

Shortly after he died, the family moved most of her dad's belongings up to the attic, since it was too upsetting to see his record albums and books. "I just cannot believe he's gone. I can't listen to any of that music anymore; it just hurts too much. I can't imagine ever enjoying music without him here. Every time I read something interesting, my first thought is that I want to share it with him to hear what he thinks. It feels like a stab in my heart. I don't read history at all anymore."

Carly has not been to the cemetery since the burial. She has not been in touch with anyone at the university where she was enrolled, nor has she been on campus. At her mother's urging, she took a part time job at a local bank which is almost the only time she has left the house in the past two years. She gets along with coworkers but has never mentioned her personal life or her father's death with anyone there.

Carly ends the session by saying that she knows that her mother is right, her life is

Each of the Healing Milestones has a specific procedure

Understanding and accepting grief	Psychoeducation & grief monitoring
Managing grief-related emotions	Psychoeducation & grief monitoring
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Connecting with memories	Memories Questionnaires & imaginal conversation

Psychoeducation

- Formally introduced in Session 2 and continued as needed thereafter
- Therapist understands and utilizes psychoeducation from outset and throughout treatment when needed
- Session 2 allows for elaboration, personalization, and collaboration of PGD and PGDT
- Session 2 can offer client sense of being deeply understood and hopeful
- Therapist considers client formulation between Sessions 1 & 2 to prepare for Session 2 discussion (including client's strengths, challenges, quality of relationship to deceased, to contextualize PGD)

Therapist Case Formulation Worksheet

- Facts about the death: date, cause, quality of relationship
- PGD Symptoms:
  - *A. Prolonged grief: intense yearning, disbelief, disconnection, loss sense of self, etc.*
  - *B. Complications/Derailers: most troubling, GRAQ, TBQ, emotion dysregulation, etc.*
- Context- Personal History: Vulnerabilities: *mood/anxiety disorder, childhood instability, previous losses/trauma, etc.* Strengths: *skills, talents, values, interests, achievements, etc.*
- Context- Current Life: means of financial support, WSAS, supportive/unsupportive relationships

Psychoeducation in PGDT: 5 main topics

1. The nature of close relationships and grief as a form of love
2. Grief as a stress response
3. The process of adapting to loss and healing milestones
4. Pause points in grief with the potential to derail the healing process
5. Prolonged grief disorder and Prolonged Grief Therapy

Goals for psychoeducation

- Impart information about PGD in a non-judgmental way
- Demonstrate respect and appreciation for the patient's strengths/resources and foster open communication
- Motivate clients to engage and actively participate in therapy
- Engender a belief that the treatment is relevant and promising
- Gain agreement on treatment goals

Psychoeducation: a discussion not a lecture

Confirm the client's interest and attention

- *e.g. ask if the client would like to hear how you think; ask if they would like to hear more*

Check in regularly - confirm understanding

- *e.g. ask if what you are explaining makes sense; answer questions directly; "listen" actively to verbal and nonverbal communication*

Stay present and connected; watch for signs of confusion

Tips to increase collaboration: (ELICIT-provide-elicit)

Start where the client is; invite client to share what they know:

How do you understand your (grief) struggles?
What have others told you to do to help yourself?
What are your thoughts/hope about how therapy can help you?
What do you know about complicated grief?
What do you do or not do that has helped you along so far?
Ask about family/cultural norms, values on seeking help (for grief)
Ask about (past) strengths/ability to grow/change
Offer to share about yourself to assist in their comfort

Tips to increase collaboration: (elicit-PROVIDE-elicit)

Sharing information:

Ask for permission or interest
Provide clear rationale
Use simple language (their language, when possible)
Present information in brief pieces
Check for understanding, keep it interactive
Anticipate and normalize questions (“some people are confused about…”)
Watch non-verbals for signs of agreement/disagreement/confusion/boredom
Use repetition, rephrasing important points
Use stories, metaphors, and personalize the information
Keep a moderate pace and attend to structure/time limits

Tips to increase collaboration: (elicit-provide-ELICIT)

Check where they are with information:

Does anything surprise/concern you?

Does this remind you of anything else in your life? Can you relate to this?

Is there anything that you want to think over for a while?

Do you want to hear more about this?

Who might you want to discuss this with?

Where do you want to go from here?

Is this different than what you expected? Is this what you hoped for?

Psychoeducation *Close relationships as part of our biology*

Attachment: we resist separation from **people we love**

- They help us feel better when we are feeling stressed, threatened or upset
- They make us feel even better when we are feeling good
- They are mapped in a special way in our brains
- They affect us physically and psychologically
- They are part of how we define ourselves and our sense of mattering and belonging.

Caregiving: the reciprocal of attachment

- We make others feel better when they are stressed or upset and feel even better when they are feeling good

Exploration: motivates us to explore the world

- To learn and grow and to use our skills and talents; a threat to an attachment relationship shuts down the exploratory system

Explaining Grief: effects of loss of a loved one

Highly disruptive, loss of psychological and physiological regulation

Attachment Activation	• Yearning, longing, preoccupation, anxiety
Caregiving Activation	• Preoccupation, anxiety, guilt
Exploration Inhibition	• Loss of interest in exploring the world, learning and growing

Psychoeducation

Key Terms for thinking about grief

- Grief: the complex, variable response to loss
- Acute grief: the initial form of grief that is often intense, dominating the mind of a bereaved person
- Integrated grief: a quieter form of grief that has a place in the life of the bereaved - a reminder of their humanity and capacity for love
- Prolonged grief disorder: a form of grief that is persistent, preoccupying and impairing

Psychoeducation

Explain the process of adapting to loss

- Adapting is a process of adjusting to a world of absence
- Adapting entails
  - Accepting the reality
  - Restoring capacity for wellbeing
- Things that help people adapt
  - Managing emotional pain and experiencing positive emotions
  - Support of friends and family
  - Effective coping with day-to-day stresses

Psychoeducation

Healing milestones on the pathway to adapting

- Understanding and accepting grief
- Managing emotions
- Imagining possibilities for a promising future
- Strengthening relationships
- Telling the story of the death
- Living with reminders of the loss
- Connecting with memories

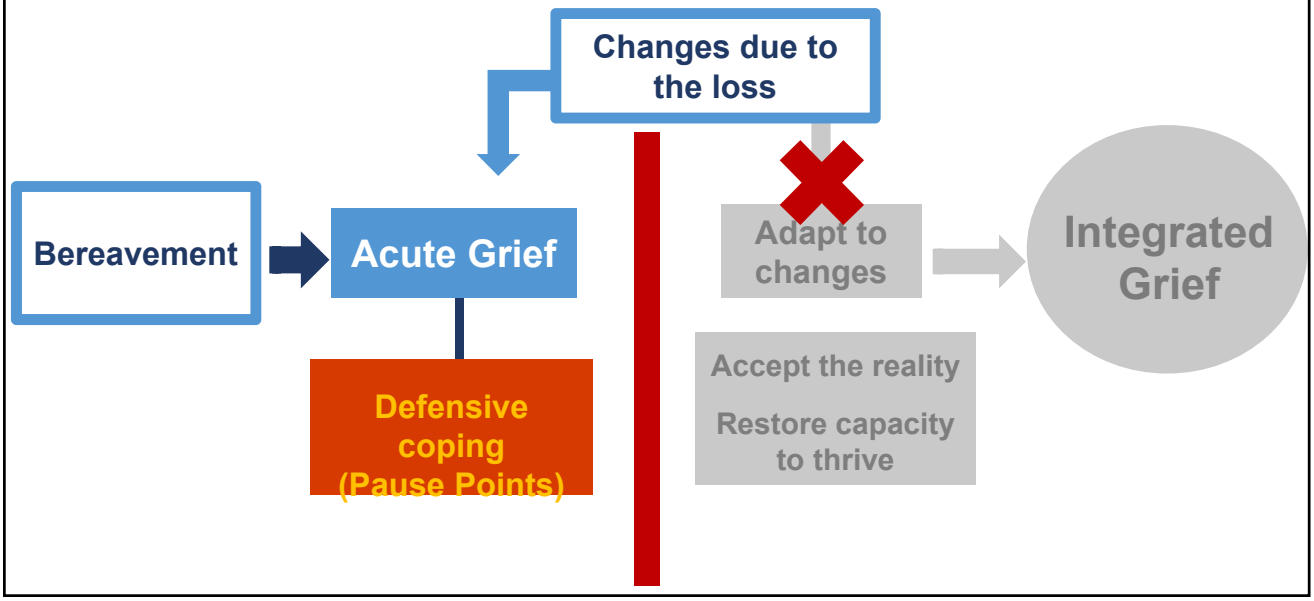
Psychoeducation

Common pause points in the healing process can be painful and also places to grow and learn

- Disbelief or protest
- Alternative scenarios: “if onlys” or “what ifs”
- Negative reactions to grief
- Caregiver self-blame or anger
- Survivor guilt
- Avoidance of grief triggers
- Resistance to moving forward
- Inability to connect to others

…or can become derailers

Prolonged Grief



Psychoeducation: Describe PGDT

People with PGD need a targeted treatment. PGT is based on the model of grief just described (see map) The goal is to facilitate adapting to loss and address derailers of this process.

The treatment is designed to help people achieve the 7 Healing milestones and includes at least one procedure for each of these.

PGT procedures are simple, but two of them can be pretty emotionally activating so we want to tell them and their visitor about these.

The first is called imaginal revisiting. It includes telling the story of the death in a special way and the spending time talking about this. Then we help them to put the story away and plan something rewarding to do, and they listen to a recording of this at home between sessions.

The second emotionally activating procedure is called situational revisiting. In this procedure we helps them to plan to gradually revisit places and things that are avoided because they trigger grief. Ask them if they would like examples of this and be prepared to provide them.

REFLECTION

Review Case of Carly

What would you want to emphasize in your psychoeducation?

What questions could you anticipate Carly asking that might be challenging or give you pause?

Optimally, PGD therapists provide hope and confidence in the treatment during these early sessions. How might you consider doing this for Carly?

Psychoeducation: a suggested personal activity for therapists

- To be sure you have a clear understanding of the psychoeducation content in PGT, try explaining it in a conversation.
- You might do this with a friend, family member or colleague.
- Doing this will help reinforce what you know and show you what you are unclear about so you can go back and review it.
- The person you are explaining it to might also have questions that can further help you develop your understanding.

Accepting and Understanding Grief Managing Painful Emotions

Each of the Healing Milestones has a specific procedure

Understanding and accepting grief	Psychoeducation & grief monitoring
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Grief Monitoring helps clients understand their grief

Monitoring Grief – Self-observation and Reflection

- Monitoring is a simple tool that encourages people to get to know their grief.
- We want them to observe and reflect on their grief, see the different forms it takes and observe how it waxes and wanes in intensity.

How we introduce grief monitoring

Each evening, think back over the day

- identify a time when your grief was at its highest level for that day; rate the intensity on a scale of 0-10, where 0= none and 10 is the most grief you have ever felt; make a note about what was happening at the time
- identify a time when your grief was at its lowest level for that day; rate the intensity on a scale of 1-10; make a note about what was happening at the time
- Think back over the day, as a whole – estimate the overall grief level for the day

We use daily grief monitoring to work with accepting grief and managing emotional pain

Using a scale where 1=the least intense, and 10=the most intense grief you can imagine, please record the minimum and the maximum intensity of your grief each day and tell us when these **lowest** and **highest** points occurred. Then, at the end of the day, rate the average intensity for that day.

DAY	HIGHEST GRIEF	NOTES	LOWEST GRIEF	NOTES	AVERAGE GRIEF
Thurs	8	Had dinner with friends I haven's seen since I died	3	Spent time with 4 year old grand niece. She is very cute and funny	6
Fri	9	Before I went to bed. Missing I so much	7	Trying to watch tv (this was a bad day. home alone all day. no one called)	8

How to review grief monitoring

- Briefly review the diary at the beginning of each session
- Observe and comment on ONE of the highest and ONE of the lowest ratings for the week, for example:

  "Your grief went up to an 8 on Thursday. You wrote 'at dinner with friends'" Wait for the client to respond or simply say "Tell me about that"

  "Your grief went down to a 3 on Thursday too. You wrote 'picnic with kids'" again waiting or asking an open ended question

More about reviewing grief monitoring

- The grief monitoring discussion is an opportunity to identify derailers (grief complications) and/or fortify adaptive processes
- Do this in a simple straightforward way. Remember the main goals are accepting grief and promoting ways to manage emotional pain.
- What's happening when the grief levels are highest? What are thoughts and feelings when the grief surges? What does the client do?
- Is the client rejecting or resisting their grief or are they accepting it? Do they let it come and recede or does it take over for hours or even the rest of the day

Remembering that accepting grief means we do not try to lower its intensity

- The therapist does not have expectations about grief levels
- An important goal is to help the client accept their grief.
- Remember grief is permanent after we lose someone we love and it ebbs and flows in a natural way.

Meet Frank

Frank is a 65 year old recently retired police officer, married to Deborah, with two children, Lisa and Jack. Frank was always hard working, popular with his colleagues, neighbors and friends. Jack was 33 and recently married when a tragic accident took his life 18 months ago. During his son's adolescence, Frank had some difficulty with Jack's behavior and they had some conflicts, but in the 5 years before Jack died they became quite close.

Frank thinks he will never again hear the sound of a phone without feeling the ring in his whole body. In a way Frank feels like he died that night too. He knows he will never be the same. He often feels waves of intense longing and sadness or he is overcome with rage.

Frank is convinced that his life has ended. Suddenly it seems like wherever he goes there are reminders of Jack. He can break down unexpectedly in the most ordinary places so he has become wary of going out. He carries so much sadness that he finds it hard to smile or laugh and when he does, it feels strange – almost like it's wrong to feel happy. Frank feels most like himself when he's talking about Jack. He thinks about Jack constantly, sometimes about the period when he was angry at him. Then he regrets the time they lost. More often, he remembers how good everything turned out, how wonderful Jack is, and the bright future he and his wife Amy were supposed to have together. When he is not caught up in thinking things should have been different, he reproaches himself for his inability to control his emotions. Frank is not eager to see a therapist but Deborah tells him he has to do something or she doesn't know if she can stay with him.

Work with grief monitoring

We listen to….

Non-verbal communication

- Body movements
- Feeling in the room
- What's not being said

Our own thoughts and feelings

- how we are responding to this client
- In general
- To what's being said
- Our personal response to grief and loss

Verbal communication

- What's being said
- Why it's being said
- How it's said
- What's being communicated

Grief monitoring review is an opportunity to address derailers

Common derailers when grief levels are highest

- Judging or trying to control grief, feeling ashamed
- Trigger for protesting or revising the death
- Trying to escape from triggers or to block out emotions

Common derailers when grief levels are lowest

- Survivor guilt
- Getting lost in the past
- Judging grief – afraid of forgetting or betraying or seeming heartless

REFLECT

- *What did you notice about what the therapist did or didn't do in reviewing the diary?*
- *What did you notice about the therapist's way of working with a derailer?*
- *What surprised or confused you about the diary review?*

TROUBLESHOOTING PGDT

"Do I have to keep doing this?"

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

At the beginning of session two, Thomas hands the therapist his Grief Monitoring Form showing that Thomas has recorded either a 10 or a 0 every day, with no notes marked for either. Thomas explains that he doesn't see the point of this. All it does is make him think about his daughter. He says, "When I push it out of my mind, I function fine, but as soon as I think about it, it feels like someone is twisting a knife in my gut…do I have to keep doing this?"

What might you do or say, as a PGDT therapist, to respond to Thomas and to help him understand the GMD? Type this verbatim in the chat.

TROUBLESHOOTING PGDT

"I forgot the Grief Monitoring Diary"

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

At the beginning of Session 2, Susan tells the therapist that she "forgot" to bring in the GMD, adding that she hadn't really written much on it anyway, until last night when she realized she "hadn't done her homework" and tried to fill it in for two days. She added, "I don't know why, I just had some really bad days where I was just crying for no good reason. I know I should be doing better than this by now. I'll try harder to do it this week."

What might you say, as a PGDT therapist, to respond to Susan and to help her understand the GMD? Type this verbatim in the chat.

Client Videos

REFLECT

Share in the chat

- *What did you notice about what the therapist did or didn't do in reviewing the diary?*
- *What did you notice about the therapist's way of working with a derailer?*
- *What surprised or confused you about the diary review?*

ACTIVITY

Do your own Monitoring Diary

- For the next 5-10 minutes, using a blank GMD, complete the past week for yourself, using “stress” in place of “grief” intensity
- Complete the high’s, low’s and overall general intensity of each day to the best of your recollection
- Make notes for when the intensity increased or decreased, what you were doing, thinking, feeling.

THE CENTER FOR
COMPLICATED GRIEF

Grief Monitoring Diary (GMD)

Given out at session (*Please circle one*)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

During the course of Complicated Grief Treatment we would like you to monitor and rate the intensity of your grief. Using a scale where 1=the least intense, and 10=the most intense grief you can imagine, please record the minimum and the maximum intensity of your grief each day and tell us when these **lowest** and **highest** points occurred. Then, at the end of the day, rate the average intensity for that day.

DAY	HIGHEST GRIEF	NOTES	LOWEST GRIEF	NOTES	AVERAGE GRIEF

ACTIVITY

Enhance Your Learning

Practice out loud how you would introduce these 3 steps to the Grief Monitoring Diary to a client:

- identify a time when your grief was at its highest level for that day; rate the intensity on a scale of 0-10, where 0= none and 10 is the most grief you have ever felt; make a note about what was happening at the time
- identify a time when your grief was at its lowest level for that day; rate the intensity on a scale of 1-10; make a note about what was happening at the time
- Think back over the day, as a whole – estimate the overall grief level for the day

Thinking about the future

Each of the Healing Milestones has a specific procedure

Understanding and accepting grief	Psychoeducation & grief monitoring
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Connecting with memories	Memories Questionnaires & imaginal conversation

Thinking about the future

Progress in working on this theme

- Help the client get in touch with things they care about - their intrinsic interests and/or values
- Help the client consider an aspirational goal that links to an intrinsic motivation
- Introduce and encourage the idea of simple daily rewarding activities
- Look for client to build a ritual of simple daily activities
- Look for increased energy and enthusiasm

Two ways we foster the ability to see the future in a promising way

We encourage clients to plan and do simple everyday rewarding activities

We work with clients to plan and work toward accomplishing long-term aspirational goals

We introduce the idea of simple rewarding daily activities as a natural way of balancing emotional pain

Most people do this naturally when adapting to a loss

People with PGDT don't

We invite the client to make a list of a simple things that could bring some small pleasure or satisfaction

- Plan to do something rewarding to balance emotional pain
- Turn this into a small daily ritual

SELF-PAMPERING
Drinking tea in the garden
Having a latte in a favorite coffee shop
Sitting in the garden reading
Taking a spa-like hot bath
Getting a manicure
Making a special meal

STIMULATING OR INTERESTING
Watch a movie or TV program
Read a good book
Go to a lecture, concert, museum, sports event
Draw, paint or play a musical instrument

SKILL-BUILDING
Learn to cook, garden, knit
Learn to dance, play piano, woodwork
Learning to play a new game
Work on athletic skills

HAVING FUN
Someone who makes you laugh
Playing with children
Dancing
Playing a game
Playing with a dog or cat
Going to a carnival

CAREGIVING
Volunteer at a park or shelter
Babysit, read to children at a library
A special meal for loved ones
Help an elderly person
Work on a fund-raising campaign

EXPLORATION
Go on a hike, climb a mountain
Explore a new neighborhood
Surf on the internet
Collect seashells, fossils, rocks

In our work with aspirational goals we are most interested in two things

- Demonstrating to the client that we believe they have their own “intrinsic” interests and values and that these are important and
- Opening a door and inviting them to walk through it; giving them permission to connect with deeply held interests and values
- It is not essential to identify a goal and work on it
- Clients can do well with PGDT if we continue to discuss this, even if they never determine an actual goal

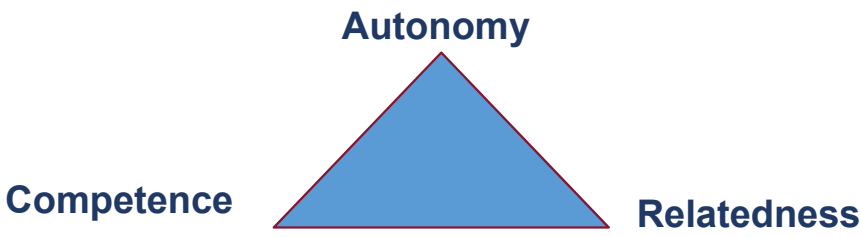
We also work with aspirational goals

Encourage clients to find an activity or project that is intrinsically motivated as defined by self-determination theory.

Related to unique personal interests and values.

Such activity holds the promise of deep satisfaction and generates enthusiasm for the future.

Self-determination theory



All three are needed for a person to thrive

All three are undermined by bereavement

Ryan and Deci 2000

How to introduce aspirational goals work

"Imagine your grief was at a manageable level, what would you want for yourself?

Note: be sure to acknowledge that you know the client is not at that place right now

Aspirational goals work is introduced early and continues throughout the treatment

- It can feel awkward to both therapist and client to introduce this topic early in the treatment.
- You are encouraged to persevere.
- Even a client overwhelmed by grief can connect to what matters to them.
- Initiating this work on aspirational goals early communicates your faith in the client; it's a way of saying you know they matter.

When the client has identified an aspirational goal, we use a motivational interviewing strategy to begin addressing specific plans for a specific project

- What might stand in your way?"
- "Who could help you?"
- "How would you know you were working toward this goal?"
- "How committed are you to doing something to work toward the goal right now?"

Examples of aspirational goals

Learn to play the piano	Open an antique store	Swim with dolphins
Buy a little green VW bug	Learn computer programming	Go parasailing

Common responses to aspirational goals

"I have no idea of anything that could be satisfying"

Sometimes a client might become activated or defensive after even being asked the question

What then?

Don't be discouraged as the therapist!

Your goal is to help clients connect to their own deepest interests and values

Just talking about interests and values can generate positive feelings and hope.

Some things you can do if a client is stymied

- Ask about childhood dreams, satisfaction or fun
- Talk about things others have done
- Brainstorm creative things to do; encourage trial and error
- Do a values card sort (MI procedure)
- Do a Aspirational goals questionnaire
- Use an occupational counseling approach

Use your imagination

Have fun!!

Why it's hard to talk about the future during acute grief

- The past seems more interesting than the future
- It's hard to connect with what we are interested in or what we care about.
- Yet it's difficult to move forward in life without some sense of purpose and/or some possibilities for happiness.

Possible derailers in working with Aspirational Goals:

Difficulty seeing a promising future: e.g. feeling uncertain about oneself and unenthusiastic about ongoing life; uncomfortable with happiness, little satisfaction or meaning

Survivor guilt, concern about forgetting or betraying deceased, fear of losing loved one forever, guilt over circumstances of death

Alert!

There is no expectation that an identified aspiration will be fulfilled by the end of your treatment

(in fact – you don't even want to achieve the goal during the treatment)

Please keep in mind

- Thinking about the future is important in adapting to loss
- Enthusiasm for the future generates motivation and energy for accepting the reality of the loss
- What is important is the topic and the discussion and not the achievement of a goal

TROUBLESHOOTING PGDT

ASPIRATIONAL GOALS EXERCISE #1

Read the typical Troubleshooting scenario to see how you might respond

Robert responds immediately to the therapist when she asks him the “magic wand” question. “I want to complete the playground that is being dedicated to honor my daughter’s memory. I feel like it will give me closure in a way.” The therapist validates the importance of this to him, and then asks him, “what else might you want for yourself that is just for you?” Robert responds, “I have all that I need, except for my daughter. How does anyone look forward to a life without their child? It is wrong. She should not have died before me. How could I ever want anything again knowing that she has been cheated out of life?”

TROUBLESHOOTING PGDT

ASPIRATIONAL GOALS EXERCISE #2

Read the typical Troubleshooting scenarios to see how you might respond

Marge looks at the therapist rather blankly when hearing the aspirational goals question. She responds that all she wants for herself is to feel some peace in her heart about her grandson’s death. The therapist asks her to imagine that she has found that peace, then what might she want for herself or what might she be doing? Marge gets quiet for a moment, then lets out a sigh and with irritation says, “I know, I know. Everyone says I should get myself back to church and volunteering at the daycare center, is that the sort of thing you’re looking for?”

ACTIVITY

Enhance Your Learning

Practice out loud how you would introduce Aspirational Goals work to a client:

"Imagine your grief was at a manageable level, what would you want for yourself?

Then:

"How would you know you were working toward this goal?

"How committed are you to doing something to work toward the goal right now?"

"What might stand in your way?"

"Who could help you?"

AT A GLANCE

PGDT – *Session-By-Session Overview*

Getting Started

Session 1: History taking; Introduce grief monitoring
Session 2: Psychoeducation; Introduce aspirational goals
Session 3: Meet with visitor

Core Revisiting Sequence

Session 4: 1st imaginal revisiting
Session 5: Continue imaginal revisiting; Introduce situational revisiting
Session 6: Continue revisiting; 1st Memories Questionnaire
Sessions 7-9: Continue revisiting, memories questionnaires

Mid-Treatment

Session 10: Mid -Treatment Review

Core Revisiting Sequence

Session 11: Imaginal conversation; Discussion of ending
Sessions 12-16: Finish up work on themes; Discussion of ending treatment