

Mini Course on Grief for Health Care Professionals

Overview of the Journey of Grief

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Key Terms

Bereavement: The immediate time period after a death or significant loss. The bereaved one is deprived of a close relation or close friend through death.

Mourning: The external expression of grief and loss (often connected to cultural or spiritual practices, such as funerals, wakes, sitting shiva).

Grief: Internal response to loss – emotions, thoughts and somatic reactions. Remember...

- Grief is not a disorder You do not recover from grief.
- Grief is something you get through not over.
- Grief is transforming – it changes the view of ones world forever.

Acute Grief: Grief experienced from time of loss until the first anniversary of the death. Grief dominates the life of the bereaved person. Grief can include...

- Significant emotional pain (sadness, anxiety, anger, guilt, shame), somatic symptoms
- Trouble focusing and forgetfulness
- Intense yearning to reunite with the lost one accompanied by insistent thoughts and memories of the person who died.

Integrated Grief: The lasting form of grief in which loss-related thoughts, feelings and behaviors are integrated into a bereaved person's ongoing functioning. Grief has a place in the person's life without dominating it.

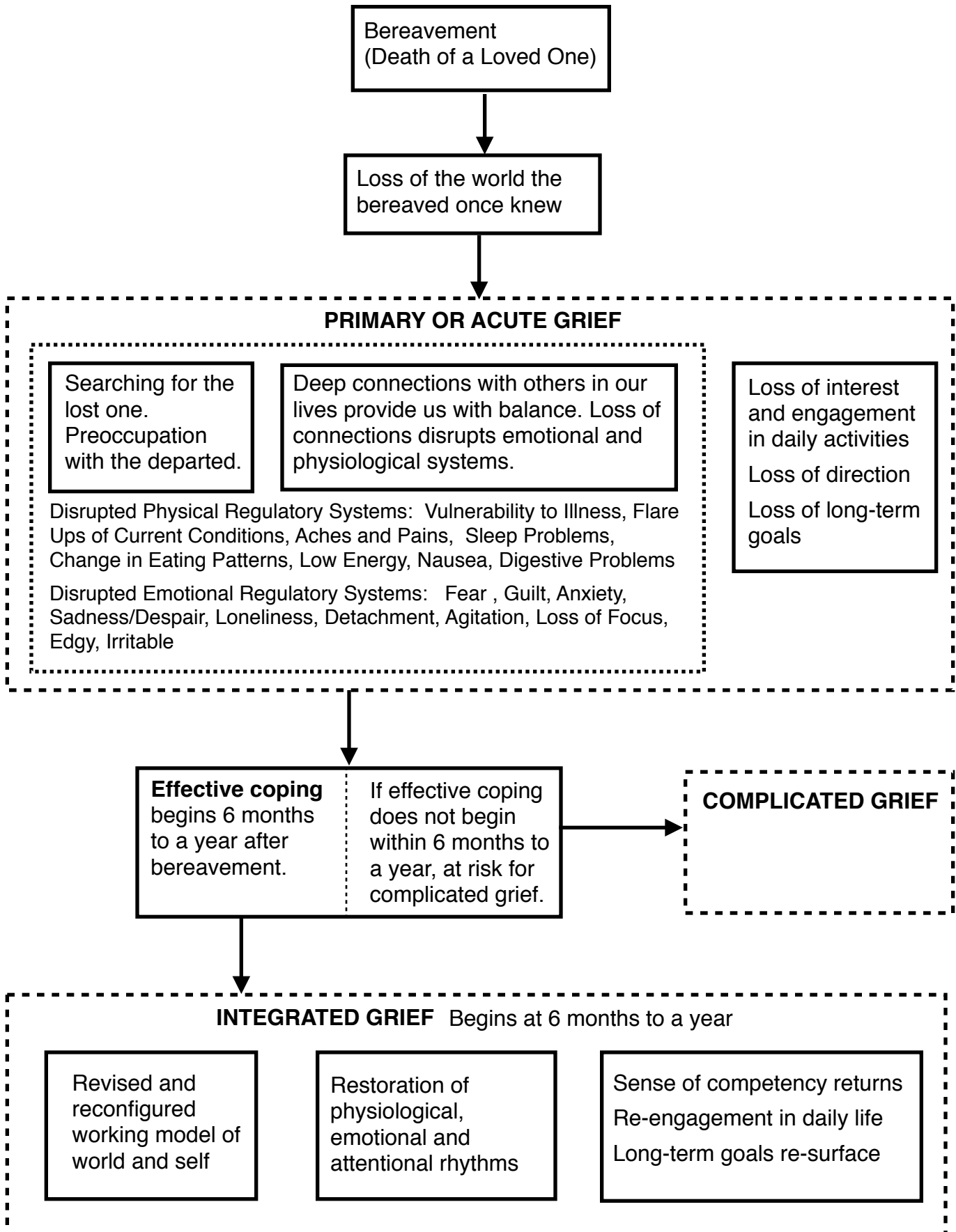
Basic essential needs to move to Integrated Grief*:

- Accepting the reality of the death
 - Acknowledging the pain of the loss
 - Remembering the person who has died
 - Developing a new identity / revising life roles
 - Searching for meaning
 - Letting others help (Companions)
- *Adapted from the work of Alan Wolfelt

Complicated Grief: A persistent form of intense grief that continues beyond the stage of Acute Grief. Complicated Grief is characterized by...

- Marked by maladaptive thoughts and dysfunctional behaviors
- Continued yearning, longing and sadness and/or preoccupation with thoughts and memories of the person who died
- Grief continues to dominate life.
- Future seems bleak and empty.
- Having irrational thoughts that the deceased person might reappear
- Bereaved person feels lost and alone.

Journey of Grief



Adapted by Wendy Hanevold Ph.D. from the work of Dr. Kathryn Shear & Dr. Harry Shair

Moving from Acute Grief to Integrated Grief

There is healing if your patients are struggling to move from Acute Grief to Integrated Grief.

Not all who grieve need to enter therapy. But if your patient is suffering in the midst of acute grief – they need to **seek a therapist who...**

- Has training in grief.
- Has the wisdom to recognize that the bereaved is the expert on their grief.
- Listens, engages in conversation, offers wisdom but does not tell another how to grieve.
- Is open to guiding the bereaved to talk about tough feelings.
- Is open to bringing in key people who are important to the bereaved and can companion

Treating Complicated Grief

There is hope. If your patients are struggling with Complicated Grief, please let them know there is a highly effective treatment...

Complicated Grief Treatment (CGT)*

Provider: Wendy Hanevold Ph.D. 404-583-7333

Location: Roswell, Georgia Website: SilverWingedBridge.com

Time Limited: 16-session treatment Evidence-Based

Sessions are structured in a manner similar to Cognitive Behavioral Therapy. Each session begins with a review of the past week and setting an agenda. Next the session moves to a loss-focused procedure followed by a restoration-focused procedure. The session ends with a brief summary and feedback about how it went and plans for the upcoming week.

CGT is focused on helping people adapt to the loss in two clear ways:

- Identify and resolve grief complications
- Facilitate natural adaptive processes.

CGT Works on seven core themes:

1. Understanding grief
2. Managing painful emotions
3. Thinking about the future
4. Strengthening relationships
5. Telling the story of the death
6. Learning to live with reminders
7. Remembering the person who died

*CGT was created by Dr. Kathryn Shear, Center for Complicated Grief.

Is it Grief or Depression or Both? Differential Diagnosis*

Grief	Depression
Positive and negative emotions appear – a wave Humor can be present.	Sad mood is pervasive and unremitting
Feelings of sadness, emptiness and loss	Pervading sense of doom, unhappiness hopelessness and/or emptiness Inability to anticipate happiness or pleasure
Can accept and respond to comfort and support	Not accepting of comfort and support – inconsolable
Physical/Somatic complaints come and go	Chronic somatic complaints
Loss of pleasure related to longing for the deceased love one	Pervasive loss of interests and pleasure
Guilt and remorse – focused on letting the deceased person down	Guilt is related to feeling worthless and sees self as bad
Wish to die related to longing for reunion	Suicidal – feeling not deserving to live
Initial trajectory is usually towards gradual lessening of symptoms	Initial trajectory is usually toward gradual worsening of symptoms
Temporary loss of self-esteem	Deep and ongoing loss of self-esteem
Maintains connections with family and friends	Withdraws from others physically and emotionally
Depressed mood triggered by thoughts or reminders of the deceased	Depressed mood not triggered by thoughts or reminders of the deceased

*Adapted from the work of Kathryn Shear Ph.D. & Alan Wolfelt Ph.D.
by Wendy Hanevold Ph.D.

ICD 10/DSM V Diagnoses

Major Depression	The Bereavement exclusion has been eliminated from the DSM-V. In the past, clients were excluded from the diagnosis of major depression disorder if their symptoms emerged within two months of a death.
Co-occurring Acute Stress Disorder (3 days to one month after the death) and/or Post Traumatic Stress Disorder (One month or longer after the death)	Stress Disorder includes direct experience of the traumatic event AND/OR <ul style="list-style-type: none"> <input type="checkbox"/> the witnessing the event in person that occurred to others <input type="checkbox"/> learning about the traumatic event (violent or accidental) that occurred to close family member or friend. (e.g. Death by Suicide, Gun Violence, Fires, motor accidents).
Anxiety Disorders	Co-occurring anxiety disorders are often exacerbated by bereavement
Adjustment Disorders	According to the the DSM-The Adjustment Disorder codes are not to be utilized if the present symptoms represent “normal bereavement.” However, In many cases, patients can qualify for this diagnosis if the practitioner decides that there are other stressors concurrent with the death that may be labeled as a stressor and/or the bereavement is beyond “normal” (e.g. financial challenges, inability to care for self)
Uncomplicated Bereavement z63.4	Bereavement can be included as a condition that is a focus of clinical attention. This is NOT a mental disorder and is typically not reimbursed by insurance
Persistent Complex Bereavement Disorder	A proposed disorder that is under consideration for future review to determine if it will be included in a DSM-V future release

Resources

There are free evidence-based brief questionnaires designed for medical practices. All are available on the Web and can be used and reproduced without cost or need to obtain permission.

Grief Questionnaire: (Is it complicated grief?) If you need copies, contact Wendy Hanevold Ph.D. (whanevold@gmail.com).

Geriatric Depression Scale: The Geriatric Depression Scale (GDS) is a 15-item scale used to identify depression. It may be obtained at...

www.GeriatricToolkit.missouri.edu/cog/GDS_SHORT_FORM.PDF

GAD 7: The Generalised Anxiety Disorder Assessment (GAD-7) is a 7-item instrument that is used to measure or assess the severity of Generalized Anxiety Disorder.

PHQ 9: The PHQ-9 is a 9-question instrument given to patients in a primary-care setting to screen for the presence and severity of depression.

The GAD 7 and PHQ 9 may be obtained at...

www.phqscreeners.com/select-screener

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Grief Questionnaire

Take this brief questionnaire to see if you might be experiencing Complicated Grief. (Questionnaire created by Kathryn Spear, Ph.D.)

- > What was the relation of the deceased to me?
 - > How did they die?
 - > When did the death occur?
(Less than 6 months ago, 6 to 12 months, More than 12 months)
-

1. How much are you having trouble accepting death of your loved one?
0=Not at all 1=Somewhat 3=A lot
 2. How much does your grief still interfere with your life?
0=Not at all 1=Somewhat 3=A lot
 3. How much are you having images or thoughts of the person who died, either of when they died or other thoughts about the death that really bother you?
0=Not at all 1=Somewhat 3=A lot
 4. Are there things you used to do when your loved one was alive that you don't feel comfortable doing anymore, that you avoid? Like going places you went with them, or doing things you used to enjoy together? Or avoiding looking at pictures or talking about the person who died? How much are you avoiding these things?
0=Not at all 1=Somewhat 3=A lot
 5. How much are you feeling cut off or distant from other people since this person died, even people you used to be close to like family or friends?
0=Not at all 1=Somewhat 3=A lot
-

A score of **5** or greater (and the death occurred more than six months ago) indicates the possible presence of **Complicated Grief** and need for further assessment.

If you are struggling to navigate your grief or loss at any time in your grief journey – seek support.

There is Hope and Healing!

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