

MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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MHTTC
Grief Sensitivity Virtual Learning Institute

A two-part series for those supporting individuals experiencing grief and loss during COVID-19 and beyond

bit.ly/mhttc-grief-sensitivity-training

Recordings for each session will be made available on our website:

<https://bit.ly/mhttc-grief-sensitivity-training>

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At the time of this presentation, Elinore F. McCance-Katz served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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- In 1-2 weeks, you will receive an email to access a certificate of attendance; must attend at least half of the session.
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**Session recording
 and slide deck will
 be posted on our
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- The MHTTC Network accelerates the adoption and implementation of mental health related evidence-based practices across the nation
 - Develops and disseminates resources
 - Provides free local and regional training and technical assistance
 - Heightens the awareness, knowledge, and skills of the mental health workforce
- 10 Regional Centers, a National American Indian & Alaska Native Center, a National Hispanic & Latino Center, and a Network Coordinating Office
- www.mhttcnetwork.org

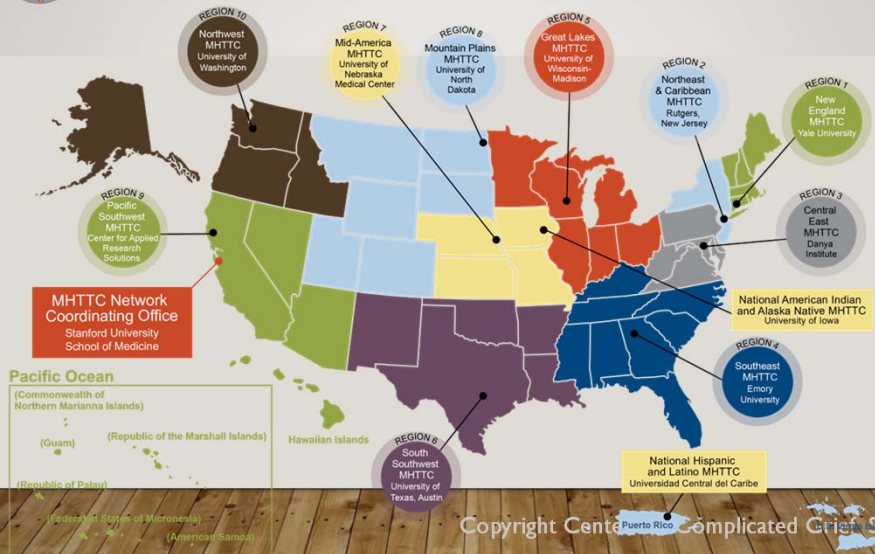
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DAY 1 (September 10 and November 12, 2020)

Each Institute has four sessions that each have three learning tracks: Grief Sensitivity, Evidence-Based Practices for Clinicians, and School Mental Health. You are invited to join whichever track most fits your learning interests!

Opening + Keynote • 9:00-9:50 am PT

1st Session • 10:00-11:30 am PT

- School Mental Health track
- Evidence Based Practices + Grief track
- Grief Sensitivity for the Workforce track

Lunch / Break out (optional) • 11:45 am-12:30 pm PT

2nd Session • 12:35-2:00 pm PT

- School Mental Health track
- Evidence Based Practices + Grief track
- Grief Sensitivity for the Workforce track

Optional Breakout/Discussion • 2:15-2:45 pm PT

DAY 2 (September 11 and November 13, 2020)

Each Institute has four sessions that each have three learning tracks: Grief Sensitivity, Evidence-Based Practices for Clinicians, and School Mental Health. You are invited to join whichever track most fits your learning interests!

Opening • 9:00-9:20 am PT

3rd Session • 9:30-11:00 am PT

- School Mental Health track
- Evidence Based Practices + Grief track
- Grief Sensitivity for the Workforce track

Lunch / Break out (optional) • 11:15 a.m.-12:00 p.m. PT

4th Session • 12:35-1:45 pm PT

- School Mental Health track
- Evidence Based Practices + Grief track
- Grief Sensitivity for the Workforce track

Closing & Looking Ahead • 1:50-2:45 pm PT

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Additional Information on Grief

Fact Sheets

- We have a series of fact sheets focused on addressing various grief-related topics
 - [Defining Grief](#)
 - [Responses to Grief Across the Lifespan](#)
 - [Preventive Strategies and Protective Factors](#)
 - [Cultural Responsiveness](#)
 - [Evidence-Based Treatments for Grief](#)



Webpage

- *Responding to COVID-19: Grief, Loss, and Bereavement* - visit our webpage for events and resources
- <https://mhctcnetwork.org/centers/global-mhctc/responding-covid-19-grief-loss-and-bereavement>

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Grief and Self-Care

- Be sensitive to your own grief and reactions throughout the Learning Institute. Take breaks, stretch, drink lots of water...

- **Helplines and Support**

- **National Suicide Hotline** - 1-800-273-8255
- **NAMI** - 1-800-950-NAMI (6264) or info@nami.org
- **Mental Health America**- 1-800-273-TALK (8255), text MHA to 741741
- **SAMHSA's National Helpline** - referral and information - 1-800-662-HELP (4357)
- **SAMHSA's Disaster Distress Helpline** - 1-800-985-5990 or text TalkWithUs to 66746

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Grief Sensitivity Virtual Learning Institute: Using HEALING Milestones in Your Work

Thursday, November 12, 2020

M. Katherine Shear, MD

Center for Complicated Grief

Marion E. Kenworthy Professor of Psychiatry at Columbia School of Social Work
and Columbia College of Physicians and Surgeons

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Presenter



Dr. M. Katherine Shear, Founder and Director of the Center for Complicated Grief, is an internist and a psychiatrist with the heart of a social worker. She is a talented clinician who is widely recognized for her work in bereavement studies and complicated grief disorder. Dr. Shear developed a short-term psychotherapy for people unable to move forward after a loss that was influenced by her inherent optimism and faith in human creativity and resilience. Complicated Grief Therapy (CGT) has proved to be efficacious in three NIMH-funded randomized controlled trials. Her work has produced several assessment instruments and an instruction manual for CGT—a focused, adaptation-focused approach with the strongest evidence base of any grief treatment to date.

Dr. Shear is the Marion E. Kenworthy Professor of Psychiatry at Columbia School of Social Work and Columbia College of Physicians and Surgeons. She served on review committees of the National Institute of Mental Health and on the advisory council for its National Center for Complementary and Alternative Medicine. She served as an advisor to the DSM-5 workgroup on complicated grief and adult separation anxiety, a member of the World Health Organization's ICD11 Working Group on Mood and Anxiety Disorders, a member of the scientific advisory board of the American Foundation for Suicide Prevention, and an elected member of the board of the Association for Death Education and Counseling.

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Grief Sensitivity Virtual Learning Institute
November 2020

Using Healing Milestones in Your Work An evidence-based intervention strategy

M. Katherine Shear M.D.
Center for Complicated Grief
Columbia School of Social Work



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Loss of a loved one is considered life's greatest stressor

A stressor is something that is challenging, difficult or threatening, that demands physical and/or psychological resources and produces physical and/or mental distress

The stress of loss includes many challenges difficulties or threats associated a "new normal."

For example:

- the loss itself and the accompanying grief
- changing family dynamics or dynamics of other social groups
- a requirement to take over responsibilities the deceased once dealt with
- spending time alone

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Grief itself is often stressful

Confusing thoughts and mixed feelings - for example...

- We want to hold onto grief and we want it to be over
- In a way, we welcome the mental pain yet we also want it to go away
- We want to go on with our life but we have little enthusiasm for doing so
- We need other people but we have trouble feeling connected to them
- We know the person died but we can't understand how they can be gone
- We crave connection to our loved one but want to avoid reminders of the loss
- We can't stop thinking about the person who died but feel like we've lost them forever

All of this is natural and very common

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When someone close dies

Grief is the form love takes

and it's a stress response

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Coping is how we manage stress

Dual Process Coping with bereavement

(Stroebe and Schut Death Studies 1999)

Cope with the two kinds of stressors in tandem, oscillating between them

- stressors related to the loss
- stressors related to daily life

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Bereavement changes the world we live in

Adapting is how we adjust our expectations and behavior to fit a changed world

Adapting is facilitated by a “psychological immune system”

Implicit processes that protect our competence, integrity and feelings of belonging in the face of negative experiences

Gilbert and Wilson 2002

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Coping

Short-term relief of stress

Oriented towards relief of pain

Time-limited, reactive

Motivated by an immediate stress

Uses existing resources

Prompted by a lack of automatic “righting”

Adapting

Long term changes in expectations

Oriented towards restoring wellbeing

A continuous process

Motivated by a changed environment

Builds new sustainable resources

Establishes new ways of automatic “righting”

www.weadapt.org

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Adapting to Loss

Accept the reality

Finality of the loss

A changed relationship to the person who died

Other changes that accompany the loss

Permanence of grief

Restore the capacity for wellbeing

Renewed sense of purpose and meaning

Restored sense of competence

The promise of satisfying, meaningful relationships

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Grief emerges in an acute form

Strong emotions

Insistent thoughts

Grief-related behaviors

**Physical
symptoms**

accompanied by some challenges: natural
stopping places in the process of adapting

1. Disbelief or protest
2. Counterfactual thinking
3. Misunderstanding grief
4. Placing blame on self and/or others
5. Survivor guilt
6. Feeling unable or unwilling to adapt
7. Cautiousness about close relationships
8. Avoidance of emotional pain

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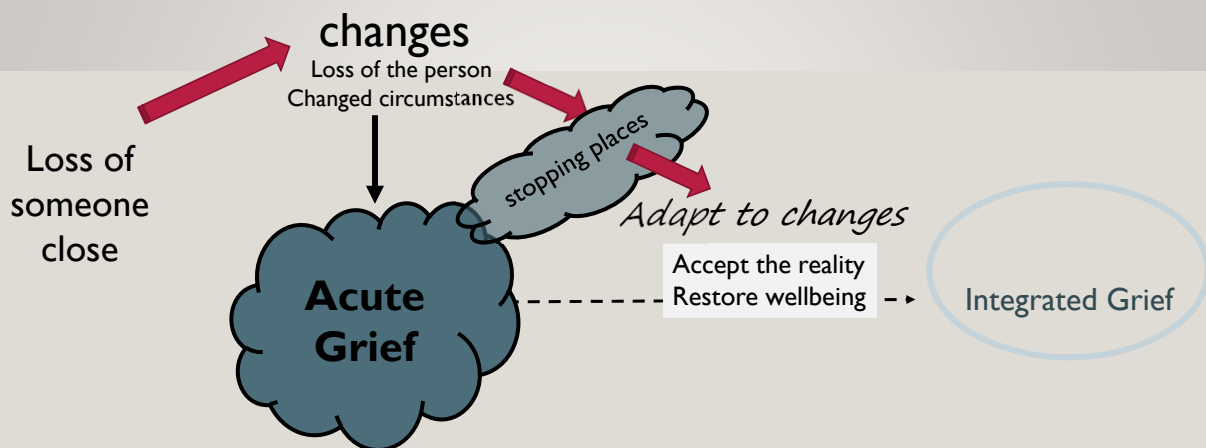
Grief is transformed as we adapt to the loss
 and finds a place in our life as “integrated” Grief

- Physiology is re-regulated
- Thoughts and memories find a place in our life
- Emotions become bittersweet, better regulated
- Thoughts recede, more distant, still accessible
- We become more connected to others

ALERT: even when grief is integrated, it’s not always soft or quiet

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A map of grief



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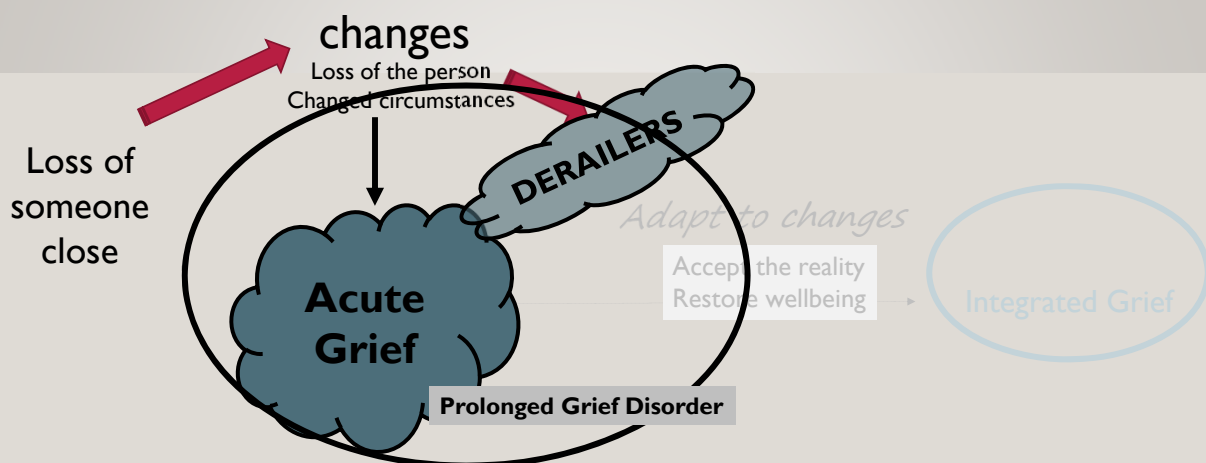
DSM 5 Prolonged Grief Disorder (PGD)

(It's official!)

- A. Death of a person close to the bereaved at least 12 months ago
- B. Persistent and pervasive yearning, longing or preoccupation with the deceased
- C. Since the death, at least 3 of the following have been present most days to a clinically significant degree and nearly every day for at least the past month
 - 1. Identity disruption
 - 2. Marked sense of disbelief
 - 3. Avoidance of reminders
 - 4. Intense emotional pain related to the death
 - 5. Difficulty engaging in ongoing life
 - 6. Emotional numbness as a result of the death
 - 7. Feeling life is meaningless because of the death
 - 8. Intense loneliness as a result of the death
- D. The disturbance causes clinically significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning
- E. The duration and severity of the bereavement reaction clearly exceeds expected social, cultural or religious norms for the individual's culture and context.

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a Map of Prolonged Grief Disorder



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Using Healing Milestones in Your Work

An intervention strategy informed by an evidence based therapy for PGD

GOALS

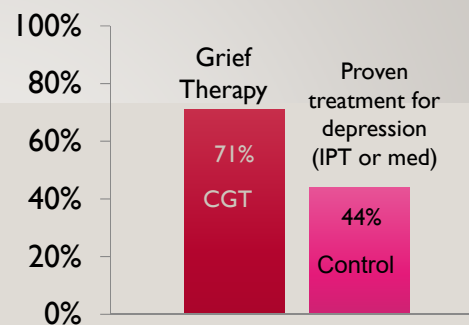
- ✓ *Facilitate adaptation to loss*
- ✓ *Find and address stopping places/derailers*

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NIMH-funded Research

- Study 1
Shear et al JAMA 2005; N=95
- Study 2
Shear et al JAMA Psych 2014; N=151
- Study 3
Shear et al JAMA Psych 2016; 4-site study n=395
- The HEAL collaborative:
New York: M. Katherine Shear – Overall PI and
Naihua Duan, :Biostatistical PI
- Boston: Naomi Simon PI
Pittsburgh: Charles Reynolds PI
San Diego; Sidney Zisook P

Overall results of all 3 studies
N= 641



Participants were ages 20 to 93, bereaved of a range of losses by natural and by violent causes, Many had already received grief counseling and/or mental health treatment

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Role of medication

Data from the HEAL Collaborative

Complicated Grief Symptoms

No difference between citalopram and placebo

Significant difference between CGT and no CGT

Depression Symptoms

No difference between citalopram and placebo

Significant difference between CGT with citalopram and CGT with placebo

Shear et al *Jama Psychiatry* 2016; 73:7885

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Using Healing Milestones Meeting a bereaved client

- ✓ Build the relationship
 - ✓ Create a sense of interest, openness
 - ✓ Establish client and therapist roles
- ✓ Understand the context of grief
 - ✓ Get to know the client
 - ✓ Learn about the social/cultural world

- ✓ Learn about their loss and grief
 - ✓ Watch for stopping places
 - ✓ Consider Healing milestones
 - ✓ Prolonged Grief Disorder
- ✓ Agree on therapy goals and explain how you think and work

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Using Healing Milestones Five underlying premises

1. *Grief is a form of love that emerges naturally and finds a place in our life*
2. Adapting to loss progresses naturally if it is not impeded
3. Loss and grief are stressful and stress can derail adaptation
4. *Everyone grieves, copes and adapts in their own way*
5. We don't grieve well alone

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Active listening is at the heart of the Healing Milestones approach

Active listening: how we decide when and how to intervene

Keep therapy goals in mind

- ✓ Attend to your relationship with the client
- ✓ Watch for the things that derail adaptation
- ✓ Foster progress in adaptation

Consider the client's readiness and/or reticence

- ✓ Are they engaging and moving forward in their life or holding back
- ✓ When and where is there openness to change
- ✓ When they might respond to support, validation or guidance

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Personalized Intervention

Validation

e.g. grief normalized,
insensitive social
experiences validated,
stopping places that can
derail adapting normalized

Support

e.g. empathic listening
presence, acceptance,
shared problem solving,
judicious self disclosure

Guidance

e.g. helpful suggestions;
information; HEALING
milestones; alert to
DERAILERS

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Seven Healing milestones Guide our Therapy

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

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<p>Healing Milestone:</p>	<p>Understand Grief</p>	<p>How to do it History taking Grief Monitoring Psychoeducation</p>
<p>Rationale</p> <p>Grief is the natural response to loss It's unique to each person and each loss It has many facets and it changes over time We want to foster acceptance of grief as a part of life after loss Cognitive and experiential understanding can help a person find ways to accept grief</p>		<p>Goals</p> <p>Help the client get to know the components of their own grief and how grief changes over time Help the client understand why we grieve and other commonalities in grief Work with the client to recognize and address derailers</p>
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<p>Healing Milestone:</p>	<p>Manage emotions</p>	<p>How to do it Grief Monitoring</p>
<p>Rationale</p> <p>Grief emotionality is often very painful Emotionality often feels unfamiliar; emotions often seem unusually strong and uncontrollable Positive emotions can also be aversive after a loss Bereaved people are often ambivalent about relieving pain and/or experiencing pleasure or satisfaction Learning to manage painful and positive emotions is an important part of adapting to loss</p>		<p>Goals</p> <p>Observe, name and reflect on emotions, both painful and positive See what a client is thinking and doing before and after they experience a strong emotion Find effective ways to manage emotional pain See what they are thinking and doing before and after they experience a positive emotion Find and address derailers Address survivor guilt and learn to savor and build on positive emotions</p>
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Healing Milestone:	Imagine a promising future	How to do it “Aspirational goals”
Rationale		Goals
Seeing the possibility of promise in the future helps people deal with a loss	Connecting to intrinsic values and interests and using these to motivate behavior can energize clients and create enthusiasm	Working with this topic signals therapist hope and confidence in the client and strengthens the alliance
		Identify the client’s intrinsic interests and values Develop an important long term project using a modified motivational interviewing personal goals procedure Encourage and support the client Demonstrate confidence in their capacity to do something meaningful
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Healing Milestone:	Strengthen relatedness	How to do it Invite a visitor to a session
Rationale		Goals
Bereaved clients need others to share in the pain and make them feel less alone	Share stories that are gratifying and comforting	Provide support and encouragement that fosters adaptation to the loss
Create a sense of relatedness - a basic human need	Help the client connect with feelings of being loved and appreciated Help the visitor understand grief Provide information about the treatment Explore possibilities for optimizing support	
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<p>Healing Milestone:</p>	<p>Tell the story of the death</p>	<p>How to do it Tell the story of learning of the death</p>
<p>Rationale</p> <p>Death is an important moment in everyone's life We need to be able to think about a loved one's death in order to be comfortable thinking about the person in other ways Comprehending the reality of the death activates the psychological immune system Builds confidence in emotion regulation Often associated with important stopping places/derailers</p>		<p>Goals</p> <p>Be present to share this story with the client Increase the client's confidence in the ability to tell the story and put it away Provide an opportunity to discuss and reflect on the story and on stopping places An opportunity to find a place for this story in their ongoing relationship with the person who died</p>
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<p>Healing Milestone:</p>	<p>Learn to live with reminders</p>	<p>How to do it Address avoidance</p>
<p>Rationale</p> <p>Reminders can be ubiquitous Excessive avoidance deprives the person of meaningful memories and restricts possibilities for moving forward Even though avoidance can relieve pain in the moment, in the longer run it can make the pain worse</p>		<p>Goals</p> <p>Identify reminders Confront the reminders and find ways to manage emotional pain Promote access to memories Work with derailers, e.g survivor guilt Free the person to move about in the world</p>
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Healing Milestone:	Feel connected to memories	<h3>How to do it</h3> Memories Questions and imaginal conversation
<h3>Rationale</h3>		<h3>Goals</h3>
<p>Relationships with loved ones are internalized in a way that maintains a sense of connection between two living people when they are apart.</p>		<p>Help the client access a range of memories</p> <p>Provide an opportunity to</p> <ul style="list-style-type: none"> ○ connect with a sense of the internalized version of the person who died ○ allow the deceased person to help the client to move forward and/or address troubling issues
<p>Accessing memories in different ways can create an ongoing sense of connection to a person who died</p>		<p>Help the client connect to a sense of continuity in their relationship with the deceased person</p>
<p>Connectedness provides ways the ongoing relationship can promote learning and growing .</p>		
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Working with Healing Milestones is a way of fostering our innate capacity to adapt to loss.



"Like tiny seeds with potent power to push through tough ground and become mighty trees, we hold innate reserves of unimaginable strength. We are resilient."

—Catherine DeVrye, *The Gift of Nature*, 2018

Slide from Christy Denkla Ph.D.

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Although the world is full of suffering, it is also full of overcoming it.
Helen Keller

To learn more about Prolonged Grief Disorder and Complicated Grief Treatment

Sign up for our professional newsletter for updates on Center activities:

complicatedgrief.columbia.edu

We have training materials, free handouts and webinars and much more.



Q&A with Presenter

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At the end of today's training please take a moment to complete a **brief** survey about today's training.



<http://bit.ly/GSVLI-Opening-Eval>

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Next Session Grief Sensitivity Virtual Learning Institute:

10:00 - 11:30am PT
11:00 - 12:30pm MT
12:00 - 1:30pm CT
1:00 - 2:30pm ET

Supporting grieving students: Beyond the Basics	David Schonfeld, MD, FAAP	http://bit.ly/GSVLISchonfeld Passcode: 111220
Are You the Therapist a Grieving Client Wants to Meet?	Jill Johnson-Young, LCSW	http://bit.ly/GSVLIJohnson Passcode: 111220
A Smorgasbord of Grief Counseling Tools (Part 2)	Doug Smith, MDiv, MA, MS	http://bit.ly/GSVLISmith Passcode: 111220

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