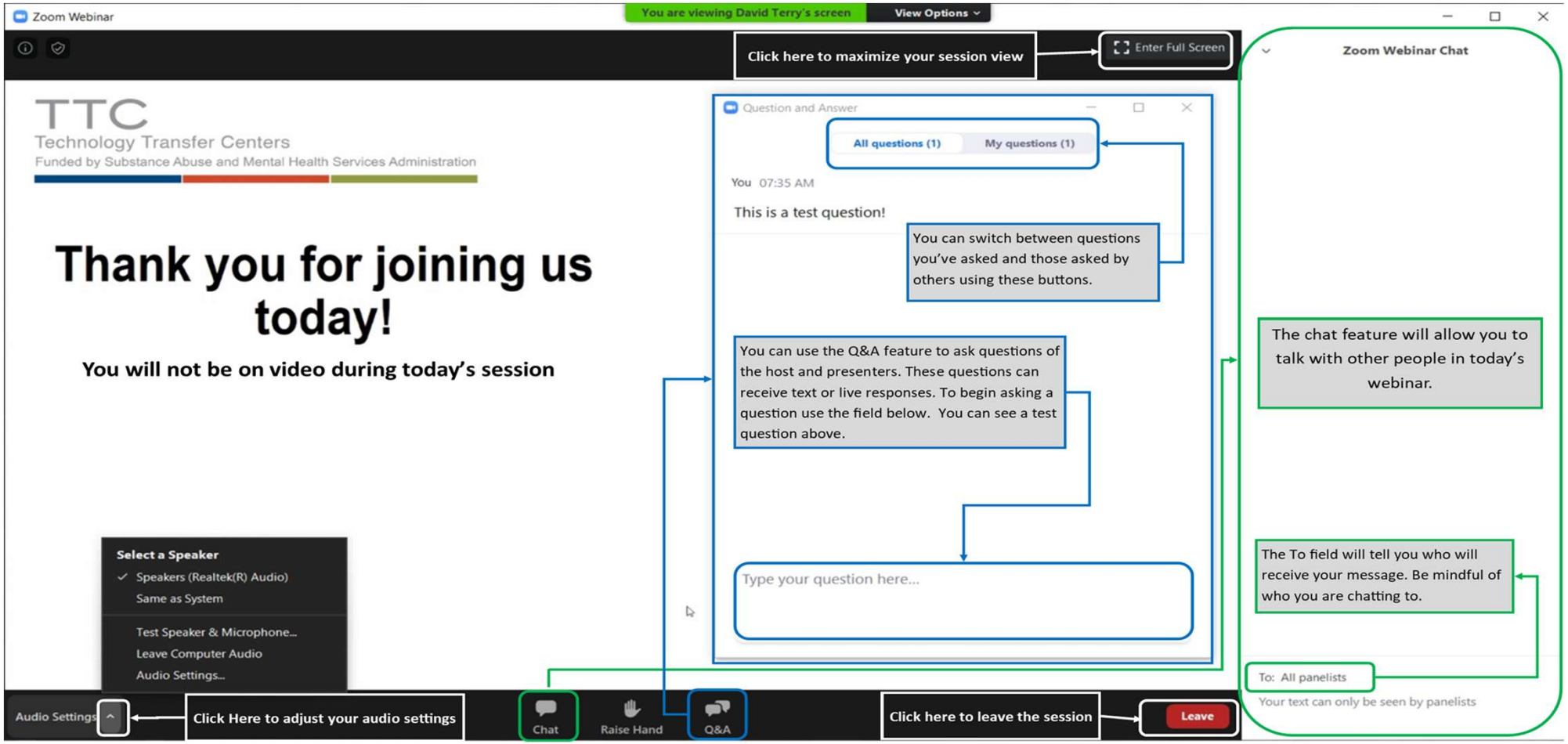
CENTER
Center of Excellence for Behavioral Health Disparities in Aging

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

Please Note:
- All attendees are muted
- Today's session will be recorded

Get to know the Zoom Webinar interface



The recording for this session will be made available on the MHTTC and E4 websites.

Housekeeping Items

- We have made every attempt to make today's presentation secure. If we need to end the presentation unexpectedly, we will follow-up using your registration information.
- All attendees are muted and cannot share video.
- Have a question for the presenter? Use the Q&A
- Have a comment or link for all attendees? Use the Chat
- At the end of today's training please complete a **brief** survey about today's training.
- You will receive an email on how to access a certificate of attendance; must attend at least half of the session.
- This event is closed captioned!
- Follow us on social media: @MHTTCNetwork

Please Note: Session recording and slide deck will be posted on our websites within a week.

Grief and Self Care

- Be sensitive to your own grief and reactions.
- Take breaks as needed, 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

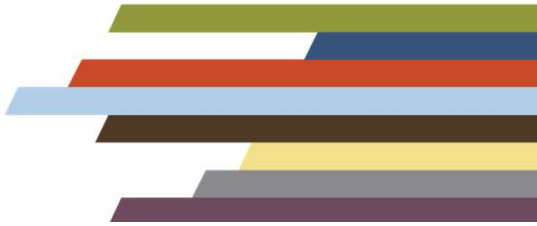
E4 CENTER
Center of Excellence for Behavioral Health Disparities in Aging

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

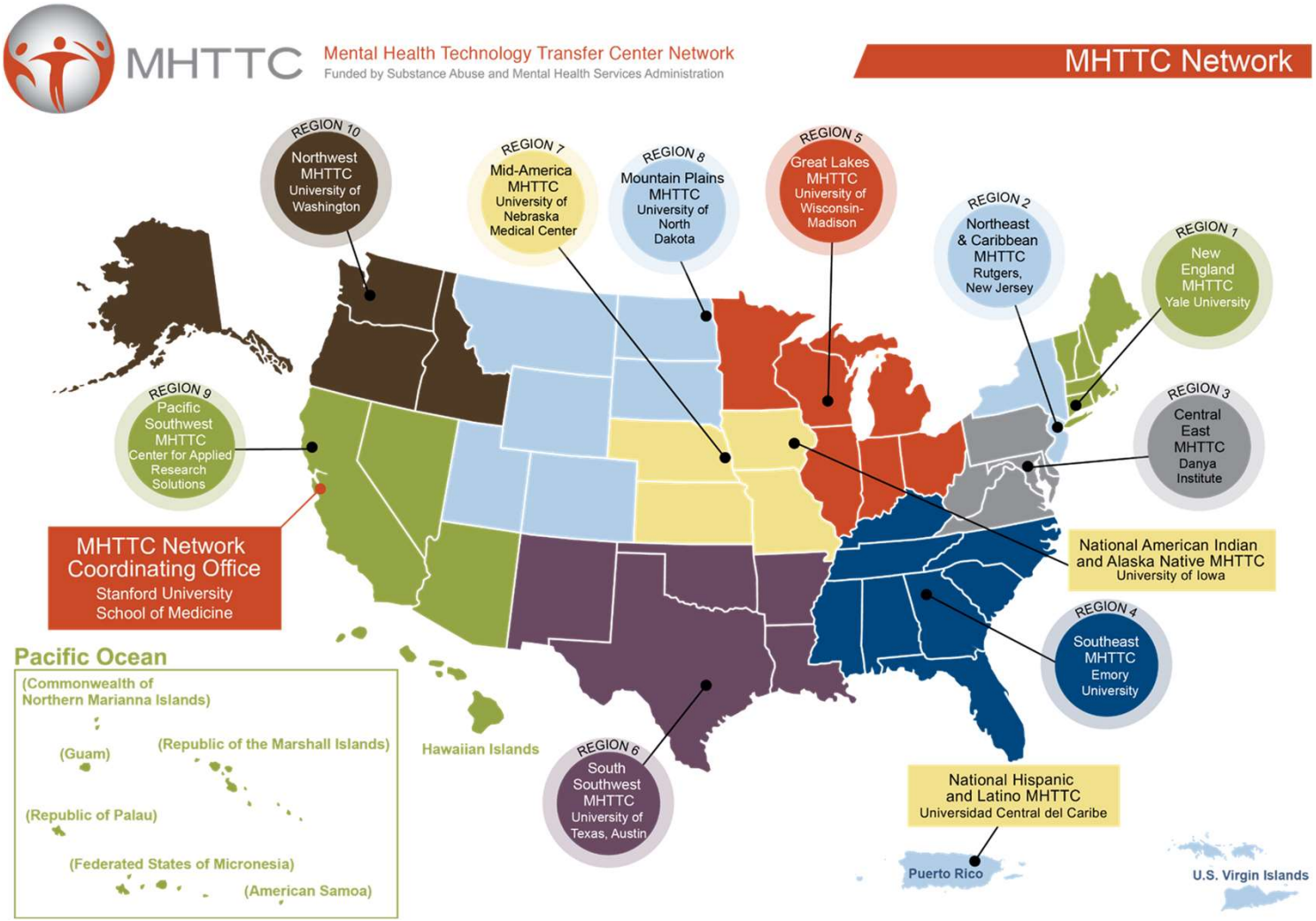
MHTTC Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

- 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

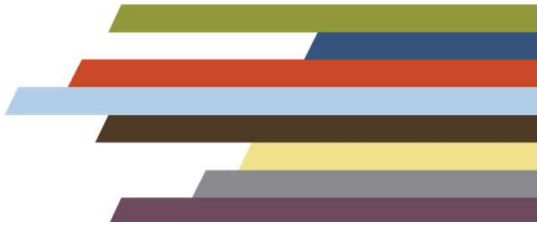


Connect with Your MHTTC at www.mhttcnetwork.org



Disclaimer

At the time of this presentation, Miriam E. Delphin-Rittmon 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.



Presenter

Erin Emery-Tiburcio PhD, ABPP

Dr. Erin Emery-Tiburcio is an Associate Professor of Geriatric & Rehabilitation Psychology and Geriatric Medicine at Rush University Medical Center, as well as Co-Director of the Rush Center for Excellence in Aging.

She is past-Chair of American Psychological Association Committee on Aging, and past-President of the Society for Clinical Geropsychology.

Dr. Emery-Tiburcio is Co-Director of CATCH-ON, the Geriatric Workforce Enhancement Program based at Rush University Medical Center and also co-directs the brand new Engage, Educate, Empower for Equity: E4, The Center of Excellence for Behavioral Health Disparities in Aging at Rush.

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Engage, Educate, and Empower for Equity, the E4 Center for Behavioral Health Disparities in Aging

RUSH

Mission

Engage, **Empower**, and **Educate** health care providers and community-based organizations for **Equity** in behavioral health for older adults and their families across the US.

E4 CENTER

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E4: Engage, Educate & Empower for Equity

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Grief and Loss: An Active Approach for Older Adults

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Co-Director, E4 Center of Excellence for Behavioral Health Disparities in Aging

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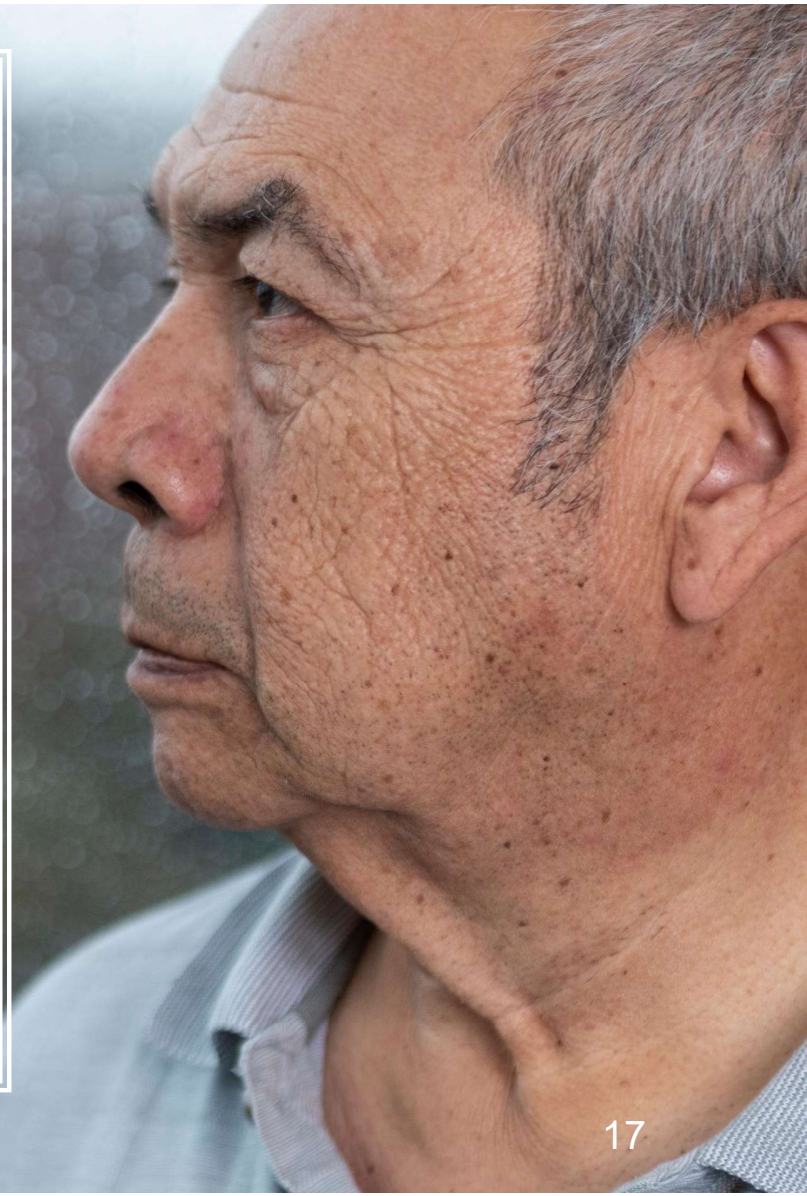
RUSH

Overview

- Definitions
- Tasks of Grieving
- Normal Bereavement-Related Grief
- Prolonged Grief Disorder (PGD) Criteria
- Treatment options

Definitions

- **Bereavement** refers to situation of having lost someone (or some very important thing).
- **Grief** is the emotional response to the loss.
- **Mourning** includes the social, cultural response to bereavement.



Normal Grief

- Stunned, shocked
- Sadness
- Loneliness since the loss
- Feeling part of oneself has died
- Willing to re-invest in relationships and activities
- Life remains meaningful
- Identity and self-efficacy remain intact

Normal Grief

- Symptoms occur within 2-6 months after loss (sometimes much longer)
- Symptoms do not impair functioning after first two months (sometimes longer)
- Symptoms gradually diminish to normal functioning

Immediately after the loss: What to Say

- Frame: Each person's experience is unique. Feel what you feel.
  - I can *only imagine* what you're going through
  - Sending you all of the peace that your heart can hold
  - My heart is with you

Immediately after the loss: What to Do

- Frame: Each person's experience is unique. Feel what you feel.
  - Sit in silence; hold a hand
  - Create a space to honor
    - Tell me about your loved one
    - Pictures

Kübler-Ross Stages (1969)

- Denial and Isolation
- Anger
- Bargaining
- Depression
- Acceptance
- Hope

- Maciejewski et al, 2007 study

Tasks of Grieving[1]

- Accepting the reality of the loss
- Doing one's duty to the deceased
- Taking/letting go of control
- Finding a sense of purpose
- Relearning the world

[1]*Adapted from Worden and Rando*

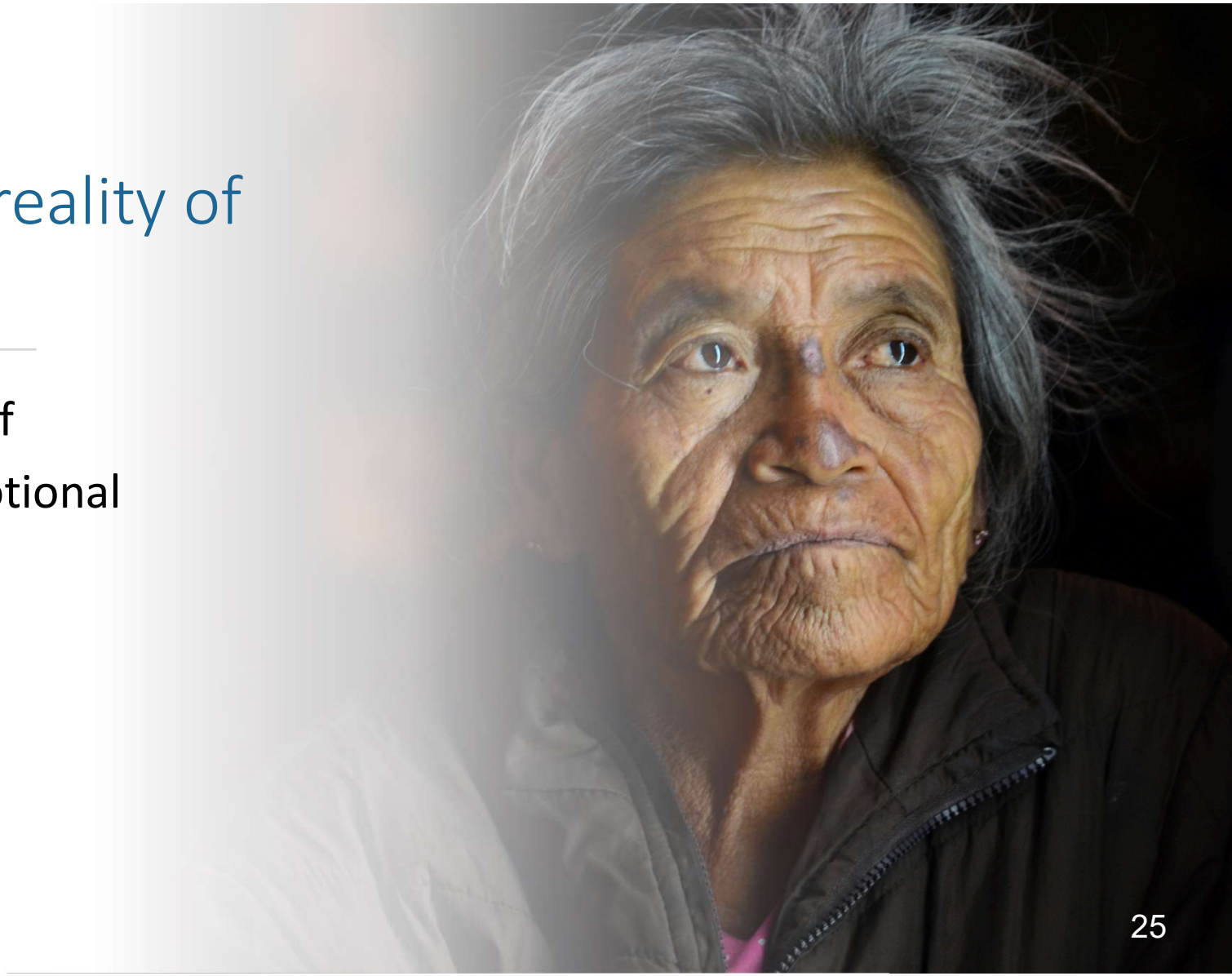
Tasks of Grieving[1]

- **Accepting the reality of the loss**
- Doing one's duty to the deceased
- Taking/letting go of control
- Finding a sense of purpose
- Relearning the world

[1]*Adapted from Worden and Rando*

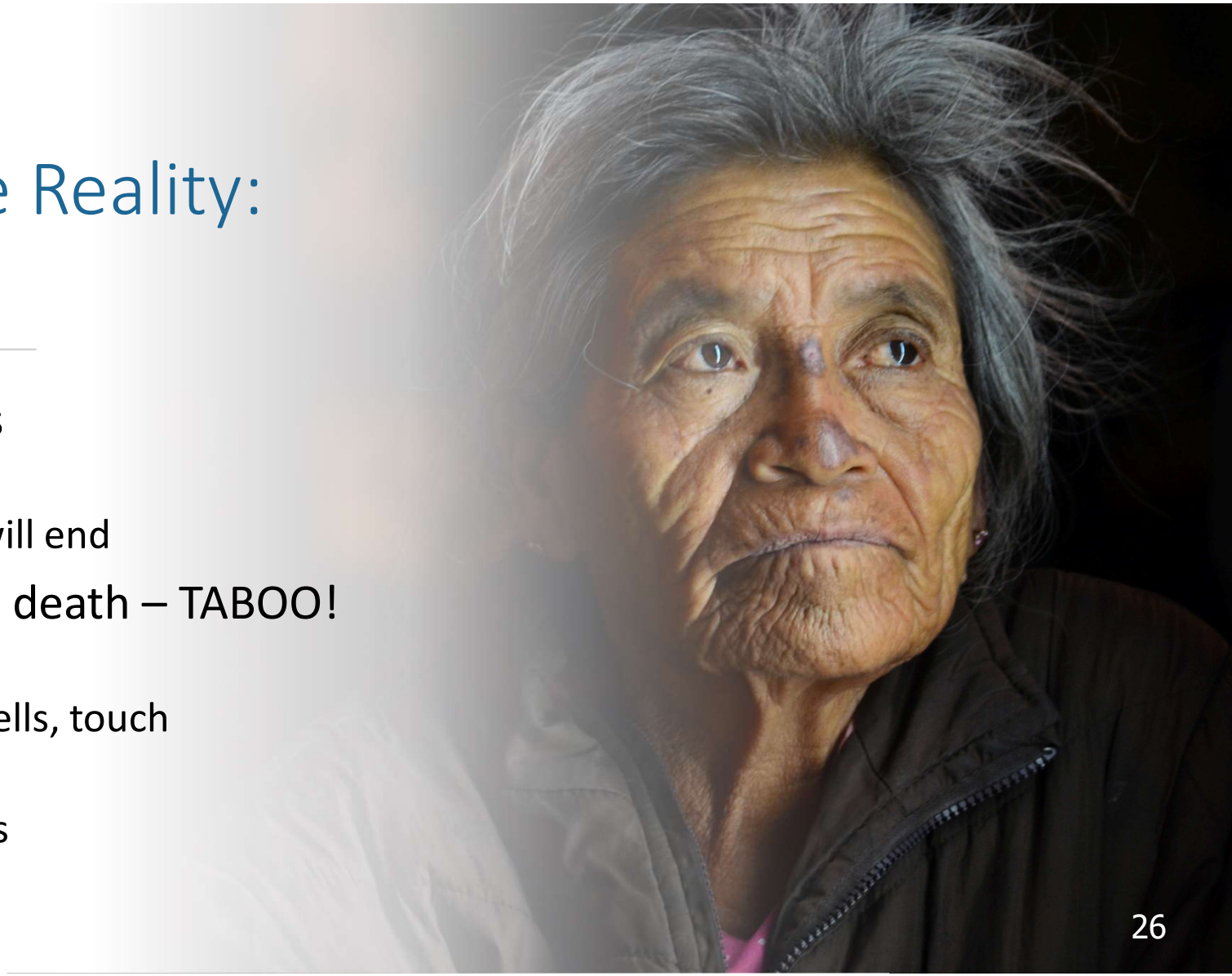
Accepting the reality of the loss

- Numbness/disbelief
- Intellectual vs. emotional acceptance
- Obsessional review



Accepting the Reality: What to Do

- Attend to emotions
  - Permission to feel
  - Physiology: tears will end
- Tell the story of the death – TABOO!
  - Present vs. Distant
  - Sights, sounds, smells, touch
  - Emotions
  - Reactions to others



Tasks of Grieving

- Accepting the reality of the loss
- **Doing one's duty to the deceased**
- Taking/letting go of control
- Finding a sense of purpose
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Doing one's duty to the deceased

- Guilt
- Hindsight bias
- Duty to suffer
- Idealizing/Devaluing

Doing One's Duty: What to Do

- Encourage a balanced view of the deceased
- "Rules" about length of suffering
- Examine reality of "would've, could've, should've"
- Write a letter to the deceased
- Honor the deceased
  - Continue their work/tribute
  - Prevention/awareness

Tasks of Grieving

- Accepting the reality of the loss
- Doing one's duty to the deceased
- **Taking/letting go of control**
- Finding a sense of purpose
- Relearning the world

Taking and letting go of control

- Confronting helplessness
- Making creative, meaningful choices

Control: What to Do

- Acknowledge emotions: feel what you feel
- Reinforce opportunity to choose
- Creative meaningful choices
  - What gifts did the deceased impart that are still valued?
  - How can you share those gifts?
  - What lessons did you learn from, or because of the deceased?

Tasks of Grieving

- Accepting the reality of the loss
- Doing one's duty to the deceased
- Taking/letting go of control
- **Finding a sense of purpose**
- Relearning the world

Finding a sense of purpose

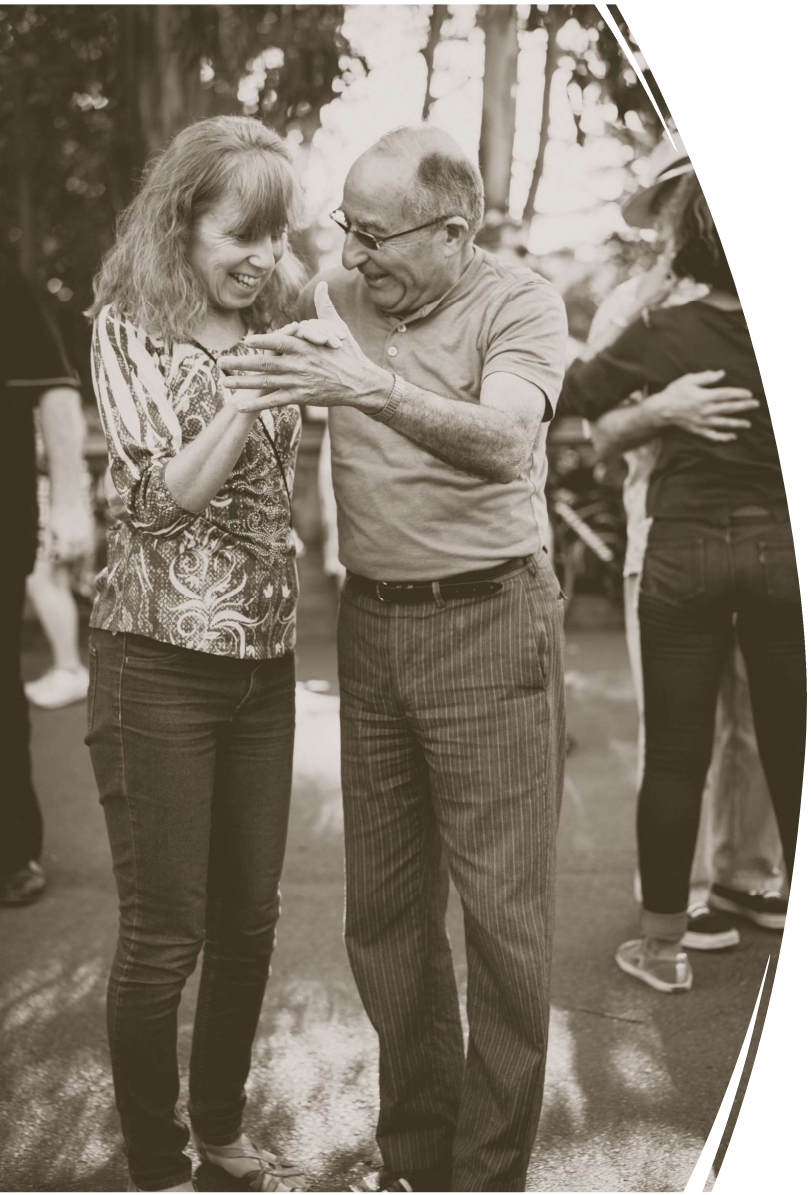
- Seeking meaning
  - Assumptive World Theory
- Re-defining meaning

Finding a Sense of Purpose: What to Do

- Notice questions that have no real answers
  - Blame
- Why did s/he die vs. *live*?
- Why am I alive? [different from “why didn’t I die?”]

Tasks of Grieving

- Accepting the reality of the loss
- Doing one's duty to the deceased
- Regaining/Relinquishing control
- Finding a sense of purpose
- **Relearning the world**



Relearning the World

- Changing relationship to the deceased
- Embracing new life perspective
- What *can* I count on?
- “STUG” reactions

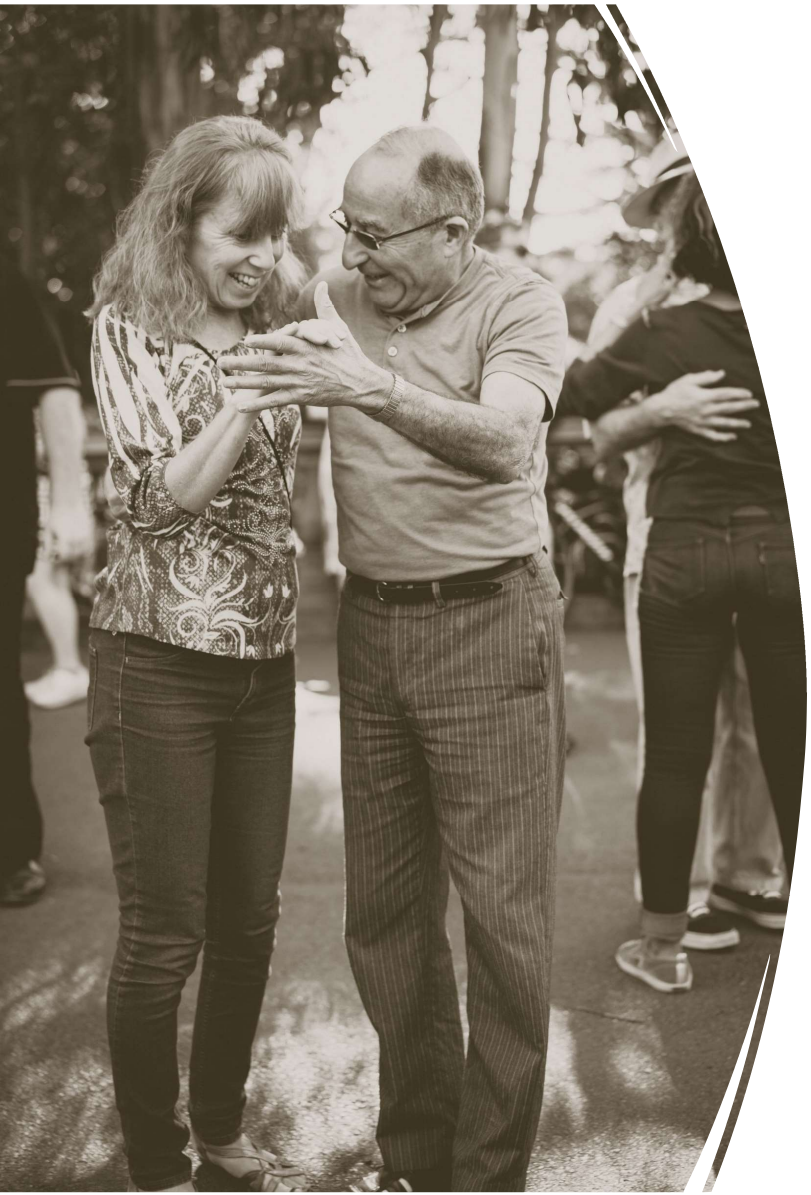
STUG Reactions

Sudden

Temporary

Upsurges of

Grief



Relearning the World: What to do

- Acknowledge ambivalence
- Learn new things
- Reconnect with self
- Reconnect with others
- Laughter

Prolonged Grief Disorder

- Concern about over-pathologizing grief unwarranted[1]
- Included in ICD-11[2] and DSM-5-TR[3]

[1]Lichtenthal et al, 2018; [2]Eisma et al, 2020; [3]American Psychiatric Association, 2020

Prolonged Grief Disorder DSM-5-TR

A. Death of loved one >12 months

B. Persistent grief response
   - Persistent longing/yearning
   - Persistent preoccupation

C. At least 3 of the following most days:
   - Identity disruption
   - Disbelief about death
   - Avoidance of reminders
   - Intense emotional pain
   - Relationship difficulty
   - Emotional Numbness
   - Feel life is meaningless
   - Intense loneliness

D. Clinically significant distress or impairment

E. Exceeds social, cultural, religious norms

F. Symptoms not explained by another disorder

American Psychiatric Association, 2020


Mike

PGD at 6 months Predicts Problems at 13 Months*

150 spouses of terminally ill patients

13-month outcome	Odds Ratio
Smoking	16.70
Altered Sleep	8.39
Eating	7.02
Hospitalization	1.32
Accidents	1.27
Major Health Event (MI, CA, CVA)	1.16
Hypertension	1.11

*At 25 months, increased risk of cancer, cardiac problems, alcohol problems, suicidality

Prigerson et al. (1997)

Risk Factors

- Deaths that are violent (e.g., homicide), unexpected (e.g., motor vehicle accident), or untimely (e.g., the death of a child)
- Dependency on deceased
- Parental loss, abuse or serious neglect in childhood
- Current relationship problems
- Unresolved previous loss(es)
- Marital quality and attachment style

Risk Factors

- Preference for lifestyle regularity - averse to change
- Dementia caregiving, ↑cognitive impairment & burden
- Pre-existing mood or anxiety disorder
- Lack of preparedness for death
- Young age of deceased/coma
- Young age of bereaved/caregiver

Evidence-Based Treatment Options

- Death preparation: Pre-death psychotherapy
- Psychotherapy
- Medications

Really Early Intervention: Palliative Care Prospective Bereavement Interventions

- Benefits of preparation for the death
  - Accept death
  - Opportunity to say goodbye
  - Fewer regrets
  - Result in better quality of death, better bereavement outcomes
- Dying person's gift to surviving loved ones?
  - Would some dying people be able to help survivors adjust?
  - Finishing unfinished business

Treatment: Preparedness for Death

Caregivers of individuals with dementia who were prepared for the death were 2.4 times less likely to have Prolonged Grief Disorder [1]

[1] *Prigerson et al (2003)*

Psychotherapy

- Adapted Cognitive Behavioral Therapy: Complicated Grief Therapy[1]
  - Psycho-education about normal and PGD
  - Model: Bereavement is a trauma, people avoid trauma; exposure-based therapy reduces distress about the trauma
  - Exposure for traumatic avoidance – imagined conversation with deceased; retelling the death scene
  - More effective than standard treatment[2]

[1]Shear, 2005; [2]Supiano & Luptak, 2013

Mindfulness-Based Interventions: A new direction

- Mindfulness interventions effective for mental health, stress-related illness
- Mindfulness meditation decreases rumination[1]
- Metacognitive therapy trial for PG[2]
  - Awareness of thoughts about thoughts
  - Decreasing rumination

[1]Ramel et al, 2004; Watkins, 2004. [2]Wenn et al, 2015

Internet-based intervention

- HEAL (Healthy Experiences After Loss)
  - Cognitive and behavioral self-management strategies
  - Targets: capacity for enjoyment and self-care, productivity, engaging and finding meaning in activities, and forming new relationships
  - Therapist-assisted for intro and as needed
  - Significant improvements in: prolonged grief, depression, anxiety, and posttraumatic stress

Litz et al, 2014

Medications

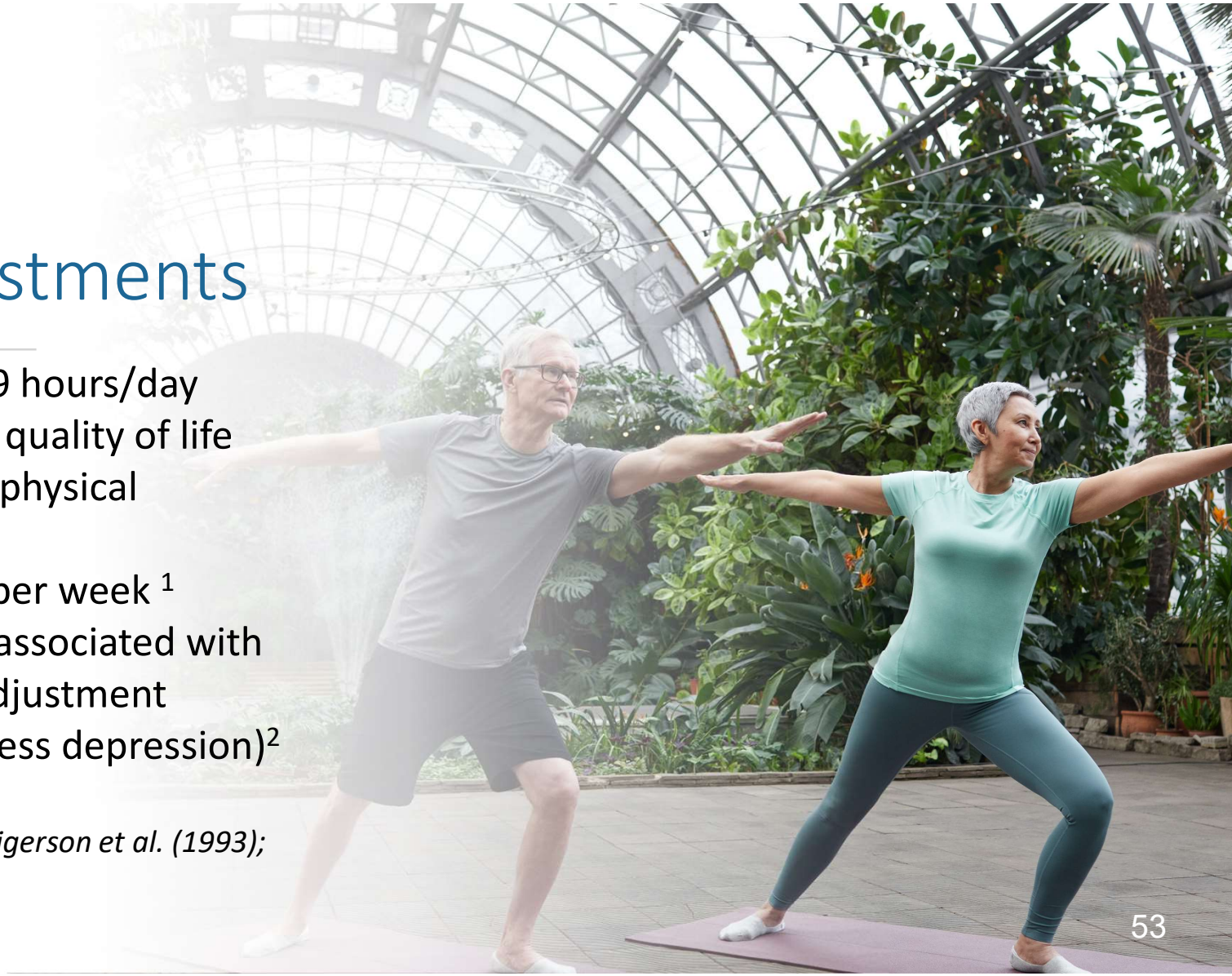
- Multiple randomized controlled trials for bereavement-related depression
  - Anti-depressant medications
  - Anti-anxiety medications

None demonstrated reduction in *grief*

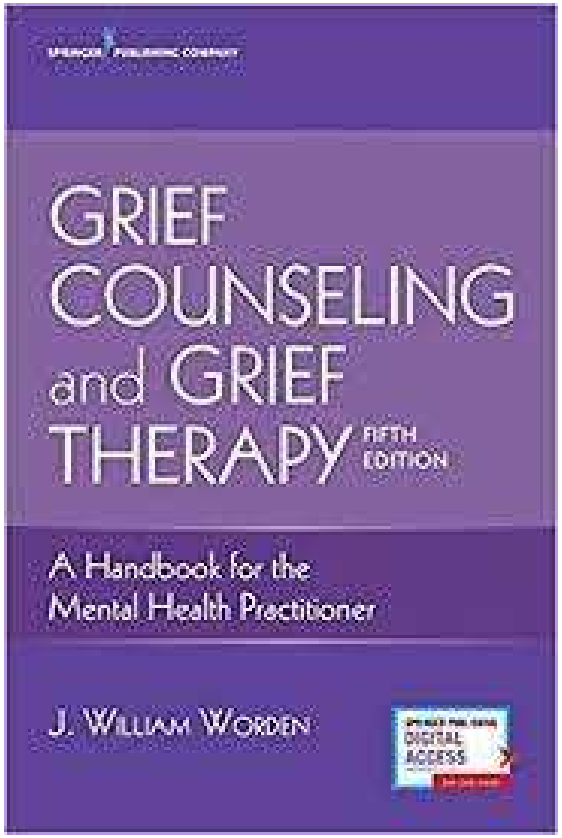
Lifestyle Adjustments

- Consistent sleep 6.5 - 9 hours/day associated with better quality of life (global, psychological, physical functioning)
- Exercise at least once per week [1]
- Stable active routines associated with better bereavement adjustment (better quality of life, less depression)[2]

[1]Chen, Gill, Prigerson (2005), [2]Prigerson et al. (1993); Brown et al. (1997)



Learn More



Complicated Grief
Treatment Manuals and Tools

The Center for Complicated Grief

https://complicatedgrief.columbia.edu/professionals/manual-tools/

Upcoming Workshop Series 2021

- Reframing Aging Webinar Series
  - Gerontological Society of America
  - May 4 & 18; June 8 & 22, July 13 & 27 12-1p CT

- Culturally- responsive Cognitive Behavioral Therapy (CBT) with Older Adults
  - Ann Steffen & Dolores Gallagher-Thompson
  - October, 2021 Fridays 2-4p CT

To learn more and to register, please visit e4center.org

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