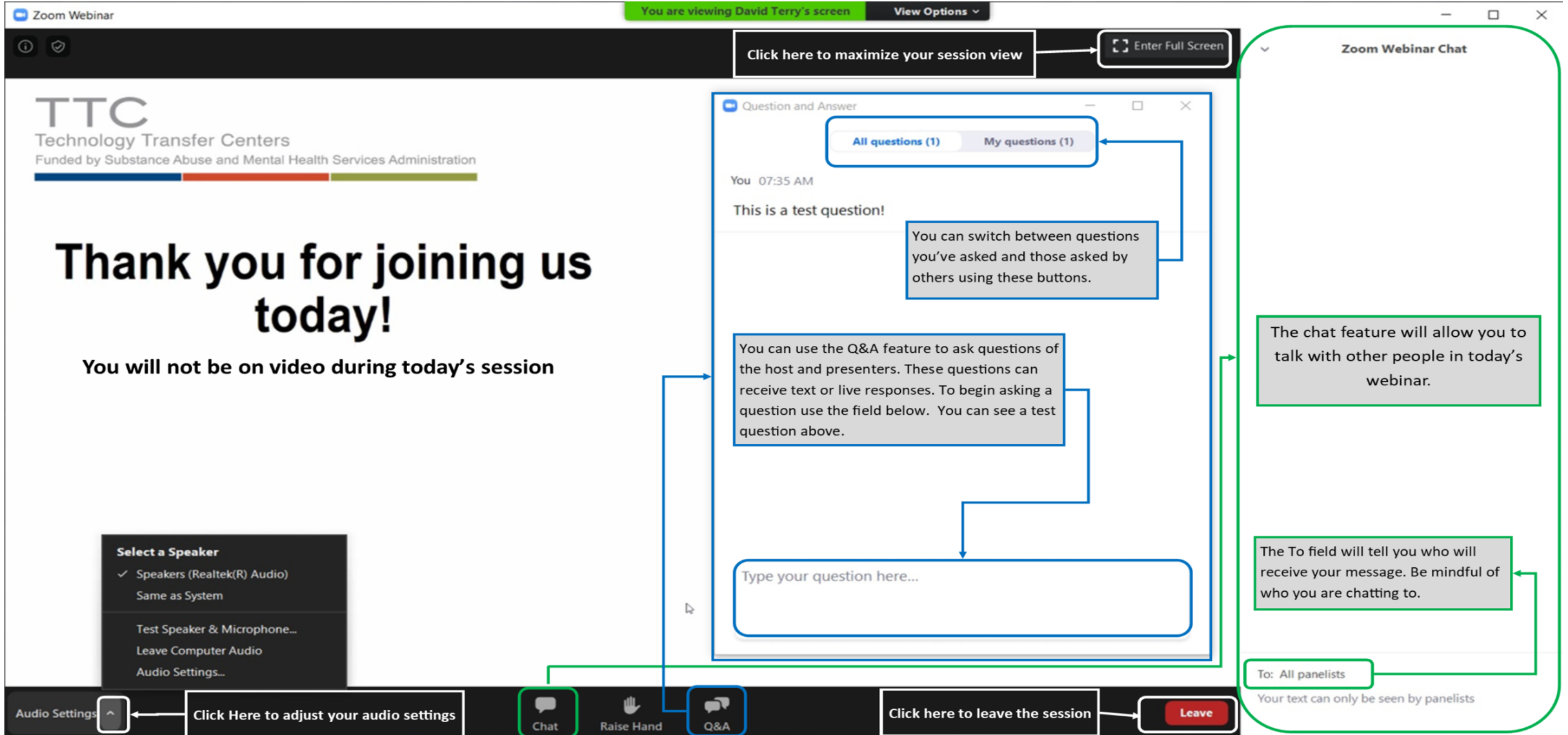


Please Note:

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

Get to know the Zoom Webinar interface



The screenshot shows a Zoom Webinar interface with several key components and annotations:

- Top Bar:** Includes "Zoom Webinar", "You are viewing David Terry's screen", and "View Options".
- Session View:** A "Click here to maximize your session view" button is annotated with an arrow pointing to the "Enter Full Screen" button.
- Q&A Window:**
 - Buttons for "All questions (1)" and "My questions (1)" are annotated with a box stating: "You can switch between questions you've asked and those asked by others using these buttons."
 - A text box explains: "You can use the Q&A feature to ask questions of the host and presenters. These questions can receive text or live responses. To begin asking a question use the field below. You can see a test question above." This points to the "Type your question here..." input field.
 - A sample question is shown: "You 07:35 AM This is a test question!"
- Chat Window:**
 - An annotation states: "The chat feature will allow you to talk with other people in today's webinar."
 - Another annotation points to the "To:" field, stating: "The To field will tell you who will receive your message. Be mindful of who you are chatting to." Below this, it shows "To: All panelists" and "Your text can only be seen by panelists".
- Audio Settings:**
 - An annotation points to the "Audio Settings" button, stating: "Click Here to adjust your audio settings".
 - The "Select a Speaker" menu is visible, showing "Speakers (Realtek(R) Audio)" as selected.
- Bottom Bar:**
 - An annotation points to the "Leave" button, stating: "Click here to leave the session".
 - Other icons include "Chat", "Raise Hand", and "Q&A".



 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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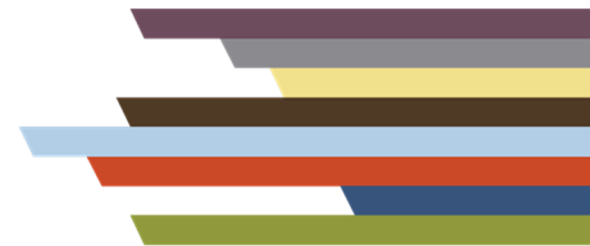
Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Grief Sensitivity Virtual Learning Institute: Understanding Grief and Loss

Friday, September 11, 2020




Dr. Kenneth J. Doka

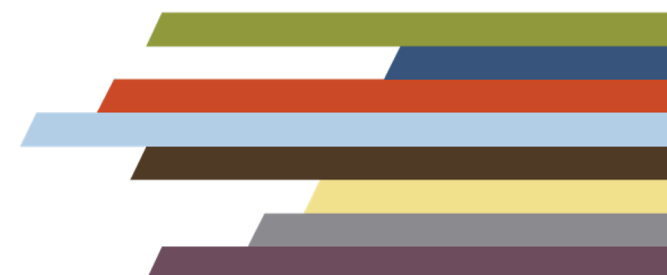


Housekeeping Items

- 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 presenters? 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.

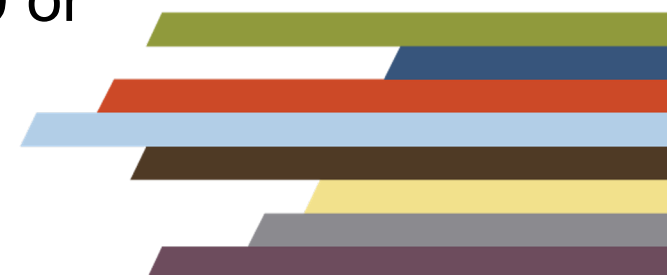
Please Note:
Session recording and slide deck will be posted on our website within a week.

- This event is closed captioned! 
- Follow us on social media   @MHTTCNetwork



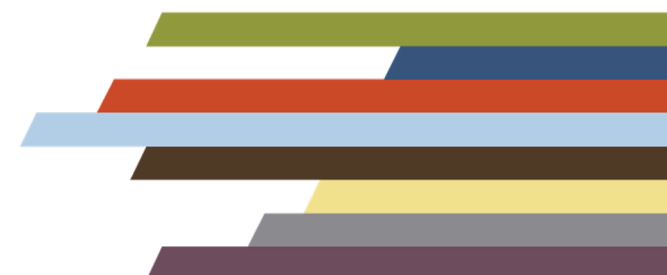
Grief and Self-Care

- 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



Additional Information on Grief

- We recently released a series of fact sheets focused on addressing various topics of grief!
- These fact sheets are geared toward school mental health personnel and mental health professionals.
- Topics include:
 - **Defining Grief**
 - **Responses to Grief Across the Lifespan**
 - **Preventive Strategies and Protective Factors**
 - **Cultural Responsiveness**
 - **Evidence-Based Treatments for Grief**



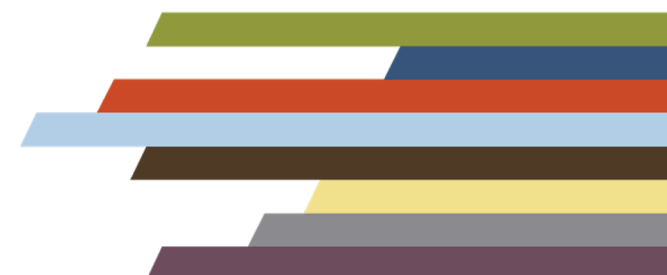


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Mental Health Technology Transfer Center Network

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



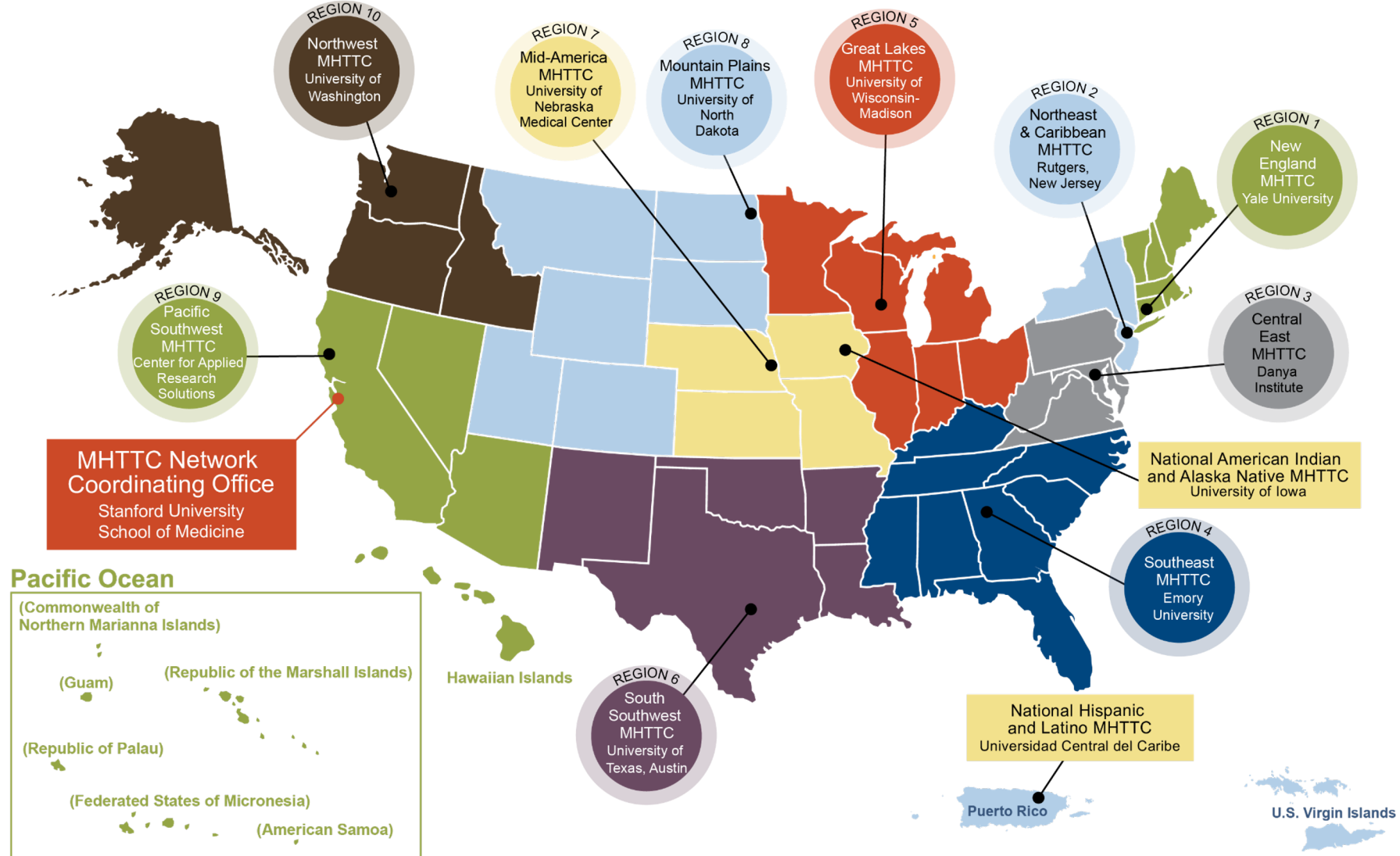
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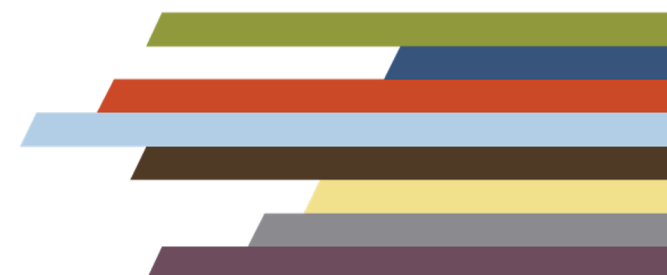
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At the time of this presentation, Elinore F. McCance-Katz served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), 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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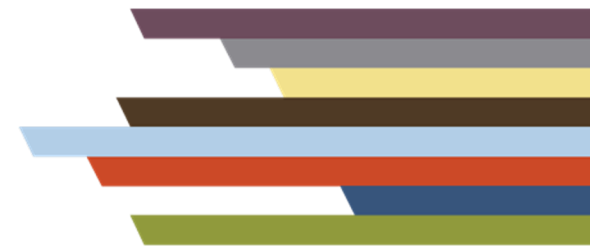
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Grief Sensitivity Virtual Learning Institute: Understanding Grief and Loss

Friday, September 11, 2020

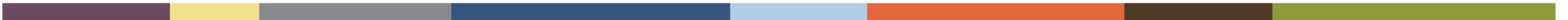
Dr. Kenneth J. Doka



Presenter



Dr. Kenneth J. Doka is a Professor Emeritus, The College of New Rochelle and Senior Consultant to the Hospice Foundation of America. Dr. Doka has extensive experience in the area of grief, is a prolific author and speaker, providing keynoted addresses internationally. Dr. Doka participates in the annual Hospice Foundation of America Teleconference and has appeared on CNN and Nightline. In addition he has served as a consultant to medical, nursing, funeral service and hospice organizations as well as businesses and educational and social service agencies. Dr. Doka was elected President of the Association for Death Education and Counseling in 1993. In 1995, he was elected to the Board of Directors of the International Work Group on Dying, Death and Bereavement and served as chair from 1997-1999. The Association for Death Education and Counseling presented him with an Award for Outstanding Contributions in the Field of Death Education in 1998 and Significant Contributions to the Field of Thanatology in 2014. In 2000 Scott and White presented him an award for Outstanding Contributions to Thanatology and Hospice. His Alma Mater Concordia College presented him with their first Distinguished Alumnus Award. He is a recipient of the Caring Hands Award as well as the Dr. Robert Fulton CDEB Founder's Award. In 2006, Dr. Doka was grandfathered in as a Mental Health Counselor under NY State's first licensure of counselors. Dr. Doka is an ordained Lutheran minister. www.drkendoka.com



Understanding Grief and Loss

Kenneth J. Doka, PhD

Professor Emeritus, The College of New Rochelle

Senior Consultant, The Hospice Foundation of
America

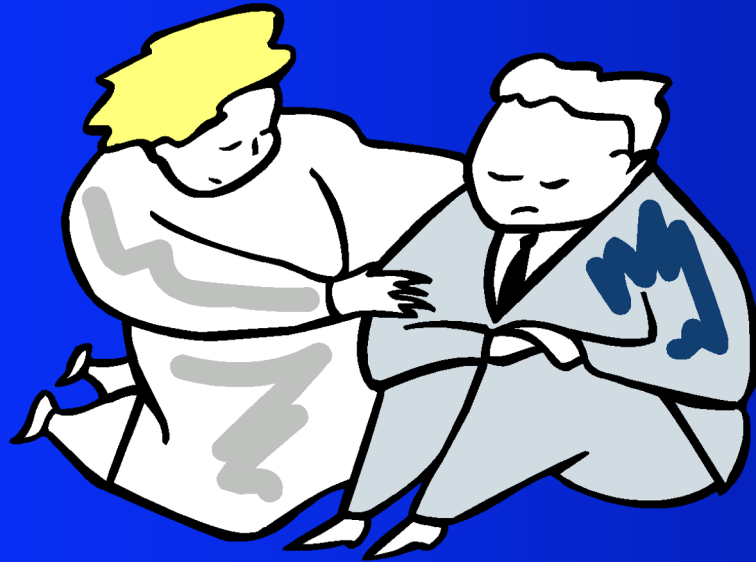
Key Questions

1. How can we understand the experience of grief?
2. What factors complicate or mitigate the experience of grief?
3. How can we assist grieving persons?

How do we define and
differentiate *grief*, *mourning*
and *bereavement*?

Bereavement

An *objective* state
of loss



Grief

- Grief is the *subjective* set of responses or reactions to a loss
- These responses and reactions may be manifested physically, affectively, cognitively, behaviorally, and/or spiritually



Can we experience bereavement
without grief?

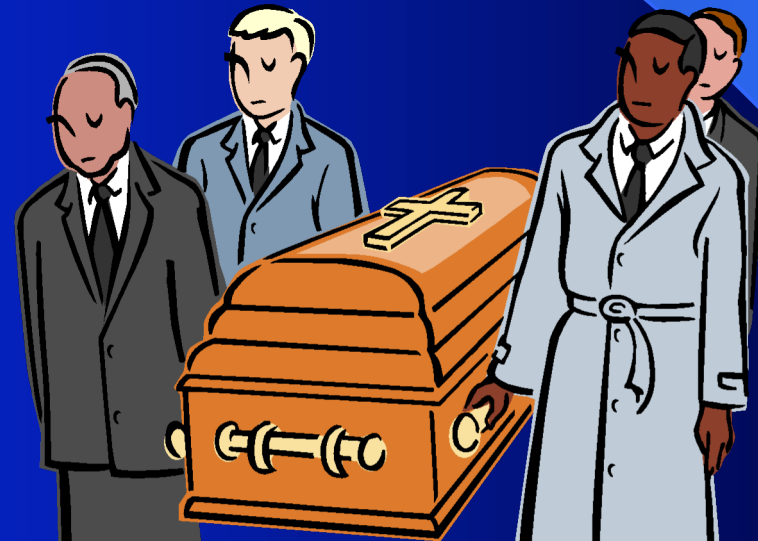
Can we experience grief without
bereavement?

The Reality of Anticipatory Grief

A Useful Misnomer
(Rando)

Mourning

- Interpersonal – The cultural practices and rituals that are associated with loss
- Intrapersonal – The psychic process of working through grief (also called *grieving* or *grief work*)



Can we grieve without mourning?
Can we mourn without grieving?

What are the ways that
persons tend to experience
grief?

Importance for validation and
assessment

Grief May Be Manifested in Many Ways

- Physically
- Emotionally
- Cognitively
- Spiritually
- Behaviorally

Manifestations of Typical Grief

Physical

- Headaches
- Dizziness
- Exhaustions
- Digestive Difficulties
- Tremors
- Menstrual Irregularities or erectile dysfunction
- Muscular Aches



Note: Assess Health



- Physical Symptoms ought to be assessed by knowledgeable physician
- Higher risk of mortality
 - Joint Unfavorable Environment
 - Stress
 - Lifestyle Changes

Health Promotion as Intervention

- Since grief can affect health, counselors should emphasize self-care and health promotion – especially for vulnerable populations such as older persons, persons with chronic conditions etc.

(Utz, Caserta, & Lund, 2012)



Manifestations of Typical Grief

Affective

- Guilt
 - Death causation
 - Cultural role
 - Moral
 - Survivor
 - Recovery
 - Grief
- Relief
 - Altruistic
 - Relationship
 - Dual
- Anger
- Emancipation
- Sadness and Loneliness
- Yearning
- Fear and Anxiety
- Jealousy
- Positive Emotions

Guilt in Bereavement



- A 2014 study by Li, Stroebe, Chan, & Chow indicated that guilt might have highly destructive effects on physical and psychological health
- They note that high levels might need intervention distinct from other manifestations of grief

Manifestations of Typical Grief

Cognitive

- Depersonalization
- Disbelief and Denial
- Idealization
- Demonization
- Preoccupation with Deceased
- Confusion
- Obsessive Thinking (Preventability)
- Inability to Concentrate
- Search for Meaning
- Extraordinary Experiences

Extraordinary Experiences



- Sense of presence
 - Sense experiences
 - Symbolic experiences
 - Third-party experiences
 - Dreams
- (LaGrand)

Extraordinary Experiences

Dreams

- Very common

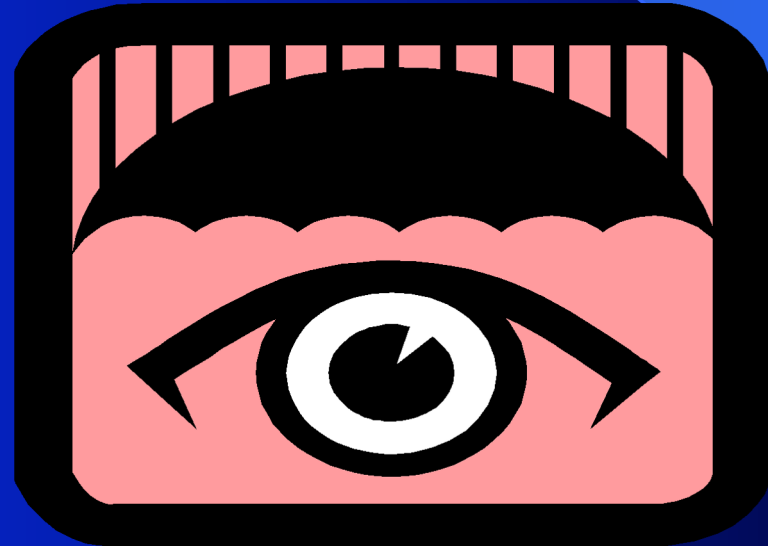
Can be:

- *Basic grief dreams* – often very fragmented and filled with symbolism (for example traveling together, then the deceased gets off leaving the other alone on the plane etc.)
- *Visitation Dreams* – More vivid, easily remembered, and interpretation is clear. Often the deceased is pictured as healthy



Extraordinary Experiences

- A relatively common phenomena
- Linstrom's research found about 60% of bereaved persons experience such experiences
- Cultural variation – higher in vision-positive cultures



Dealing with Extraordinary Experiences

Counseling Implications

- Solicit and Validate
- Allow the Client to Interpret
- Deal with Negative Experiences
 - Reframe
 - Intervene
- When Clients Feel Bad They Have Not Had Such Experiences
 - Reframe
 - Suggest

Manifestations of Typical Grief

Spiritual

- Faith Struggles
- Searching for Meaning
- Changes in Spiritual Behavior



Manifestations of Typical Grief

Behavioral

- Loss of patterns of behavior
- Interpersonal changes
- Crying
- Withdrawal
- Mania and Over-activity
- Avoiding reminders
- Seeking reminders
- Sexual dysfunction



Manifestations of Typical Grief

Behavioral

Use of Humor



- Humor can sometimes be evidenced in grief
- Humor is an effective way to release emotional tension
- Humor though can sometimes alienate others and deflect potential support

Resilience as a Pattern

- Can individuals seem to do well? Have minimal reactions to grief?
- Bonanno – *The Other Side of Sadness*
- Some people have a comparatively limited reaction to loss
- Part is situation – fewer losses or other stress, death not sudden so chance to say goodbye, but also intrinsic spirituality, and good psychological health



Resilient Grievers



- Had an optimistic mindset
- Responded to challenges
- A belief that even in the worst things, they could learn and grow
- Engendered positive memories

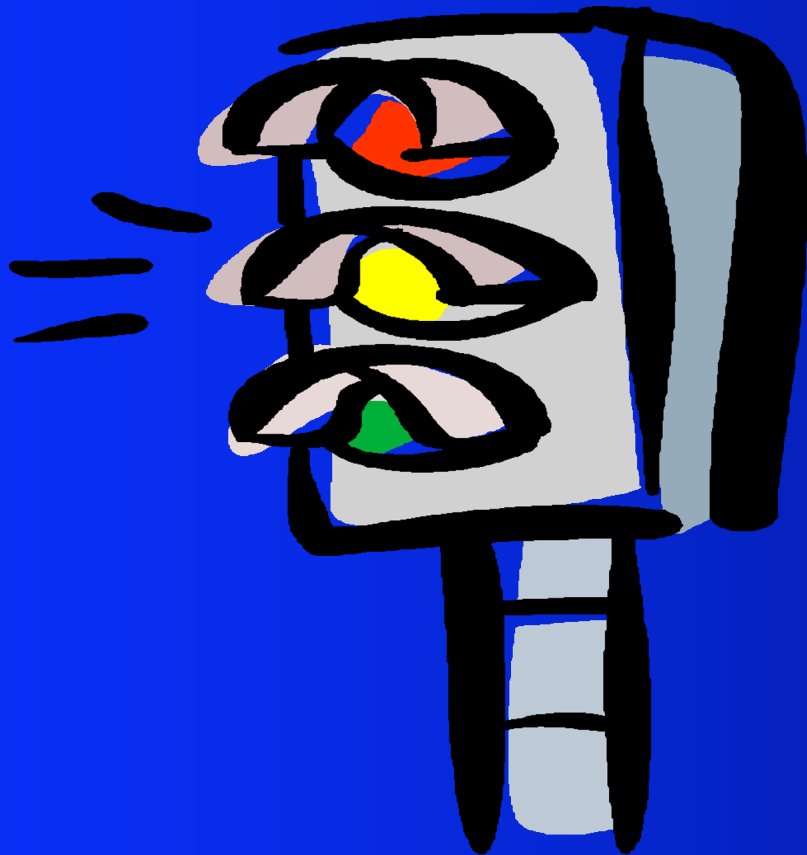
Grieving Styles

- Began (with Terry Martin) as a study of gender and grief
- Evolution to grieving styles – influenced but not determined by gender
- But also influenced by culture, temperament, and other factors
- A continuum of Intuitive – Blended – Instrumental
- Also note dissonant



On the Edge

Warning Signs



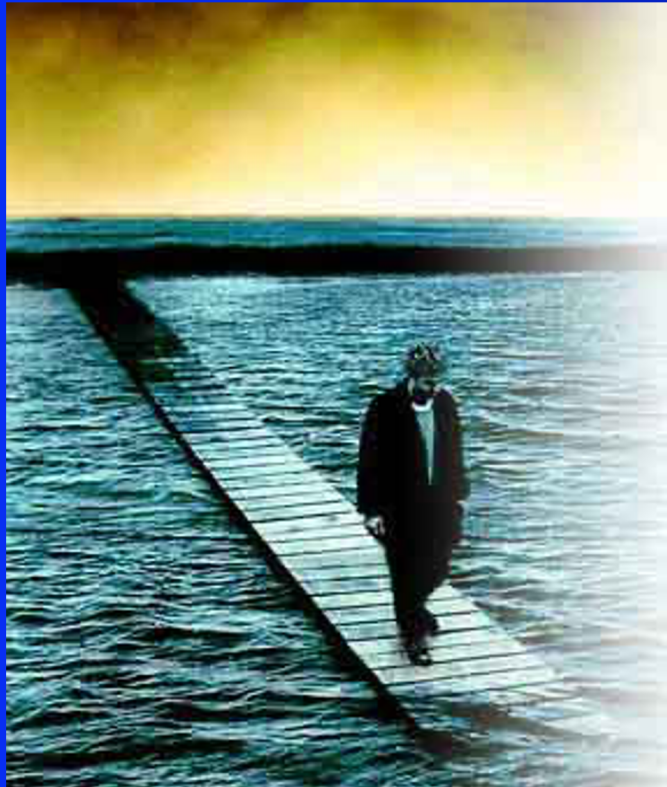
- Takes on the behaviors of the deceased
- Begins to experience symptoms of the deceased's illness

Danger Signs of Atypical Grief

- Self-Destructive Behaviors (including substance abuse)
- Behaviors Destructive to Others
- Grief is Disabling in Family, School, Work



Grief and Depression



- Freud's Mourning and Melancholia was an early attempt to differentiate
- Both share common symptoms or manifestations
- Grief is more transient and generally does not involve a loss of self-esteem
- DSM 5—end of Bereavement Exclusion-- Evaluation

Depression, Medication, and Grief

- Research indicates that therapy along with medication or therapy alone is more effective than simply medication alone



Assessing Grief

- The nature of the relationship
- The nature of the attachment
- Developmental level
- Circumstances of the loss
- Personality and history of the individual
- Family and Social support
- Culture and Spirituality – *What do I need to know about your culture/spirituality to work with you effectively?*
- Concurrent stresses
- Health and coping abilities

Grief is a very individual
reaction

The need to assess

Research on Grief Assessment

3 Major Predictors

(Evidence-Based)

1. Nature of the Relationship (conflict, dependence, ambivalence) Bonanno's study found excessive dependency the best predictor of complicated grief
2. Pre-existing conditions (depression, anxiety etc.)
3. Global Assessment of Therapist (gut feeling)



Assessing Attachment Styles



- Part of the assessment should include attachment issues
- Often persons with a *secure attachment* have the internal resources to handle loss
- Persons with an *avoidant attachment* style may need permission to grieve
- Persons with a *clinging attachment* style may need permission to stop.
- Persons with a *disorganized attachment* style may need both
- (Parkes, Bowlby)

Assessing Environmental Context of Grief



- Assessment of grief should also review the ways that the larger environment complicates or facilitates grief
- *What is the level of support in the immediate and extended family?*
- *What is the work context? Are supervisors flexible and supportive? Does work facilitate or complicate?*
- *What resources are available within the larger community? How accessible are they?*

Grief reactions are influenced by developmental processes

Grief assessment always must take developmental stage and developmental expectations into account

Developmental Expectations



- At what ages are certain losses expected?
- “Out-of-order” deaths can be traumatic, challenge the assumptive world, and complicate development

Children's Grief

- Children may re-grieve earlier losses
- Early loss and the crisis of impending connection (Crenshaw)
- Manifestations may include acting out, sleep disturbances, regressive behaviors, accidents, changes in behavior or grades



Grief takes place in a family context

The Harvard Bereavement Study isolated a number of risk factors for both the child and the family. *Yet, these are best summarized as the best predictor of the child's adjustment is the ability of the surviving parent to function.*

Understanding the Grief Process

Theories and Metaphors

Stage Theories

- Stage theories are attractive since they tie into the narrative structure of an epic journey
- Offer action, a wounded protagonist, predictable events and the possibility of a happy ending

Neimeyer (2007)



Colin Murray Parkes

- Worked with Cicely Saunders at St. Christopher's
- Grief is analogous to a wound – healing can be healthy or pathological



Parke's Stages of Grief



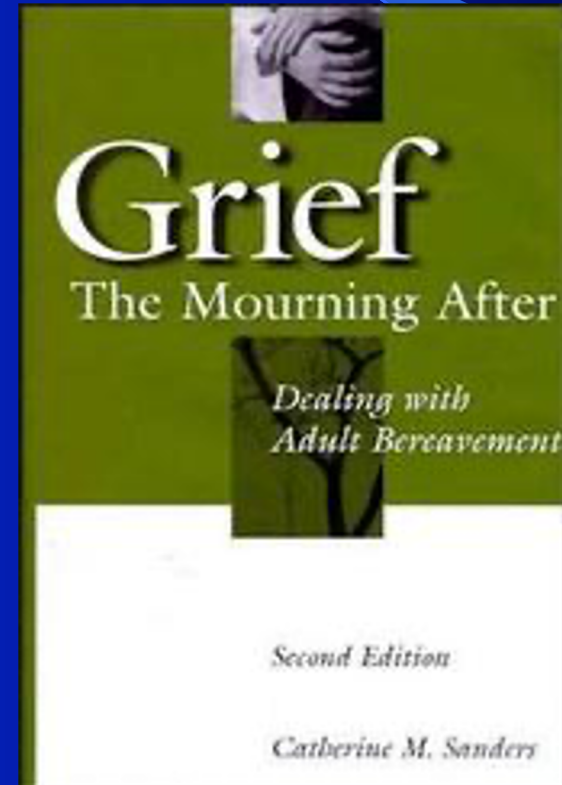
1. Shock and numbness
 2. Anger
 3. Despair and depression
 4. Recovery/detachment – a new homeostasis
“remember to live without the person” – Possibility of growth in grief
- Note that Parke's work continues to develop
 - Kübler-Ross Stages applied to grief (Kessler)

Catherine Sanders

Professionally and personally
offered a model of grief as a
transformative force

Sanders' Phases of Grief

- Shock
- Awareness of Loss
- Conservation – withdrawal



Choices in the Conservation-Withdrawal Phase

- To die
- To maintain the status quo
- The decision to change

Sanders' Phases (Con't)

- The Turning Point
- Renewal
- A suggested “Sixth Phase” – Fulfillment



Meaning Reconstruction or Narrative Approaches to Grief

In grief, one must reintegrate the loss into one's sense of self and the world either by assimilating the loss into existing perspectives or modifying the perspectives to accommodate the loss (Neimeyer).

Aspects of Meaning-Making



- Assigning Blame
- Reconstruction of Identity
- Reconstruction of Assumptive World
- Benefit-Finding
- Transcendental Reconstruction

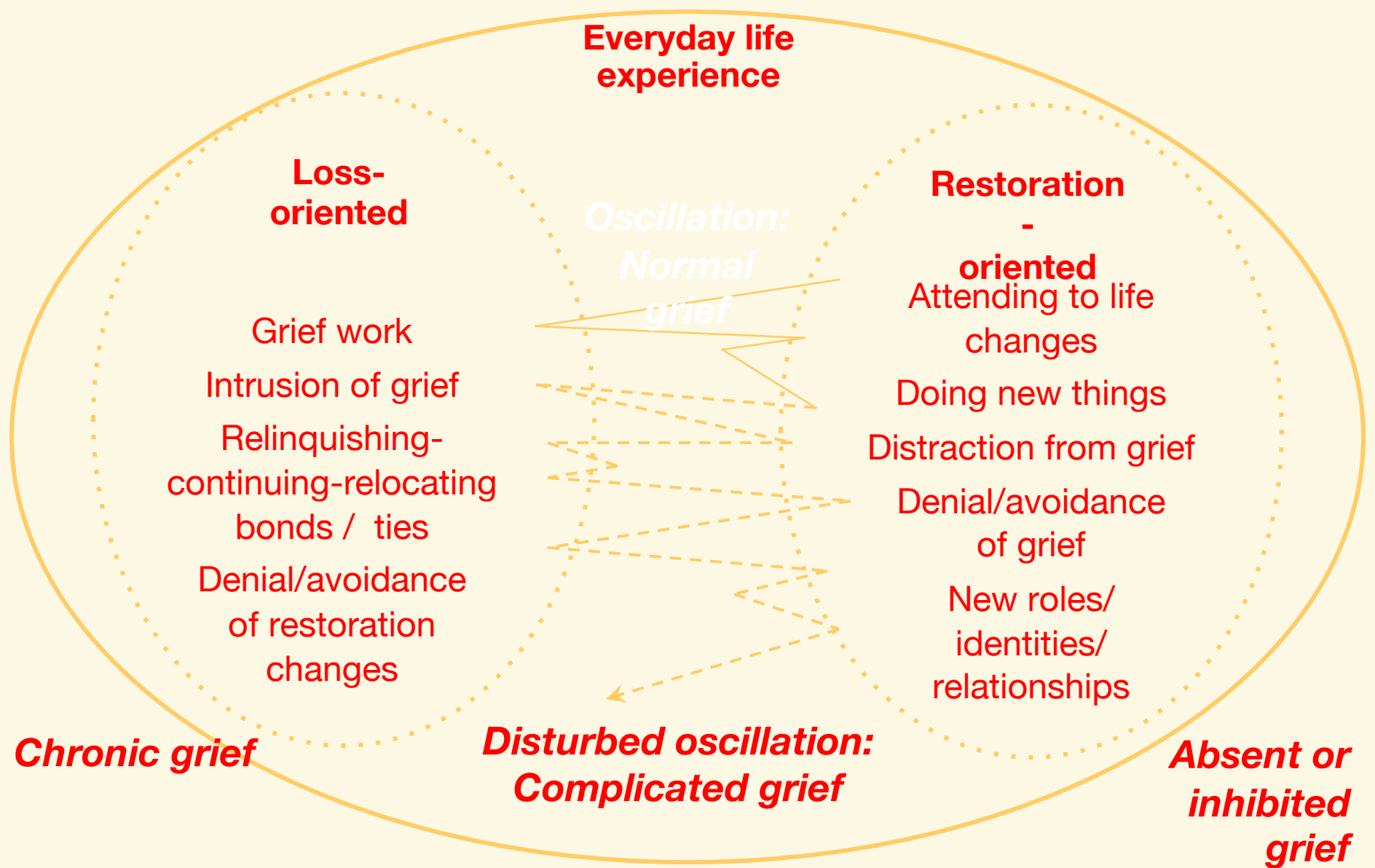


Figure 1

Dual Process Model of Coping with Bereavement: Normal & Complicated Grief

The Tasks of Grief

- Acknowledge the loss
- Express manifest and latent emotion
- Adjust to a changed life
- Relocate the loss (To find an enduring connection with the deceased in the midst of embarking on a new life)
- Reconstitute faith and philosophical systems challenged by the loss

Worden (Modified)

Metaphors and Personal Constructs of Grief

- It is important to understand the client's views, and theories of the grief process metaphors
 - Implicit
 - Explicit
- And the client's views of therapy and therapeutic change



Useful Metaphors for Communicating the Grief Process

A Roller Coaster of Reactions



Grief Metaphors

The Waves at a Beach



Grief Metaphors

Grief as Journey



Grief is not a time bound
process that ends in
detachment

Utilizing *Continuing Bonds* in Therapy

The importance of stressing
continuing bonds in setting goals
for therapy

Amelioration

- Intensity of grief reactions diminishes
- Individuals function as well as they did (sometimes better) prior to the loss
- Yet, grief has a developmental effect

Utilizing *Continuing Bonds* in Therapy (2)

- In termination, make clients aware on the developmental surges likely to experienced as one continues to live with the loss.



Types of Connections

- Memories
- Biography
- Legacies and liabilities
- Spiritual
- Extraordinary Experiences



Problematic Connections

- The ghost rules
 - Issues of guilt when ghost “over-ruled”
- No acknowledgement of loss
- Impairs growth
- The message of new research is mixed – Fields & Filanosky (2010) found externalized CB behaviors (hallucinations) were associated with complicated grief while internalized CB’s offered a secure base and were associated with personal growth



Continuing Bonds



- Continuing Bonds behavior always has to be assessed within a spiritual and cultural framework.
- There is a social context as well. In some societies continuing bond behavior is encouraged. In other societies, social norms discourage it.

Post-Mortem Identity



- Another issue related to continuing bonds is *post-mortem identity* – that is the perception of the deceased person changes as new information becomes available
- This can complicate the mourning process

Post-Mortem Identity and Relational Trauma

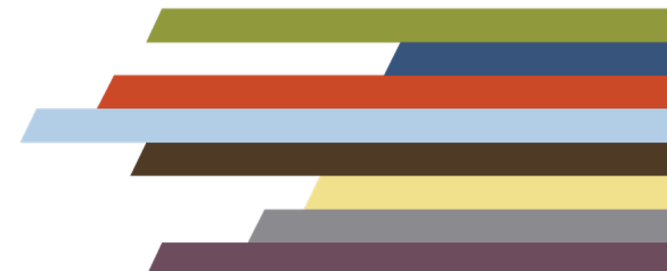
- Sometimes revelations about the deceased (2nd family, war criminal, pedophile etc.) can be as traumatic to survivors as traumatic circumstances of the death (Rubin, 2016)



Summation: Contemporary Grief Theory

- Acknowledges variety of losses that engender grief
- Skeptical of a predictable set of stages – from universal stages to personal pathways
- Increased attention to cognitive and spiritual aspects of loss
- Increased recognition of “continuing bonds”
- Increased recognition of “post-traumatic” growth
- Recognition of culture – move away from “universal” reactions
- Eclectic approaches – yet “evidence-based”

Q&A with Presenters

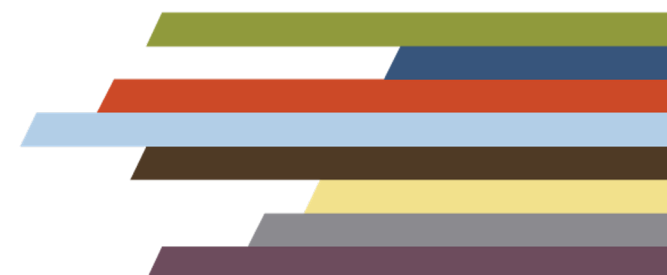


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At the end of today's training please take a moment to complete a **brief** survey about today's training.

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





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Next Session

Grief Sensitivity Virtual Learning Institute: Optional Breakout Discussions

Friday, September 11, 2020

11:15-12:00pm PT / 2:15-3pm ET

Grief Sensitivity
School Mental Health
Evidence Based Practices

