

# GRIEF/LOSS UNRESOLVED

## BEHAVIORAL DEFINITIONS

1. Thoughts dominated by loss coupled with poor concentration, tearful spells, and confusion about the future.
2. Serial losses in life (i.e., deaths, divorces, jobs) that led to depression and discouragement.
3. Strong emotional response of sadness exhibited when losses are discussed.
4. Lack of appetite, weight loss, and/or insomnia as well as other depression signs that occurred since the loss.
5. Feelings of guilt that not enough was done for the lost significant other, or an unreasonable belief of having contributed to the death of the significant other.
6. Avoidance of talking on anything more than a superficial level about the loss.
7. Loss of a positive support network due to a geographic move.

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## LONG-TERM GOALS

1. Begin a healthy grieving process around the loss.
2. Develop an awareness of how the avoidance of grieving has affected life and begin the healing process.
3. Complete the process of letting go of the lost significant other.
4. Resolve the loss, reengaging in old relationships and initiating new contacts with others.



that have arisen as a result of the loss. (5)

3. Identify how the use of substances has aided the avoidance of feelings associated with the loss. (6, 7)
4. Provide behavioral, emotional, and attitudinal information toward an assessment of specifiers relevant to a *DSM* diagnosis, the efficacy of treatment, and the nature of the therapy relationship. (8, 9, 10, 11)
5. Assess the client for evidence of grief or a more severe clinical syndrome secondary to the loss (e.g., depression, GAD, PTSD) and conduct or refer to an appropriate evidence-based therapy (see appropriate chapters in this *Planner*).
6. Assess the role that substance abuse has played as an escape for the client from the pain or guilt of loss.
7. Arrange for chemical dependence treatment so that grief issues can be faced while the client is clean and sober (see the Substance Use chapter in this *Planner*).
8. Assess the client's level of insight (syntonic versus dystonic) toward the "presenting problems" (e.g., demonstrates good insight into the problematic nature of the "described behavior," agrees with others' concern, and is motivated to work on change; demonstrates ambivalence regarding the "problem described" and is reluctant to address the issue as a concern; or demonstrates resistance regarding acknowledgment of the "problem described," is not concerned, and has no motivation to change).
9. Assess the client for evidence of research-based correlated disorders (e.g., oppositional defiant behavior with ADHD, depression secondary to an anxiety disorder) including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).
10. Assess for any issues of age, gender, or culture that could help

- explain the client's currently defined "problem behavior" and factors that could offer a better understanding of the client's behavior.
11. Assess for the severity of the level of impairment to the client's functioning to determine appropriate level of care (e.g., the behavior noted creates mild, moderate, severe, or very severe impairment in social, relational, vocational, or occupational endeavors); continuously assess this severity of impairment as well as the efficacy of treatment (e.g., the client no longer demonstrates severe impairment but the presenting problem now is causing mild or moderate impairment).
  12. Ask the client to read books on grief and loss (e.g., *Getting to the Other Side of Grief: Overcoming the Loss of a Spouse* by Zonnebelt-Smeenge and De Vries; *Good Grief* by Westberg; *When Bad Things Happen to Good People* by Kushner; *How Can It Be All Right When Everything Is All Wrong?* by Smedes); process the content.
  13. Ask the parents of a deceased child to read a book on coping with the loss (e.g., *When the Bough Breaks: Forever After the Death of a Son or Daughter* by Bernstein; *Through the Eyes of a Dove: A Book for Bereaved Parents* by Courtney); process the key themes gleaned from the reading.
  14. Ask the client to talk to several people about losses in their lives and how they felt and coped; process the findings.
5. Read books on the topic of grief to better understand the loss experience and to increase a sense of hope. (12, 13)
  6. Identify what stages of grief have been experienced in the continuum of the grieving process. (14, 15, 16)

7. Watch videos on the theme of grief and loss to compare own experience with that of the characters in the films. (17)
8. Begin verbalizing feelings associated with the loss. (18, 19, 20)
9. Attend a grief/loss support group. (21)
10. Identify how avoiding dealing with loss has negatively impacted life. (22)
11. Acknowledge dependency on lost loved one and begin to refocus life on independent actions to meet emotional needs. (23, 24)
15. Educate the client on the stages of the grieving process and answer any questions he/she may have.
16. Assist the client in identifying the stages of grief that he/she has experienced and which stage he/she is presently working through.
17. Ask the client to watch the films *Terms of Endearment*, *Dad*, *Ordinary People*, or a similar film that focuses on loss and grieving, then discuss how the characters cope with loss and express their grief.
18. Assign the client to keep a daily grief journal to be shared in therapy sessions.
19. Ask the client to bring pictures or mementos connected with his/her loss to a session and talk about them (or assign “Creating a Memorial Collage” in the *Adult Psychotherapy Homework Planner* by Jongsma).
20. Assist the client in identifying and expressing feelings connected with his/her loss.
21. Ask the client to attend a grief/loss support group and report to the therapist how he/she felt about attending.
22. Ask the client to list ways that avoidance of grieving has negatively impacted his/her life.
23. Assist the client in identifying how he/she depended upon the significant other, expressing and resolving the accompanying feelings of abandonment and of being left alone.
24. Explore the feelings of anger or guilt that surround the loss,

- helping the client understand the sources for such feelings.
12. Verbalize and resolve feelings of anger or guilt focused on self or deceased loved one that interfere with the grieving process. (25, 26)
  13. Verbalize resolution of feelings of guilt and regret associated with the loss. (27)
  14. Decrease unrealistic thoughts, statements, and feelings of being responsible for the loss. (28)
  15. Express thoughts and feelings about the deceased that went unexpressed while the deceased was alive. (29, 30, 31, 32)
  25. Encourage the client to forgive self and/or deceased to resolve his/her feelings of guilt or anger; recommend books on forgiveness (e.g., *Forgive and Forget* by Smedes).
  26. Use nondirective techniques (e.g., active listening, clarification, summarization, reflection) to allow the client to express and process angry feelings connected to his/her loss.
  27. Assign the client to make a list of all the regrets associated with actions toward or relationship with the deceased; process the list content toward resolution of these feelings.
  28. Use a cognitive therapy approach to identify the client's bias toward thoughts of personal responsibility for the loss and replace them with factual, reality-based thoughts (or assign "Negative Thoughts Trigger Negative Feelings" in the *Adult Psychotherapy Homework Planner* by Jongsma).
  29. Conduct an empty-chair exercise with the client where he/she focuses on expressing to the lost loved one imagined in the chair what he/she never said while that loved one was alive.
  30. Assign the client to visit the grave of the lost loved one to "talk to" the deceased and express his/her feelings.
  31. Ask the client to write a letter to the lost person describing his/her fond memories and/or painful and

- regretful memories, and how he/she currently feels life (or assign “Dear \_\_\_\_\_: A Letter to a Lost Loved One” in the *Adult Psychotherapy Homework Planner* by Jongsma); process the letter in session.
16. Identify and voice positives about the deceased loved one including previous positive experiences, positive characteristics, positive aspects of the relationship, and how these things may be remembered. (33, 34)
  17. Attend and participate in a family therapy session focused on each member sharing his/her experience with grief. (35)
  18. Reengage in activities with family, friends, coworkers, and others. (36, 37)
  32. Assign the client to write to the deceased loved one with a special focus on his/her feelings associated with the last meaningful contact with that person.
  33. Ask the client to discuss and/or list the positive aspects of and memories about his/her relationship with the lost loved one; reinforce the client’s expression of positive memories and emotions (e.g., smiling, laughing); encourage the client to share these thoughts with supportive loved ones.
  34. Assist the client in engaging in behaviors that celebrate the positive memorable aspects of the loved one and his/her life (e.g., placing memoriam in newspaper on anniversary of death, volunteering time to a favorite cause of the deceased person).
  35. Conduct a family and/or group session with the client participating, where each member talks about his/her experience related to the loss; encourage supportive interactions among family members.
  36. Assist the client in recommitting and reengaging in the primary social positive roles in which he/she has functioned prior to the loss.
  37. Promote behavioral activation by assisting the client in listing activities which he/she previously enjoyed but has not engaged in

since experiencing the loss and then encourage reengagement in these activities (or assign “Identify and Schedule Pleasant Activities” in the *Adult Psychotherapy Homework Planner* by Jongsma).

19. Report decreased time spent each day focusing on the loss. (38, 39)

38. Develop a grieving ritual with an identified feeling state (e.g., dress in dark colors, preferably black, to indicate deep sorrow) which the client may focus on near the anniversary of the loss. Process what he/she received from the ritual.

39. Suggest that the client set aside a specific time-limited period each day to focus on mourning his/her loss. After each day’s time is up, the client will resume regular activities and postpone grieving thoughts until the next scheduled time. For example, mourning times could include putting on dark clothing and/or sad music; clothing would be changed when the allotted time is up.

20. Develop and enact act(s) of penitence. (40)

40. Encourage the parents to allow the client to participate in a memorial service, funeral service, or other grieving rituals.

21. Implement acts of spiritual faith as a source of comfort and hope. (41)

41. Encourage the client to rely upon his/her spiritual faith promises, activities (e.g., prayer, meditation, worship, music), and fellowship as sources of support.

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## DIAGNOSTIC SUGGESTIONS

Using *DSM-IV/ICD-9-CM*:

<b>Axis I:</b>	296.2x	Major Depressive Disorder, Single Episode
	296.3x	Major Depressive Disorder, Recurrent
	V62.82	Bereavement
	309.0	Adjustment Disorder With Depressed Mood
	309.3	Adjustment Disorder With Disturbance of Conduct
	300.4	Dysthymic Disorder
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Using *DSM-5/ICD-9-CM/ICD-10-CM*:

<u>ICD-9-CM</u>	<u>ICD-10-CM</u>	<u>DSM-5 Disorder, Condition, or Problem</u>
296.2x	F32.x	Major Depressive Disorder, Single Episode
296.3x	F33.x	Major Depressive Disorder, Recurrent Episode
V62.82	Z63.4	Uncomplicated Bereavement
309.0	F43.21	Adjustment Disorder, With Depressed Mood
309.24	F43.22	Adjustment Disorder, With Anxiety
309.28	F43.23	Adjustment Disorder, With Mixed Anxiety and Depressed Mood
309.3	F43.24	Adjustment Disorder, With Disturbance of Conduct
309.4	F43.25	Adjustment Disorder, With Mixed Disturbance of Emotions and Conduct
300.4	F34.1	Persistent Depressive Disorder

Note: The ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2014. ICD-10-CM codes are to be used starting October 1, 2014. Some ICD-9-CM codes are associated with more than one ICD-10-CM and *DSM-5* Disorder, Condition, or Problem. In addition, some ICD-9-CM disorders have been discontinued resulting in multiple ICD-9-CM codes being replaced by one ICD-10-CM code. Some discontinued ICD-9-CM codes are not listed in this table. See *Diagnostic and Statistical Manual of Mental Disorders* (2013) for details.