Prolonged Grief Disorder and Coping Strategies Implemented by Individuals Bereaved by Sudden or Violent Loss

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Objectives

• Understand characteristics of Prolonged Grief Disorder (PGD)
• Differentiate between the types of unexpected loss
• Identify types of coping strategies
• Recognize implications for mental health professionals
• Gain insight into how to support the client that may be struggling with PGD and/or unexpected loss
Padlet Activity

https://padlet.com/elq0002/2w4ayohfc9k7i uytyt

Please scan the QR code with your phone or copy and paste the link.

Define GRIEF

If you have time, describe how grief may be different for someone based on expected or unexpected loss
Prolonged Grief Disorder (PGD)

Diagnostic Criteria - International Classification of Diseases (ICD-11)

• Persistent and pervasive longing for the deceased or persistent and pervasive preoccupation with the deceased

• Examples of intense emotional pain:
  • Difficulty accepting the death
  • Feeling one has lost one's self
  • Inability to experience positive mood
  • Emotional numbness
  • Difficulty in engaging with social or other activities

• Time and impairment criteria
  • Persisted for an abnormally long period of time (more than 6 months at minimum) following the loss
  • Disturbance causes significant impairment in personal, family, social, educational, occupational or other important areas of functioning
Complicated Grief Disorder

- Historical roots in the concept of depression as a bereavement related "complication"
- Symptoms experienced beyond 12 months
- Criteria:
  - Intense sorrow and pain over the loss
  - Problems accepting the death
  - Feeling that life holds no meaning or purpose
  - Inability to enjoy life
Persistent Complex Bereavement Disorder (DSM 5)

• Compromise between "prolonged" and "complicated" grief
• Lost someone whom she or he had a close relationship with
• Symptoms persist for at least 12 months (6 months in children):
  • Persistent yearning/longing for the deceased
  • Intense sorrow and emotional pain
  • Preoccupation with the deceased
  • Difficulty accepting the death
Why PGD?

• Approved by APA in 2020
  • In 2020, American Psychiatric Association approved an official diagnosis of Prolonged Grief Disorder. Criteria are much more specific. PGD will overtake the diagnosis of Complicated Grief.

• Approved by ICD 11 in 2018
  • In 2018, ICD 11 approved PGD as a disorder. Deemed "persistent and pervasive grief response characterized by longing for the deceased accompanied by intense emotional pain".

• PGD Factors
  • Approximately 20% of people receiving mental health treatment have unrecognized PGD
  • Risk of prior mood disorders such as mood or anxiety disorders
  • Differentiation between depression and PGD
<table>
<thead>
<tr>
<th><strong>Unnatural Loss</strong></th>
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</thead>
<tbody>
<tr>
<td>Ages 25 - 45 are 30% likely to die from unnatural loss</td>
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<tr>
<td>55+ are less than 5% likely to die from unnatural loss (Rushing &amp; McKinley, 2016)</td>
</tr>
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**Sudden Loss**
- Refers to an unanticipated loss. Can be considered a natural death - such as heart attack. (Milman et al., 2018).

**Violent Death**
- This includes homicide, suicide, accident, or disaster-related injury. (Milman et al., 2018).
- *Can have a different impact due to the nature of intent*

**Differentiation**
- Death resulting from anticipated loss such as a fatal illness. (Milman et al., 2018). Lack of time to prepare for the loss.
General Statistics

• **48,344** Americans died by suicide in 2020 (American Foundation for Suicide Prevention, 2021)

• **19,141** American died by homicide in 2020 (CDC, 2021)

• **8,100** American died by natural disaster causes in 2020 (Statista, 2021)

• **173,040** American died from unintentional accidents in 2020 (CDC, 2021)
Anticipated Loss

- Allows for some planning or preparation
- Can vary in predictability
- Support may be present when expecting the loss
- Five stages of grief model
- Examples include chronic illness and terminal illness
Unanticipated Loss

- No time for preparation
- Resources and support may not be available
- Grieving process may have a longer "shock" factor
- No current model developed for this loss
- Examples include suicide, homicide, natural disasters, accidents
<table>
<thead>
<tr>
<th>Type of Grief</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Normal</td>
<td>“Normal” feelings, reactions and behaviors to a loss.</td>
</tr>
<tr>
<td>Anticipatory</td>
<td>Anticipated and real losses associated with acute and chronic illnesses and terminal illness.</td>
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<tr>
<td>Chronic</td>
<td>Normal grief reactions that do not subside but continue over very long periods of time.</td>
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<tr>
<td>Delayed</td>
<td>Normal grief reactions that are suppressed or postponed.</td>
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<tr>
<td>Exaggerated</td>
<td>Survivor resorts to self-destructive behaviors such as suicide</td>
</tr>
<tr>
<td>Disenfranchised</td>
<td>Encountered when a loss is experienced and cannot be openly acknowledged, socially sanctioned or publicly shared.</td>
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</table>
Coping Strategies: Introducing the BRIEF Cope Assessment

- Charles Carver, 1997 developed a shortened version of "the COPE"
- Problem-focused coping
  - Active coping, planning, instrumental support, and religion
- Active-emotional coping
  - Venting, positive reframing, humor, acceptance, and emotional support
- Avoidant-emotional coping
  - Self-distraction, denial, behavioral disengagement, self-blame, and substance abuse
Brief COPE Scale

- Cost effective and accessible
- 14 subscales with two factors in each = 28 items for ratings
- Validation studies

<table>
<thead>
<tr>
<th>Developed to assess</th>
<th>Scale</th>
<th>Typified by</th>
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<tbody>
<tr>
<td>Problem-focused</td>
<td>Active-coping</td>
<td>Taking steps to eliminate the problem</td>
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<tr>
<td></td>
<td>Planning</td>
<td>Thinking about dealing with the problem</td>
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<tr>
<td></td>
<td>Suppression of Competing Activities</td>
<td>Focusing only on the problem</td>
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<tr>
<td></td>
<td>Restraint-coping</td>
<td>Waiting for the right moment to act</td>
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<tr>
<td></td>
<td>Instrumental Social Support</td>
<td>Seeking advice from others</td>
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<tr>
<td>Emotion-focused</td>
<td>Positive reinterpretation</td>
<td>Reframing the stressor in positive terms</td>
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<tr>
<td></td>
<td>Acceptance</td>
<td>Learning to accept the problem</td>
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<tr>
<td></td>
<td>Denial</td>
<td>Refusing to believe the problem is real</td>
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<tr>
<td></td>
<td>Turning to Religion</td>
<td>Using faith for support</td>
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<tr>
<td></td>
<td>Emotional social support</td>
<td>Seeking sympathy from others</td>
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<tr>
<td>“Less useful”</td>
<td>Focus on &amp; venting emotions</td>
<td>Wanting to express feelings</td>
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<tr>
<td></td>
<td>Behavioral disengagement</td>
<td>Giving up trying to deal with the problem</td>
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<tr>
<td></td>
<td>Mental disengagement</td>
<td>Distracting self from thinking about the problem</td>
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<tr>
<td>Recently developed</td>
<td>Substance use</td>
<td>Using alcohol or drugs to reduce distress</td>
</tr>
<tr>
<td></td>
<td>Humor</td>
<td>Making light of the problem</td>
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Emotion-Focused Coping Skills

- Exercise
- Take a bath
- Give yourself a pep talk
- Meditate

Problem-Focused Coping Skills

- Work on managing time
- Ask for support
- Establish healthy boundaries
- Create a to-do list
Differences in Coping Dependent on Loss

• Problem Focused Coping & Emotional Active Coping
  • These types of coping can help foster posttraumatic growth and resiliency in individuals bereaved by sudden or violent loss (Fisher et al., 2020)

• Avoidant Coping Strategies
  • Can increase grief severity (Fisher et al., 2020) and can lead to symptoms lasting much longer than expected.

• Restorative Retelling as an Option
  • Restorative retelling has proven effective in active recovery from separation distress and trauma distress (Saindon et al., 2013).
Supporting Someone as They Work Through Different Types of Coping

- Ask them to engage in activities with you (to reduce isolation)
- Provide support and listen
- Don't avoid the negative, but try to incorporate some positive-reframing
- Try not to play into catastrophizing what has happened
- Support constructive tasks
A Clinical Approach

- Assessments
  - Grief Intensity Scale
  - Complicated Grief Assessment
  - BRIEF Cope Scale
  - Inventory of Complicated Grief
  - Persistent Complex Bereavement Disorder Checklist

- Targeted Therapy
  - Cognitive Behavioral Therapy
  - Complicated Grief Therapy
  - Grief Support Groups
  - Psychotropic Medications

- Promoting Effective Coping
  - Four tasks of mourning
  - Dual process model
  - Restoration oriented activities
Discussing Loss: Things to Say

- I am so sorry for your loss
- I wish I had the right words, just know I care.
- I don't know how you feel, but I am here if I can help in any way.
- You and your loved one will be in my thoughts
Future Research Questions

1. What is the relationship between PGD and coping strategies?

2. Do individuals bereaved by unexpected or sudden loss differ on the severity of PGD?

3. Is there a correlation between type of sudden or violent loss and coping strategy implemented?
Resources

- Grief Hotline: 800-445-4808
- Suicide Hotline: 800-273-8255
- 3 Techniques for Counselors to Use: https://www.youtube.com/watch?v=v_2QeHCnYzc
- Shapes of Grief on Apple Podcasts
Questions?

- Open for discussion
The work continues..

Thanks for attending. Please reach out if you have any questions.

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