INTERVENTION TO REDUCE DISTRESS DUE TO GRIEF FOR COMMUNITY PARTNER CLINICS

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Section 1: Introduction to Reducing Distress of Grief and Preventing Mental Illness

Everyone loses at least one important person or thing in their lives, and they respond to that loss by experiencing grief. It is well known that experiencing grief can add distress to the lives of people experiencing it. Research shows that most people who deal with the feelings that come with grief are able to cope well with it on their own and move on with their lives without any professional help. About 10% of people who experience loss have a hard time dealing with these feelings and develop serious mental health problems such as severe depression and/or Complicated Grief.

This guidebook was created to provide facilitators of different levels of training with practical tools for helping their patients better cope with the distress of grief. These tools help patients recognize their feelings of grief and use coping strategies to reduce stress that comes with it. These coping strategies focus on how to deal with feelings of grief, including how to not avoid them and not to dwell on them in the long term so that they don't get in the way of day-to-day activities. However, it is important to remember that each person's grief experience is unique, and the amount of time before someone is ready to deal with their grief feelings is different. That said, while there are a lot of differences in how people experience grief, it is also true that there are some things that many people who deal with grief have in common. It is important to remember the following behaviors are normal for up to six months after a loss:

- Not being ready or able to share their feelings of grief
- Avoiding their own feelings of grief, because it may be too intense and painful to face.
- Dwelling on details of the death.
- Wanting to withdraw from others and preferring to spend time alone.

Still, there may times when it is unclear how normal a patient's grief experiences are and therefore whether this intervention is appropriate. In these situations, please consult with your supervisor and/or clinical lead to decide whether it is appropriate to continue with this intervention or whether the patient's needs would be better met by a mental health professional. It is important to note that this curriculum uses a common behavioral approach to interventions, one that works well as a Prevention intervention.

It is described in several articles and books listed in the References section of this guide. Many of the specific resources and worksheets of this guide are from mental wellness presentations about grief and loss and stress management from the Anti-Stigma and Discrimination (ASD) Program at the LA County Department of Mental Health. Some were created specifically for this intervention. A few of them were created in partnership between the LA County Department of Mental Health and University of California Los Angeles Prevention Center of Excellence.

Section 2: Prevention as Defined by MHSA (Mental Health Services Act) and Within My Health LA (MHLA) Program:

As used in this program, prevention is intended not only to reduce stressors (life circumstances that lead to stress) that increase the risk of getting mental illness but also to develop skills that protect against the risk of getting mental illness (like social support). Prevention promotes positive thinking, develops skills to work well with others, develops strategies to manage feelings, and encourages a state of well-being that allows the individual to successfully deal with changes and challenges in their lives.

The Mental Health Services Act (MHSA) was passed in 2004 by the California Legislature, and its purpose is to provide community based mental health services throughout the State with a focus on prevention and intervention (PEI). PEI is a plan under MHSA designed to identify individuals with low-level mental health problems and provide treatment to prevent them from developing more serious mental illness.

Within the framework of MHSA, prevention can be further divided into Universal Prevention and Selective Prevention. Universal Prevention targets the general public or a whole population group that has not been identified on the basis of individual risks. For example, doing a mental health assembly for an entire school is a method of universal prevention. On the other hand, Selective Prevention targets individuals or a subgroup whose risk of developing mental illness is significantly higher than average.

This intervention is part of the My Health LA (MHLA) program. MHLA is a behavioral health expansion program designed to increase access to health care for low-income uninsured individuals. Its goal is to identify participants who would benefit from short-term, low-intensity mental health prevention services and/or activities.

This model is designed to be used as a selective prevention program. It is for specific individuals identified as having a high level of stress related to grief who may be having trouble managing daily activities on their own. There are also outcome measures that facilitators must conduct with patients to determine whether or not the prevention program is helping them. For more information on pre/post measures please go to Appendix D on page 50

This guidebook provides structured outlines of how a session should look, as well as researched and tested tools and strategies to help patients manage distress of grief and loss. This approach is flexible. The strategies that are part of this approach can be implemented by individuals in a variety of professional roles and in multiple settings. It can be used for a single session or for up to approximately ten sessions. It is designed for use with individual patients, but it can be adapted to include family sessions or for a group of patients. In later sections, there are more specific instructions on how you can tailor the model to fit your specific patients' and programmatic needs.

This practice is a strengths-based approach whereby patients use strengths they already have, and facilitators help patients develop them as needed.

If a patient shows symptoms of mental illness or if existing mental health problems get worse, the patient should be referred to specialty mental health services for an assessment and ongoing mental health treatment. Ongoing supervision by a clinician will be important to assist in identifying anyone who needs a higher level of care. See Appendix A for emergency contact information, and Appendix B for the referral procedures to specialty mental health services.

Section 3: Identifying Participants for this Intervention

In general, this intervention is appropriate for:

- Anyone who requests help dealing with ongoing distress from grief.
- Anyone who is not able to cope with grief six or up to nine months since the loss.
- Individuals who are at risk for developing Complicated Grief or depression.

Two of these serious mental health problems are depression and Complicated Grief. Depression will be discussed later in the Introduction to Grief and Loss section of this curriculum (pg. 18). To assist in how identifying Complicated Grief, additional information about it is presented in Annex1, a separate document.

Section 4: Session Preparation

These are things that you should do prior to your first session with the patient:

General Preparation

It is important to familiarize yourself with all the content and materials before the session begins. Read the instructions and print out any worksheets that you might use.

- TIP: You may want to print at least one additional worksheet than you plan to complete. That way if the session proceeds more rapidly than you planned, you have something else that you can do with the patient.

Materials

- Have writing materials and extra paper available.
- Provide a folder or binder for the patient to hold the handouts for each session.
    - Patients will keep copies of the materials except the "What I Need" worksheet and "Patient's grief and loss distress needs" worksheet, which you should keep until the final session so you can refer to it as necessary throughout the intervention.
- Bring in a copy of this guidebook to refer to if needed.

Location

- The location in which to conduct this intervention is flexible as long as the patient's privacy is ensured based on your agency's procedures regarding the Health Insurance Portability and Accountability Act (HIPAA).
- An ideal location will be a private room with a closed door.
    - Make sure to have enough chairs for the patient and family members.
    - There should be a surface large enough for the patient to write/draw on during the session with the facilitator.

Section 5: Creating a Safe Place for the Patient

Your approach matters as you meet with your patients. It informs how you talk to them; how you help them to learn strategies that will help them cope with the distress they are experiencing; and the overall way you engage with them. Individuals experiencing grief and loss often receive messages from others in society and their culture to handle their grief in ways that are not helpful. For example, the spouse of an individual who experienced the loss of a loved one over a year ago may say, "Isn't it time that you move on from this and get back to taking care of our family? It's been over a year now." This can be confusing when you as a facilitator are teaching them strategies to help them to experience their grief in a natural way. Given these factors working against the patient's normal grief experience, it will be important to provide a safe environment for the patient, one in which they will trust you and feel supported. This section will provide general recommendations regarding how to approach patients within the context of mental health prevention.

Protective Factors

As defined earlier, one of the goals with mental health prevention is to increase protective factors. Protective factors can be defined as conditions, abilities and characteristics that help bolster an individual's ability to cope with the distress of grief and loss and reduce the chances that it will lead to the appearance of or increase in mental health symptoms. This broad definition can include things like Relationships with family and friends, identifying feelings of grief, and access to healthcare. These protective factors serve as strengths that help them deal with difficult times. As facilitators, it is important to seek to discover patients' strengths and build on them.

Patients may have difficulty thinking about their protective factors. They may have grown up in a culture or a family that discouraged talking about themselves in a positive way. Strengths may be hard to elicit,

but it is important to do. Having patients state their own strengths may be empowering to them. If they really cannot think of anything, a good one for them to see is that they came into your agency to meet with you. Meeting to address issues related to grief and loss can be very difficult due to the stigma of grief in society, and the fact that the patients are seeking help from you is incredibly powerful.

Role of the Facilitator

As a facilitator that helps individuals cope with grief and loss, your role is to explore the patient's specific needs, and teach them skills and strategies that will address those needs. When a patient comes into the clinic for help, although the facilitator is in a position of power, the facilitator cannot simply decide on the intervention plan alone. Instead, they must work together with the patient to arrive at the most effective strategies to use.

Focus on the Patient

Facilitators also must have healthy boundaries with patients. It is important for the focus of the sessions to remain on the patient. You may have patients that will ask you for personal information or try to deflect questions about them by asking questions about you. In these circumstances, it is important to redirect the patient to the topic at hand. It is a good idea to start with a gentle response and then increase the level of firmness until the patient returns to the topic that you are working on. For example, start by gently directing the patient back to the topic, then firmly direct the patient back to the topic, and finally, address personal boundary issues.

There will also be times that it is acceptable to answer some mild personal questions. For example, if a patient is having difficulty with stress due to parenting, it may help them to know if you are also a parent. You can decide what you are comfortable sharing. However, you have to be careful that you, as the facilitator, do not become the focus of the session.

Active and Empathic Listening

In order to help patients discover their needs, it is paramount for facilitators to be active listeners. Patients are the experts in their own lives. The role as a facilitator is to listen without judgment, and like most things, listening to others is something that people must work at to do well.

It is easy to blame people for the roles they play in causing or worsening their situations. However, facilitators must understand that patients are doing the best they can with what they have. When you assume that your patient is doing the best they can, you are more able to see things from their perspective and patients are more able to trust you. Empathizing, or putting yourself in the shoes of your patient will help you understand their feelings and see things from their perspective, which will help you to identify their needs and select the most helpful strategies to use with your patient. Also, one thing that patients experiencing grief want most is to feel heard and their feelings validated. Being empathic will make it possible for you hear them and validate their feelings.

Validation of Patient's Feelings

Validation is one of the most powerful gifts that a person can give to another. For the purposes of mental health prevention, validation can be defined as the recognition of another person's feelings as important. Validation is different from a compliment, which are often about superficial things like appearance. For example, "You look very nice today," is a compliment, versus a validating statement like, "I can see how that would make you feel angry." However, validation should not include probing deeper about the patient's feelings. For example, probing further might include a statement such as "Tell me more about what it's like to have this feeling." Similarly, exploring someone's feelings is part of grief counselling which is beyond the scope of this intervention. If the patient expresses interest in exploring their feelings further, the facilitator should refer to

Appendix C: Referrals and Resources for grief and loss counselling or grief and loss support groups in the community on page 48.

It is possible to validate someone even when they take an action that you would not agree with personally. The feelings behind an action are always valid, even if the actions are not ones you would recommend. When used correctly, validation can really make patients feel like they are being heard.

Importance of Careful Observation of the Patient

Facilitators also must learn to assess the patient's body language. Are they well-dressed or dishevelled? What is their facial expression like? How are they holding their body? These things can give you valuable information about the patient and their current state of mind.. Common characteristics of individuals experiencing grief will be presented in the section "Introduction to Grief and Loss" (pg. 12).

Non-Verbal Body Language

Non-verbal communication techniques are a good way to encourage patients to speak more openly. Some examples of nonverbal communication cues include maintaining eye contact, angling your body so that you are facing your patient, and nodding your head when appropriate. * These signs demonstrate to the patient that they have your full attention, and it will encourage them to share more.

> **Depending on the patient's culture and personality, there may be some examples that are more appropriate to use than others.*

Open Ended Questions

To help patients discuss their protective factors and/or strengths, one good way to start is by asking open-ended questions, or questions that must be answered with more than a simple "yes" or "no." Here are some examples:

Closed-Ended Question: Did you get here all right?

Open-Ended Question: How was your trip here?

Both questions are attempting to retrieve the same information about the travel to get to this location. The first question is phrased in such a way that a patient could just say yes or no and not elaborate on their answer. The second one encourages a more thoughtful and useful answer to the question. These skills may seem confusing, and too many open-ended questions in a row can make the conversation feel awkward, however it is something that you can practice that will likely increase getting detailed information from your patients.

Section 6: Sample Session Guide

Structural elements to consider ahead of time:

Number of Sessions:

This model is designed for flexibility, however as a facilitator, it is recommended that you have a plan for the following: the session structure, follow up and termination of services. It is recommended that facilitator has an idea of about the number of sessions will be offered to patient.

Once you and your agency counterparts have determined what structure and format you can offer the patient, it is important to discuss plans with the patient. Maybe you have the availability to meet with the patient weekly,

but they cannot commit to a regular schedule. Together you may be able to arrive at a plan for more sessions, or if not, then you can offer a one-time session. Here is a sample script:

> *"We will be meeting about 2-3 times as needed to help you learn how to deal with distress due to grief and loss. If you still need services after that, we will discuss it and possibly add a few more sessions as appropriate."*

Missed Sessions:

Facilitators must also have a plan for when to stop offering services. A sample policy may be if a patient misses more than two consecutive sessions without notice, or more than four consecutive sessions, they will be dropped from the program. They may be admitted again later if the patient's circumstances changed to permit them to attend more regularly.

Whatever policy you and your agency choose to use regarding attendance and termination should also be discussed with the patient in the initial meeting. Setting clear expectations with a patient early on can reduce their anxiety.

Another policy to be mindful of is your agency's policies regarding HIPAA and privacy reminders. Facilitators will likely need to set aside time to go through any HIPAA forms with the patient and obtain the necessary signatures.

a. Initial Session

The first session will take place after whatever screening process that your agency has in place, and it will likely be different from other sessions. In some cases, this may be the only session you will have with the patient. Under those circumstances, it is important to use techniques that help your patient with their urgent needs. As a reminder, this program takes a mental health prevention approach. It is not designed for facilitators to conduct clinical treatment. Instead, the goal is simply to reduce the patient's risk factors or stressors and strengthen their protective factors. Sometimes patients will mention having mental health symptoms in the first session, especially as you ask them questions about the presenting problem. If these mental health issues are present at the onset of the program or a patient seems to develop more severe mental health concerns like symptoms of Complicated Grief, and/or symptoms of depression or anxiety, facilitators should refer to specialty mental health services for more intensive treatment. For more information on linkages to mental health services, refer to Appendix B: Referrals and Resources for Specialty Mental Health Treatment on page 46.

Introduction to This Intervention to Reduce Distress Due to Grief and Loss

In the first session, the facilitator must make the goal of this service clear to the patient, namely to reduce distress related to experiencing grief and to reduce the risk of developing complicated grief and other mental illnesses, what tools will be used to accomplish the goal, and the planned length and frequency of meetings. Here is a sample script that you can use to start. Please note that the script is a suggestion, and facilitators are encouraged to use their own authentic approach.

"Hello, my name is _____. We are meeting today to help you manage distress associated with grief and loss. Throughout these sessions, I am going to teach you techniques to help you cope with this distress. To be exact, I'm going to teach you strategies to manage stress related to grief and loss; help you to identify and express your feelings that are part of your grief experience including how to be in the moment to recognize and experience these feelings better; help you to engage in self-care activities; help you get social support in dealing with grief; and teach you practical techniques to help you be assertive about getting others to understand and respect your grief needs. Self-care includes taking care of health needs; engaging in activities that are pleasant and self-rewarding; and engaging in comforting grief and loss related activities (e.g., activities that honor the person who died). Some are going to work better for you than others, but it is important that you try them all out to see which ones work for you. At any time, please let me know if you have any questions or concerns, and I will do my best to answer them."

It is always a good idea to do what you can to make patients feel safe in their services. Clear expectations and encouraging patients to voice concerns may lessen their fears about participating in services.

Pre-Intervention Measures

It is recommended that facilitators conduct any pre- intervention measures (PHQ-9, GAD-7) after getting a commitment from the patient about participating in this intervention and after obtaining any signed consents or forms that your agency may require, but before any programming is introduced. For more information on pre and post-measures, refer to Appendix D.

Identifying the Patient's Needs

In order to decide on the intervention strategies that you will use with a patient, it will be important to know the particular stressors that are affecting a patient's life. The following questions are ways to get this information:

- *What brings you in for prevention services?*
- *What is the hardest thing you are dealing with right now?*
- *What is going well?*
- *Is there anything you would like me to know about you?*
- *How do you usually cope with grief and loss?*
- *What is getting in your way of coping with this problem in the same way(s) you have coped with other problems in the past?*
- *What do you hope to get out of this program?*
- *What is your support system like?*
- *Are there any specific issues that you would like to address in our meetings?*
- *Are there any specific issues that you would not like to address in our meetings?*
- *If you feel comfortable, is there anything you would like me to know about what you have experienced in the past?*

While these questions are general, they allow the facilitator to gather a lot of information. The questions should be used strategically and not all at once so that the facilitator does not overwhelm the patient.

Using the "What I Need" Worksheet and "My Needs to Reduce the Distress of Grief" Worksheet

The facilitator should have printed out a copy of the "What I Need" worksheet (pg. 22) and the patient's "My Needs to Reduce the Distress of Grief" Worksheet (pg. 24) of this manual. The facilitator should then present these worksheets to the patient and explain the instructions (located on the page prior to each worksheet). Depending on the setting and situation, it is usually a good idea to ask the patient if they would like you to fill out these worksheets with them. It is generally encouraged for the facilitator to actively help patients participate, by helping them use or fill out the worksheets in session.

Additionally, when you are planning on conducting multiple prevention sessions, the facilitator should hold onto the original "What I Need" worksheet* and the patient's "My Needs to Reduce the Distress of Grief" worksheet* so that you may refer to them in later sessions. This worksheet should be returned to the patient during the final session. For more details on termination of services, see section on page 10.

> **Follow HIPPA regulations according to your specific agency's procedures for storing PHI if patient puts identifying information on worksheet.*

You should also be able to use these worksheets to generate possible referrals to other service providers if needed. It is not the facilitator's role to give advice to the patient on how to solve their problems, but it is important to help patients through linking them to proper supports. For example, if a patient needs housing, this would be the time to refer them to case management housing support. Discuss any referrals you make with the patient prior to initiating the referral.

Introduce Psychoeducational Information About Grief and Loss: "Introduction to Grief and Loss"

After clarifying the patient's general case management needs as well as needs related to reducing the distress of grief, this is the time to present the "Introduction to Grief and Loss" section (pg.12) to the patient about grief, how people experience it and facts about grief to help normalize patients' experiences. It is then recommended that facilitators introduce the "deep abdominal breathing" technique (pg. 25), because it is relatively easy to learn and has a strong effect on reducing stress and anxiety. Practice the technique(s) with the patient in session.

Assign Home Practice

It is paramount for patients to practice the skills they learn in session at home. Home practice allows patients to practice skills in their real lives. Ask the patient how often they think they can practice the skill. Work with them on what they feel is reasonable, however make sure that they agree to practice the skill at least once before the next session. Be sure to let the patient know that you will follow up at the next session.

If there are to be more sessions, this may be a good place to stop. Facilitators must be careful not to overwhelm patients with too much content or they will not be able to process it. It is also important not to rush through patient questions and to give patient time to share important information.

Initial Session Outline

1. Agency-Specific Introduction to reducing distress of grief and prevention of complicated grief and other mental illness
2. Agency-specific documentation and HIPAA
3. Ask questions about patient's stressors
4. "What I Need" Worksheet
5. "Needs to reduce distress of grief" worksheet
6. Introduction of new topic/techniques

7. Practice techniques with patient in session
8. The benefit of home practice and patient's commitment to intervention
9. End of session

b. Middle Session(s)

This is the section wherein the program really gets into a rhythm. While the content will be different, the framework for these next sessions should remain relatively static.
Structure is important for all mental health programs, including prevention because it provides a safe and a predictable framework that helps patients relieve stress and manage feelings of anxiety. Facilitators are encouraged to make the programming authentic to themselves and their patients and some things change that are beyond the facilitator's control (e.g. Having to switch rooms unexpectedly during session), but the structure provides a good launching point.

Check In

Starting session with a structured check-in is always a good idea. It can be a simple statement like, "How are you doing today?" to a more structured event using a scale. For example, a facilitator could ask the patient, "On a scale of one to ten, where ten is the best you have ever felt and one is the worst, how are you feeling?" This allows you to assess the patient's current state and for the patient to bring up any pressing issues that they may want to discuss.

This is also an opportunity to check progress toward alleviating patient's presenting problem. Has anything changed regarding their stressor? You may want to reference the "What I Need" and "My Needs to Reduce the Distress of Grief" Worksheets. Situational stressors do sometimes change, and these changes may affect how the patient approaches working with you.

Review of Last Session

It is always a good idea to start by asking the patient about what was worked on last session. If they do not remember, gently prompt or remind them. This is a time to remind the patient of the technique(s) and reinforce the learning. Practice the techniques again in session if needed.

Review Home Practice

During this time, ask the patient about their experience with the technique between sessions. Did patient do the home practice? If yes, how was it? If no, what got in the way? This process allows the facilitator to troubleshoot problems that got in their way and reinforce the importance of practicing the skills.

Introducing New Technique(s)

Facilitators should pick between l-3 techniques to introduce per session. Any more than that and it will be too difficult for patients to hold onto information. The choice of topics that you can introduce is flexible depending on patient's needs. See the next section for detailed instructions on grief Intervention topics, worksheets and resources on page 21.

Practice the technique with the patient in session. This sets the patient up for success. They know that they can use the technique because they tried it in session.

As you introduce the new topic, take time to check for patient understanding. Some patients may not ask questions or tell you when they do not understand something. It is important to allow space to assess patient's grasp of the material and provide clarification if needed.

Assign Home Practice

Remind patient of the rationale behind home practice. Discuss potential barriers to home practice and solicit patient agreement to practice the skills between sessions.

Middle session(s) of the intervention:

1. Patient Checks In
2. Review Last Session and Home Practice
3. Introduction of new topic/techniques
4. Practice techniques with patient in session
5. Home practice and patient commitment
6. End of session

c. Final Session and Termination of Services

The final Session should proceed very similarly to middle sessions until after the facilitator practices techniques with patient in session. At this point, facilitator should move into a discussion about termination of services.

Planning Ahead for Termination

Termination of services should be something that is planned for and discussed in advance. In fact, termination should be discussed during the initial session when you discuss the planned length of the program. Facilitators should remind patients about plans for final session approximately two sessions prior to the final session so that they have time to process. Patients' early knowledge of termination will help ease their anxiety and mitigate possible issues with dependence on you as the facilitator.

Importance of Empathy at the End of the Intervention

Patients will form emotional connections with facilitators. It is intensely personal to entrust someone with their problems and to ask for help. These connections are normal and healthy, as long as the facilitator maintains personal boundaries; however, it can also make termination of services more difficult. Be compassionate and empathic to the patient as they make this transition. The patient may experience anxiety regarding end of ongoing services, and the idea of saying goodbye is difficult for many people.

This is a time wherein the facilitator has the opportunity to remind a patient that there is a positive way of ending things. This ending is one of accomplishment. The fact that you are having a termination session with the patient is proof that they succeeded in completing the prevention program. In fact, it may be helpful to frame termination of services in terms of a graduation.

Return "What I Need" worksheet and "My Needs to Reduce the Distress of Grief" worksheet. At this time, the facilitator should take out the completed "What I Need" worksheet and go over it with the patient. Then, do the same thing with the "My Needs to Reduce the Distress of Grief" Worksheet. Then, review the progress and discuss what the patient has learned in session. Ask them if they feel it has helped them deal with the distress related to the problem. The facilitator will likely have to come up with some examples of how the patient has made progress. Often patients have more difficulty seeing incremental change. A facilitator highlighting progress can help patients see more progress and view themselves or their progress in a more positive light.

During this section, you also should ask about the nature of the grief-related distress itself. Has it changed over the time you have been meeting with the patient? Be prepared to make sure the patient's needs are currently being met. For example, it is common for someone experiencing grief to get their social support needs met more easily during the first months after a loss. But afterwards others may not offer support as frequently, which can make it more challenging to gain emotional and practical support. If a situation like that happens, you can remind the patient that they now have coping skills to help them meet their needs. If it is not possible to meet the needs through the use of skills learned in this intervention to reduce distress due to grief and loss, this is the time to provide linkages to appropriate supports for grief and loss counselling or support groups or future mental health treatment.

Present Certificate of Completion

It is important for patients to get recognition of their achievements. For some patients, they have never had the opportunity to receive an award, so a program completion certificate has additional meaning for them. There is a template for a Completion Certificate on page 46.

Post-Intervention Measures

Any post-measures (PHQ-9, GAD-7) should be conducted after session content is complete but prior to the provision or resources or follow-up procedures.

Provide Resources for Follow-Up

Patients may become distressed about the idea of ending participation in the intervention. This is the time to let the patient know if they can return for more services in the future, depending on the policies at your specific agency. If the patient can return for future services, how can they go about re-entering services if they are having trouble managing distress due to grief and loss? This is also an important time to remind the patient that you can refer them for ongoing mental health treatment at a specialty mental health provider or to grief and loss counselling or support group. Specialty mental health providers can be found in Appendix B for the referral procedures to specialty mental health services on page 47, while grief and loss counselling and support groups resources can be found in Appendix C on page 48.

Final Session Outline

1. Patient Check In
2. Review Last Session and home practice
3. Introduction of New Topic/Techniques
4. Practice Techniques with Patient in Session
5. Termination of Services and Patient Progress
6. Return “What I Need” Worksheet
7. Return “My Needs to Reduce the Distress of Grief” Worksheet
8. Present Certificate of Completion
9. Conduct Post-Measure
10. Provide Resources for Follow Up
11. End of Session

d. Single Session of Prevention

If facilitators know that they will only be able to conduct one session with a patient, it is even more essential to be strategic about the content. The actual content should not change from previous sections; however, it must be significantly abbreviated to suit the time-limited format. There are also sections that you can skip altogether. For example, you would not have to discuss plans for future meetings.

While it is still recommended to do the “What I Need” Worksheet and “My Needs to Reduce the Distress of Grief” Worksheet, you do not need to go in depth with context questions. From this point facilitators should jump to the middle sessions about introducing 1-3 techniques, practicing in session and the importance of practicing techniques at home. There will not be a discussion of practicing between sessions, but you still need to solicit patient buy-in to try the techniques in their life.

Termination will be much shorter because there simply is not as much time for patients to form an emotional connection to the facilitator. It is a good idea to ask the patient about their plans on how they will approach their stressor(s) differently after the completion of the program and reinforce the techniques. Help them think through when they could use their skills in their real life. Give patients the certification of completion. The patient can use it to justify their attendance. Additionally, provide patients with resources should they need further services.

Finally, facilitators will not need to administer pre and post-measures, however it is still required to administer a single session measure after the session is complete.

Single Session Outline

1. Introduction to reducing distress due to grief and loss and prevention
2. Agency-specific documentation and HIPAA
3. "What I Need" worksheet/brief discussion of patient's stressors
4. "My Needs to Reduce the Distress of Grief" worksheet/brief discussion of patient's needs related to the distress experienced due to grief.
5. Introduction of new topic/techniques (1-3 techniques)
6. Practice techniques with patient in session
7. Home practice rationale and patient buy-in
8. Termination, linkage and follow-up procedure
9. Conduct Outcome Measure

Section 7: Introduction to Grief and Loss

Basic Information About Grief and the Grief Process:

Providing basic education about the grief process is one way to help individuals cope with the distress of grief. First, it can help normalize the grief experience of these individuals. Second, it can reduce the stigma of grief, which can help the individual experience their grief in a natural way. It can also assist the facilitator and patient identify times when it may help to seek professional help for grief and/or mental illness like grief therapy.

What is Grief?

Grief is a natural response to a loss. In particular, grief is the discomfort that comes from experiencing uncomfortable feelings and learning to adjust to life without the person or thing that was lost. How individuals respond can vary and is influenced by many factors, including how close of a bond formed with the person or thing that was lost. In this curriculum we mostly refer to loss in terms of death. However, other types of loss can cause grief like loss of job, loss of housing, divorce, or a disability.

Facts About Grief

Grief is common to everyone. While about 2.5 million Americans die each year, many more people than that grieve the loss of those individuals. According to most experts on grief, 80% of people who experience a loss get through it without any intervention just by using their natural supports. However, about 10% of those individuals who experience a loss develop serious mental illness. There are a number of risk factors for complicated grief which are discussed in Appendix F, "How to identify Complicated Grief".

Common Grief Reactions

There are common reactions of people experiencing grief, and recognizing them may be helpful to normalize their experience. A useful way to understand these reactions is to separate them into the categories of emotional/feelings, physical sensations, and thinking.

Common Emotional Reactions

Some of the following emotional reactions are common among those experiencing grief. Some are similar to symptoms of depression, and how to tell the difference between the normal grief symptoms and symptoms of depression will be discussed in later in this section. When the following symptoms
last for a very long period of time, those feelings are very intense, and the distress these feelings bring leads to difficulty carrying out daily responsibilities, there is a higher risk of developing Complicated Grief.
Often the individuals experience the feelings of grief suddenly and in waves. They can include:

Sadness: This is one of the most common feelings for someone experiencing a loss.

Restlessness and The Inability to Concentrate: This can happen due to spending a lot of time thinking about the loss.

Shock: It usually happens after a sudden death, but can even happen when death is expected. This usually happens soon after finding out about the loss.

Emotional Numbness: This feeling can happen when the news of the loss brings feelings that are too intense for the individual to tolerate.

Anger: People can be angry about several different things. It could arise out of a sense of frustration that there was nothing one could do to prevent the loss; anger at the deceased for leaving the individual feeling helpless, powerless or abandoned; Angry at God or at their current uncomfortable situation. Sometimes, when an individual is angry at the deceased, this feeling may not be tolerable for the person and therefore, the individual can take out their anger on someone else including the physician, the funeral director, family members, or a friend.

Guilt: It is common for individuals to blame themselves for not doing something that would have prevented the death of the deceased, e.g., not taking the person to the hospital sooner.

Anxiety: Anxiety is common among those who are grieving a loss. The anxiety can be related to different things. For example, they may be worried that they won't be able to survive without the deceased. Or the loss can lead to worrying about their own mortality.

Loneliness: Feelings of loneliness can happen when an individual socially withdraws from others after a loss. Sometimes, social support may not help feeling less lonely when the reason for the loneliness is not having the connection anymore to the person who died. So, until the person develops a strong emotional bond with someone else, these feelings may continue. (Worden).

Fatigue: This is normal part of grieving. It could be not getting out of bed in the morning, or neglecting household chores because of feeling tired all the time. It could be experienced as listlessness (lack of energy) or apathy (not caring about things they would normally care about).

Helplessness: When you feel helpless (unable to exist without the person) after a loss, anger can accompany the feelings of anxiety that are part of feeling helpless.

Yearning: Intense feelings of needing or wanting the person to be present. This is normal, but if it doesn't end, it can be a sign of complicated grief.

Relief: If quality of life of the deceased was not good, then it could be a relief for the individual experiencing the loss. This relief could then lead to feelings of guilt

Common Physical Sensations:

There is a strong mind-body connection, and often feelings of grief are tied to physical sensations and can include the following but not limited to:

- Stomach distress: This can arise out of feelings of anxiety or having a loss of appetite that often comes with sadness or from stress related to the grief experience.
- Tightness in chest and throat
- Breathlessness; an empty feeling in the abdomen
- Lack of muscular power

- Muscle tension
- Lack of energy

Common Thinking Reactions:

- Disbelief about the loss
- Confusion
- Preoccupation with what was lost (or thinking about the details of the loss)

Common Behavioral Reactions:

- losing interest in pleasurable activities, which may be associated with the sadness of the loss
- Disruptions in sleep and appetite
- Social withdrawal like when the person disconnects from others in his/her life
- Irritability, restlessness, or hyperactivity
- Absent-minded behavior due to being distracted by thoughts of the deceased, like forgetting to look both ways before crossing the street.
- Avoiding reminders of the deceased or what was lost
- Searching or calling out for the deceased
- Crying

Cultural Sensitivity of the Grief Experience of Latinos

The experience of grief is universal. Although each person experiences grief in a uniquely different way based on a number of factors such as someone's personality and others, there are important aspects of the grief process that are common to individuals from the same cultural background.
Since many of the MHLA enrollees are Latinos, this section will cover aspects of the grief experience that they may share. Those aspects include common types of losses that Latinos experience; factors that make their experience of grief particularly stressful; Common ways Latinos present to clinics with distress related to grief; as well as aspects of their grief experience that can help someone to notice and assist in coping with grief.

Types of Losses:

First, it is useful for facilitators to be aware that most common losses that can lead to experiencing grief among Latinos in Los Angeles, and to ask them which ones apply so that they can help the patients develop an action plan to deal with the stress that comes one or more of the losses. In addition to the loss of a loved one, other common losses include:

- Loss of a job
- Loss of a place to live
- Loss of homeland/sense of community
- Loss of close relationships to family in other countries
- Loss of immigration status
- Loss of identity (example: "ni de aquí ni de allá")
- Loss of self-esteem

- Loss of using native language, traditions/culture, sense of security due to acculturation
- Loss of relationship with children due to acculturation
- Loss of social or professional status – Some immigrants completed higher education in their country of origin or were self-employed.

Factors that May Make Grief More Stressful for Latinos:

- **Language Barriers** that make it difficult to benefit from non-Spanish speaking facilitators or clinicians with whom they work.
- **Lack of Education** about the grief process and about the mind-body connection that links physical symptoms to emotions
- **Pérdidas y Penas (Losses and Sorrows)**: Immigrants often experience different kinds of losses such as loss of a strong and reliable support system of family and friends; the comfort of knowing one's way around their Spanish-speaking home city; the comfort of being greeted in your first language by people who are familiar with you and who know your family.
- **Familismo**: Receiving emotional support has been identified as a primary need of Latinos experiencing grief. This emotional support is often received through family members, community church members, and engaging in traditions. The family unit is a very important value of Latino culture. Important decisions about how to solve a family member's problem are often made by consulting with other members of the family. There is often a preference not seek support from outside of the family.
- **Marianismo**: Marianismo refers to the idea that Latino women suffer in silence, to be self-sacrificing, and being submissive. Latino women have a particularly deep sense of responsibility for taking care of their children. Consequently, grief from the loss of a child is intensely distressing.
- **Orgullo:** Orgullo is a sense of cultural pride. Pride may give strength when dealing with adversity, but it can also prevent someone from sharing feelings because of a fear that to do so would somehow reflect badly on the family's pride.
- **Fatalismo:** It is a cultural script that can offer a strong sense of spirituality and strong belief in God. It can provide comfort in times of crisis. At the same time, it can also get in the way of the grief experience when people use it as a reason to not seek help because their experience is the result of "fate" and therefore beyond one's control. "Si tu mal no tiene cura para que te apuras" ("Why worry when your malaise is beyond hope?")
- **Simpatía :** It is a culture-specific expectation of showing conformity and an ability to share in others' feelings and of behaving with dignity. This expectation of conformity can be a source of additional stress for people dealing with grief and who don't have the energy or desire to behave like this. This can carry over into a person's relationship with the facilitator when a patient shows simpatia at the expense of minimizing their feelings of grief to the facilitator during the intervention.
- **Religion and Spirituality**: There is evidence to suggest that Latinos use religion and spirituality and religion as ways to cope with the distress of grief more often than non-Latinos. This support often comes from members of their church community and from church events.
- **Individuals Who Lack Legal Immigration Status**: The experience of immigrants is often associated with multiple stressors and challenges which adds stress to the experience of grief and may also increase the risk of developing mental illness (Garcini et al, 2016), including but not limited to PTSD, Major depressive disorder, psychosis and suicide. Immigrants who lack legal status commonly experience exceptionally high levels of stress due to discrimination, stigma, marginalization and isolation. Those immigrants who are undocumented often have financial difficulties and live in unsafe neighborhoods. They also experience extreme stress due to fear of deportation, separation from their family and lack of permanent employment. The acculturation process introduces stressors for individuals without legal immigration status including being more vulnerable to deception when accessing legal, medical and other social services; leaving family members in their home country) which over time increases the risk for mental illness (Garcini et al., 2016).
- **Acculturation Across Generations**: Acculturation is losing the social support and familiar culture of your home country and having to adjust to new cultural norms, values and practices. The stress caused by acculturation can make the grief process for Latinos more stressful. There is variability in level of acculturation of Latinos in Los Angeles County. These difficulties in acculturation persist across the first, second and third generation of immigrants, which largely affects the extent to which they utilize traditional norms of relying on family and religion and spirituality to cope with grief.

Common Ways Latinos May Present to Health Clinics with Distress Related to Grief:

It is important for facilitators to recognize these types of complaints and behaviors as reflecting grief in their patients. They can also help the facilitator to assist patients to better identify their feelings of grief, which is one component of this intervention.

- "Con muchos nervios": This phrase refers to feelings of anxiety accompanied by physical complaints such as headaches (e.g., migraines), muscle tension, difficulty sleeping, changes in eating, stomach aches, back pain.
- Crying a lot.
- "Siento mucha angustia" ("I feel a lot of anguish"): The experience of overwhelming anxiety related to the loss.
- Physical complaints: Some Latino patients may not be aware of the mind-body connection that explains the relationship between physical complaints and feelings that are part of their grief experience.
- Difficulty sleeping.
- Fearful of personnel of government agencies: Immigrants may be fearful that they will be jailed or extradited.
- Distrustful of personnel offering mental health services because of the stigma of mental health in general and among Latinos in particular.
- Feeling alone despite the presence of family to support them. Often patients present with distress related to family members telling them "dejenlo/a descansar en paz" ("Let them rest in peace"), or to move on from the loss.
- Some Latinos may be fearful of being labeled as "crazy" or "unstable" and then being placed on medication for talking about their grief experience.
- "No tengo ganas de nada" ("I don't have any desire to do anything"); lack of motivation.

Common Traditional Behaviors of Some Latinos to Obtain Comfort from the Stress of Grief:

There are ways some Latinos may seek comfort from the distress of grief through activities that remember or honor the deceased. Participating in these activities is a way for patients to gain comfort and support. Please see the following spiritual, religious or traditional behaviors (customs, rituals):

- Lighting candles
- In some Latino cultures, Catholic families and friends gather at the home of the deceased for the Novena, which is praying for nine days after the funeral and doing the rosary as an offering for the soul of the deceased; or following devotions to certain saints or ceremonies valued in an individual's particular culture.
- Among some Latino groups the rosary is said each night for nine nights after the death. Some families say the rosary every month for a year after the death and then repeat it on each anniversary.
- Attending Church mass services: At anniversaries of a loss, the family may offer a mass at Church to remember, honor, and pray for the soul of the deceased.
- Some families also honor and remember their loved one by celebrating Day of the Dead (Dia de Los Muertos). They may prepare special foods, set up an altar with pictures and decorate it with the person's favorite colors, flowers, or any other meaningful item of the deceased.
- It is traditional for the patient's family and friends to show concern by asking how the patient is doing or if there is anything the patient needs that the family member can provide; or telling the patient the good things that the patient had done for the deceased.

- Much involvement of the priest in the funeral plans.
- Family and friends are encouraged to be part of the commemoration.
- Funeral services often include a Mass. Loved ones are encouraged to express grief and many are involved in the procession to the grave.
- Often individuals commemorate the loss of their loved ones with promises or commitment.

Each Individual's Grief is Unique

Even though there are commonalities in the way people experience grief, it is important to remember that the grief experience is different for everyone. So, while it can be helpful for someone experiencing grief to have a sense that what they are experiencing is normal, it's also important for that person not to compare their grief experience with someone else's grief. It will important to ask patients about how they are feeling and about their preferences in dealing with their feelings.

There are many factors that can affect and shape someone's grief experience including:

Pace of grieving—People experience grief at different paces. It can help to approach grief by dealing with the experience of grief one day at a time.	Gender
Nature of relationship	Cultural background
Circumstances of death	Religious and spiritual background
Help from other people in your life	Other crises and stressors in your life
Your unique personality:	Prior experiences of loss and death (e.g., loss of other loved ones, divorce, financial losses, broken relationships)
The unique personality of the person who died:	Physical health

Stages of Grief

The traditional understanding of the model of the five stages of grief includes: denial, anger, bargaining, depression, and acceptance as first described by Elizabeth Kubler-Ross in her book On Death and Dying in 1978. This model suggests that all people experience those stages and in the same order. However, since this model came out 50 years ago, a more flexible model has been accepted. In particular, different people go through different courses of experiencing grief. The order and timing of these phases may vary from person to person. Someone may cycle through the different stages of grief within a week or even within a day, while some people may not go through all the phases as part of the natural process. Also, it would be natural for some people to go through these stages in a different order than the order presented above, or to go through them multiple times.

Instead of a series of stages, it might be more accurate to think of the grieving process as a roller coaster, full of ups and downs. The ride tends to be rougher in the beginning in that the lows may be more intense and last longer. The difficult periods should become less intense and shorter as time goes by, but it takes time to go through the full experience. Even years after a loss, especially at special events such as a family wedding or the birth of a child, an individual may still experience a strong sense of grief.

COVID-19 Challenges to Grief:

There are a number of ways in which the circumstances of the COVID-19 pandemic has posed challenges to coping with losses of loved ones, the normal grief process in particular. A significant challenge to going through grief during COVID-19 is the social isolation that it causes. An important aspect of coping with loss is being able to visit a loved one to say goodbye in their last days of life. Restrictions are often placed on visiting family members by

hospital staff due to concerns about spreading the illness, which contributes to feelings of isolation and stress. Another way COVID-19 contributes to isolation in the grieving process is not being able to hold traditional funeral

services, or engage in other cultural rituals or traditions that involve offering support for one another, due to restrictions on the size of in-person gatherings, and therefore the extent to which family and friends can interact.

Also, it is common to experience sudden/unexpected losses in the context of COVID-19 making it difficult to be present for the death. Not being able to be present can be stressful and can add a sense of unreality. In addition to losses of loved ones due to COVID-19, there are secondary losses that individuals experience during the COVID-19 pandemic. Self-esteem/self-efficacy is affected by the lack of control of one's safety which restricts the ability to protect children and loved ones. Other losses include but are not limited to safety, social connections, personal freedoms, financial security, job security, healthcare, and education—many of us depend on these systems.
Our attachments affect our grief reactions. Engaging in daily routines brings comfort, so it is easy to become attached to them. Usually people can rely on these routines, like being able to walk outside in public without a face-covering or physically going to one's work location. But due to restrictions posed by COVID-19, some of these have been lost. These changes in restrictions can change quickly and do not remain stable. So, many people often do not get a sense of closure because restrictions are continuously being instituted and removed, which can be stressful.
According to information on the Los Angeles County Department of Public Health website (http://publichealth.lacounty.gov/media/Coronavirus/locations.htm), and an article by the Los Angeles Times (7/10/20) Latinos are especially vulnerable to the above stressors associated with COVID-19. Latinos are disproportionately affected by COVID-19 compared to other racial or ethnic groups, in particular the rate of cases and rate of deaths. Especially vulnerable among Latinos are those living in high areas of poverty and those who lack legal immigration status. Many individuals who lack legal immigration status may work in a service industry such as gardening, housekeeping, dishwashers, and working as cashiers. Working in these services puts people at a higher risk for getting COVID-19 due to difficulties practicing social distancing. Also, they are more likely to use public transportation and to live in tight spaces or densely populated areas, which also make it challenging to practice social distancing.

Grief vs. Depression

The feelings of normal grief can sometimes look like clinical depression. Clinical depression is a mental illness, and if it is identified in a patient, it will be important to refer them to a higher level of care. Common shared symptoms are feelings of sadness, lack of interest in usually pleasurable activities, and problems with eating and sleeping. The basic difference is that while grief is a normal, natural and healthy process, clinical depression is not. One way to tell the difference is by how long the feelings last and how much these feelings are affecting one's ability to carry out daily activities. The experience of grief gets less intense over time, and clinical depression does not. In normal grief, sadness often happens in waves followed by periods of relief from those intense waves, while clinical depression often involves a more persistent and intense low mood. After feeling shock or numbness as part of grief in the early days and weeks following a loss, one can often get back into their daily routines. However, if someone is clinically depressed, they may have difficulty engaging in daily activities and fulfilling daily responsibilities.

When someone experiences depression while they are grieving a loss, short-term symptoms develop that are more intense and can interfere with the ability to manage day-to-day responsibilities. Also, depression can cause the grief experience to last longer than normal and to worsen. Please see the following chart that summarizes differences between normal grief and depression:

Normal Grief	Clinical Depression
Respond to comfort and support	Do not accept support
Are often openly angry	Irritable and complain
Depressed feelings related to loss experience	Feelings of depression not related to specific event
Can still enjoy moments in life	General sense of doom
Experience feelings of sadness and emptiness	Sense of hopelessness and chronic emptiness
Transient physical complaints	Chronic physical complaints
Express guilt about specific aspect of loss	Have general feelings of guilt
Feel a temporary loss of self-esteem	Feel a deep and ongoing loss of self-esteem

Stigma of Grief

One possible source of distress for individuals experiencing grief is societal expectations about the grieving process. First, in American society, individuals are often uncomfortable with strong displays of emotions related to grief. This discomfort is reflected by individuals' response to someone sharing their grief experience:

- Changing the subject
- Avoiding talking about the topic of death
- Giving the message that negative feelings are not good.
- Not hearing the person who is experiencing grief
- Cultural differences

The effort to be a part of society can lead to someone ignoring or avoiding their own natural way of experiencing or expressing their grief. The effort to be part of society can take the form of seeking the approval of others or the desire to be part of the group. This conflict between society and someone's natural way to experience grief can be confusing for individuals. It is important to remind your patients that grief is a normal and natural process that is unique for each individual, and that this may not be in line with the way individuals in American society think grief should be experienced. It will be important to accept your own process of grief and not judge it by the expectations of society in general and the people around you. These expectations by individuals in society are often incorrect and unrealistic. Often these societal expectations are in response to the discomfort of being expected to participate in someone else's grief process.

The stigma of grief shows up in common myths and misperceptions expressed by individuals in society. Some of them are discussed in the next section.

Common Myths and Misperceptions

- **The pain will go away faster if you ignore it.**

It might be helpful to be in denial or avoid feelings at first if those feelings are too overwhelming to deal with. But in the long term, ignoring your feelings that need to come out can lead to those feelings bubbling up more intensely when you least expect it and make it hard to carry out daily activities and interactions with others.

- **It's important to "be strong" in the face of loss by not crying.**

Crying is a natural way of releasing internal tension, and it is a way of communicating the need to be comforted. The danger is when people internalize society's expectations about the grief experience even at the expense of an individual's natural feelings that need to come out.

- **If you don't cry, it means you aren't sorry about the loss.**

Since grief is experienced differently by different people. Someone may not cry in public for others to see because of stigma or cultural norms may be sorry about the loss. Some people may not cry until they are ready to face their feelings.

- **When someone you love dies, you only grieve for the physical loss of the person.**

One does not just lose the presence of that person. They can also have secondary losses: of one's self: ("I feel like part of me died"); role as husband, wife, mother, father, etc.; self-confidence; personality; health; security (emotional, financial, physical, lifestyle); meaning (goals and dreams, faith, will/desire to live, joy (Happiness is compromised by the death).

- **The goal is to "get over" the grief as soon as possible.**

Sometimes others in our society send the message that grief is something to be overcome, not experienced. This could be part of the stigma of grief and society's expectation that grief is done quickly and quietly. So, when an individual does not show mourning behavior like crying, it can be because the individual sees crying as not socially acceptable. This is because friends, family and co-workers are uncomfortable with the topic of death, something that involves uncomfortable feelings that they'd rather avoid because it is a reminder of something that is scary to face.

- **After the period of grieving is over, it won't come up again.**

Grief happens in waves, and includes ups and downs emotional experiences. But, as time passes, it may not dominate life as much as it did before, but it will always be there in the background, and from time to time strong feelings will surface when there is a reminder of the person (e.g., hearing a song that the person liked).

Religious and Spiritual Ways of Grieving

There are many ways people comfort themselves when grieving. Often doing activities that help the person to remember or honor the deceased can reduce the distress of grief. Some people find that spirituality or participating in one's religious community can provide emotional support. These behaviors include participating in rituals, ceremonies, customs, or cultural traditions. For example, going to church, lighting a candle, and/or saying a prayer for the deceased is one way some Latinos can comfort themselves. For Jews, sitting Shiva, saying mourner's Kaddish, or gathering at the cemetery once a year can bring comfort. Regardless of someone's religious background, attending religious services can link you with a well-defined community who are ready to offer help. If someone follows a religious tradition, and if they are questioning their faith in the wake of the loss, talking to a member of their religious community can be helpful.

Religious or spiritual beliefs may also help as a way to find meaning to a loved one's life and death. For example, the belief that a loved one is enjoying the spiritual place in heaven or preparing for reincarnation can be comforting. Or believing that a loved one can help guide the griever in this world or that the griever will be reunited with the loved one in another place after their own death can help the griever feel connected with the deceased.

Praying is a behavior that can also be comforting. If so, setting time aside for it can be helpful. This could include attending services; reading spiritual texts; or sharing your circumstances with a religious leader who can help to understand in the loss from the perspective of the faith of the griever.

Activities that can connect the griever with nature can also be soothing, like gardening, meditation, yoga or Tai chi.

e. The Stress of Grief:

When people experience grief, they experience stress. Stress is the nonspecific response of the body to any demand, whether it is caused by, or results in, pleasant or unpleasant conditions.

When someone experiences grief, stress comes from different sources including things like feeling overwhelmed with intense feelings and responsibilities; being scared of not being able to operate independently on a daily basis without the deceased and others to assist them; or having anxiety about not having control over our lives and others.

There are many ways the stress from grief can negatively affect people's emotional and physical health. A few of them include the following:

- Weakens the immune system.
- Increasing the risk of a heart problems
- Increasing the risk of alcohol and substance abuse among individuals who lost a parent.

- Contributing to sleep problems
- It can increase the risk for depression, especially in widows.

There are a many stress-relieving strategies, some that can be used in the moment when your patient experiences stress, and some that work in the long term which have been shown to reduce the risk of these negative physical and emotional effects of stress. In-the-moment strategies include deep abdominal breathing and mindfulness meditation strategies; and leaving the room during moments of high stress, a strategy that can keep an argument from happening. Longer-term strategies include things like improving sleep habits; having a balanced diet that includes low sugar, low fat and moderate carbs; and exercising that increases the release of positive chemicals in the brain to help your patient have a positive outlook on life events.

Intervention Topics, Worksheets and Resources

In this section, each intervention topic and the worksheet(s) that go with it are presented. The reasons for using the worksheets and instructions about how to use them are explained. It is recommended that the facilitator use the topics and their worksheets in the order presented. However, they may pick the techniques that they feel better fits a particular patient's specific issues.

When introducing the information in the "Introduction to Grief and Loss" section, as well as the strategies and worksheets, to the patient, it will be helpful for the facilitator to present the information and orient them to the skills and the process of how to learn them as explained in the guide. When introducing a new skill or strategy, inform them of the rationale for each one prior to starting. Encourage patients to ask any questions and answer them at this time. This will help ease any anxiety and help them to feel more open to learn the skills.

f. Patient's Case Management Needs ("What I Need") Worksheet

This worksheet is meant to be a helpful tool to understand what things in the patient's life are contributing to the patient's stress and life challenges. While the role of the facilitator is not to solve the problem for the patient, it is important for the facilitator to know what the patient is dealing with. For example, people might have stress at their job, which may carry over when they come home, making them more anxious and irritable. Although it is possible to treat the anxiety without addressing the stressor, it will be more effective if the person learns how to address their work stress directly. It is important to tailor sessions to reflect the patient's circumstances.

Additionally, there are large stressors (like housing issues) that may need direct case management intervention. This worksheet can help facilitators get an idea about what referrals might need to be made to help the patient. Please keep in mind the patient's capacity to follow through with referrals. When you refer a patient, make sure to give them concrete steps with specific places or phone numbers for them to contact. It is often a good idea to make the first call with the patient so that you can encourage their confidence and help them if they get stuck.

Instructions

Facilitators can go through the form with the patient or let the patient fill it out on their own. Be mindful of literacy or language barriers.

Once the patient has finished filling out the form, go over it with them. Ask additional questions about any "yes" or "maybe" answers that they marked off until you feel you sufficiently understand the issue(s).

If necessary, discuss any referrals that you would like to make with the patient prior to initiating linkages.

Either make a copy or keep the original of this worksheet to refer back to throughout the prevention program. Return worksheet to patient at the final session.

What I Need?

What are some of the key things that you need help with right now? Please circle the appropriate box.

1. Medical Care	Yes	No	Maybe
2. Housing	Yes	No	Maybe
3. Income (Including job status and/or benefits)	Yes	No	Maybe
4. Immigration Status	Yes	No	Maybe
5. Other Legal Issues (Please write in specific issue(s) you need help with)	Yes	No	Maybe
6. Mental Health Care (Including therapy and/or medication)	Yes	No	Maybe
7. Substance Use Treatment	Yes	No	Maybe
8. Aging and Elder Care Resources	Yes	No	Maybe
9. Education Resources	Yes	No	Maybe
10. Parenting Resources/Skills	Yes	No	Maybe
11. Domestic Violence/Abusive Relationships	Yes	No	Maybe
12. Impulses to Hurt Self or Others	Yes	No	Maybe
13. HIV/STI Testing and/or Resources	Yes	No	Maybe
14. Support Group(s)	Yes	No	Maybe
15. Leisure Activities	Yes	No	Maybe
16. Other *(Please write in specific issue(s) you need help with)*	Yes	No	Maybe

** Some of these are things that we will not be able to help you with now, and we may need to give you outside referrals. It is still important for us to know about these issues because it will allow us to provide you the best care possible.*

g. "My Needs to Reduce the Distress of Grief" Worksheet

The current worksheet is a tool to help the you to identify the sources of the patient's distress directly related to grief. For example, the patient may feel lonely due to not having enough social support from others. It is useful for you to help the patient to identify the source of the stressor(s) so they can address the concern, implement a solution for themselves and use appropriate referrals by you.

Instructions

This form has a list of various grief and loss related stressors that may be impacting the patient. Facilitators can go through the form with the patient or let the patient fill it out on their own. Be mindful of literacy or language barriers.

Once the patient has finished filling out the form, go over it with them. Make sure that questions 5 and 16 are filled in if patient marks "yes" or "maybe." Ask additional questions about any "yes" or "maybe" answers that they marked off until you feel you sufficiently understand their grief and loss related issue(s).

If necessary, discuss any referrals that you would like to make with the patient prior to initiating linkages.

Either make a copy or keep the original of this worksheet to refer back to throughout prevention program. Return worksheet to patient at the final session.

My Needs to Reduce the Distress of Grief

What parts of your life related to grief do you need help with right now? Please check the appropriate box.

1. Are you unsure if your grief experience is "normal?"	Yes	No	Maybe
2. Are you feeling tension, anxiety, or worry that gets in the way of things you used to do, like taking better care of yourself or connecting with others?	Yes	No	Maybe
3. Are you having a hard time expressing your feelings of grief?	Yes	No	Maybe
4. Do you need help with self-care? For example: routine health care, medical visits, medication compliance, good nutrition, exercise, good sleep	Yes	No	Maybe
5. Do you have someone to talk to?	Yes	No	Maybe
6. Are you able to ask for what you need from others or set limits with others?	Yes	No	Maybe
7. Would you like to do more pleasurable activities?	Yes	No	Maybe
8. Would you like to do more grief-related comforting activities? For example, making a dish to eat that your loved one enjoyed.	Yes	No	Maybe
9. Do you need help planning or carrying out activities?	Yes	No	Maybe
10. Would you like to explore your feelings more deeply through professional grief counselling?	Yes	No	Maybe
11. Would you like to participate in a grief and loss support group?	Yes	No	Maybe

**Some of these are things that we will not be able to help you with now, and we may need to give you outside referrals. It is still important for us to know about these issues because it will allow us to provide you with the best care possible.*

Deep Abdominal (or belly) Breathing as a Way to Cope with Stress

Deep abdominal breathing is a strategy that helps to decrease stress and relax in uncomfortable situations. Slow, focused breathing causes changes reduces emotional arousal. Numerous studies have shown that focused breathing helps to reduce stress, tension, and anxiety. Note that stress, tension and anxiety are all common reactions to the experience of grief. This breathing exercise is one part of many holistic practices including mindfulness, meditation and yoga. It is part of a mindfulness exercise that assists patients in recognizing their feelings, staying present with them, and then letting them go. These exercises can be short (done for only a few breaths) or long (done for 30 minutes or more), whatever is preferred.

This breathing exercise may be particularly helpful for patients to calm down in emotionally-charged situations. By taking some time to breathe, patients can slow themselves down enough not to react to their emotions immediately. This can help decrease the likelihood of the patient acting without thinking during these stressful situations.

In practice, these tools are meant to be adaptable. Facilitators should encourage patients to try this breathing exercise as it is written. However, once a patient tries a tool, the exercises should be adapted as necessary to suit their individual needs. This is a good place to have a discussion about the patient's needs and the likelihood of them using a given tool.

Another important thing to take note of is that sometimes patients will resist focusing on their breath. It is important to be mindful of the patient's reaction. There are certain situations in which this strategy may not be appropriate. For example, if a patient happens to be trauma survivor, focusing too much on their body can be very scary. It is always recommended to take a gentle approach. If a patient says that they do not like something, it is a good idea to lightly explore it with them and see what is making them refuse. If the patient refuses or becomes upset, it is recommended that the facilitator move onto another exercise.

h. Deep Abdominal (or belly) Breathing, Script and Instructions

One can use deep abdominal breathing to slow down inhales and exhales while someone reads a script. (Or, your patient can record themselves saying the script and then play it back when doing the exercise). Sometimes it is hard to focus on a breathing exercise when first starting. Most people have heard that deep breathing is helpful for decreasing stress and anxiety and improving mood, but many are not taught an effective way to do it in order to feel the positive benefits.

Deep abdominal breathing is when, as you breathe, you push air down so that your belly expands and your chest stays relatively still. Demonstrate by asking the patient to put one hand on the center of their chest and the other hand on their belly. Ask them to relax and breathe in letting their belly expand and contract with their breath while their chest stays mostly still.

Explain that for many this is different than how they usually breathe, and so it can take practice to figure out how to do it and get comfortable doing it.

This worksheet provides a framework for a beginner.

Instructions

Read through the script at least once prior to meeting with the patient. Before introducing the skill, ask a patient to rate their state of anxiety on a scale of 1-10, where ten is the most anxious they have ever felt.

Read the script aloud in a soothing voice. Practice the steps with the patient. Remind the patient that their mind may wander, but to return their attention to their breath. Make sure to keep the pace relatively slow, so the patient can experience each breath.

After completing the exercise, ask the patient to rate their state of anxiety again on a scale of 1-10. Ask about how they felt doing the exercise. If necessary, you may encourage the patient to try reading the script themselves in session to practice how they would use the skill at home.

Abdominal Breathing Script

Use this script as a tool to practice abdominal breathing. Deep breathing can help reduce feelings of stress. Read the script out loud or quietly to yourself.

Try to breathe slowly by counting to four on the inhale (one-two-three-four) and then slowly count to four on the exhale. It will also help to pause briefly at the end of each inhale.

In 1, 2, 3, 4…pause…out 1, 2, 3, 4
In 1, 2, 3, 4…pause…out 1, 2, 3, 4

Breathe in through your nose and out through your nose. If you have difficulty breathing out through your nose, you can exhale through your mouth.

In 1, 2, 3, 4…pause…out 1, 2, 3, 4
In 1, 2, 3, 4…pause…out 1, 2, 3, 4
In 1, 2, 3, 4…pause…out 1, 2, 3, 4

Notice your breathing. Where does the air go once it is inside your body? Is the air coming into your chest? Or is it coming down into your abdomen?

In 1, 2, 3, 4…pause…out 1, 2, 3, 4
In 1, 2, 3, 4…pause…out 1, 2, 3, 4
In 1, 2, 3, 4…pause…out 1, 2, 3, 4

Try moving the air all the way to the bottom of your lungs down into your abdomen. You can put your hand on your stomach. When you are breathing deeply into your abdomen, your hand should rise and fall as you inhale and exhale.

In 1, 2, 3, 4…pause…out 1, 2, 3, 4

When you breathe deeply, the air comes deeper into your lungs and delivers fresh and rejuvenating oxygen to your muscles all over your body.

In 1, 2, 3, 4…pause…out 1, 2, 3, 4

Keep breathing in slowly and breathing out slowly.

In 1, 2, 3, 4…pause…out 1, 2, 3, 4

Do ten slow, full abdominal breaths. Try to keep your breathing smooth and regular without gulping in a big breath on the inhale or letting your breath out all at once on the exhale.

i. Identifying and Managing Feelings

It is common for individuals to experience many different feelings as part of their unique way of grieving a loss. Some of those feelings like sadness, anger, guilt and shame can bring discomfort to the person feeling them. This discomfort of experiencing more than one intense feeling at the same time can be overwhelming, especially if they are already struggling to deal with the demands of life. This feeling can make them feel more out of control or helpless and can lead to more anxiety. In general people become more emotional the more stress they experience, which can lead to problems managing life demands effectively. In particular, becoming more emotional may lead to difficulties concentrating or solving problems and to being less patient with others.

There are several reasons why identifying and labelling feelings of grief can be useful in managing distress. First, research shows that simply identifying and labelling feelings can be helpful at reducing individuals' physiological reaction to those feelings, which can lower the intensity of those feelings. This can not only allow them to experience less distress from these emotions but also to preserve their relationships with others. For example, if someone asks the person experiencing the loss about the details of the death, and then have an unusually strong angry reaction to the question, it can upset the other person and interfere with the relationship with them. By identifying feelings and the reason for reacting the way they did, along with using a stress management strategy like deep abdominal breathing, the patient can lower the intensity of their feelings and allow themselves space to not automatically react with anger toward the other person. There are many possible reasons for the reaction. For example, it may be that the question led to unexpected and uncomfortable feelings of anxiety about not being able to handle life without the deceased.

Often experiencing uncomfortable feelings of grief soon after a loss can be too overwhelming for a person to handle. As a way of protecting themselves from the discomfort of these feelings, they may avoid or distract themselves from the feelings for a short time until they are ready to deal with them. Sometimes, if a person avoids those feelings for too long, the feelings can get more intense and happen unexpectedly. Avoidance can include trying to block out unpleasant thoughts, feelings, emotions or physical sensations; often they are avoided because they are too threatening or might include fears of losing control. This can lead to more distress and get in the way of someone's ability to move forward in life. Distress can be reduced by labelling and identifying emotions.
Tuning in the with one's body is a way to help in identifying will help in identifying feelings they have. If the loss happened too recently, the patient may not be ready to engage in this exercise. If the patient is not ready to engage in this exercise, it is important not to push them. Instead, it is recommended to take a gentle approach, and move on to another part of this intervention.

Tune In with Body and Feelings of Grief List

We discussed in the last section about how feelings of grief can be overwhelming and can be distressing to your patients as they try to manage the daily demands of their lives. People are often in their heads thinking about daily worries and concerns, which can keep them out of touch with their feelings. This next exercise helps them to shift focus on their body:

Tuning into their body can help identify feelings that are under the surface:

Steps: Tell patient:

1. Relax using the deep abdominal breathing strategy discussed earlier.
2. Ask yourself "What am I feeling right now?"
3. Try to pay attention to where in your body you are feeling it. Wait and don't judge it. Observe, wait, and see if there are any feelings waiting to rise up to the surface.
4. If this is not working, then encourage them to use the deep abdominal breathing strategy again to become more relaxed.
    - Where in my body is this feeling?
    - What is the shape of the feeling?
    - What is the size of the feeling?
    - If this feeling had a color what would it be?
5. If the sense of what feeling is there is still vague, show them the Feelings of grief list presented on the next page and ask them to see if one of the words matches their body experience of the feeling.

Feelings of Grief List

Afraid
Angry
Anxious
Ashamed
Blame
Confused
Depressed
Disbelief
Disconnected
Embarrassed
Fatigue
Fear
Frustration
Guilty
Hate
Helpless
Hurt
Impatient
Irritable
Jealous
Lonely
Numb
Over-Eating
Overwhelmed
Pain
Panic
Powerless
Rage
Regret
Release
Relief
Resentful
Restlessness
Sad
Shock
Surprised
Terror
Vulnerable
Yearning

Guided Mindfulness Meditation

Sometimes, in order to protect themselves from the discomfort of intense feelings of grief, individuals avoid thoughts and feelings of the loss using various methods like distracting themselves with various activities or by engaging in harmful coping strategies like alcohol or substance use. Avoiding the discomfort of the initial intense feelings of grief soon after a loss can be helpful, as it can temporarily provide an escape from painful feelings until the person is ready to deal with them. This is normal. However, continuing to avoid these intense feelings can lead to more distress and interfere with someone's ability to manage the demands of their every-day lives. One way it can interfere with their daily lives is when intense feelings of grief can arise unexpectedly like when they are driving, which can increase the likelihood of getting into an accident, or when they unintentionally take out their feelings of grief on someone else.

Another way people deal with these feelings is to constantly think about the events surrounding the loss which can make those feelings more intense, and prevent them from focusing on immediate concerns.
Sometimes people may judge themselves for having these feelings which can lead to experiencing more uncomfortable feelings, like feeling guilty in response to having feelings of anger or relief. When someone tries to control their feelings, avoid them, dwell on them, or judge them, it can make feelings stay longer and become more intense.

Feelings are temporary experiences that come and go away after the event that led to them is over. However, the way people respond to their feelings can affect the intensity of the feelings and how long they last. The first step of guided mindfulness is to assist people in staying in the present moment by slowing down, and consciously directing attention to their experience.

Staying in the moment is helpful, as it allows people to notice and accept feelings and thoughts they experience and naturally notice them go away. By noticing and observing the feelings, people cannot block or avoid them, and by letting them go, individuals do not go over them again and again in their mind. By accepting the feelings that happen and not getting too caught up in them, people do not judge them.

Most people believe that if they keep getting lost in thought while doing this exercise, or if their mind is not completely quiet, then they are doing meditation wrong. That is not true. Over time, your patient can learn to quiet the mind or at least create space around their thoughts and feelings so that they don't get so easily caught up in them. The real practice of this meditation exercise is about increasing awareness of what is happening by noticing when they do avoid feelings, get "lost in thought or feelings" or judge their feelings, and then intentionally redirecting attention back to the object of meditation (often the breath).

DISCLAIMER: If your patient has any sort of chronic pain, which makes it difficult to sit up straight for a length of time, please tell them to do whatever they need to do to take care of their body. Your patient's wellbeing comes first.

Guided Mindfulness Meditation (Imagery) and Script

Instructions:

Close your eyes.
It is suggested that you breathe in and out your nose. However, again, do what is most comfortable for you. I encourage you to breathe deep down into your belly whenever you can.

Breathing in, bring as much attention as you can to the sensation of the air moving in past the rim of your nostrils, into your nose, down your throat, filling up your lungs, feeling your belly rising.

Breathing out, feel your belly falling, your lungs deflating, and the air moving up your throat, and out of your nose.

Your attention will wander and get wrapped up in thoughts. When this happens, notice that you are thinking and bring your attention back to focusing on your breath.

Let your awareness spread throughout your body, feeling your feet on the ground, your legs, butt, and back against the chair you sit in, your spine. Notice any sensations in your body. Try not to judge any sensations as good or bad, right or wrong, just notice any sensations you feel.

Now, imagine that your mind is like a big, open, spacious sky. Really see if you can imagine what it would feel like to be this sky.

All of your thoughts, feelings, and sensations – and even sights or sounds that you might hear around you; really any experience you have are just like clouds floating through this sky. Clouds can be white or dark and come in many different shapes and sizes. Some "clouds" we like more than others. Some clouds appear like they go on forever, but actually they are just a small speck compared to this greater sky.

Just like clouds, all of our thoughts, feelings, and sensations come, stay for as long as they stay, and then they change, disappear completely, or move on. Sometimes we try to push our thoughts, feelings, or sensations away because they are uncomfortable, which makes sense. We just want to feel safe, comfortable, and happy. But for some reason when we try to push the thoughts, feelings, or sensations away, it tends to just make them stick around longer. The open, spacious sky, however, does not try to push any clouds away. There is enough room for them all of the clouds to be there. Through this mindfulness practice we can get in touch with this open, spacious part of ourselves which is not overwhelmed by anything; it has room for everything to be there.

Now, continue breathing deeply, always returning to your breath if your attention wanders too much, using it as an anchor for your attention. Notice your thoughts, feelings, and sensations move through your awareness like clouds in the sky. The more you connect with this place the easier it will be to access it.

j. Self-care

As discussed in the "Stress of Grief" section when someone is experiencing the stress of grief their risk for illness increases. Research shows that improving self-care is a way people can reduce the stress they are experiencing. Self-care activities include taking engaging routine health care, medical visits, medication compliance, good nutrition, exercise, or sleep hygiene care of one's health needs; being kind to one's self by engaging in activities that are pleasant, enjoyable or bring comfort.

i. Health Care:

Engaging in routine health care can lead to feelings of accomplishment and satisfaction that your patient is taking care of themselves both of which can decrease stress that can exacerbate illnesses and lead to physical illnesses. This is especially important for older adults who already have health conditions, making them more vulnerable to the distress that comes with grief.

It will be useful to gently encourage patient to engage in routine health care activities that include:

- compliance with scheduled medical follow-up visits
- medication compliance
- good nutrition
- appropriate exercise (cleared with the primary care physician or PCP)
- good sleep hygiene and increase exposure to sunlight

ii. Engaging in Pleasant Activities and Taking Care of You Worksheet:

Next, engaging in activities that are enjoyable is a way to counteract the effects of stress. The more pleasurable activities someone engages in the better. Some reasons for the benefits of engaging in these activities include:

- It is a way to reward one's self for doing all the hard work of doing the assignments and exercises of this intervention. It helps patients to see the good things that they are doing and progress they are making, which can make people feel better.
- It is a way of gaining some sense of control over the ups and downs of patients' grief experience.

- Engaging in these activities can be a way of giving patients a "break" from the stressful experience you are putting into worries, cares, concerns, sadness and/or anger. Putting them aside for a short time lets patients get rest, so that they can recover from the stress.
- These rewards can increase your motivation to continue to do things to help yourself.

One obstacle that arises sometimes is that people might feel like they don't deserve to reward themselves without the loved one and feel guilty for doing the activity without the loved one who died. It will be important on these occasions for the facilitator to gently encourage patients to engage in these activities and explain the reason it could be helpful.

"Taking Care of You" Worksheet

This worksheet is a tool to help the patient identify pleasant activities to do. The facilitator should assist the patient to identify and check the boxes of activities from the worksheet and to add any that are not on the list that have been enjoyable for the patient in the past.

The purpose of the "Pleasant Activities" worksheet is to encourage patients to do things that are enjoyable, bring them enjoyment and that self-sooth. Self-soothe can be defined as the ability to calm oneself in times of emotional distress, but it can also be thought of as being kind to oneself. While many people turn to external sources of comfort in times of distress, there are times where no one else is available. Being able to calm down from a state of emotional distress is critical for being able to address emotional situations calmly.

The "Taking Care of You" worksheet is a list of suggestions of some pleasant activities people can do.

Instructions

Steps:

1. Check "What I Need" worksheet, and if patient's answer to leisure activities is "yes" or "maybe" then it will be important for patient to do this exercise regularly.
2. Hand the "Pleasant Activities" list and the "Grief-Related Comforting Activities" list to the patient and keep a copy of both for yourself. Either read the lists aloud or have the patient read the lists to themselves.
3. Have patient check off the activities on both lists that they think they might use, choose an activity from both the "Taking Care of You" worksheet and/or an activity from the "Grief-Related Comforting Activities" worksheet, or have them come up with their own.
4. Then discuss the boxes that the patient checked. Which ones did they pick and why? How will they use them? Encourage patients to add their own ideas onto the list as well. Here is a sample script about how you can start this conversation.

"Tell me about which thing you checked that would be pleasant or comforting to do. When do you think it would be a good idea to use them?"

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5. It may be necessary for the patient to complete the Action Plan worksheet discussed later in this guide to make a plan to engage in pleasurable activities. It may be helpful to assist the patient in completing the Action plan worksheet.
    - Make sure plan is achievable
    - Ask them to identify potential obstacles
    - Break plan up into smaller steps if necessary to maximize chances for success

Taking Care of You

Select ones from the ideas below or come up with your own.

- ☐ Drink a cup of tea
- ☐ Cuddle with your pet
- ☐ Appreciate loved ones
- ☐ Stretch
- ☐ Meditate
- ☐ Exercise
- ☐ Garden
- ☐ Say a prayer
- ☐ Laugh
- ☐ Take a long bath
- ☐ Get a massage
- ☐ Watch a movie
- ☐ Read a book
- ☐ Cook your favorite meal
- ☐ Have dessert
- ☐ Disconnect from technology
- ☐ Enjoy the outdoors
- ☐ Make a craft
- ☐ Take a nap
- ☐ Plan a picnic
- ☐ Practice forgiveness
- ☐ Practice gratefulness
- ☐ Enjoy a break
- ☐ Do an act of kindness
- ☐ Listen to music
- ☐ Join a social group
- ☐ Do your favorite hobby
- ☐ Look into an aquarium
- ☐ Look at a photo album
- ☐ Go stargazing
- ☐ Dance
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

iii. Engaging in Grief-Related Comforting Activities and worksheet:

In addition to activities that bring people enjoyment, pleasant activities include those comforting activities that are grief-related. These activities include ones people do to remember, connect with or honor the deceased, or make meaning out of the loss. These grief-related activities can also be comforting.

The "Comforting Grief-Related Activities" checklist is a list of suggestions of some comforting grief-related activities people can do.

There are several reasons for completing these checklists. Engaging in pleasurable activities reduces stress and lowers the risk for getting illnesses. Engaging in activities that remember, honor, and help connect with the deceased can be comforting because they are ways your patients can respect their feelings about the deceased.

Grief-Related Comforting Activities Worksheet

☐ Take time to experience feelings of grief	☐ Participate in commemorative services
☐ Reach out to family, friends, elders, or colleagues	☐ Become involved in a cause or social action that was important to the deceased or myself
☐ Pet animals	☐ Start a scholarship or charity in the deceased's name
☐ Connect with the deceased's pet	☐ Write a letter to my loved one and ask for advice
☐ Plant a tree	☐ Construct a farewell letter
☐ Tell people how much I loved, admired or cared for deceased	☐ Share stories and photos of loved one
☐ Hug or hold someone	☐ Reach out to help and support others who are grieving.
☐ Feel comfortable to tell someone, "I don't want to be touched."	☐ Keep photos of the person around
☐ Share your story with others who would appreciate it	☐ Honor your loved one by leaving an empty chair at meals for special days or events
☐ Watch the sunset you used to enjoy together	☐ Imagine advice your loved one would have given you to make tough decisions
☐ Take a hike you used to do together	☐ Take time to recognize that your loved one would be proud of you for a specific accomplishment.
☐ Work in the garden that belonged to your loved one	☐ Finish a project loved one was working on
☐ Care for your loved ones or children	☐ Take a trip your loved one always wanted to take
☐ Write a letter to the person lost	☐ Adopt a hobby that your loved one enjoyed.
☐ Read books by others who coped with loss	☐ Plan personal ritual or event for the anniversary of their death
☐ Visit grave or memorial site	☐ Keep something meaningful that belonged to your loved one
☐ Visit a place your loved one like to visit	☐ Prepare and/or eat one of your loved one's favorite foods
☐ Celebrate special occasions	Others:
☐ Participate in candlelight vigils	☐ _____
☐ Go to public memorials	☐ _____
☐ Participate in religious, cultural or spiritual mourning practices □ Attend church services □ Participate in a Wake □ Sitting Shiva □ Celebrate the Day of the Dead □ Visit a memorial shrine □ Participate in talking circles □ Pray	☐ _____ ☐ _____

k. Reaching Out for Social Support and Social Network Worksheet:

An important way to relieve stress among people coping with grief is benefiting from social support. However, it is important to note that not all patients are ready to connect with others soon after a loss (i.e., usually 3-6 months after the loss), which is normal. For those that are ready, there are several advantages of reaching out to others:

1. It is a way of getting emotional support.
2. Spending time with a friend or family member doing an enjoyable activity can provide a break from dealing with the intense feelings of grief.
3. Sharing feelings with individuals whom the patients trust allows the patient to express their feelings of grief to someone else which is helpful.

Examples of Ways to Connect with Others:

- Go for a walk with a trusted friend.
- Schedule lunch with a family member with whom you can share mutual support.
- Join a peer support group. Some people going through loss can find friendships with others who are going through similar losses.
- If no support is available consider scheduling an appointment with a compassionate grief counselor or therapist who is comfortable talking about grief.

The Benefits of Sharing Include:

1. It organizes a patient's thoughts and makes them aware of their feelings of grief, which makes intense feelings of grief less overwhelming.
2. Sharing feelings and memories with others who are also grieving over the same loss is validating and normalizing for the patient.
3. A way to get practical assistance.
4. Sharing memories of the deceased can be comforting.

However, it is important to remember that some individuals may want to share but may not be ready to do so. This may be because:

- They are too overwhelmed to share.
- They may not know what to say and are worried that they may say something insensitive which would make things worse.
- They are coping by not wanting to talk about it.

Introducing Social Support Network Worksheet:

This worksheet is a useful way to identify possible sources of social support for the patient.

Script:

"I'd like to get an idea of your social network including friends and family with whom you can spend time to help provide comfort to you during this stressful time in your life. This tool is a useful visual way of identifying people who are available to you for this. Write down the names of up to 10 people in your social support network in the boxes based on how close they are to you."

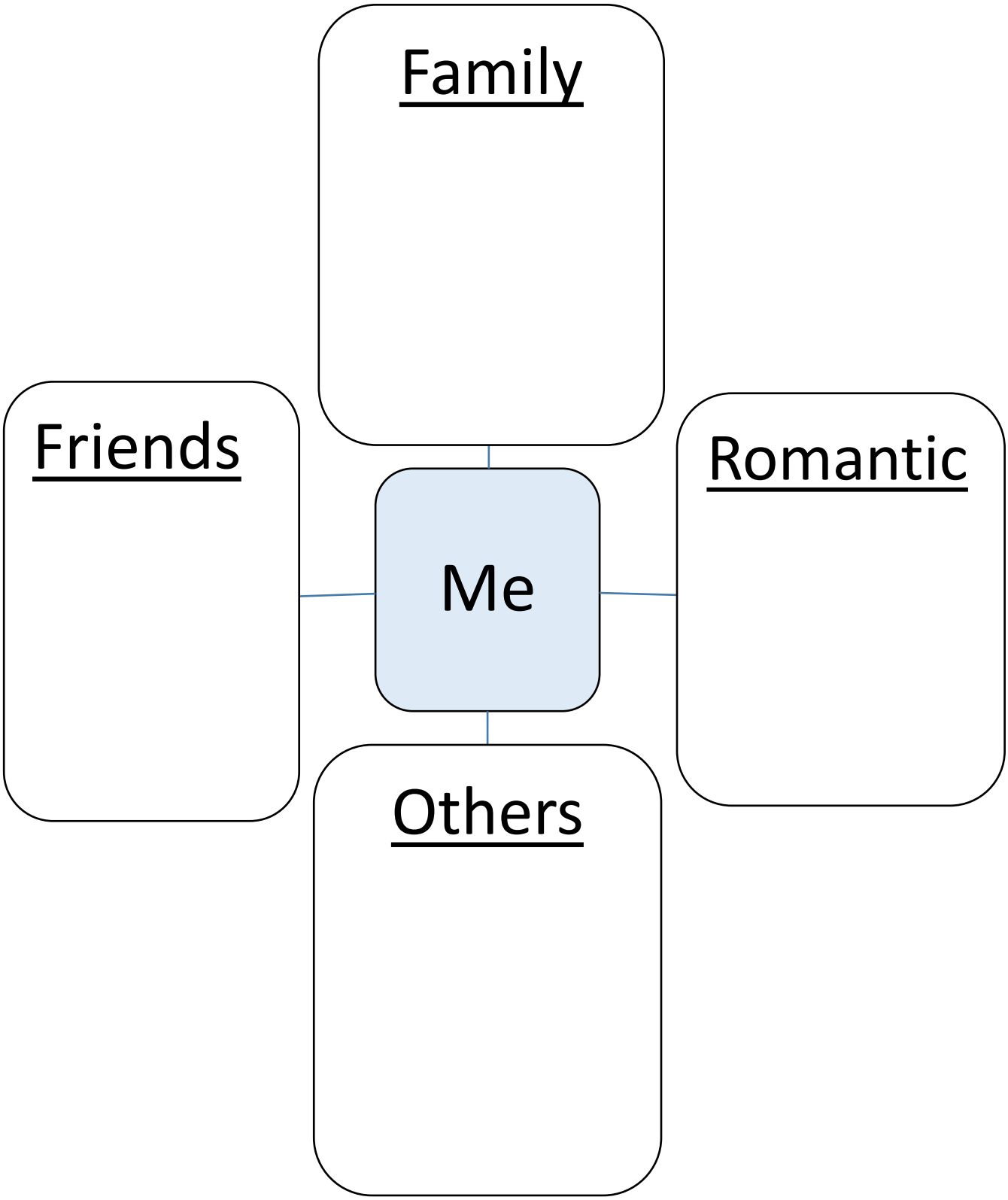
Check the "What I Need" and the "My needs for reducing the distress of grief" worksheets to see if the patient has already indicated that getting social support is a need for them. In order to help the patient determine potential individuals to contact and ways in which they can be supportive, you the facilitator should then assist the patient in completing the worksheet by asking questions like the following:

1. Are you comfortable connecting with someone?
2. Who are the important people in your life?
3. How would you describe your social system?
4. Who do you turn to for support?
5. How do you receive support from people?

On the worksheet, the blank boxes are the parts of the patient's social network, and you can ask the patient to fill them in with the names of individuals whom the patient could contact within each category. We recommend facilitators hang onto a copy of it to use when creating an action plan to connect with someone. If individuals are identified, use the Action plan worksheet to set a goal for spending time with them including deciding on a time and place of the meeting. Setting a goal in the Action plan worksheet increases the chances of the patient engaging in social activities. The following tips are useful in assisting the patient:

- Make sure plan is achievable.
- Ask the patient to identify potential obstacles.
- Break up the plan into smaller steps if necessary to maximize chances for success.

Social Network Worksheet



l. Being Assertive

When someone is experiencing distress from grief, and uncomfortable and intense feelings happen unexpectedly, it can be helpful for them to feel like they have more control over what happens in their lives. Protecting their time to grieve is a way to gain a sense of control, and being assertive with others may be necessary to protect this time. For example, they might want to have time alone or to spend time with someone for social support, and may need to request from family members and friends that this time is protected. They may also have trouble saying "no" to usual activities or obligations in order to have time to engage in grief-related behaviors that honor or remember the deceased.

Sometimes people experiencing the grief may have difficulty making requests because they feel like:

1. It's too burdensome for someone to ask them for social support. The person experiencing grief might be hesitant to share feelings because they fear it is too intense for that other person or that they may seem dependent. Consequently, they may not ask for what they need.
2. It's easier to keep feelings to themselves rather than let others know how they feel.
3. Communication with others (e.g., with co-workers, with family members) might involve unexpected and intense feelings of anger, which in turn might put others off. So, this concern may make it more difficult to ask for things than usual.
4. They might look weak or needy in the eyes of co-workers, family and friends.

Sometimes people experiencing grief over a loss may have difficulty saying "no" to requests, e.g., to go to social gatherings, or to engage in usual family activities, when they would rather spend time by themselves. This difficulty saying "no" may arise from feeling anxious or uncomfortable from not agreeing with what others expect of them. It may be important for individuals to make requests from family and friends. Being able to carve out time for or ask for acceptance of taking breaks from usual family activities for a few minutes to a few hours in order to engage in behaviors that bring comfort during grief e.g., lighting candles, crying, time thinking about and recalling moments with the lost loved one.) For example, it may be important for someone to request this from a spouse who is having difficulties acknowledging the needs of a person who is experiencing grief. For example, the spouse may say something like, "It's time to get back to living now. Dad wouldn't have wanted to see you sitting around all day". Being assertive involves being self-aware, knowing what you want and believing that you have the right to ask for what you want. Being submissive or aggressive is not helpful. Being submissive is when someone gives in to someone else's preference while discounting their own rights and needs; not expressing their feelings to others and/or not letting others know what they want; or feeling guilty for attempting to ask for what they want. Being aggressive is when someone is demanding or hostile when making requests. Being aggressive usually involves not taking into account the other person's rights or feelings or trying to get what they want through coercion or intimidation.

Assertiveness is striking a balance between the submissiveness and aggressiveness. It's asking for what you want in a direct way and at the same time not attacking or manipulating anyone else (i.e., respecting them) in the process.

Steps to Being Assertive

1. The first step is identifying the problem situations and if being assertive with others will be necessary to address the problem.
2. Identify the individuals with whom the patient will need to be assertive.
3. Make a request: Asking for what you want.
    - Identify the problem situations and a person with whom you will make your request or to whom you will say "no".
    - Review/utilize personal rights to know what your rights are in the situation.
    - Decide how you will communicate (telephone, email, in-person).
    - Make your request specific, simple and direct. Making a request in this way involves taking the following steps:

- Nonverbal ways to be assertive (e.g., look directly at person, take an open instead of closed posture, avoid standing back). A closed posture may seem like the person is being defensive or is attacking, which may lead to the other person being more defensive and therefore resistant to changing their behavior.
- Avoid blaming other person.
- Use "I" statements rather than making a demand. It will increase chances for success.
- Explain to person how their behavior has led to your need to make a request (e.g., I've let you know that for a half hour a day, I'd like time to think about ___. I've closed my door to show that I'd like to have that time be uninterrupted. But you still come in to tell me something. The problem is that when you do that, I can't concentrate, and it interrupts important quiet time for me to remember ____.")
- State how it makes you feel without blaming when your right is violated (e.g. "I feel frustrated when my quiet time is interrupted.")
- State how you see things improve if the person cooperates. ("If you respect my need for time to myself, I'll be more present and be a better companion when I spend time with you later.")
- Avoid apologizing.
- Avoid asking for more than one thing at a time.

- Write requests down to make them clear.
- Practice/rehearse assertiveness by role playing with a partner.

Steps to Saying "No"

1. Repeat person's request ("What I heard you say is …."). Doing this lets the other person know you respect what they are saying.
2. Explain directly why you are saying "no".
3. Say "no".

The above strategies won't always work, but using them increases the chances that the patient will be successful in getting their needs met. It is important to remember that just because one strategy doesn't work does not mean that the others won't work. So, if a strategy does not work, encourage them not to give up, instead try multiple strategies to see which ones are the most successful for them.

Section 8: Planning Ahead

i. The Importance of Recognizing Your Strengths and Worksheet:

As mentioned earlier in the manual, this is a strength-based prevention program, and the ability for patients to recognize their own strengths is helpful in being able to cope with grief. By this point in the program, facilitators should already be aware that the patients who come in asking for help are very resilient and they already have numerous strengths.

Many patients will struggle with finding things that they are good at. They may not recognize strategies they are currently using or have used in the past that have been helpful in dealing with the stress or pain that comes with grief. Perhaps without realizing it they have developed useful strategies to deal with past setbacks that they can use again. It is the facilitator's role to help patients learn to see their own strengths. Sometimes facilitators will have to suggest things patients can use as strengths or build on small details the patient provides. These skills provide frameworks for patients to practice coping with grief from a strengths-based perspective.

Noticing Your Strengths Worksheet:

This is the first worksheet in which patients list five strengths and five things to build on. The goal is to have patients practice seeing good things about themselves.

Instructions

Either read the instructions aloud or have the patient read the instructions to themselves. You may want to encourage your patient to write their name on this worksheet because it is important to reinforce the association between these strengths and themselves. Ask the patient if they have any questions. If not, have them begin to write their strengths and their areas to build on. Encourage the patient to challenge themselves to fill in all five lines in each section.

If you notice the patient struggling with writing something down, offer them assistance. Ask them which things they feel positive about or what things make them feel good when they do them. For example, someone might say that they feel good when they draw, so this should be used as a strength. It does not matter if they believe they draw well. The strength can be expressed by stating they are good at expressing themselves through art.

Also, while patients may say that other people tell them that they are good at things, try to help them reframe those statements as things that the patient sees as positive
When the patient finishes, ask them to read their list aloud. How do they feel after reading their list of strengths?

Noticing Your Strengths

Identify five strengths you already have that can help you cope with the stress of grief.
Then think of some reasonable ways you can build on your strengths.

List the top five strengths you see in this yourself

1. .....
2. .....
3. .....
4. .....
5. .....

ii. My Grief Tools Worksheet

This worksheet includes a list of some suggestions of ways to cope with grief and a space to put down strategies that the patient has discovered work well in coping with grief or other stressors that were not covered in this guidebook. These things are related to the different tools covered in this intervention including things like engaging in pleasant and grief-related comforting activities; practicing relaxation skills like deep abdominal breathing or emotion regulation using a mindfulness strategy; self-care strategies like taking care of one's health concerns; and strategies like increasing social support and improve assertiveness. Generally, it is not soothing to go to the dentist. However, it is important for overall health which helps protect against the health problems that stress causes.

Instructions

Hand the list to the patient and keep a copy for yourself. Either read the list aloud or have the patient read the list to themselves. Then have the patient circle or mark the things on the list that they think they might use.

Then discuss the items that the patient marked. Which ones did they pick and why? How will they use them? Encourage patients to add their own ideas onto the list as well. Here is a sample script about how you can start this conversation.

"Tell me about which things you checked that would help you improve your overall well-being. When do you think you could start practicing them?"

My Grief Tools

What strategies do you use to help cope with grief? Each section below provides some ideas to get you started. Fill in your own strategies in the lines provided.

Engaging in Pleasant Activities:	Engaging in Grief-Related Comforting Behaviors:
• Drink a cup of tea	• Lighting a candle for the deceased
• Discuss shared interest with family	• Preparing a meal that the deceased enjoyed eating
• Cuddle with your pet	• Going to a location where you used to spend time with the deceased
• Stretch	•
•	•
•	•
•	•

Skills Practice:	Self-Care:	Other Tools:
• Practice deep breathing relaxation strategy for stress management	• Get adequate sleep	•
• Engage in mindfulness technique to manage feelings of grief	• Practice healthy eating habits	•
• Use assertiveness strategies to express what you want and to set boundaries	• Exercise regularly	•
•	•	•
•	•	•
•	•	•
•	•	•

iii. Developing an Action Plan and Action Plan Worksheet:

People who experience a loss may have difficulty coming up with a general strategy to reduce stress, especially if they feel overwhelmed. In order to reduce an ongoing grief-related stressors, it's often necessary to break down a larger goal into smaller achievable steps. Using the Action plan worksheet can help them apply simple strategies for dealing with new stressors.

Instructions

Have the patient think of goals they would like to complete. If the patient needs help, facilitators can ask them some clarifying questions to help them think of one or more goals. Productive goals of this intervention may include identifying and noticing emotions of grief using mindfulness strategies; reducing grief-related stress with deep abdominal breathing and/or mindfulness strategies; improving self-care; increasing social support; engaging in enjoyable activities, doing more comforting grief-related activities, and being more assertive about getting their needs met.

If one of those goals is too broad, try to hone in on a specific part of it. Keep the goals reasonable because facilitators want to set patients up to succeed. Starting with small things that they can do gives the patient positive reinforcement to build on their achievements.

If necessary, help the patient break the goal into smaller steps. Encourage the patient to complete all parts of the worksheet with as much detail as possible Continue until all steps are filled out.

Instruct the patient to read their goal and the action steps aloud. Ask how they feel about their goal and their action steps. Ask how they would feel using this framework in their daily life.

Action Plan Worksheet

1. Identify a goal for yourself
2. Choose an activity that will accomplish the goal.
3. Make an action plan for doing it.

Goal (e.g., reach out to someone for support):

_____

Activity (e.g., talk to someone for support on the phone**):**

_____

_____

Action Plan (e.g. Identify someone you feel comfortable speaking to; Decide on a time and day that you will call them and talk and for how many minutes).

_____

It may be necessary to break tasks down into small or manageable pieces in order to complete them successfully. Breaking up large tasks into small manageable steps makes the overall goal more achievable.

Step 1: _____

Step 2: _____

Step 3: _____

Step 4: _____

Step 5: _____

Certificate of Completion

Presented to

_____

For the successful completion of the
Reducing The Distrss of Grief
Community Partner Clinics Prevention Program
Presented on

_____/ _____/ _____

_____

Section 9: Appendices

Appendix A: DMH Emergency First Response Contact Information

Emergency Procedures

- Call **911**
  - If the patient is in immediate danger of harming themselves, someone else or are gravely disabled and/or need a response within 30 minutes.
- Call the DMH Access Hotline at **(800) 854-7771** for Psychiatric Mobile Response.
  - If the patient expresses suicidal or homicidal ideation or is gravely disabled, but is not in immediate danger.
  - DMH will send a team of mental health specialists to evaluate the patient for a psychiatric hospitalization.
- The Los Angeles County Helpline, "LA Warmline," at **(855) 952-9276** *(English)* or **(888) 448-4055** *(Spanish)*.
  - If the patient is not in crisis but is in need of emotional support at night, they can call the warm line is available from 10 p.m. at 6 a.m.
  - Services in English and Spanish.

Appendix B: Referrals & Resources for Specialty Mental Health Treatment

How to Refer a Patient for Mental Health Services

Through the Access Hotline

- At any point in the screening process and/or during the course of delivering Prevention Services, a MHLA participant may be referred for specialty mental health treatment to the Los Angeles County - Department of Mental Health through their 24 hours/day, 7 days/week ACCESS hotline at **1-800-854-7771**.
  1. Please first consult with the appropriate clinical personnel at your agency prior to making this referral as there are required criteria that an individual must first meet to receive Specialty Mental Health Services at DMH clinics.
- Requirements:
  1. There must be an included diagnosis.
  2. Must have one of the following impairments as a result of the disorder from element 1 above:
     - A significant impairment in an important area of life functioning;
     - A probability of significant deterioration in an important area of life functioning; and/or
     - Individual will not progress developmentally as appropriate (This applies only to persons under age 21) This highlighted bulleted item does not pertain to the MHLA Program.
  3. Proposed intervention must meet each criterion noted below:
     - Address the condition(s) from element 2;
     - Have the expectation to:
     - Significantly diminish impairment; or
     - Prevent significant deterioration in an important area of life functioning; or
     - Allow individual to progress developmentally (This applies only to persons under age 21) This highlighted bulleted item does not pertain to the MHLA Program.
     - The condition would not be responsive to physical health care-based treatment.

Through the DMH Website

1. Go to the DMH Service Locator at https://locator.lacounty.gov/dmh
2. On the left hand tab, select the type of services you are looking for, usually "Mental Health Outpatient."
3. Type in the kind of services you would like in the center search bar titled "Find," or leave it blank.
    - You can also narrow the search by age group with this search bar.
    - For example, if you are looking for adult services, type adult into the search.
4. Then type an address or zip code near where the patient would like to receive services in the right side search bar titled, "Near."
5. Look at the list of links and click on the agency name.
6. Call the numbers prior to giving the referral to the patient.
    - Some of the phone numbers need to be updated occasionally, so this is a good precaution to make sure that the number works.
7. Give the patient the number(s) for any appropriate agencies. If possible, call the phone number with the patient and ask the agency staff for an intake appointment.

Appendix C: Referrals & Resources for Grief and Loss Counseling and Support Groups

- **Our House, Grief Support Centers**:
    - West LA: 310-473-1511
    - Woodland Hills: 818-222-3344
    - Koreatown (Karsh Center): 888-417-1444, Spanish services: 310-473-1511 ext. 220
- **Didi Hirsch Survivors of Suicide Bereavement Support Groups for Adults and Teens**:
    - Groups in LA and Orange Counties: 424-362-2911
- **Wise and Health Aging Bereavement Groups**:
    - Santa Monica and Culver City: 310-713-3917
- **Kaiser Permanente Grief Recovery Support Groups:**
    - San Fernando Valley (Woodland Hills, Reseda, Panorama City, Simi Valley, Santa Clarita, and Antelope Valley Palmdale, Lancaster): 818-375-3528 or 818-832-7295
- **Bereavement Counseling Center** (Suicide-related deaths, adults and children services) 16255 Ventura Blvd., Suite 308, Encino, CA 91436 818-509-9701
- **Cancer Support Community** 1990 S Bundy Dr, #100, Los Angeles, CA 90025 (310) 314-2555
- **Culver City Senior Center** (Adult services) 4153 Overland Ave., Culver City, CA 90230 (310) 253-6717
- **Jewish Family Service of Los Angeles** (Adults and children services) 6505 Wilshire Blvd., Suite 500, Los Angeles, CA 90048 (323) 761-8800
- **New Hope Grief Support Community** (Adults and children services) 4195 Viking Way, Suite 140, Long Beach, CA 90808 (888) 490-HOPE (4673)/(562) 429-0075
- **National Organization Parents of Murdered Children, Inc.** (Adults and children services) Los Angeles (310) 567-3540
- **Pathways Volunteer Hospice** (Adults and children services) 3300 South St., Suite 206, Long Beach, CA 90805 (562) 531-303
- **Simms/Mann-UCLA Center** (Adults services for loss due to cancer) 200 UCLA Medical Plaza, Suite 502 Los Angeles, CA 90095-6934 (310) 794-6644
- **The Compassionate Friends** (Adults and children services for when a child dies) Brentwood/West LA (310) 889-7726 Glendale (818) 236-3635 Irvine (949) 552-2800 Los Angeles/Beverly Hills (310) 474-3407
- **The Gathering Place** (Adults and children services) 5315 Torrance Blvd., Suite B-1, Torrance, CA 90503 (310) 546-6407

- **Westmont Counseling Center** (South LA): 213-316-6927
- **The Hope Connection, Inc**. (Valley Beth Shalom in Encino in West San Fernando Valley and in West Los Angeles): 818-788-HOPE (4673)
- **Maple Counseling Center** (Adults and children services) 9107 Wilshire Blvd., Lower Level, Beverly Hills, CA 90210 (310) 271-9999
- **Temple Akiba Bereavement and Life Transitions Group** (West Los Angeles): 310-398-5783
- **weSPARK Cancer Support Center: Family Member, Spouse or Partner Grief Groups** (San Fernando Valley: Sherman Oaks, Van Nuys): 818-906-3022
- **Inland Hospice Association** (Adults and children services) 233 W. Harrison Ave., Claremont, CA 91711 (909) 399-3289
- **Grief Recovery Institute** P.O. Box 6061-382, Sherman Oaks, CA 91413 (818) 907-9600

Grief Counseling:

- Theodore Burnes, Psychologist, PhD, LP, LPCC, MSEd

  1923 1/2 Westwood Blvd, Suite 2
  Los Angeles, California 90025

  310-627-1499

- Carmen Avalos at Norwalk Senior Center

  562-228-8758

Online Grief Support Groups (https://shareselfhelp.org/programs-share-the-self-help-and-recovery-exchange/self-help-support-groups/):

- Saturday 11am Bereavement, Loss, and Grief (1st & 3rd Saturday of the month): Zoom ID# 878-501-587
  https://zoom.us/j/878501587

- Sunday 2pm Survivors of Loved Ones and Pets (1st Sunday of the month): of Loved Ones and Pets (1st Sunday of month): Zoom ID# 736-751-636
  https://zoom.us/j/736751636

- Sunday 1:30pm Grief & Loss Support Group "Pet Loss Support (Every third Sunday of the month): Zoom ID# 827-6420-7514
  https://us02web.zoom.us/j/82764207514

- Monday 8am COVID-19 Support Group: Zoom ID# 724-669-604
  https://zoom.us/j/724669604

- Wednesday 8pm COVID-19 Support Group: Zoom ID# 189-125-636
  https://zoom.us/j/189125636

Appendix D: Screenings and Outcome Measures

Pre, Interim and Post Measures

One of the requirements for this MHLA Behavioral Health Expansion Project is that Community Partner (CP) Clinic staff collect the applicable PHQ-9 and GAD-7 questionnaire/measures using the following administration guidelines:

A. CP shall provide an initial screening of all Participants to determine if MHPS are applicable and appropriate. The initial screening process shall entail administration of the PHQ-9 and a review of the results and any other pertinent information from the Participant and/or Health Professional that may indicate Participant risk factors or the need to build protective factors. The questionnaire/measure is traditionally self-administered; however it may be administered by staff. The results must be reviewed by staff.

B. CP staff may also determine following the initial screening process, that the Generalized Anxiety Disorder-7 (GAD-7) questionnaire/measure shall also be administered as part of a Participant's overall screening for appropriate Prevention services.

C. All Participants who receive MHPS after the initial screening shall be provided follow-up questionnaire(s)/measure(s) quarterly (or more frequently) with either or both the PHQ-9 or the GAD-7 questionnaires/ measures until the end of the DMH-approved curriculum. The choice of which questionnaire(s)/measure(s) shall be determined at the sole discretion of the CP staff.

D. All Participants who receive additional MHPS shall also be provided either or both questionnaire(s)/measures(s) at the end of the course/curriculum.

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