Today’s Webinar Will Begin Promptly at 2pm ET

Podcasts From the National Register


**NEW PODCAST**

Dr. Ronelle Langley

**TRANSITIONING CLINICAL SERVICES FROM IN-PERSON TO VIRTUAL**

Dr. Langley discusses transitioning clinical services from traditional face-to-face interactions to virtual formats and how psychologists can build capacity to ensure quality of care.

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When Grief Goes Viral and Therapy Goes Virtual: Responding to Loss Online During a Crisis

Robert A. Neimeyer, PhD
Professor Emeritus of the Department of Psychology, University of Memphis

Webinar Tips for Attendees


For today’s presentation, you will not see the presenter—you will only see the slides.

Attendees Earn One Continuing Education Credit

The National Register is approved by the American Psychological Association to sponsor continuing education for psychologists. The National Register maintains responsibility for this program and its content.
Robert A. Neimeyer, PhD

Robert A. Neimeyer, PhD, is Professor Emeritus of the Department of Psychology, University of Memphis, maintains an active consulting and coaching practice, and also directs the Portland Institute for Loss and Transition. Neimeyer has published 30 books, including Routledge’s series on Techniques of Grief Therapy, and serves as Editor of Death Studies. The author of over 500 articles and chapters and a popular workshop presenter, he is currently working to advance a more adequate theory of grieving as a meaning-making process. In recognition of his contributions, he has been given Lifetime Achievement Awards by both the Association for Death Education and Counseling and the International Network on Personal Meaning and made a Fellow of the American Psychological Association. Website: www.portlandinstitute.org
Learning Objectives

1. Identify four evidence-based risk factors for complicated or prolonged grief exacerbated by the COVID-19 pandemic regardless of the cause of death of the deceased.

2. Describe the Unfinished Business in Bereavement Scale for assessing unresolved issues in bereavement that invite clinical attention.

3. Explain four interventions uniquely suited to a telehealth context that can mitigate bereavement complications and promote meaningful integration of the loss.
When Grief Goes Viral and Therapy Goes Virtual:

Responding to Loss Online During a Crisis

Robert A. Neimeyer, PhD

Professor Emeritus, University of Memphis
Director, Portland Institute for Loss and Transition

Sharon Strouse
Departures
Disclosures

• No commercial interest in either of the validated scales presented, which have been placed in the public domain to encourage their use in clinical and research contexts

• Author of numerous peer reviewed articles on complicated bereavement available on web, as well as several books on grief therapy

• Director of Portland Institute for Loss and Transition, which provides global online and onsite training and Certification in Grief Therapy
For Whom the Bell Tolls: COVID-19 Infections
USA Infections and Deaths

New reported cases by day in the United States

TOTAL CASES
3.3 million+

DEATHS
135,187

Includes confirmed and probable cases where available
Coronavirus Anxiety

- Measurement
- Correlates
- Mediators
- Interventions

Lara Krawchuk
Corona No
Coronavirus Anxiety Scale (CAS)

• 775 diverse US adults assessed from 11-13 March 2020
• 20 candidate items from anxiety literature in cognitive, behavioral, emotional and physiological domains
• Rated on Likert scale from 0 (not at all) to 4 (nearly every day)
• Results subjected to PCA and CFA, validity tests and ROC analysis
• Final scale correlated with range of symptoms and attitudinal self-reports
### Coronavirus Anxiety Scale (CAS)

<table>
<thead>
<tr>
<th>How often have you experienced the following activities over the last 2 weeks?</th>
<th>Not at all</th>
<th>Rare, less than a day or two</th>
<th>Several days</th>
<th>More than 7 days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I felt dizzy, lightheaded, or faint, when I read or listened to news about the coronavirus.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I had trouble falling or staying asleep because I was thinking about the coronavirus.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I felt paralyzed or frozen when I thought about or was exposed to information about the coronavirus.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I lost interest in eating when I thought about or was exposed to information about the coronavirus.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I felt nauseous or had stomach problems when I thought about or was exposed to information about the coronavirus.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

| Column Totals | ____+ | ____+ | ____+ | ____+ | ____+ |

A CAS score ≥ 9 optimally classified adults as having (90% sensitivity) or not having (85% specificity) dysfunctional levels of anxiety (Youden’s index of 75) with a false positive rate of 15%.
Symptoms Associated with Coronavirus Anxiety

CAS correlated .86 with Impairment in Work and Social Adjustment
Social Isolation and Coronavirus Anxiety

Milman, Lee & Neimeyer, Brain, Behavior & Immunity
Death Studies

- Assessed use of social mitigation procedures and its relation to Coronavirus Anxiety (CA) in 408 American adults
- Sociodemographic variables (gender, age) and pandemic stressors (loss of employment, decreased income, loss of child care) unrelated to CA
- Examined meaning-making as a mechanism accounting for relation of social practices to CA

Jane Milman, PhD
Medical University of South Carolina
St. Edwards University, Austin Texas
CAS Scores as a Function of Social Mitigation Behavior

• Social isolation measures decrease Coronavirus anxiety by minimizing effect of the pandemic on the people’s *assumptive world*—their core beliefs regarding controllability and predictability of life.

• Those who sheltered in place and ceased long distance travel reported less belief violation, which in turn seemed to buffer their physiological anxiety about the pandemic.

Social Mitigation Behavior by Category

![Graph showing mean scores on the Coronavirus Anxiety Scale (CAS) for participants based on their approach to engaging in coronavirus transmission-mitigation behavior. The red line indicates the cut-off for dysfunctional coronavirus anxiety on the CAS.]

Figure 1. Mean scores on the Coronavirus Anxiety Scale (CAS) for participants based on their approach to engaging in coronavirus transmission-mitigation behavior. The red line indicates the cut-off for dysfunctional coronavirus anxiety on the CAS.
From Assessment to Intervention

Target physiological arousal, emotion regulation, social isolation through:

- Psycho-education about buffering effect of social mitigation practices
- Progressive muscle relaxation
- Controlled breathing, yoga
- Mindfulness Based Stress Reduction
- “Time out” from exposure
- Physical exercise, Tai Qi
- Sleep hygiene
- Building virtual “communities of care”
- Somatic and art therapy approaches as possible bridge to symbolizing and verbalizing the unspeakable
Grief in the Time of Corona

Oude Man met Verdriet
Vincent Van Gogh
The Demography of Death
Verdery & Smith-Greenway, Applied Demography Newsletter

- Use demographic microsimulation to estimate parental and grandparental mortality in Americans under conditions of 10, 20 and 40% infection rates
- Account for clustering of deaths within families given transmissible nature of Coronavirus
- Report that “these models imply the potential for hundreds of thousands to millions of deaths… which would in turn lead to an even higher burden of bereavement”
“The COVID-19 pandemic may lead to enormous loss of life in the United States. The collateral damage that this level of mortality would exact on American families cannot be overlooked. It is important that the burden of bereavement, and its potential mental and physical health consequences, is factored into discussions of the public health challenge facing all nations.”

NB: excludes all other COVID deaths, as of partners, siblings, children and friends
Adaptive Grieving

- Process “event story” of the death itself, and its implications for our ongoing life
- Access “back story” of relationship to restore attachment security and resolve unfinished business

Integrated Grief

- Finality of death acknowledged
- Bittersweet emotions accessible & changing
- Mental representation of deceased revised
- Coherent narrative of loss formulated
- Life goals redefined
Criteria:

- Death of a close person
- Persistent and pervasive grief response accompanied by longing for or preoccupation with deceased
- Intense emotional pain (sadness, guilt, anger, denial, blame, lost sense of self, absence of positive mood, numbness, avoidance of social and other activities)
- Minimum of 6 months after death, exceeding social, cultural and religious norms
- Significant impairment in personal, family, social, occupational or other functioning
Risks of Complicated Grief

Prigerson et al., PLoS Medicine

Controlling for depression and anxiety, CG associated with:

- Myocardial infarction and congestive heart failure
- Immune system dysfunction
- Substance use and abuse
- Essential hypertension
- Functional impairment
- Reduced quality of life
- Suicide attempts
Risk Factors for Prolonged Grief Disorder

• Social isolation
• Suddenness of the death
• Insecure, anxious attachment
• Spiritual struggle with the death
• Inability to make sense of the loss
• Lower education, socioeconomic disadvantage
• Lack of institutional and informational support
The Corona Context of Dying

- Isolation of family from the dying and from potential supporters
- Shocking, unanticipated death
- High anxiety and helplessness, rupture in caregiving and attachment bond
- Confusion over God’s role, loss of religious community and ritual
- Profound crisis of meaning, violation of assumptive world
- Disproportionate loss in minority communities
- Overwhelmed medical system with no role for family supporters
Unfinished Business

Klingspom, Holland, Neimeyer & Lichtenthal
Death Studies

- Incomplete, unexpressed, unresolved relationship issues with deceased
- Studied in narratives of 224 adults bereaved of a variety of relationships
- Unfinished business reported by 43% of sample
Taxonomy of Unfinished Business

- **Statements of Admiration & Value**
  - Recognition of Deceased’s Worth
  - Declaration of Love
- **Missed Opportunities & Intentions**
  - Missed Connections
  - Untimely Goodbyes
  - Unfulfilled Plans
  - Future Absence
- **Unresolved Confessions & Disclosures**
  - Secrets & Speculations
  - Need to Apologize
  - Extending Forgiveness & Lack of Closure
Unfinished Business

Klingspon, Holland, Neimeyer & Lichtenthal

Death Studies

• More common in immediate family relationships and sudden, tragic death

• Controlling for age, gender, race, education, relationship to deceased, cause of death and time, distress about UB uniquely associated with:
  • More complicated grief on the ICG-R
  • Less meaning made of the death on the ISLES
  • More intense continuing bonds on the CBS

• Type of unfinished business unrelated to bereavement outcome
Unfinished Business in Bereavement Scale

Holland, Klingspon, Lichtenthal & Neimeyer
Death Studies

28 items rated on 5-point scales of distress over past month, e.g.:

- I wish I had told ___ how much s/he meant to me.
- I wish I could have attended to ___’s needs more closely in his/her final days.
- I should have been there when ___ died.
- I held onto a secret that I wish I had told ___.
- I wish I had had the chance to tell ___ that I forgive him/her.
- I never got to resolve a breach in our relationship.

2 Factors:
- Unfulfilled wishes: Unspoken affirmations and missed opportunities
- Unresolved Conflict: Unaddressed disputes or indiscretions
- With meaning made of loss predicted 50-60% of PGD
Guidelines for Working with Bereavement

- significance
- honor
- change
- share
- conversation
- meaning
- resilience
- strength
- ritual
- journal
Guidelines for Working with Bereavement

• **Speak their names:** Encourage conversations about loved ones
• **Keep a journal:** Shift between expression and reflection
• **Share grief:** Connect with others in family or online group
• **Review photos:** Celebrate high points, acknowledge low points
• **Reconstruct legacy:** Keep the loved one’s stories alive; Digital storytelling
• **Review resilience:** Explore strengths and success over adversity
• **Live in the now:** Slow down into the present moment
• **Conduct rituals:** Symbolically honor loved one as well as personal change
• **Make meaning:** Explore what has significance now
Grief Therapy as Meaning Reconstruction

- Retelling the Death Narrative
- Directed Journaling
- Analogical Listening
- Chapters of Our Lives
- Virtual Dream Stories
- Introducing the Loved One
- Correspondence with the Deceased
- Imaginal Dialogues, Chair Work
- Legacy Projects
- Life Imprint
A Practitioner’s Toolbox
References


New
Online
Training

Living in A Shattered World: Claiming Our Losses and Re-anchoring Our Lost Footing

July 17, 2020 (Fri) 9-11am, PDT
OR July 20, 2020 (Mon) 9-11am, SGT

Carolyn Ng, PsyD, FT
Associate Director
Portland Institute for Loss and Transition
Fellow in Thanatology
Association for Death Education and Counseling

For enquiries, please email: carolyn@portlandinstitute.org
New Online Training

Writing through Bereavement: Reconstructing Meaning in Loss

July 24, 2020 9-11am, PDT or July 27, 2020 9-11am, SGT

Robert A. Neimeyer
Director
Portland Institute for Loss and Transition
Professor Emeritus
Department of Psychology, University of Memphis

For enquiries, please email: carolyn@portlandinstitute.org
Non-Death Loss [I]:
Grieving the Lost Assumptive World

August 7, 2020 (Fri)
9-11am, PDT
OR
August 14, 2020 (Fri)
9-11am, SGT

Darcy L. Harris, RN, RSW, PhD, FT
Associate Professor and Thanatology Coordinator
King's University College, London, Canada
Faculty Mentor
Portland Institute for Loss and Transition

For enquiries, please email: carolyn@portlandinstitute.org
Q&A

• Dr. Sammons will read select questions that were submitted via the Q&A feature throughout the presentation.

• Due to time constraints, we will not be able to address every question asked.