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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

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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

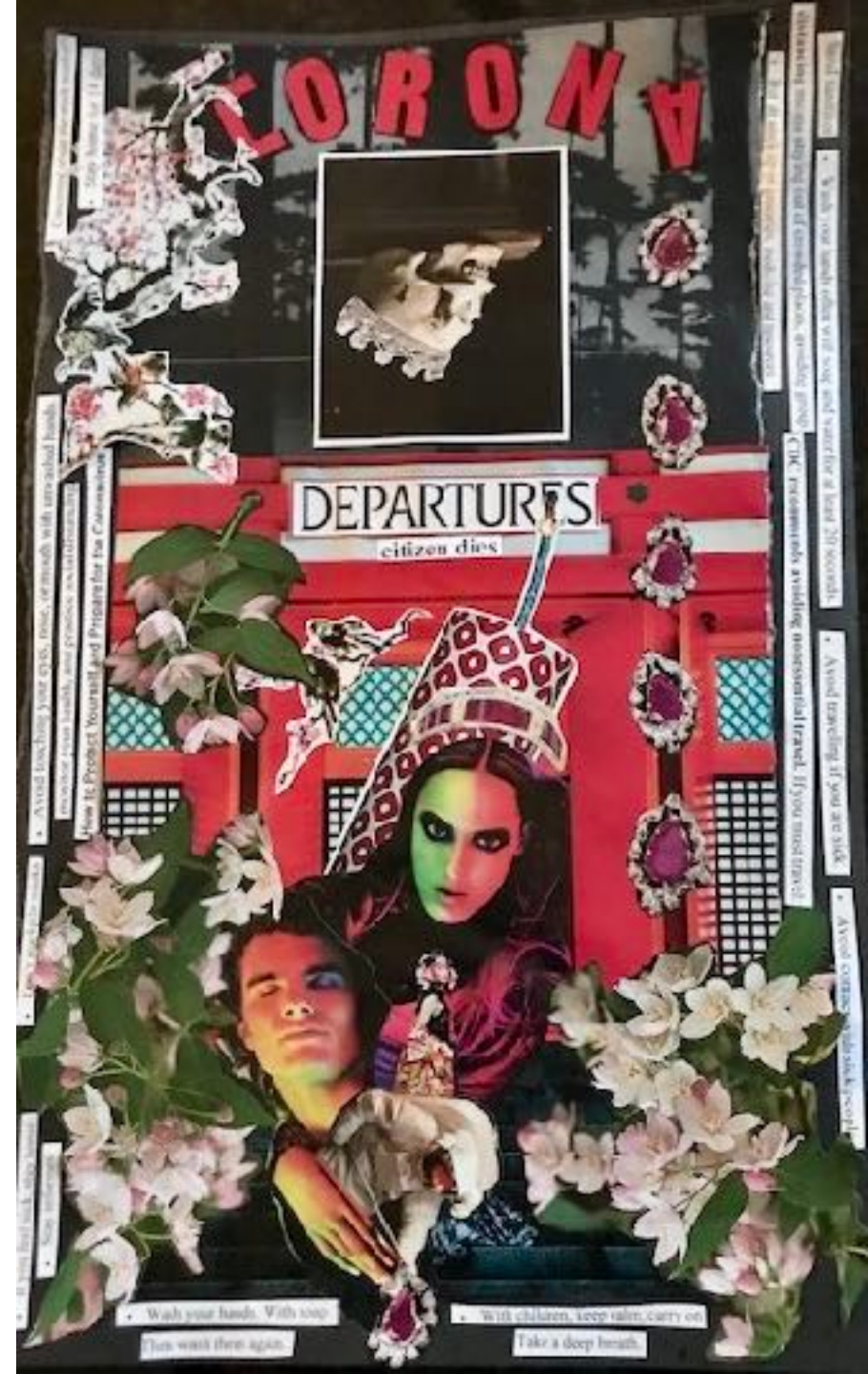
Robert A. Neimeyer, PhD

Professor Emeritus, University of Memphis

Director, Portland Institute for Loss and Transition



Sharon Strouse
Departures

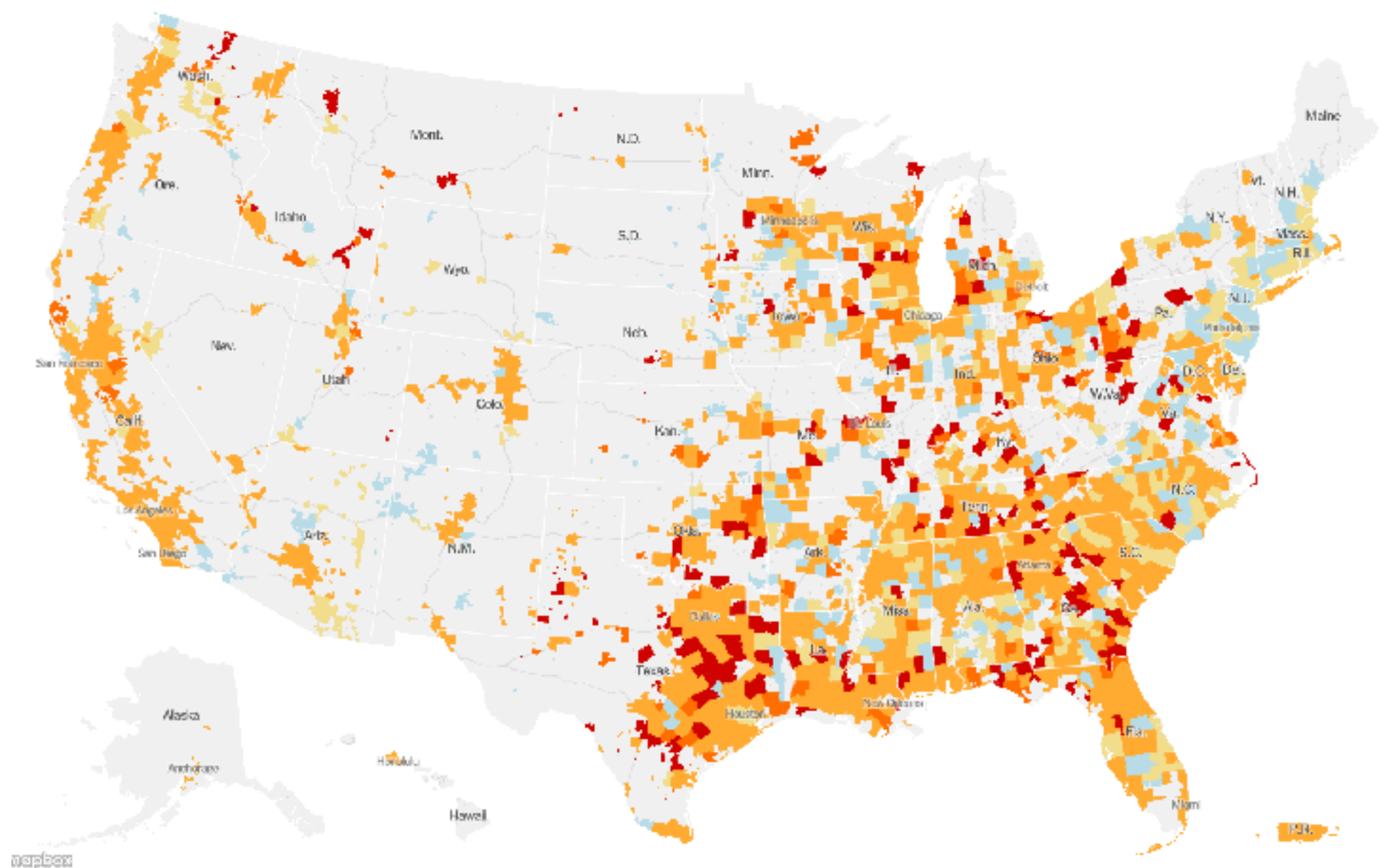


Disclosures

- 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

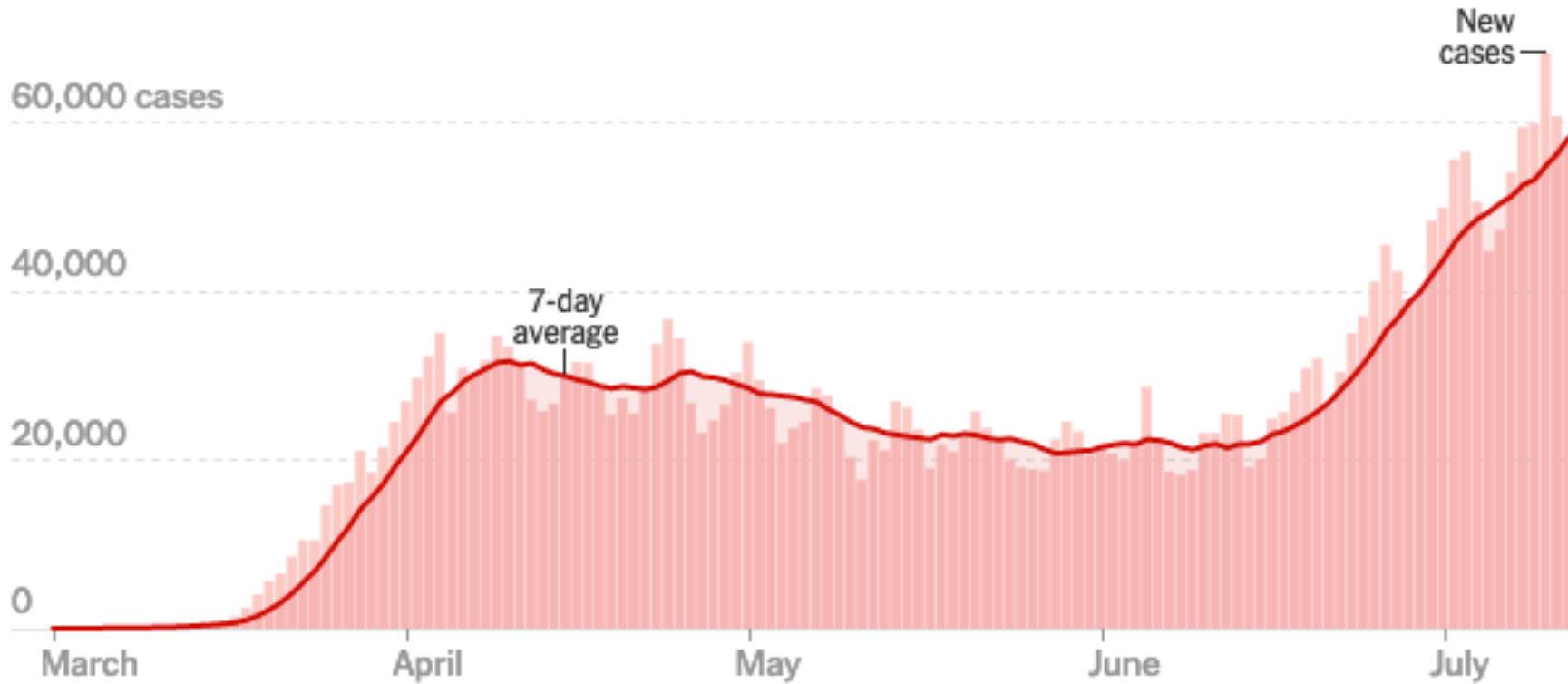


For Whom the Bell Tolls: COVID-19 Infections



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 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



Sherman A. Lee, Ph.D.

**Christopher Newport
University**

Death Studies,
2020

Coronavirus Anxiety Scale (CAS)

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



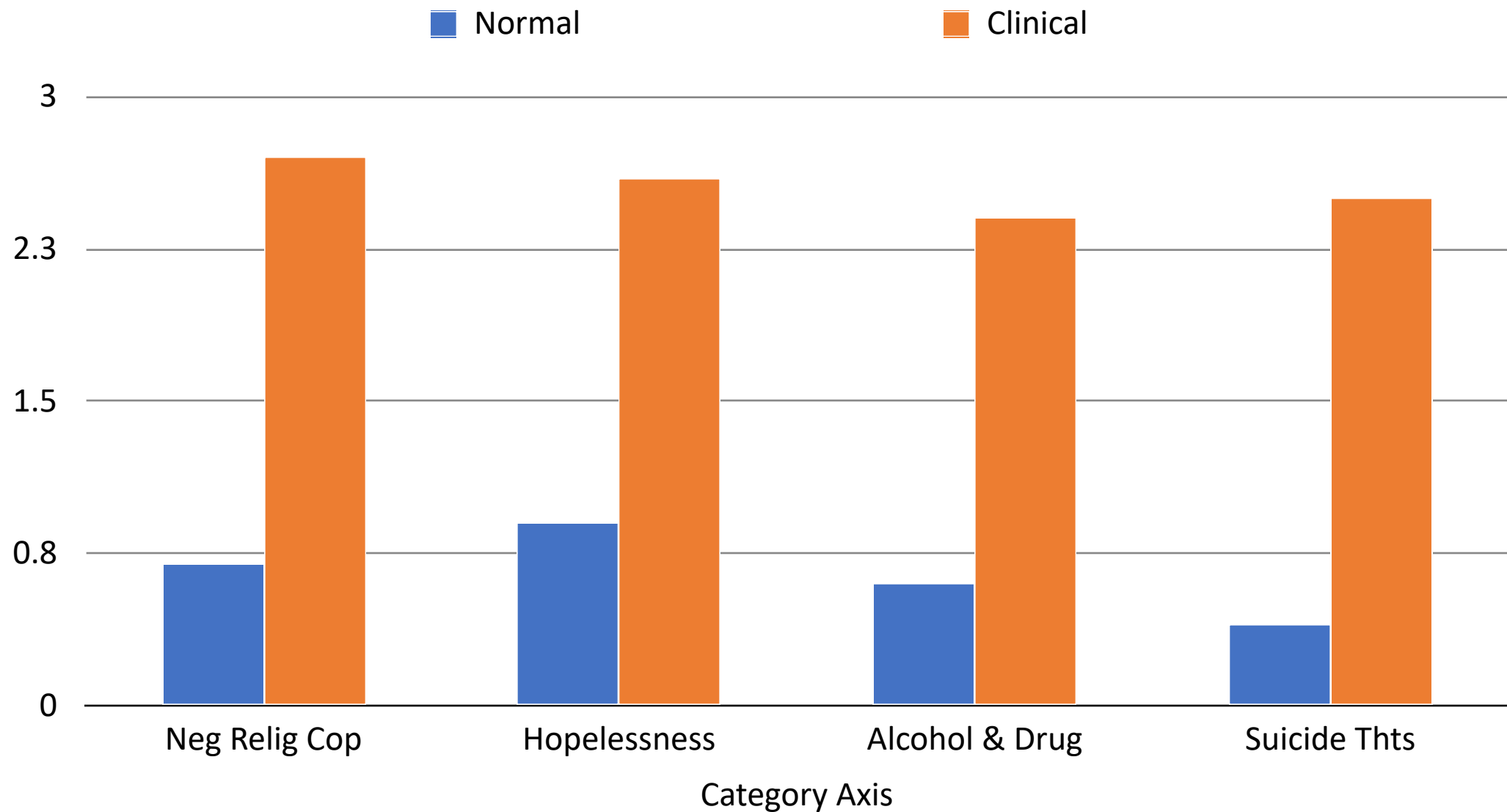
Sherman A. Lee, Ph.D.

Christopher Newport University

Death Studies,
2020

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



Jane Milman, PhD
Medical University of
South Carolina
St. Edwards University,
Austin Texas

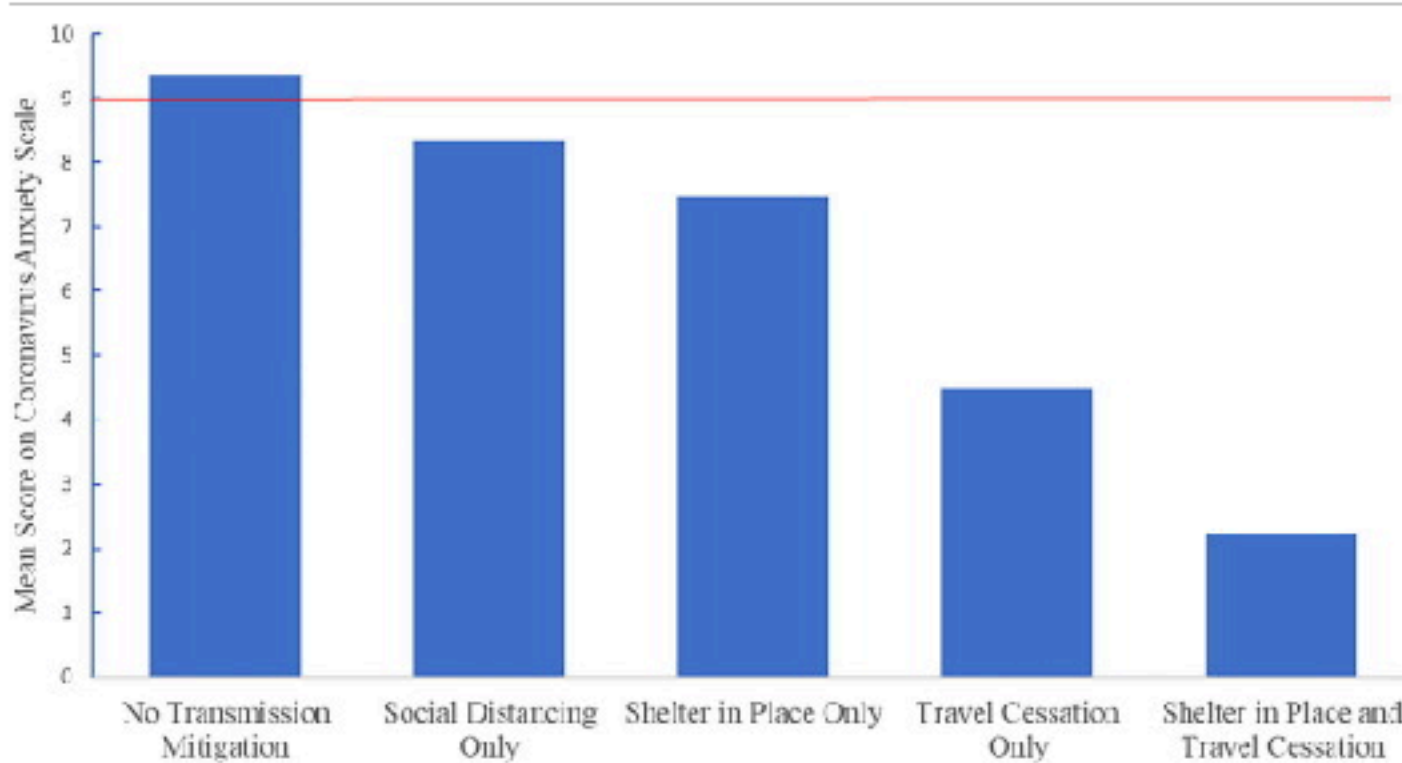
Social Isolation and Coronavirus Anxiety

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



CAS Scores as a Function of Social Mitigation Behavior



Social Mitigation Behavior by Category

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.

- 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



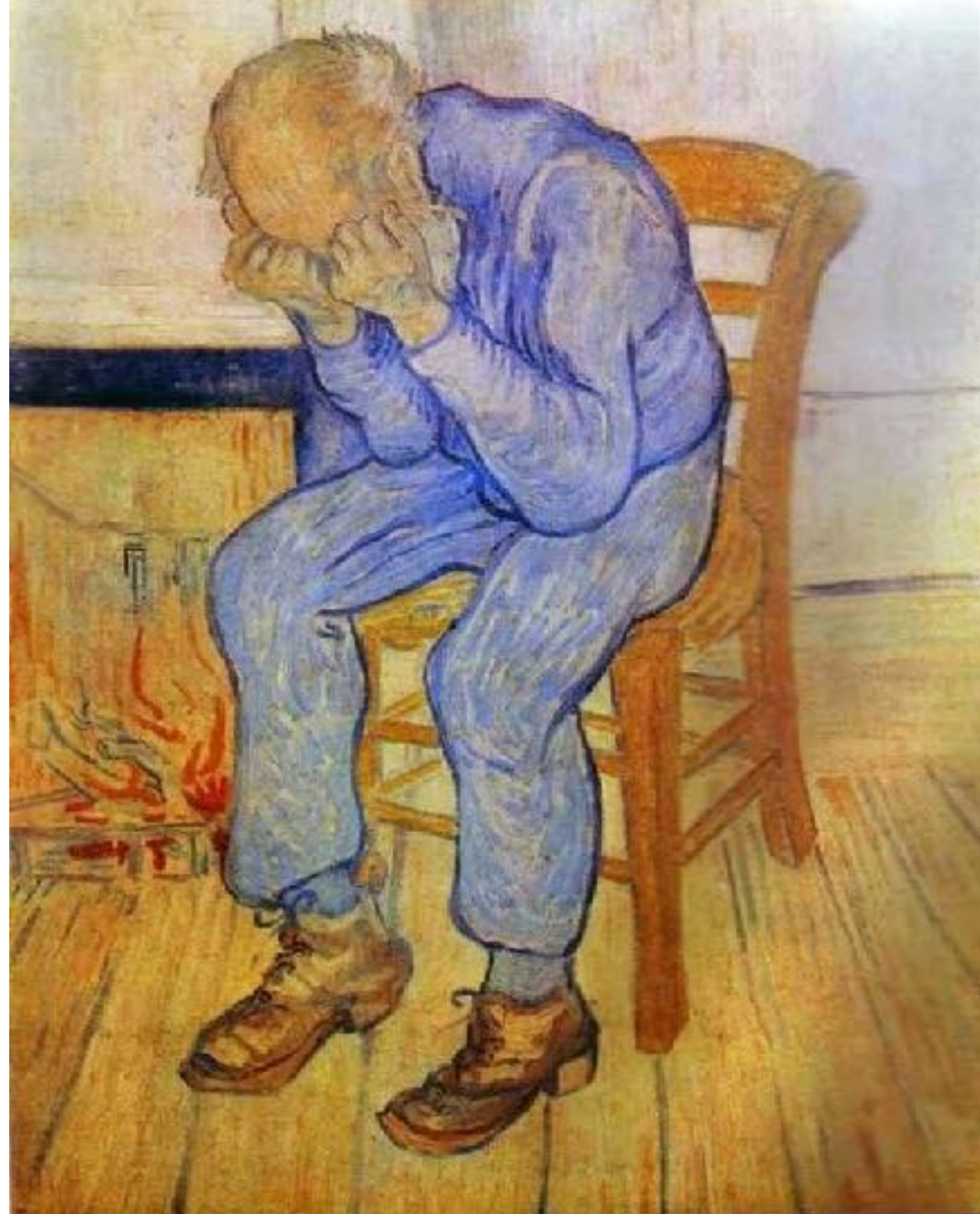
From Assessment to Intervention

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



COVID-19 and Family Bereavement in the United States

Ashlon M. Verdery¹, Emily Smith-Greenway²

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² University of Southern California (emthgre@usc.edu)

Edited on March 20, 2020

The COVID-19 pandemic may cause substantial excess mortality around the globe, and in the United States specifically (Ferguson & The Imperial college COVID-19 Response Team, 2020). Current estimated case fatality rates, combined with the potential of upwards of 40% of the U.S. population becoming confirmed cases, suggest that COVID-19 could lead to millions of deaths in this country. Even more stunning is the estimated number of bereaved family members that these deceased would leave behind, which itself will have tremendous consequences for population health.

Bereavement and grief in the wake of a family member's death is often culturally anticipated, yet some individuals experience more severe, prolonged mental health consequences, including major depression, anxiety, (Ma, 2012). Prolonged Grief Disorder (Prigerson et al., 2009), Complicated Grief (Horowitz et al., 2003), and other deleterious outcomes. Beyond mental health, bereavement is also tied to physical health risks including worse cardiovascular health and mortality (Carey et al., 2014; Elwert & Christakis, 2008; Stahl, Arnold, Chen, Andersen, & Schultz, 2016; Williams Jr., 2005). The risk of experiencing detrimental, bereavement-associated outcomes is more likely in the case of a family member's sudden, unexpected death (Parker, 1976; Sanders, 1983), like those families may soon experience from COVID-19. Moreover, the potential for clustering of deaths within families due to highly transmissible nature of SARS-CoV-2 will lead to multiply bereaved family members, furthering risks of mental and physical health problems (Fletcher, Mallik, Song, & Wallis, 2013; Li, Stroebel, Chan, & Chow, 2014; Sanders, 1980; Shear, Frank, Houck, & Reynolds, 2005).

Early evidence from China and Italy highlight the strong age gradient in COVID-19 mortality patterns (Ferguson & The Imperial college COVID-19 Response Team, 2020). To estimate the burden of family bereavement from these preliminary

mortality estimates requires consideration of the structure of U.S. kinship networks (Daw, Verdery, & Margolis, 2018). To estimate the potential scale of family bereavement due to COVID-19, we draw on recent demographic microsimulation work that approximates the kinship networks of White and Black Americans (Margolis & Verdery, 2019; Verdery & Margolis, 2017).¹

Combining estimates of U.S. kinship networks and population structure in March 2020 from this work with age-specific COVID-19 case fatality rates from Italy (Dowd et al., 2020), we simulate potential bereavement burdens in three scenarios of excess COVID-19 mortality: a scenario with 10% confirmed infection prevalence distributed uniformly at random in the U.S. population, a scenario with 20%, and a scenario with 40%, which are in line with ranges used in prior work (Dowd et al., 2020; Ferguson & The Imperial college COVID-19 Response Team, 2020).² We focus on experiencing the loss of parents and grandparents and document how many of the surviving White and Black Americans may experience such events, multiplying estimates by the current count of White and Black Americans ("Population Clock," 2020; "U.S. Census Bureau QuickFacts," 2020).

Figure 1 shows results. These models imply the potential for hundreds of thousands to millions of deaths, respectively, which would, in turn, lead to an even higher burden of bereavement. With a uniformly distributed 10% of the White and Black U.S. population confirmed infected and the most recent age-specific case-fatality rates from Italy, an estimated 537 thousand Americans would die; which would, in turn, translate into an estimated 1,238 million White and Black Americans losing a parent and an estimated 2,381 million losing at

¹ The kinship networks of other race and ethnic groups, including those who identify as multiple race, are not possible to approximate with the demographic microsimulation methods used in these studies.

² Because of restricted access to testing, current estimates of case fatality rates do not reflect infection fatality rates (Rever et al. 2020), so to show we are modeling scenarios where "confirmed infections" reflect the age-specific demographics in the Italian setting.

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 Coming Tsunami

- “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



Acute Grief Processes

- 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

Prolonged Grief Disorder in the ICD-11

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

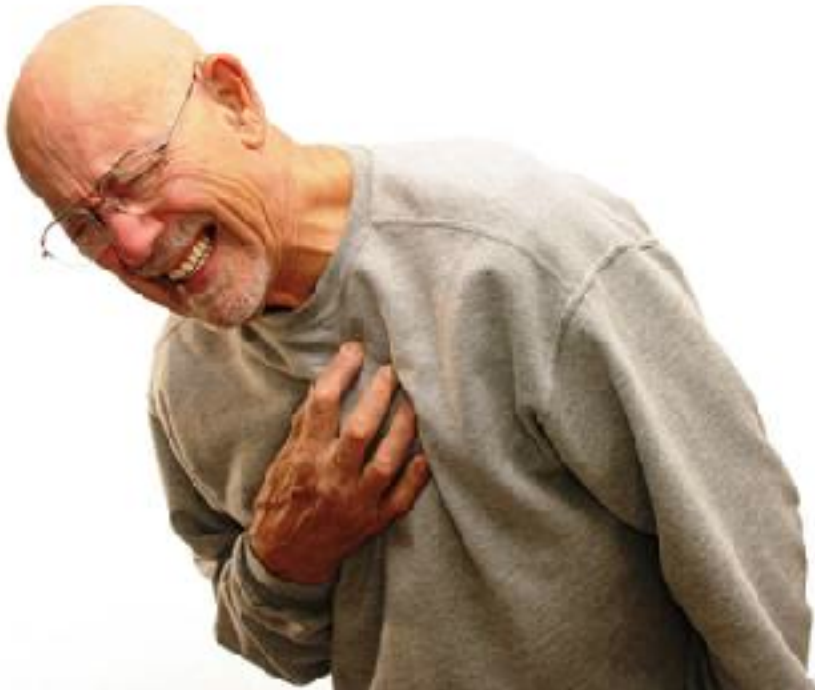
Substance use and abuse

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



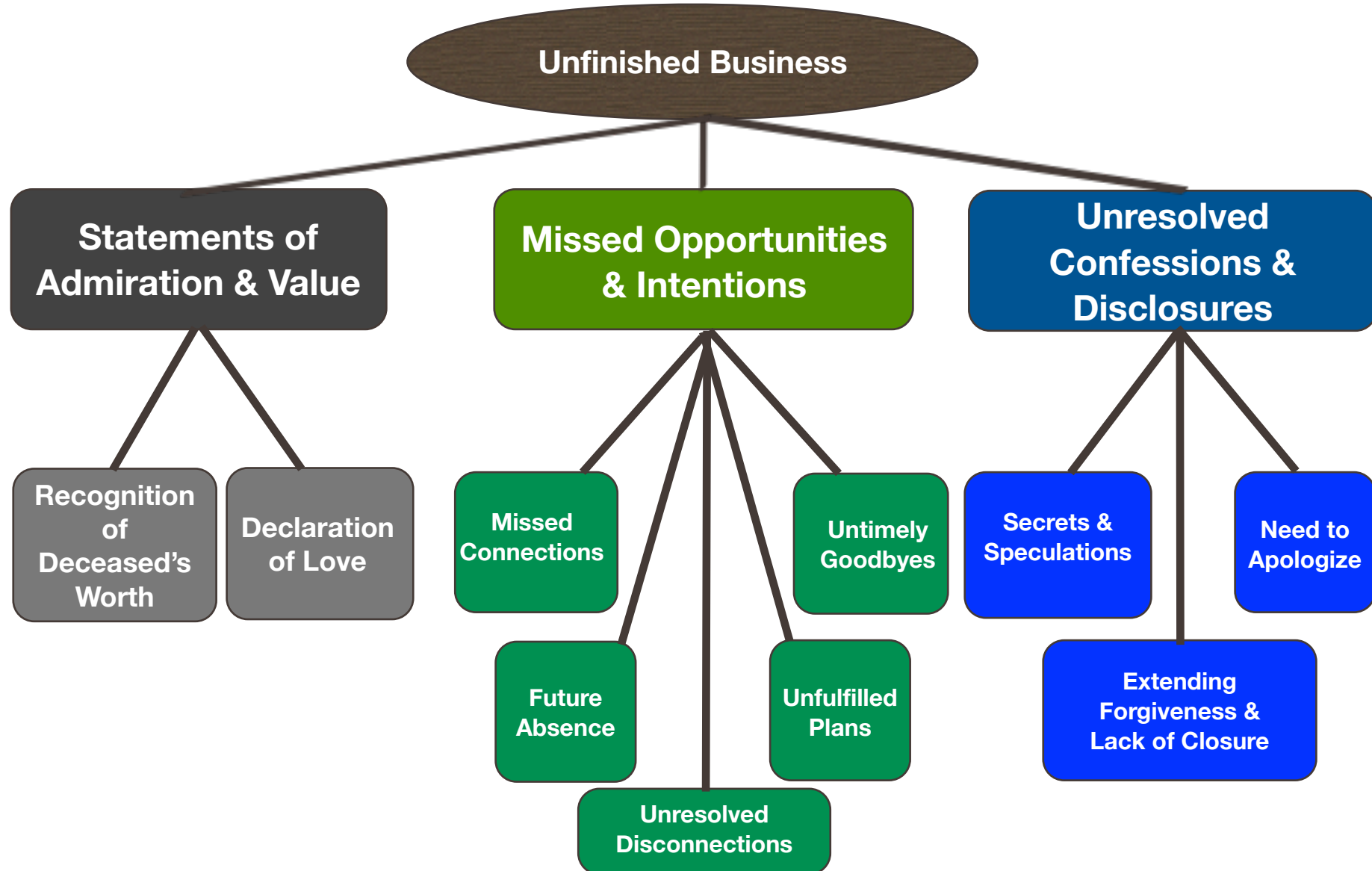
Unfinished Business

Klingspon, 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

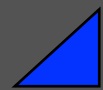




Unfinished Business

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

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

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.*

Guidelines for Working with Bereavement



A word cloud of terms related to bereavement and grief. The words are arranged in a cluster, with 'change' and 'meaning' being the largest and most prominent. Other words include 'resilience', 'strength', 'conversation', 'share', 'ritual', 'journal', 'honor', and 'significance'.

significance
honor change
share conversation
meaning
resilience
ritual strength
journal

Guidelines for Working with Bereavement

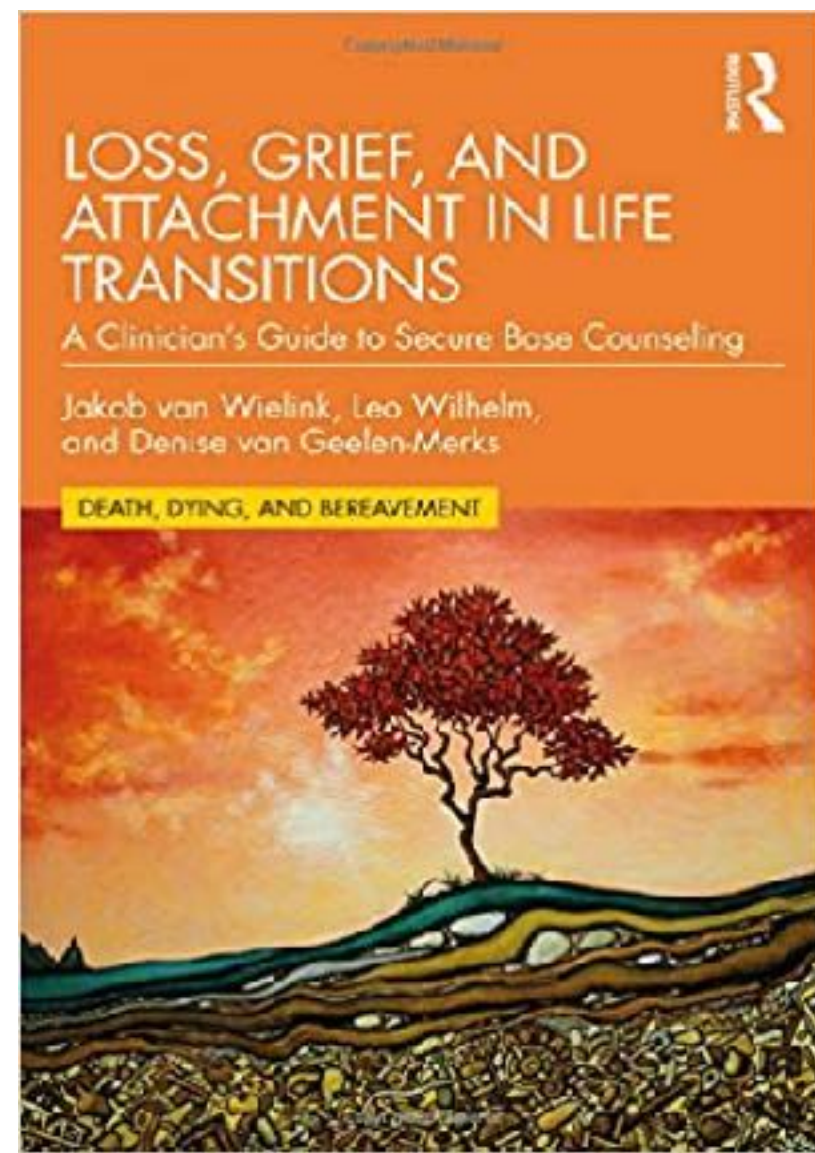
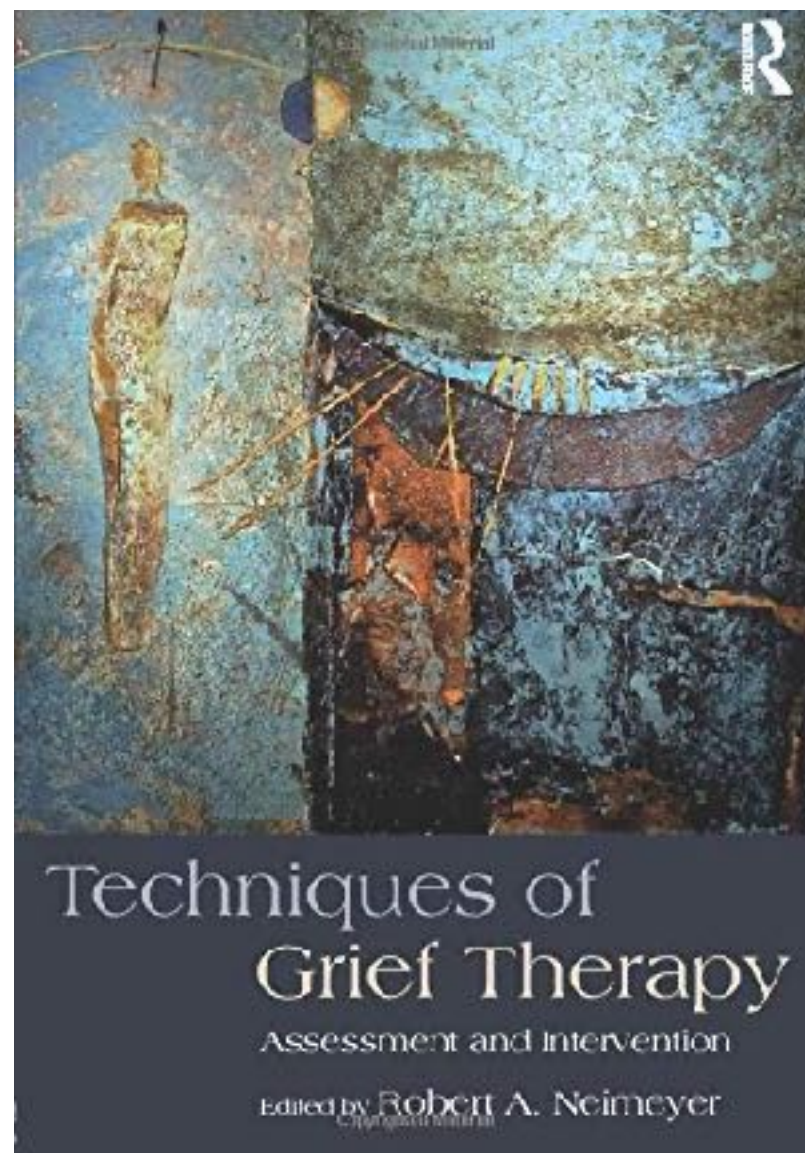
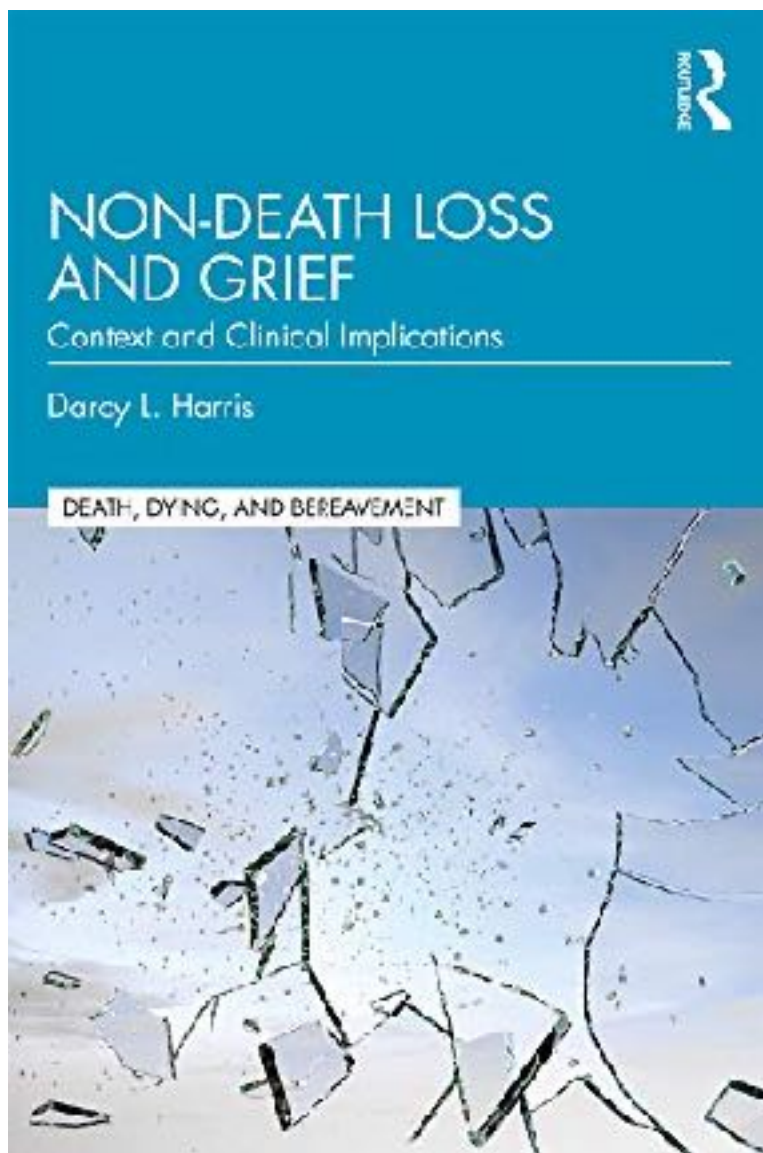
- *Speak their names:* Encourage conversations about loved ones
- *Keep a journal:* Shift between expression and reflection
- *Share grief:* Connect with others in family or online group
- *Review photos:* Celebrate high points, acknowledge low points
- *Reconstruct legacy:* Keep the loved one's stories 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

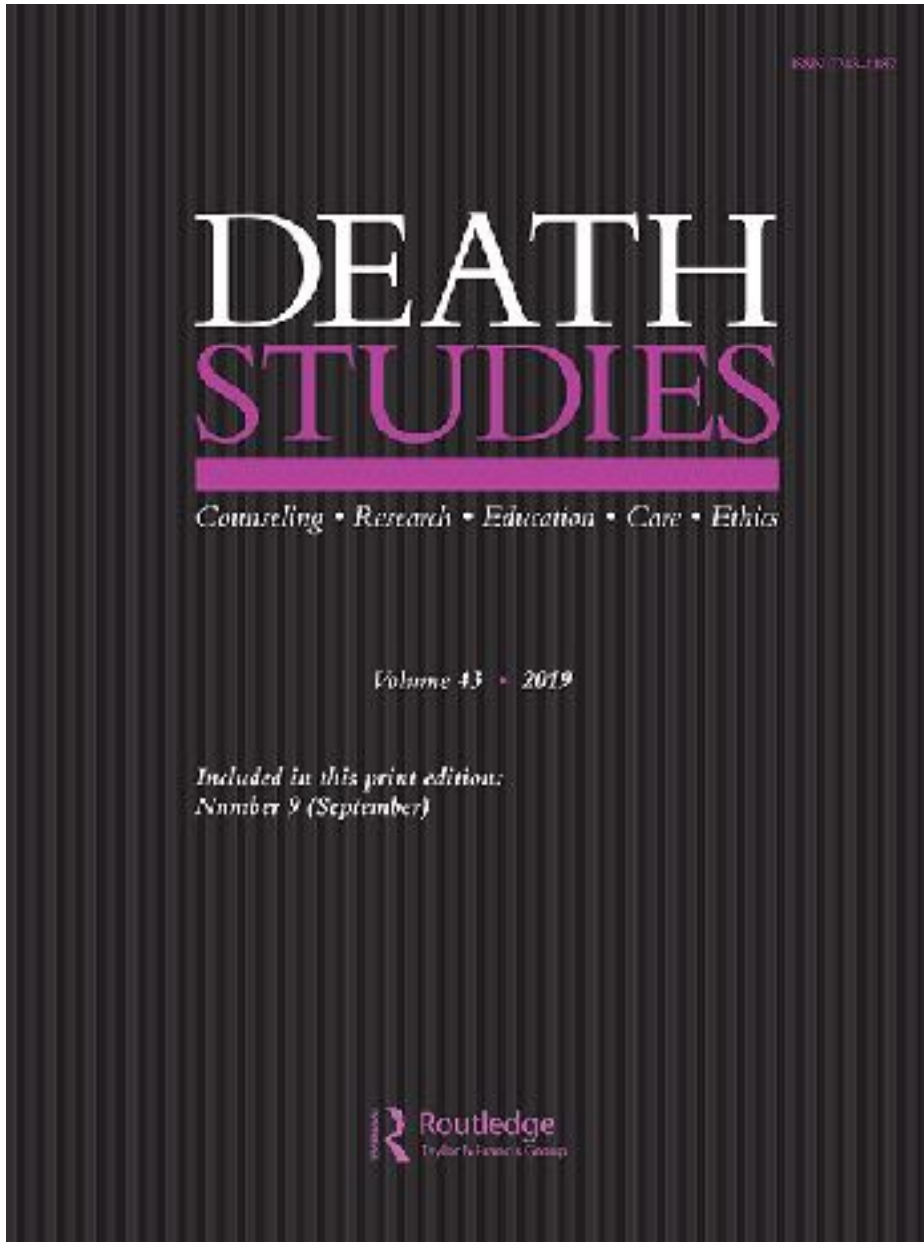
Grief Therapy as Meaning Reconstruction

- *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





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PORTLAND INSTITUTE FOR LOSS AND TRANSITION



Portland Institute
For Loss and Transition

*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

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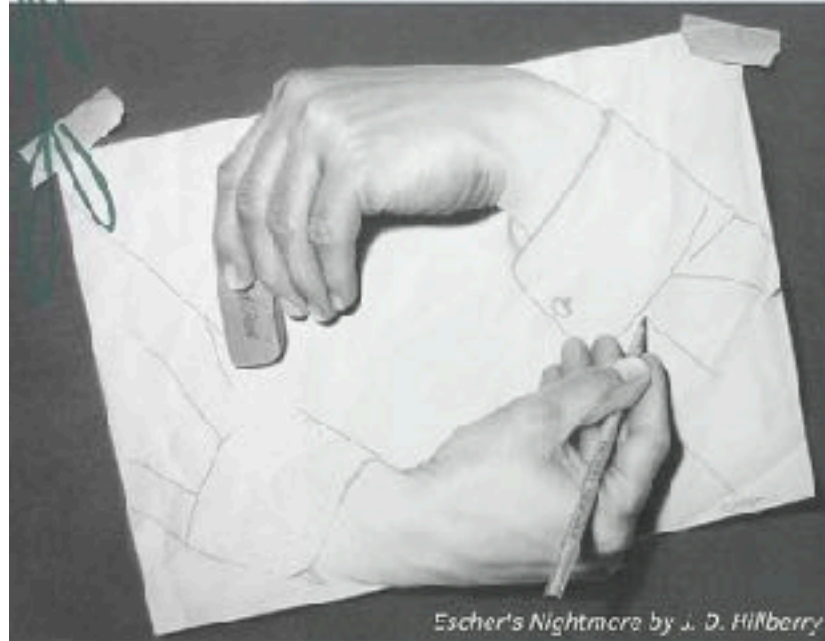


Portland Institute
For Loss and Transition

*New
Online
Training*

Writing through Bereavement: Reconstructing Meaning in Loss

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



Escher's Nightmare by J. D. Hilberry

Robert A. Neimeyer

Director

Portland Institute for Loss and Transition

Professor Emeritus

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Presented by
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Portland Institute
For Loss and Transition

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

By H. Newberry from Pixabay

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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.