

Commercial Disclosures

Books:

Saltzman, Layne, Pynoos, Olafson, Kaplow, & Boat (2017). *Trauma and Grief Component Therapy for Adolescents: A Modular Approach to Treating Traumatized and Bereaved Youth.* Cambridge University Press.

Kaplow, Layne, Pynoos, & Saltzman (2023). *Multidimensional Grief Therapy: A Flexible Approach to Assessing and Supporting Bereaved Youth.* Cambridge University Press.

Assessment Tools:

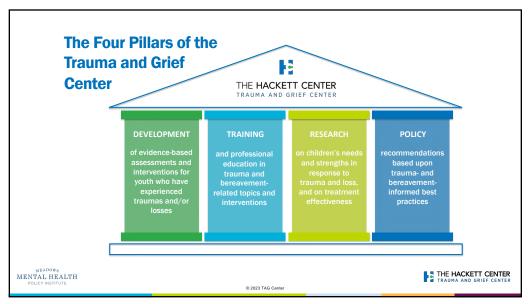
Layne, Kaplow, & Pynoos (2022). *Prolonged Grief Disorder (PGD) Checklist – Youth Version 1.0.* Behavioral Health Innovations, LLC.

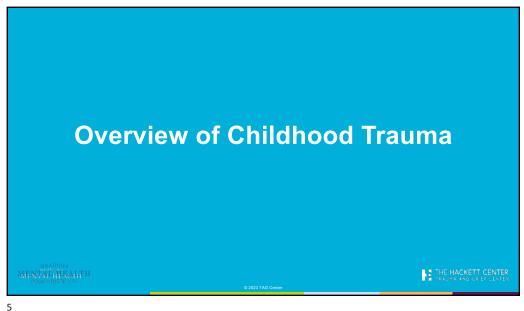
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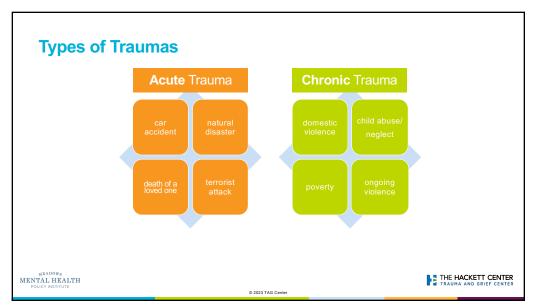


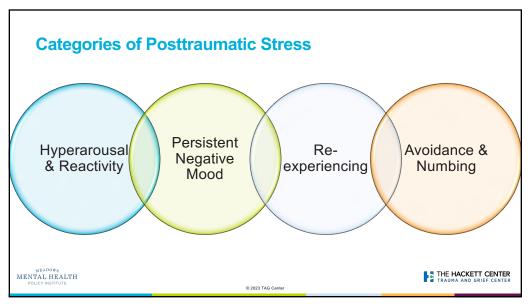


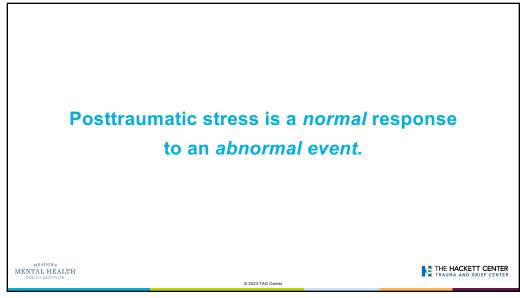




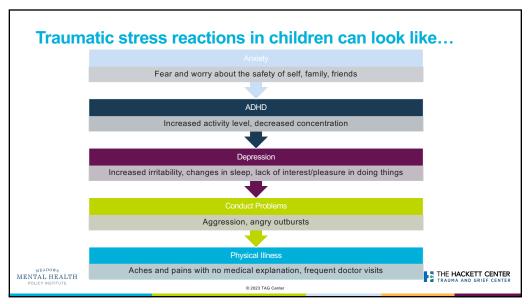








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Longer Term Consequences of Unaddressed Trauma

Smaller brain volume

Depression

Suicide risk

School problems

Problems with peer relations

Substance/drug abuse

Violent behavior

Intergenerational transmission of

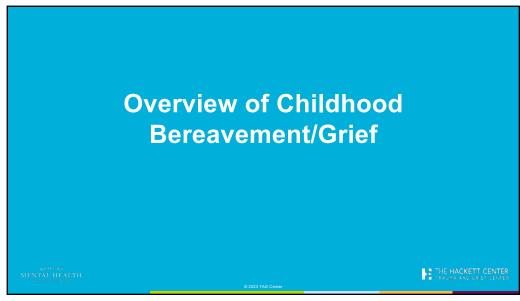
trauma/traumatic stress



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Why Focus on Bereavement?



Most frequently reported type of trauma in clinicreferred youth

(Pynoos et al., 2014)



Most common form of trauma worldwide

(Burns et al., 2020)



Most distressing form of trauma among adults and youth in the general population

(Breslau et al., 2004; Kaplow, Saunders, Angold, & Costello, 2010)



Strongest predictor of poor school outcomes above and beyond any other form of trauma

(Oosterhoff, Kaplow, & Layne, 2018)



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Children's <u>grief</u> reactions (not simply <u>bereavement</u>) play an important role in future psychological functioning.

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Important Facts about Grief

- Most bereaved children will go on to lead healthy, happy, productive lives.
- There is no "right" or "wrong" way to grieve.
- There is no set timeline for grief.
- Grief is not a "problem" to be fixed. It is a natural part of life and a reflection of the love we have for the person who died.

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How Do Children Typically Grieve?

- "Typical" grief reactions are hard to define
- Very few large studies of bereaved children... even fewer studies of bereaved children followed over time, even fewer with diverse populations
- Grief reactions influenced by:
 - developmental level
 - previous life experiences
 - relationship to deceased
 - culture
 - religious/spiritual beliefs
 - family
 - social environment
 - cause of death

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What does death mean to toddlers/preschoolers?

2-5 years old:

- Experience sense of "gone-ness"
- Often believe that death is reversible
- Struggle with body's lack of functioning
- · Play out aspects of death



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What does death mean to young school-aged children?



6-9 years old:

- · Struggle with concepts of body vs. soul
- See death as something tangible or physical
- · Worry about surviving caregivers

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What does death mean to older school-aged children?

10-12 years old:

- Better able to grasp concept of body vs. spirit
- May believe that their own actions caused the death
- More realistic about permanency of death, which is why we start to see more psychological distress in this age group



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What does death mean to adolescents?



13-18 years old:

- Struggle with larger life questions (why me?)
- May test own mortality with risk-taking behaviors
- More likely to develop psychiatric symptoms given understanding of death
- Greater focus on how death will affect own future

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Typical Grief Reactions

Can be very intense (pining, yearning, sadness, anger or protest over the loss).

Are often at least temporarily associated with decreased functioning.

Typically transition from pain to more pleasant reminiscing over time.



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Prolonged Grief Disorder (PGD)

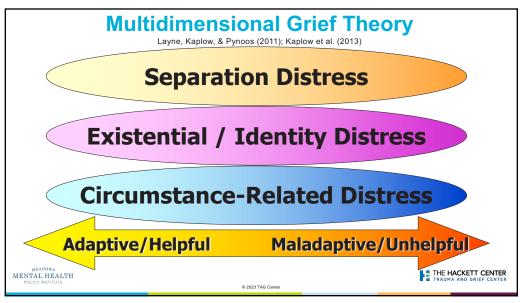
- For diagnosis of a child, the death had to have occurred at least 6 months ago, symptoms have to be present for at least a month and be intense enough to cause impairment.
- Approximately 10-20% of bereaved youth in the U.S. develop PGD.
- Rates are closer to 20% among youth exposed to homicide.
- · Informed by Multidimensional Grief Theory.

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A multidimensional framework is important because...

Distinct dimensions of grief may:

- ❖ Be more prominent at certain developmental stages
- May not be present in all bereaved populations
- ❖ Require <u>different treatment components</u> (i.e., different therapeutic activities to address different grief domains)

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Grief in the Context of Ambiguous Loss

Boss, 1999

Ambiguous loss differs from ordinary loss in that

- No verification of death (e.g., person is missing)
- · No certainty that the person will come back
- No guarantee things will return to the way they used to be

Two types of ambiguous loss:

- Loved one is physically missing
- · Loved one is psychologically absent (i.e., emotionally or cognitively missing)

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Experiences of Grief and Loss Among Military Youth Kaplow, Layne, Saltzman et al., 2013

Experiences of both types of ambiguous loss:

Loved one is physically missing

Loved one is deployed; has little to no contact with family.

No certainty of reunification.

Loved one is psychologically/emotionally absent

Loved ones may be emotionally unavailable upon return due to PTSD and/or grief.

No certainty that things will "return to normal."

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Grief Reactions in Response to Ambiguous Loss: Multidimensional Grief Theory

Kaplow, Layne, Saltzman et al., 2013

Common grief reactions may include:

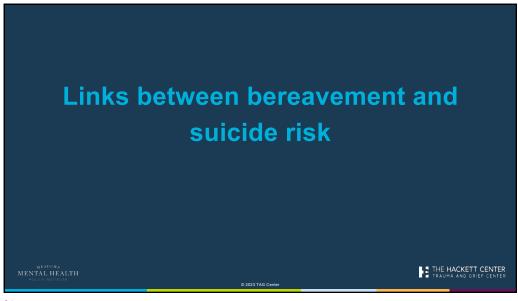
- Separation Distress: preoccupation with the person's absence; yearning and longing Loneliness, fantasies of reunification, anger, protest, uncertainty "When is Dad coming back? When can I see him again?"
- Existential Distress: struggle with one's identity or feeling lost without the person Feeling different from others; pessimistic outlook on life; identity crisis
 "No one understands what this is like. I feel like I don't really know who I am anymore."
- Circumstance-Related Distress: preoccupation with the experience of deployment or what
 made the person go missing

Unable to move forward due to uncertainty of the circumstances; anger; distress; desires for revenge "I feel like he's just going to walk through the door."

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Interpersonal-Psychological Theory of Suicide in the context of bereavement

Interpersonal-Psychological Theory of Suicide (IPTS; Joiner, 2005)

Thwarted belongingness - sense of loneliness and perceived lack of support.

Perceived burdensomeness - one has become a drain on the resources of others.

Thwarted belongingness (Hill et al., 2019)

"Nobody understands me. No one knows what this is like."

"People think I'm weird because I don't have a mom anymore."

"Anyone I get close to dies – I shouldn't get close to anyone anymore."

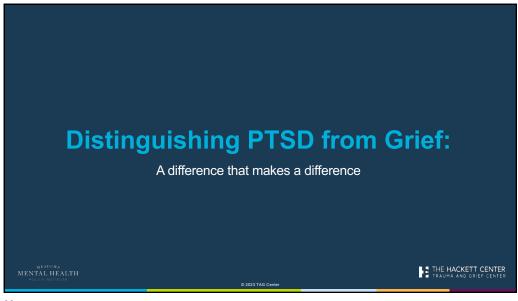
Perceived burdensomeness (Hill et al., 2019)

"Mom starts to cry every time I mention how much I miss Dad."

"If I had been better behaved in school, Mom wouldn't have been so stressed and had a heart attack."

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Why distinguish PTSD from grief?

PTSD and grief are not the same thing

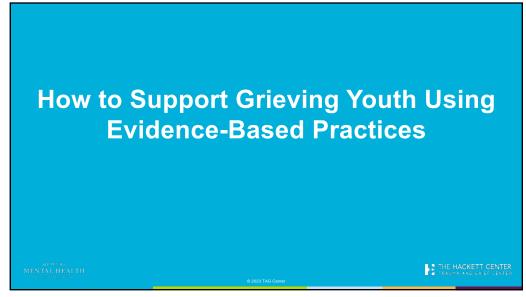
- √ Have different precipitating factors (e.g., trauma versus loss reminders)
- √ Have different physiological effects
- ✓ Require different assessment tools
- ✓ Require different practice elements

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Evidence-Based Interventions for Grief and Traumatic Loss

Review of studies examining effectiveness of interventions for bereaved youth (Kaplow, Layne, & Pynoos, 2019)

Group-based treatments

Family Bereavement Program (Sandler et al., 2013) Grief and Trauma Intervention (Salloum, 2008) Trauma and Grief Component Therapy (Saltzman et al., 2017)

Individual treatments

Grief-Help (Boelen et al., 2006)

TF-CBT for Childhood Traumatic Grief (Cohen et al., 2017)

Multidimensional Grief Therapy (Hill et al., 2019; Kaplow et al., 2023)

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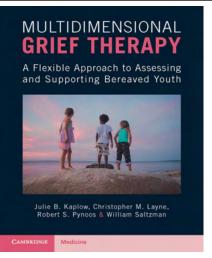
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Multidimensional Grief Therapy

- An assessment-driven intervention based on Multidimensional Grief Theory
- Promotes adaptive grief reactions and reduces unhelpful grief reactions
- First evidence-based, grief-focused intervention for children and adolescents that directly addresses the three primary domains of grief
- Addresses interplay between trauma and grief
- Provides a "continuum" of grief-informed care given its tiered approach
- Can be used individually or in groups

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Phased Approach to MGT

Phase 1 (Tier 1): Learning About Grief

- · Sessions 1-6
- · Identify dimensions of grief
- Understand how grief changes over time
- Identify loss and potential trauma reminders
- Enhance emotion regulation and cognitive coping skills
- Can be administered by any caring adult

Phase 2 (Tier 2): Telling My Story of Loss

- · Sessions 7-10
- Creation of loss narrative
- Focus on each dimension of grief
- Enhance ongoing connection, legacy-building and meaning-making
- Promote caregiver grief facilitation
- Typically administered by a mental health professional

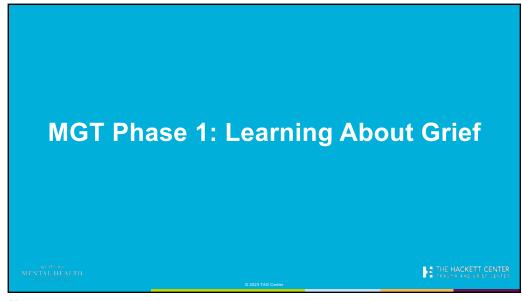
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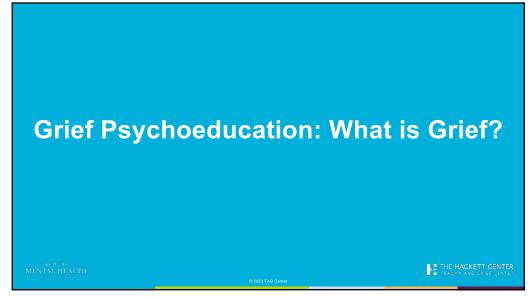
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Treatment Effects on Psychological Distress (Alvis et al., 2023; Hill et al., 2019) Grief Scores Grief Reaction Significant reductions in symptoms of Circumstance Distress Ex/Identity Distress Separation Distress distress after receiving Phase I - 40-47% decrease in symptoms after receiving Phase I of MGT T2 Time And after receiving Phase II Depressive Symptoms - Among youth who received 40 35 Phase II, symptoms decreased 30 25 20 15 10 an additional 22-44% from T2 Treatment effects were consistent across race, age, gender, and time Time since death. Note: Red line represents cut off for clinically elevated symptoms $_{\rm MENTAL~HEALTH}$ THE HACKETT CENTER





MGT Session 1 Objectives

Increase the client's ability to:

- Identify grief reactions as healthy and normal; and there is no "right or wrong way" to grieve.
- · Understand their own personal grief reactions.
- · Distinguish between grief-related myths and facts.
- Develop their vocabulary for labeling and expressing grief reactions based upon Multidimensional Grief Theory.
- Communicate effectively with caregiver(s) about their grief.

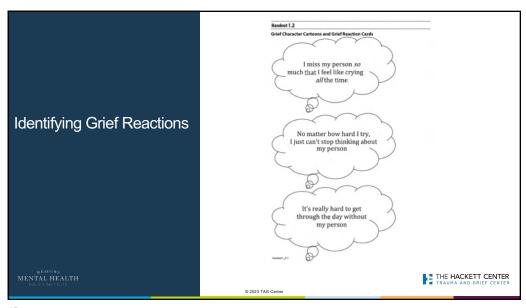
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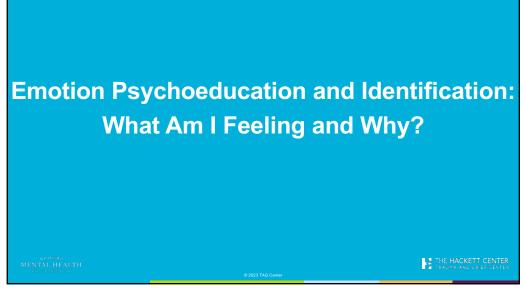
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Handout 1.1 Grief Statement Cards and True/False Cards It is normal to have many different types of grief-related True/False Game feelings (for example, sad, angry, worried) at the same time. After someone we care about dies, all kids get over their painful feelings after about 6-12 months. It is best not to talk about the person who died - that way, it will be easier to move on with your life. THE HACKETT CENTER © 2023 TAG Center





MGT Session 2 Objectives

Increase the client's ability to:

- · Describe feelings and emotions.
- Identify emotions by becoming aware of how they are experienced in the body.
- Regulate emotions.
- Tolerate (rather than avoid) painful emotions.

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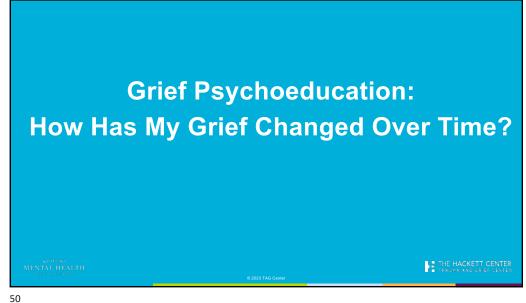
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MGT Session 3 Objectives

Increase the client's ability to:

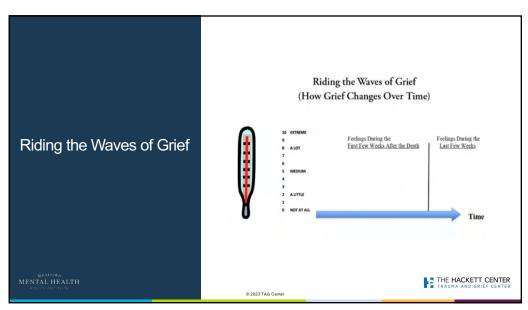
- Normalize and validate grief reactions as healthy and universal.
- Expand their understanding of how grief reactions can change over time.
- Explore healthy ways in which they can feel "connected" to the deceased and potentially reduce grief-related distress.
- Explore their grief reactions over time and share with the caregiver(s) to facilitate understanding of family members' grief experiences.

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Understanding Caregivers as Key Grief Facilitators:
What Can My Caregiver Do To Support Me?

MGT Session 4 Objectives

Increase the client's ability to:

- View the caregiver (and family) as a resource with the understanding that "I don't have to do this alone."
- Identify specific things that caregivers and family members can do when the client experiences painful grief reactions.
- Openly communicate with their caregiver regarding which specific behaviors at home are most helpful to the client, and which are least helpful.
- Identify and share healthy ways of feeling "connected" to the deceased, both individually and with the caregiver.

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Caregiver Grief Facilitation

- "Positive parenting" (routines, positive reinforcement, active listening) associated with decreased distress in bereaved youth (Ayers et al., 2014; Sandler et al., 2013)
- Not so much about what you say, but what you do
- Specific caregiver behaviors associated with decreased maladaptive grief and depression in children (Shapiro et al., 2014; Wolchik et al., 2008):
- Physical affection, hugs
- o Smiling
- Consistent eye contact
- o Being "present"



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Grief Facilitation Inventory (GFI)

Kaplow & Layne, 2012

Child and caregiver report of caregiver's behaviors theorized to help or hinder child's adaptive grief reactions

36 items developed, including:

- Frequency of memorializing activities
- Frequency of communication about the death
- Frequency of communication about the deceased person
- Sharing of spiritual beliefs
- Parental response to child's emotions
- Parental expression of his/her own emotions

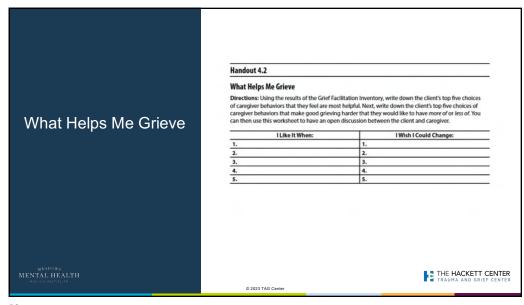
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Results: 4 Domains of Caregiver Grief Facilitation Caregiver Grief Ongoing Inhibition/ Grief Connection Avoidance Expression & Support - 7 items - 8 items - 4 items 5 items My caregiver tells My caregiver lets My caregiver tells My caregiver tells me know that I can me how he/she is me not to talk about me about good still have a good life feeling about my how my __ died things I have in even though my __''s death. with people outside common with my of my family. has died. THE HACKETT CENTER MENTAL HEALTH © 2023 TAG Cente





MGT Session 5 Objectives

Increase the client's ability to:

- · Understand loss reminders and trauma reminders.
- · Identify their own personal loss reminders and trauma reminders.
- Understand the ways in which specific loss reminders and trauma reminders affect the way they grieve and adjust to a death.
- Cope with different types of reminders, including anticipating reminders, learning to regulate intense emotions, and taking steps to reduce certain unhelpful reminders.

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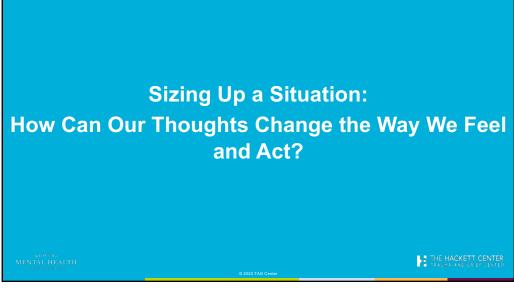
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	Remindent S.1 Remindent Card Sorting Game Potential Loss Reminders
Reminders Sorting Card Game	Hearing's name
	Certain dates or times of the year (anniversaries, birthdays, etc.)
MENTAL HEALTH BOLLS WIS TILLS	Certain smells, sounds, or tastes THE HACKETT CENTER TRAUMA AND GRIEF CENTER

	Handout 5.3	
	My Reminders	
	My Loss Reminders	My Trauma Reminders
	(Things that remind me my person is sone) 1.	(Things that remind me of the wait my person died) 1.
	2.	2.
My Reminders		
	3.	3.
	4.	4.
	, -	
	5.	5.
	Note: Have child circle whether the loss remin feelings.	der results in positive (happy) feelings or negative (sad)
$_{ ext{MEADOW}_S}$ MENTAL HEALTH		THE HACKETT CENTER TRAUMA AND GRIEF CENTER
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Coping with Reminders	Handout 5.4	
	My Coping Toolkit	
	During this session we talked about loss reminders and trauma reminders and how they can affect us. We also talked about different caping strategies we can use to help us when we are focal with our own personal reminders. Directions: Pick one time this week when you faced a loss reminder or trauma reminder. What was it and how did it make you feet? Using the table below, place a checkmark next to the caping strategy that you used when faced with a loss of trauma reminder this week. Next, rate how helpful that caping strategy was on a scale from 0 force at an helpful of they helpful.	
	Coping Strategy Used 0 = Not at all helpful 1 = A little bit helpful 2 = Pretty helpful 3 = Very helpful	
	Breathing Exercises	
	Catasing Self- Talk	
	Propering for Loss or Truma Reminders	
	Connecting with Friends or Family	
	Doing Fun Activities	
	Writing in a Journal	
	Other	
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MGT Session 6 Objectives

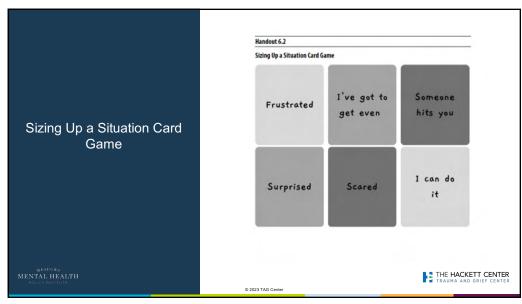
Increase the client's ability to:

- Distinguish between situations, thoughts, feelings, and behaviors.
- Understand links between situations, thoughts, feelings, and behaviors.
- Understand how situations involving loss or trauma reminders can lead to specific bereavement-related thoughts, feelings or behaviors.
- Identify their own helpful or hurtful thoughts and ways to manage them.

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Linking Hurtful Thoughts, Grief Reactions, and Consequences

- What is the situation?
- What is his/her hurtful thought?
- What negative feelings might this hurtful thought be bringing up?
- What behaviors might he/she be tempted to engage in if he is thinking and feeling this way?
- What are some likely harmful consequences of these behaviors?
- Can you help him/her think differently about the situation in a more constructive way? What are some more helpful thoughts that could replace his/her hurtful thoughts?

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Linking Hurtful Thoughts, Grief Reactions, and Consequences

- Could you believe these new thoughts about what happened if you were in his/her situation?
- How could thinking about the situation in these more helpful ways change how he/she is feeling?
- How could these more helpful thoughts and feelings help him/her behave in more positive ways?
- What kinds of consequences are likely to follow if he/she chooses to have more helpful thoughts, feelings, and behaviors about this situation?

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Creating the Loss Narrative: Telling the Story of My Person



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Trauma Processing

Trauma processing focuses on the death event itself.

- Who
- What
- When
- Where
- Why

Designed to alleviate PTSS and some forms of circumstance-related distress

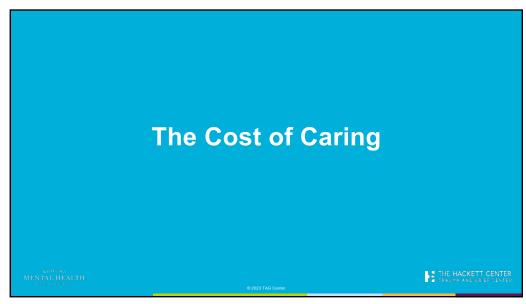
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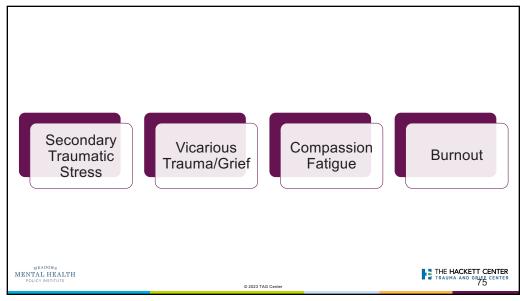
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My Grief Story Kaplow, Layne, Pynoos & Saltzman (2023) Chapter 1: All About ___ (SD) Chapter 2: What I Miss the Most (SD) Chapter 3: How I Stay Connected (SD) Chapter 4: How ___ Died (CRD) Chapter 5: Where Are They Now? (SD, EX) Chapter 6: How Things Have Changed (EX) Chapter 7: Making Meaning of the Death (EX) Chapter 8: My Life Now and My Life in the Future (EX)

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Understanding Who is at Risk

- •Highly empathic individuals
- •Those with history of trauma/loss
- •Those with preexisting mental health issues
- •Socially or organizationally isolated
- •Shared social identity to victim(s)
- •Frequent exposure to traumatic stories (including through media)



