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Coping with Loss

Jennifer Clay, PhD Candidate

Shawn Singh Sidhu, MD

July 15, 2021

"Ritual is a powerful part of culture, hailed by some as the "antidote to powerlessness."
Miller, 1999

1

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2

Jennifer Clay, PhD Candidate

Halito! Jennifer Clay is a licensed MFT and board-certified art therapist and is a PhD candidate finalizing dissertation research in clinical art therapy. Jennifer is an adjunct professor at Lewis & Clark College's graduate art therapy program as well as the graduate program at Notre Dame de Namur University. She is a member of the Choctaw Nation of Oklahoma which drives Jennifer's focus in working with American Indian/Hawaiian populations addressing issues of indigeneity, suicide, domestic violence, substance abuse, grief, and historical/transgenerational trauma. Jennifer has been working with the Kumeyaay community in east San Diego since 2009 currently working as Assist. Director of the Native Resource Center at San Diego State University.

Personal Disclosure on grief and loss...

3

Shawn Singh Sidhu, MD

Shawn Singh Sidhu is an Associate Professor of Psychiatry at the University of California San Diego (UCSD) and Training Director for the UCSD Child and Adolescent Psychiatry Fellowship Training Program. He has worked with Native American and Refugee/Asylee populations over the past 7 years. Personal Disclosures: Shawn is a cis-gendered Sikh male, with a personal and family history of mental health issues and mental health treatment.

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4

Learning Objectives

1. Participants will be able to identify differences between loss, grief, bereavement, and mourning.
2. Participants will describe differences between the grief-reactions of adults and children.
3. Participants will be able to demonstrate culturally-sensitive approaches to the treatment of Native American/Alaska Native children and families.

5

Reflection Prompts

- 1) What is grief? What does grief mean to you?
- 2) Apart from death, have you ever grieved the loss of something else? If so, what was it, and how did it impact you?

6

Types of Loss – Definitions of Loss

Loss of:

- Relationship/Death
- Eco-Grief/Ambiguous Grief
- Divorce/Separation
- Physical Loss
  - Migration
  - Moving communities
  - Changing jobs
  - Moving into a nursing home
  - Loss of place = loss of identity

Objective #1

7

Key Terms Review

- **Loss**
- **Grief**
- **Bereavement**
- **Mourning**

(Harms, 2010)

Loss could be:

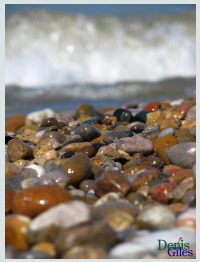
- An event producing permanent inaccessibility of a figure that has been emotionally important to the individual
- Loss of land, culture, and language
- A significant change of attitude or inner-world experience
- It is the realization of "inaccessibility" of a relationship or dream that seems unbearable
- What was familiar is no longer present; Loss that gives shape to a new reality

Objective #1

8

Grief:

- Grief is a natural (and normal) reaction to loss or change
- A feeling of overwhelming sadness
- Webster's defines it as: deep sorrow, especially that is caused by someone's death
- Consideration of the genetically inherited trauma & loss (historical trauma)



Objective #1

9

Bereavement:

- A response to loss is a grief reaction
- A loss that disrupts the central purpose of our lives
- The action or condition of being bereaved
- **Bereavement** is the period of sadness and loneliness that we experience from a loss. … For **example**, it is possible for someone to experience **bereavement** as a result of losing a spouse in a divorce.
- It is also possible for children to experience **bereavement** when their best friend moves away to another state

Objective #1

10

Grief and Bereavement

"**Grief** is the normal process of reacting to a loss. **Grief** can be in response to a physical loss, such as a death, or a social loss including a relationship or job. **Bereavement** is the period after a loss during which **grief and mourning** occurs. … **Mourning** is the process by which people adapt to a loss." (Lally & French, 2017)

11

Definitions of Mourning

Mourning *is the process by which people adapt to a loss.*

Mourning is greatly influenced by cultural beliefs, practices, and rituals (Casarett, Kutner, & Abrahm, 2001).

Objective #1

12

Other Types of Grief:

Complicated Grief:

- **Atypical grief reactions:**
  - Feelings of disbelief
  - A preoccupation with the loss; yearning for the deceased
  - Distressful memories
  - Feeling an inability to move on with one's life
  - May last 6 mos or longer and mirror symptoms seen in MDD (Youdin, 2016)

13

Other Types of Grief:

Disenfranchised Grief

Grief that is not socially recognized is referred to as **disenfranchised grief** (Doka, 1989).

Examples of DG include losses attributed to AIDS, suicide, perinatal deaths, abortions, death of a pet, partner, or ex-spouse, and psychological losses, such as a lover, developing Alzheimer's disease

With this type, there may be no formal mourning practices or recognition by others that would comfort the grieving individual

People experiencing disenfranchised grief may suffer intensified symptoms due to the lack of social support (Parkes & Prigerson, 2010).

14

Anticipatory Grief

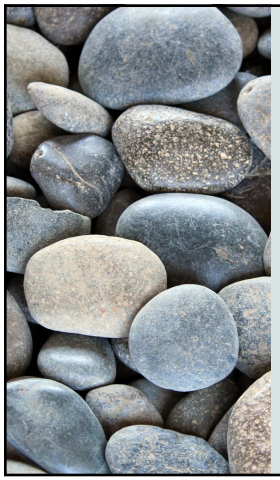
- *Grief occurs when death is expected and survivors have time for preparation*
- The expectation can make for a smoother adjustment after the loss (Kübler-Ross & Kessler, 2005)
- Death after a long-term or painful illness

15

DSM-V on Grief

- Determining between major depressive disorder and complicated grief **requires clinical judgment**
- Evaluate client's individual hx and determine if sx are focused entirely on the loss and are representative of the individual's acceptable cultural norms for grieving
- Individuals w/complicated grief have likely experienced traumatic forms of bereavement (multiple loss/violent deaths/suicide)
- (Parkes & Prigerson, 2010)

16

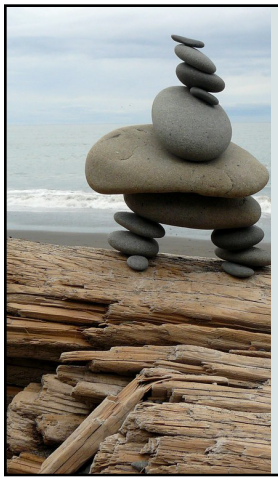


Children and Grief

- Children grieve differently than adults.
- They often grieve in spurts and can re-grieve at new developmental stages as their understanding of death and perceptions of the world change (anniversaries).
- Childhood grief may be expressed as behavioral changes and/or emotional expression (re-enactment through play).
- The two most important predictive factors of a child's successful outcome after suffering a loss are the availability of one significant adult and the provision of a safe physical and emotional environment.

(Himebach, A., Arnold, R., & May, C., 2005). Objective #2

17



Native American Children and Grief

Dolores Subia-Bigfoot, PhD. Indian Country Child Trauma Center (www.icctc.org)

- Loss in Indian Country is at a higher rate due to:
  - Higher than national average suicide rates, homicide, child maltreatment, violence, and disease
  - Overwhelmed adults may compensate by substance/alcohol abuse
  - Compounded by high ACE's and unsecure attachment
  - Compounded by transgenerational traumas
  - Compounded by removals and re-removals
  - Grief-reactions of children may be brief; hyperactive
  - Different from an adult's prolonged reactions

18

Developmental Concepts of Death & Grief Response: 0-2 years (Infant)

- Limited cognitive understanding of death
- Grief reactions exist along with separation anxiety
- Behavioral and developmental regression can occur as children have difficulty identifying and dealing with their loss
- They may react in concert with the distress experienced by their caregiver.
- There is a need to maintain routines and to avoid separation from significant others.

Objective #2

19

Developmental Concepts of Death and Grief Response: 2-6 yrs (preschool)

- They see death as temporary and reversible
- They interpret their world in a concrete and literal manner and may ask questions reflecting this perspective
- They may believe that death can be caused by thoughts and provide magical explanations, often blaming themselves for the death
- Providing simple and straightforward explanations, avoiding euphemisms, correcting misperceptions, and reminding them that the loved one will not return are important strategies.

Objective #2

20

Developmental Concepts of Death and Grief Responses: 6-8 years (school age)

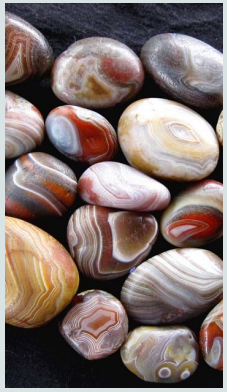
- Children understand that death is final and irreversible but do not believe that it is universal or could happen to them
- Death is often personalized and/or personified
- Expressions of anger can occur: towards the deceased or towards those perceived to have been unable to save the deceased
- Anxiety, depressive symptoms, & somatic complaints
- May verbalize fears about death and concerns about their other loved ones' safety
- Importance of providing clear, realistic information
- Work w/family ensuring the child is included in culturally appropriate ceremonies.
- A need to communicate w/teachers to understand the child's reaction and provide additional adult support

Objective #2

21

Developmental Concepts of Death and Grief Responses:

8-12 yrs (pre-adolescent)



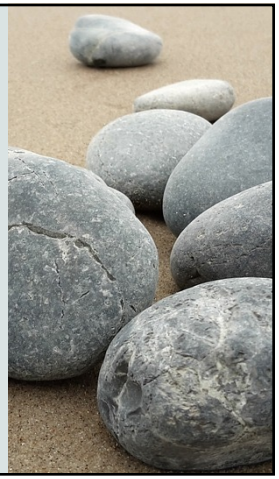
- Mature understanding of death (final, irreversible, and universal)
- Able to comprehend biological aspects of death as well as cause-and-effect relationships
- May intellectualize death – has not fully learned to identify & address feelings
- May develop a curious interest in the physical details of dying process including religious and cultural traditions surrounding death
- Able to identify causal relationships can lead to feelings of guilt; feelings should be explored and addressed
- To facilitate identification with emotions, it may prove useful to talk about your own emotions surrounding death and to offer opportunities for the child to discuss death
- As culturally appropriate, child should also be allowed to participate, as much as they feel comfortable, in seeing the dying patient and participating in activities surrounding the death

Objective #2

22

Developmental Concepts of Death and Grief Responses: 12-18 yrs

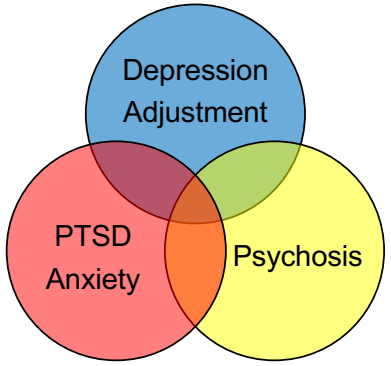
- Adolescents possess adult understanding of death
- They have an ability to think abstractly; often curious of the existential implications of death
- Can often reject adult rituals & support feeling that no one understands them
- May engage in high-risk activities challenging their own mortality
- They may exhibit strong emotional reactions and experience difficulties in identifying and articulating feelings
- Important for adults to support independence and access to peers, but to also provide emotional support/boundaries when needed.



Objective #2

23

Behavioral Health Symptoms in Grief and Loss



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24

Post-Traumatic Stress Disorder

- **Criterion A**: Directly experiencing exposure to actual or threatened death or injury, witnessing such an event occurring to others, or learning the traumatic events occurred to a close family member
- **Intrusion Symptoms** (memories, nightmares, dissociation/flashback)
- **Avoidance**
- **Negative Alterations in Cognition and Mood** (memory gaps, negative beliefs and emotions, blame/guilt, interest, isolation)
- **Arousal** (irritability, recklessness, hypervigilance, startle, focus, sleep)

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Anxiety Symptoms in Grief and Loss (Some PTSD-Related)

- **Separation Anxiety:** Fear that something bad will happen to them or their family resulting in anxiety around separation
- **Social Anxiety and School/Work Refusal:** Mostly secondary to fear of injury/illness in each context
- **OCD:** Developing extreme rituals or checking behaviors (>1 hour a day) to feel a sense of control, example germaphobia
- **Panic attacks** can develop in the setting of grief and loss
- **Substance Use:** be on high alert for this form of coping during grief and loss

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26

Adjustment Disorder and Depression

- HUGE OVERLAP with grief, bereavement, and mourning**!**
- **Adjustment Disorder:** subthreshold symptoms for < 6 months, types
- **Depression**: at least 5 of 9 symptoms on PHQ-9 (SIGECAPS: sleep, interest, guilt, energy, concentration, appetite, psychomotor changes, suicidal thoughts)
- **Red Flags**: Significant weight loss or weight gain, extreme isolation, decreased activities of daily living (bathing, brushing, showering, getting out of bed), desire to join the deceased or guilt to the point of SI

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27

Psychosis Related to Grief and Loss

- **Common:** Up to 20-30% of youth experience a psychotic experience
- **Typical:** A spiritual connection, illusions
- **Potentially Concerning:** Frank and disturbing command auditory and/or visual hallucinations, especially with accompanying negative and/or disorganized symptoms (must obtain collateral regarding cultural congruence), and if persisting beyond acute grief period
- **Paranoia**: Especially as it relates to the loss and/or perceived illness/injury

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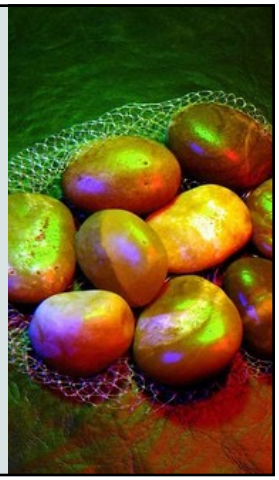
28

Risk and Protective Factors

- Bowlby (1980): 5 categories of variables that influenced the course of mourning
  - Identity & role of the person lost
  - Age & sex of the person bereaved
  - The cause and circumstances of the loss
  - The social and psychological circumstances affecting the bereaved the time of and after the loss
  - The personality of the bereaved (developmental capacity)

Marris (1996) Four Key Factors

1. Poorer experiences of attachment during childhood
2. The nature and meaning of the relationship that has been lost (esp. if conflicted/unresolved
3. The circumstances of the loss, less opportunity to prepare, less predictable or meaningful leading to traumatic disruption
4. The events after the loss support or frustrate the process of recovery



29

Inner-World Risk and Protective Factors

- Personality characteristics related to stress and trauma
- Hope, optimism and humor as protective factors
- Practicing culture as a protective factor
- Nature of the relationship prior to loss
- Sex and gender (longevity/sex of partner - women experience widowhood more frequently
- Age: Loss during early attachment has a lifelong effect on mental health outcomes
  - Supportive structural and cultural factors can become their protective factors

30

Reflective Prompt

How was death talked about in your family?

How were grief, bereavement, and mourning manifested in your culture of origin?

What do you think happens after death? How do your own beliefs impact the way that you approach this topic with your patients?

31

Cultural Dimensions

- Influenced by exposure to loss experiences
- How we are expected to respond
- Norms and beliefs of the culture
- How it is ritualized or not
- Different faith and ethnic traditions
- Observances of the dying process
- Management of the body
- Funeral rituals and rites
- How the person is mourned
- How the deceased is talked about
- Awareness as a therapist is critical
- Loss attributed to:
  - Removal of indigenous children
  - Current removals and re-removals

32

Expressions of Grief & Ritualizations are Different Between Tribes

- There is vast heterogeneity among tribal nations and a richness in cultural responses & rituals after death; gain an understanding and respect for their level of acculturation
- Ask for permission to act; possess humility in being willing to learn and understand your client's cultural beliefs and values but do not have an expectation that they are the ones to teach you
- Be careful to assess your client's cultural identity and their own way of grieving – don't make assumptions
- Be willing to explore your own cultural beliefs and biases while acknowledging to your client your lack of knowledge as a willing helper
- Provide space for them to tell their story as they are developmentally able
- Be aware of non-verbal communication styles

Objective #3

33

Reflective Prompt

How do you process your own grief?

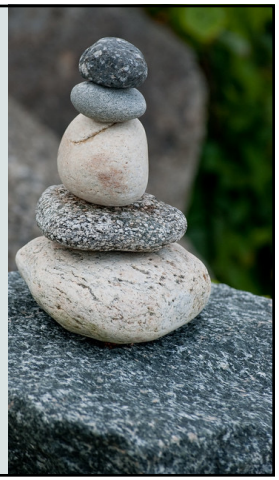
In what ways are your current practices healthy, or maybe less helpful than you would want?

34

Suggestions for Providers Working with Clients of Other Cultures:

1. What are the culturally prescribed rituals for managing the dying process, the deceased's body, the disposal of the body, and commemoration of the death?
2. What are the family's beliefs about what happens after death?
3. How are children incorporated (or not) into the funeral process?
4. What does the family consider to be an appropriate emotional expression and integration of the loss?
5. What does the family consider to be the gender rules for handling the death?
6. Do certain types of death carry a stigma (e.g., suicide or still- birth), or are certain types of death especially traumatic for that cultural group (e.g., homicide or death of a child)?

(McGoldrick et al., 1991)



35

Coping with Grief: Art Therapy Interventions

Using Art as a Safely-Distanced Metaphor

Goals (Individual or Community Level):

1. Return to a pre-crisis level of functioning, including resumption of routine daily activities
2. Restore appropriate levels of affective, behavioral, and cognitive functioning
3. Reduce physical complaints
4. Develop a healthy grieving process
5. Re-establish a sense of meaning for the future
6. Re-establish healthy family relationships
7. Integration of mentoring models

Objective #3

36

Art Interventions: A Way to Tell Their Story

- Strength Tree
- Coping Toolbox
- Comfort Pillow
- Gratitude Tree
- Honor Chair
- Comfort Boxes
- Children: Coping Skills Jeopardy
- Quoting Stones

Objective #3

37

Strength-Based Art Intervention in Looking at Grief (Inclusion of Protective Factors)

"THE LIFE IN MY HAND"

38

Work toward aware, not presumptive, respect-based treatment interventions.

Reflections:

- Think back on how grief has been experienced in your culture.
- Provide some of your own grief resources in the chat.

Yakoke!

39

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40