



Welcome to the Klamath Healing ECHO

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ECHO



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Indian Leadership for Indian Health

Today's Agenda



<i>Time (PST)</i>	<i>Description</i>	<i>Speaker(s)</i>
9:30 – 9:40am	Welcome Reminder to Sign-In Blessing	Maleah Nore
9:40 – 10:15am	Didactic: <i>Grief</i>	Devery Saluskin
10:15 – 10:30am	Questions & Answers	All
10:30am	Close	Maleah Nore

Welcome to the Klamath Healing ECHO



The Klamath Healing ECHO provides comprehensive information for Klamath Behavioral Health staff to effectively integrate cultural heritage and understanding, trauma informed care services, and wellness support to promote healing for themselves and community members so that Indigenous communities may better thrive. The program offers a free ECHO collaborative to continue learning, knowledge sharing and support during virtual ECHO clinics focused on cultural heritage and understanding, healing, resilience, and decolonial understandings of trauma.

The 1-hour telehealth sessions offer Behavioral Health staff an opportunity to present de-identified cases, receive recommendations from peers and an interprofessional team of specialists working in Indian Country, and engage in a didactic presentation. The sessions take place virtually using the Zoom platform and are held the 4th Thursday of every month at 9:30am PT.

No part of this ECHO will be used for commercial purposes. All content associated with Klamath Healing ECHO can not be shared without the written consent of presenters. Please advise echo@npaihb.org if content is shared without the express written consent of presenters.

Contact Information

Please email the following contact with any questions or concerns:

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Grief: A Clinical View

Acute grief

occurs in the early period after a loss and usually dominates the life of a bereaved person for some period of time; strong feelings of yearning, longing and sorrow are typical as are insistent thoughts and memories of the person who died. Other painful emotions, including anxiety, anger, remorse, guilt or shame are also common. Activities are often focused on doing or not doing certain things to try to deal with the loss

Adapting to loss

entails accepting the reality of the death and restoring the capacity for wellbeing. Accepting the reality includes its permanence and the permanence of grief, a changed relationship to the person who died, and the many other changes that accompany the loss. Restoring the capacity for wellbeing includes a sense of autonomy, competence and relatedness so that the future holds possibilities for a life with purpose and meaning, joy and satisfaction.

Integrated grief

is a lasting form of grief that has a place in the person's life without dominating it or being overly influential in thoughts, feelings or behavior. This form of grief is usually bittersweet and can be helpful in learning and growing in life. When grief is integrated it mostly resides in the background, but it's often activated on certain calendar days, life events or with unexpected reminders of the loss. This does not mean that a bereaved person has not adapted to their loss.

Prolonged grief disorder (PGD)

is a form of grief that is persistent and pervasive and interferes with functioning. It's characterized by persistent intense yearning, longing and/or preoccupation with thoughts and memories of the person who died, along with other symptoms such as identity disruption, a marked sense of disbelief, avoidance of reminders of the loss, intense emotional pain related to the death, difficulty engaging in ongoing life, emotional numbness as a result of the death, feeling life is meaningless because of the death, or intense loneliness as a result of the death. Prolonged grief continues to dominate a bereaved person's mind. The future seems bleak and empty, and the bereaved person feels lost and alone

- Tens of millions of people worldwide are struggling with PGD
- Intense grief is typical after we lose someone close. Grief remains intense until we adapt to the loss. For an estimated 10-15% of bereaved people in the general population, adapting is problematic. Rates are higher when the death is sudden, unexpected or violent and when a young person dies. Risk factors for PGD include a prior history of mood or anxiety disorders. Women are at higher risk than men. An estimated 20% of people receiving mental health treatment have unrecognized PGD.

Between 1966 and 1980, 28 percent of Klamaths died before age 25; 52 percent died before they were 40.

Take this brief questionnaire to see if you might be experiencing complicated grief. You will receive feedback when you click "Submit".

The deceased was my: *

Select one ▼

How did they die? *

Select one ▼

When did the death occur? *

Select one ▼

1. How much are you having trouble accepting death of your loved one?

- Not at all
- Somewhat
- A lot

2. How much does your grief still interfere with your life?

- Not at all
- Somewhat
- A lot

3. How much are you having images or thoughts of the person who died, either of when they died or other thoughts about the death that really bother you?

- Not at all
- Somewhat
- A lot

4. Are there things you used to do when your loved one was alive that you don't feel comfortable doing anymore, that you avoid? Like going places you went with them, or doing things you used to enjoy together? Or avoiding looking at pictures or talking about the person who died? How much are you avoiding these things?

- Not at all
- Somewhat
- A lot

Thoughts and Feelings

- Disbelief or protest
- Imagining alternative scenarios
- Caregiver self-blame or anger
- Judging grief
- Survivor guilt

Behaviors

- Avoiding grief triggers
- Inability to move forward
- Inability to connect with others

Symptoms and Diagnosis

An individual with prolonged grief disorder may experience intense longing for the person who has died or preoccupation with thoughts of that person. In children and adolescents, the preoccupation may focus on the circumstances around the death. Additionally, the individual may experience significant distress or problems performing daily activities at home, work, or other important areas. The persistent grief is disabling and affects everyday functioning in a way that typical grieving does not.

For a diagnosis of prolonged grief disorder, the loss of a loved one had to have occurred at least a year ago for adults, and at least 6 months ago for children and adolescents. In addition, the grieving individual must have experienced at least three of the symptoms below nearly every day for at least the last month prior to the diagnosis.

Symptoms of prolonged grief disorder (APA, 2022) include:

- Identity disruption (such as feeling as though part of oneself has died).
- Marked sense of disbelief about the death.
- Avoidance of reminders that the person is dead.
- Intense emotional pain (such as anger, bitterness, sorrow) related to the death.
- Difficulty with reintegration (such as problems engaging with friends, pursuing interests, planning for the future).
- Emotional numbness (absence or marked reduction of emotional experience).
- Feeling that life is meaningless.
- Intense loneliness (feeling alone or detached from others).

Clinical Treatment

For most people, grief-related symptoms following the death of a loved one decrease over time and do not impact their everyday functioning. Although feelings and symptoms of grief may sometimes increase at different points in time, they do not usually require mental health treatment. However, for people who develop the more intense, ongoing symptoms of prolonged grief disorder, evidence-based treatments are available. Treatments using elements of cognitive-behavioral therapy (CBT) have been found to be effective in reducing symptoms.