Traumatic Grief:

Cognitive, Behavioral and Somatic Approaches

J. Eric Gentry, PhD, LMHC, DAAETS, FAAETS

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MATERIALS PROVIDED BY

J. Eric Gentry, PhD, LMHC, DAAETS, FAAETS is an internationally recognized leader in the study and treatment of traumatic stress and compassion fatigue. His Ph.D. is from Florida State University where he studied with Professor Charles Figley—a pioneer of these two fields. In 1997, he co-developed the Accelerated Recovery Program (ARP) for Compassion Fatigue—the world's only evidence-based treatment protocol for compassion fatigue. In 1998, he introduced the Certified Compassion Fatigue Specialist Training and Compassion Fatigue Prevention & Resiliency Training. These two trainings have demonstrated treatment effectiveness for the symptoms of compassion fatigue and he published these effects in several journals. He has trained over 100,000 health professionals over the past 20 years.

Dr. Gentry was original faculty, curriculum designer and Associate Director of the Traumatology Institute at Florida State University. In 2001, he became the co-director and moved this institute to the University of South Florida where it became the International Traumatology Institute. In 2010, he began the International Association of Trauma Professionals—a training and certification body—for which he was the vice-president.

In 2005, Hogrefe and Huber published *Trauma Practice: Tools for Stabilization and Recovery*—a critically acclaimed text on the treatment of traumatic stress for which Dr. Gentry is a co-author. The Second Edition was released in 2010 and the Third Edition in 2015. He is also the author of the groundbreaking *Forward-Facing® Trauma Therapy: Healing the Moral Wound.* He is the co-author of *Forward-Facing® Professional Resilience: Resolution and Prevention of Burnout, Toxic Stress and Compassion Fatigue, Unlocking the Keys to Human Resilience,* and *Transformative Care: A Trauma-Focused Approach to Caregiving.* These books provide a new vision for trauma therapy in the 21st Century. He has written numerous chapters, papers, and peer-reviewed journal articles in the areas of traumatic stress and compassion fatigue. Dr. Gentry is a Master Traumatologist with over 35 years of clinical experience with trauma, Complex PTSD, personality disorders, and dissociation.

He is the President and CEO of The Forward-Facing® Institute and owner of Compassion Unlimited-- a private psychotherapy, training, and consulting practice—in Phoenix, AZ.

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J. Eric Gentry, PhD, LMHC, FAAETS

Traumatic Grief

Cognitive, Behavioral and Somatic Approaches
…from a Salutogenic Paradigm

1

APA CEU Statement

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2

Effectiveness and Limitations

- The first half of this presentation is simply factual peer-reviewed research on Traumatic Grief – no risks of limitations (other than there needs to be more research into the understanding of traumatic grief)
- The second half of this presentation is on Treatment of Traumatic Grief and does come with some risks and limitations:
  - The presentation reports on two systematic reviews of treatment for Traumatic Grief. There has been minimal treatment development on this phenomenon, so mostly the presentation reports on adapting current treatment protocols to fit to address the treatment issues of Traumatic Grief.

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3

- The presentation explores a model developed by Smid et al., 2015 called "Brief Eclectic Psychotherapy for Trauma Grief (BEP-TG)". About the efficacy of this model the authors state: *Although BEP-TG consists of components with proven effectiveness in the treatment of PTSD, PCBD, and MDD, the efficacy of the full BEP-TG protocol in reducing symptoms of these disorders following traumatic loss remains to be established.*
- The *Family Resilience with Traumatic Grief* developed by Özcan & Kaya in 2019 reports effectiveness data with a small N.
- A *Salutogenic "Active Ingredients" Approach*, developed and utilized by the presenter—while it utilizes the four primary "active ingredients/common factors" has no effectiveness or efficacy data. This method is offered as only a method for lessening distress associated with Traumatic Grief, not resolving the symptoms.
- There is not yet enough treatment data to offer "evidence-based" treatments for the condition of Traumatic Grief

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Risks

- Anytime a clinician is working with someone suffering symptoms of Traumatic Grief (which includes symptoms of Prolonged Complex Bereavement Disorder, Posttraumatic Stress, and Major Depressive Disorder), the treatment is fraught with risks. Each of these conditions have high risk for intentional and accidental suicide, substance use/abuse, impulsivity, compulsivity with moderate to severe impairment.
- Any treatment protocol or process must constantly assess for safety, impairment, self-harm, and self-destructive methods of coping.
- Since exposure is an indicated and important element of reported effective treatment with TG, care should be taken to teach, coach, monitor and facilitate these exposure activities only with those who are able to remain in a down-regulated ANS to minimize the possibility of abreaction and retruamatization.

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Traumatic Grief/Traumatic Bereavement

- Traumatic Grief [Traumatic Bereavement] usually involves the unexpected-–sometimes violent or horrific—loss of a loved one.
- When people lose intimates unexpectedly, from malicious acts of violence, they are at risk for chronic grief reaction.
- Traumatic Grief is an alchemy of Persistent Complex Bereavement Disorder [PCBD] and Posttraumatic Stress Disorder [PTSD].
- *In the universe of life events, traumatic loss and traumatic stress intersect a great deal, both in event dimensions and psychological impact (p.73).*
- While grief and trauma frequently intersect, *grief is a distinct individual, social, and relational experience (p. 74)*

Neria & Litz (2004)
Jacobs, Mazure & Prigerson (2000) 6

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Early Developments

16% of of persons who suffered loss by traumatic means met DX criteria (DSM-IV) for PTSD and 22% met lifetime PTSD criteria.

Traumatic Grief was developed from Chronic Bereavement

The diagnostic criteria for Traumatic Grief is built around two components/constructs:

Separation Distress and Traumatic Distress

traumatic grief is 18.6% in global clinical populations

Green et al., 2001
Neria & Litz, 2004
Horowitz et al., 1999
Prigerson et al., 1997;1999; 2001
Kersting et al., 2011
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Symptoms

Separation Distress	Traumatic Distress
• Intrusive, distressing preoccupation with the deceased; • Yearning, longing and pining; • a perceptual set including visual, tactile, and auditory illusions • Crying • Searching for the deceased; • Extreme loneliness	• Feeling unfulfilled without the deceased; • Avoidance of painful reminders of the loss; • Futility about the future; • Feeling [believing] a part of the self has died; • Numbness and detachment; • Shattered world view (regarding trust, security and control); • Feeling shocked, stunned and dazed; • Disbelief about the death; • Emptiness; • Taking on symptoms or harmful behaviors of the deceased; • Bitterness

Traumatic Grief is associated with multiple physical health problems: High BP; cancer; cardiac events; ulcerative colitis; suicidality and global dysfunction

Prigerson & Jacobs, 2001
Neria & Litz, 2004
Prigerson et al., 1997;1999; 2001
8

8

Symptoms

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Prigerson & Jacobs, 2001
Neria & Litz, 2004
Prigerson et al., 1997;1999; 2001
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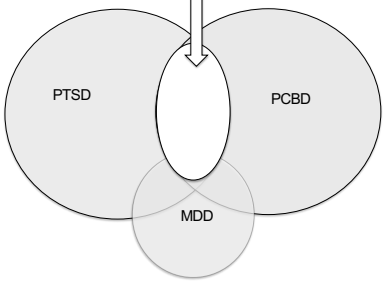
Traumatic Grief

Traumatic loss involves the loss of loved ones in the context of potentially traumatizing circumstances and is a commonly reported traumatic event. It may give rise to disturbed grief, called prolonged grief disorder (PGD) in ICD-11 and persistent complex bereavement disorder (PCBD) in DSM-5, combined with posttraumatic stress disorder (PTSD) and depression.



Boelen, Olff & Smid (2019)

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Proposed Diagnostic Criteria for Traumatic Grief

Criterion A

1. The person experienced the death of a significant other.
2. The response involves intrusive, distressing preoccupation with the deceased person (e.g., yearning, longing, or searching).

Criterion B

In response to the death, the following symptom(s) is/are marked and persistent:

1. Frequent efforts to avoid reminders of the deceased (e.g., thoughts, feelings, activities, people, places)
2. Purposelessness or feelings of futility about the future
3. Subjective sense of numbness, detachment, or absence of emotional responsiveness
4. Feeling stunned, dazed, or shocked
5. Difficulty acknowledging the death (e.g., disbelief)
6. Feeling that life is empty or meaningless
7. Difficulty imagining a fulfilling life without the deceased
8. Feeling part of oneself has died
9. Shattered worldview (e.g., lost sense of security, trust, or control)
10. Assumes symptoms or harmful behaviors of, or related to, the deceased person
11. Excessive irritability, bitterness, or anger related to the death

Criterion C

The duration of the disturbance (symptoms listed) is at least two months

Criterion D

The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning

Jacobs, S., Mazure, C. & Prigerson, H. (2000)
Bruno et al., (2019)

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The Traumatic Grief Inventory Self-Report Version (TGI-SR):

I had intrusive thoughts and images associated with his/her death

I experienced intense emotional pain, sorrow, or pangs of grief

I felt a strong longing or yearning for the deceased

I felt confusion about my role in life, or a diminished sense of identity

I had trouble to accept the loss

I avoided places, objects or thoughts reminding me of his/her death

I found it difficult to trust others

I felt bitter or angry about the loss

I experienced difficulty to move on with my life (e.g., pursue friendships, activities)

I felt numb over the loss

I felt that life is meaningless or empty without the deceased

I felt shocked or stunned by his/her death

I noticed that my functioning (in my work, private life, and/or social life) was seriously impaired as a result of his/her death

I had intrusive thoughts and images associated with the circumstances of his/her death

I had difficulties with positive reminiscing about the deceased

I had negative thoughts about myself in relation to the deceased or the death (e.g., self-blame)

I experienced a desire to die in order to be with the deceased

I felt alone or detached from other people

Boelen & Smid (2017)

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Treatment of Traumatic Grief

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Treatment of Traumatic Grief (Early Years)

- In January 1997, a panel of experts in the areas of bereavement, trauma, and psychiatric nosology convened to discuss the need for diagnostic criteria for complicated grief, or what we now prefer to call *Traumatic Grief* (Prigerson et al., 1999)
- Traumatic Grief = Separation Distress + Traumatic Distress
- Resistant to interpersonal psychotherapy and tricyclic antidepressants (separation distress sx more acute and debilitating than MDD)
- Attempts to develop psychotherapeutic treatments that addressed both Separation & Traumatic Distress

Prigerson et al., (1995)
Prigerson et al., (1997a & b)
Prigerson et al., (2000)

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What Works?

- **Relationally-driven treatment** [Feedback Informed Treatment]
- **Crisis Intervention**
  - Stabilization & Case Management
- **Brief Dynamic Psychotherapy**
  - Separation Anxiety
  - Attachment wounding
- **Cognitive Behavioral Therapy**
  - Perceptual distortions
  - Avoidance
- **Exposure Therapy**
  - Grief & Trauma both
  - In vivo or imaginal
- **EMDR**
- **Brief Eclectic Psychotherapy for Traumatic Grief**

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Table 1. Hypothetical staging, profiling, and stepped care model for grief.

Stage	Characteristics	Clinical characteristics	Risk and protective factors	Interventions
0	Confronted with bereavement with signs of acute grief	Distress and disability: Low	Personal: Moderate-high socioeconomic status (SES); Loss: Low-risk (single, timely natural loss); Social context: Supporting	None, community support
1a	Undifferentiated symptoms of grief, sadness, dysphoria, anxiety	Distress and disability: Low–Mild	Personal: Moderate–high SES; some vulnerable personality traits; Loss: Low-risk; Social context: Supporting	Self-help; psycho-education; watchful waiting
1b	Subsyndromal signs of PCBD/PGD	Distress and disability: Mild–Moderate	Personal: Some vulnerable personality traits; Loss: Low-risk with additional stressors or high-risk (sudden, untimely, and/or traumatic loss); Social context: Supporting	Non-assisted online interventions; counselling; social work
2	First episode of full-threshold PCBD/PGD	Distress and disability: Moderate–Severe	Personal: Vulnerable personality, previous loss experiences; Loss: High-risk Social context: Impaired support	Psychotherapy (e.g. cognitive behavioural therapy, complicated grief treatment, brief eclectic psychotherapy, EMDR)
3	Persistent symptoms which may fluctuate with ongoing impairment: (i) Incomplete remission of first episode; (ii) Recurrence and/or persistent impairments; (iii) Multiple relapses or worsening following incomplete treatment response	Distress and disability: Severe (any serious impairment in functioning)	Personal: Vulnerable personality, previous loss experiences, low SES; Loss: High-risk, traumatic, and multiple Social context: Lack of support	Psychotherapy; Day patient treatment; Medication
4	Unremitting PCBD/PGD of increasing chronicity with substantial comorbidity (depressive disorders, posttraumatic stress disorder)	Distress and disability: Very severe (major impairment in several areas)	Personal: Vulnerable personality, previous loss experiences, low SES, childhood adversity Loss: High-risk, traumatic, and multiple Context: Lack of social support, low SES	Day patient/inpatient treatment; Medication

Traumatic Grief

Boelen & Smid (2017)

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2	First episode of full-threshold PCBD/PGD	Distress and disability: Moderate–Severe	Personal: Vulnerable personality, previous loss experiences; Loss: High-risk Social context: Impaired support	Psychotherapy (e.g. cognitive behavioural therapy, complicated grief treatment, brief eclectic psychotherapy, EMDR)
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Boelen & Smid (2017)

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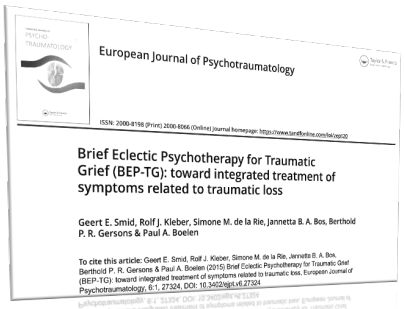

European Journal of Psychotraumatology

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Brief Eclectic Psychotherapy for Traumatic Grief (BEP-TG): toward integrated treatment of symptoms related to traumatic loss

Geert E. Smid, Rolf J. Kleber, Simone M. de la Rie, Jannetta B. A. Bos, Berthold P. R. Gersons & Paul A. Boelen

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Treatment Issues for Traumatic Grief

1. **Inadequately integrating the memory of the traumatic loss**
2. **Negative appraisal of the traumatic loss**
3. **Sensitivity to matching triggers and new stressors**
4. **Attempting to avoid distress**
5. **Characteristics of the traumatic loss, attachments, and development**
   - Ambiguity
   - Direct exposure to horrific details of the traumatic loss of a loved one
   - Prior experiences with loss
   - Adverse developmental experiences
6. **Cognitive processing and attachment reactions**
   - Absorbed in emotional, somatic and sensory processing
   - Unable to conceptualize alternatives
   - Attachment related automatic responses influence cognitive processing of the traumatic loss. The ***stress*** of bereavement activates attachment proximity seeking
   - loss of interest in the world and inhibition of goal seeking Inhibition of the exploratory system may thus contribute to depressive avoidance strategies.

Smid et al., 2015

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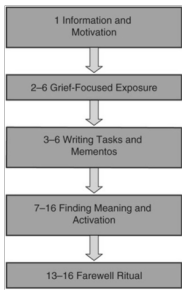
Brief Eclectic Psychotherapy For Traumatic Grief

Smid, G. E., Kleber, R. J., de la Rie, S. M., Bos, J. B., Gersons, B. P., & Boelen, P. A. (2015). Brief eclectic psychotherapy for traumatic grief (BEP-TG): Toward integrated treatment of symptoms related to traumatic loss. *European Journal of Psychotraumatology*, *6*(1), 27324.

- 12 – 16 Sessions
- Integrated Protocol utilizing Cognitive, Behavioral, Somatic and Exposure Therapy
- Intentionally addresses each of the previous treatment issues



A cognitive stress model of traumatic grief provides a rationale for treatment. According to this model, processes contributing to traumatic grief include inadequately integrating the memory of the traumatic loss, attempting to avoid distress, negative appraisal of the traumatic loss, and sensitivity to matching triggers and new stressors. BEP-TG aims at elaborating and integrating memories of the traumatic loss, providing alternatives for avoidant strategies to control distress, modifying negatively biased thinking, developing a realistic sense of safety and revising the relationship with the lost person. BEP-TG simultaneously targets separation and traumatic distress as well as other symptoms of PCBD, PTSD and MDD (p. 9)

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FAMILY RESILIENCE PROGRAM WITH TRAUMATIC GRIEF

Table 3. Traumatic Grief Program Content

Session	Trauma Sessions
1st	Meeting, group cohesion Identification of traumatic grief problem at a common ground
2nd	Giving information about traumatic grief processes and resiliency (as individual and family) Defining traumatic grief problem and dealing with changes occurring in individual and family upon loss.
3rd	Dealing with clues reminding traumatic grief problem and emotions on clues. Awareness on how to cope traumatic loss problem (as an individual and as a family.
4th	Handling emotions and bodily reactions during traumatic loss. Dealing with how to relax emotionally and bodily.
	Grief Sessions
5th	Dealing with irrational thoughts and unhealthy behaviors in traumatic grief and their impacts on family resiliency. Mentioning lost one, Facing with Emotions during the grief process. Meaning to the Grief
6th	Restructuring the relation with the person who lost Restructuring cognitive distortions formed in grief process and increasing family resiliency.
7th	Arranging the living space and restructuring the relations Gaining new coping skills. Increasing the individual`s communication skills with family and making them accept they are resilient (as individual and family).
8th	Accepting the loss Preparing the individual and family for future problems and losses.

Ozcan, N.A., & Kaya, M. (2019). The Effectiveness of Family Resiliency Prgram with Traumatic Grief on Women's Post-Traumatic Stress, Grief and Family Resiliency Level. *Eğitim ve Bilim, 44*(197).

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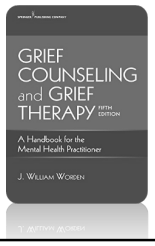
Grieving allows us to heal,
to remember with love rather than pain

It is a sorting process
One by one you let go of things that are gone
And you mourn for them
One by one you take hold of the things that have become part of
Who you are and build again.

--Rachel Naomi Remen
In Worden, 2018

Counseling or Therapy?

GRIEF & MOURNING



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Grief Counseling & Grief Therapy (Worden, 2018)

< 1 YEAR

Assume Health and Support

1. Listen
2. Build & maintain relationships
3. Educate (validate & normalize)
4. Case Management (connect with services; help with basic needs)
5. Teach self-regulation

> 1 YEAR

Helper more active

- All support functions
- Facilitate narrative (eulogy) paired with relaxed body
- Help create new relationship with deceased.

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Tasks of Mourning
(Worden, 2018)

1. Accept the Reality of the Loss
2. **Process the Pain of Grief**
3. Adjust to a World without the Deceased (Object)
   a. External Adjustments
   b. Internal Adjustments
   c. Spiritual Adjustments
4. Find an Enduring Connection with the Deceased in the Midst of embarking on a New Life

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Active Ingredients/ Common Factors

- **VA/DoD**
  - Management of Post-Traumatic Stress Working Group (2010)
- **ISTSS**
  - Cloitre, et al. (2011)
- **EU TSN**
  - Schynider, et al., (2015)
- **Common Elements of Trauma Approach Johns Hopkins**
  - Murray, et al., (2015)
- ***Determining what works in the treatment of PTSD***
  - **Benish, Imel & Wampold (2008)**
  - Wampold et al., (2010)
  - Norcross, J. C., & Wampold, B. E. (2019).
- ***Trauma competency: An active ingredients approach to treating posttraumatic stress disorder***
  - Gentry, Baranowsky & Rhoton (2017)

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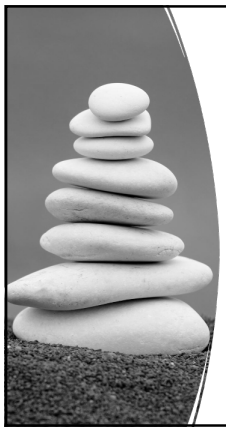

Healing Trauma:
Active Ingredients
(Gentry, Baranowsky & Rhoton, 2017)

- **Therapeutic Relationship**
- **Relaxation/Self-Regulation**
- **Exposure**
- **Cognitive Restructuring/ Psychoeducation**

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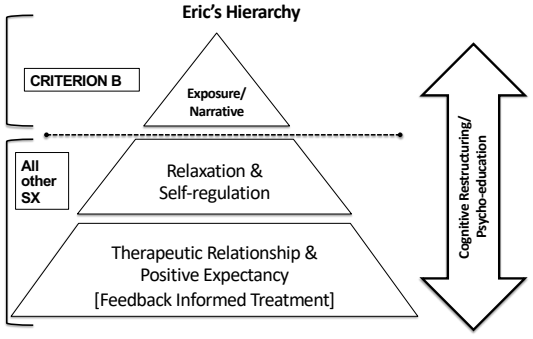
The Active Ingredients

Eric's Hierarchy



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DISTRESS with LOSS and GRIEF

- **Loss and Grief are perceived threats**
  - Developmental history of painful past learning with loss and the experience of grief in our bodies
- Remaining in the context of perceived threat without interrupting the physiological increase of energy and simultaneous progressive loss of neocortical functioning becomes **involuntary mobilization** (aggression/avoidance)
- The inability to navigate to perceived safety and/or intentionally interrupt the threat response somatically (INTEROCEPTION) or cognitively (NEUROCEPTION) will frequently result in **involuntary immobilization**
- These two outcomes explain the bipolar and biphasic nature of both PCBD and PTSD. Both with high levels of distress
- **Sustained threat response (SNS Dominance) = Distress**

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DESENSITIZATION ⇨ EXTINCTION

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- Reciprocal Inhibition
  - Sensory Experience (*in vivo* or witnessed) + PAIN/FEAR = similar sensory experiences becoming CS in the future
  - CR = FEAR/THREAT RESPONSE + TIME >>> SNS Dominance (symptoms) and Compulsive Self-defense
  - PTSD = Perception of threat in the environment and memory there is little or no danger
  - PCBD = Perception of threat in the body and memory where there is grief but no danger
  - No danger = No need for threat response
  - Interrupt threat response + confront scary environment (in vivo exposure), memory (imaginal exposure) and body (release involuntarily constricted muscles)
  - CS + Relaxation = Desensitization + Repeat = Extinguish Distress

***In vivo* exposure + self-regulation as triage for Traumatic Grief**
Stabilization – Increased Functioning – Comfort – Sx Amelioration - Intentionality

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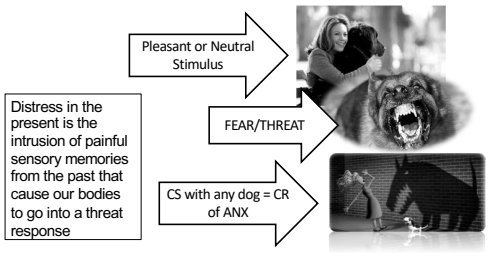
Traumagenesis

Pairing Sensory Stimulus with Threat Response = Conditioned Stimulus

Essentially ALL trauma is associational learning



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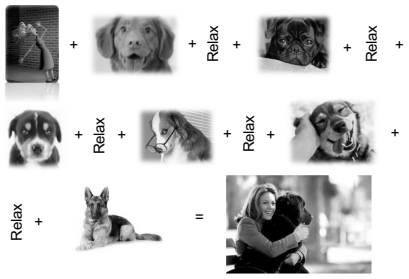
Reciprocal Inhibition
(Extinction)

CS + RELAXATION =
Desensitization (extinction) of CR [ANX] + Multiple times = EXTINCTION of CR



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…wants to be integrated and desensitized
…is a self-healing system at work
…is simple to resolve

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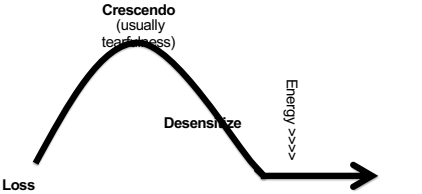

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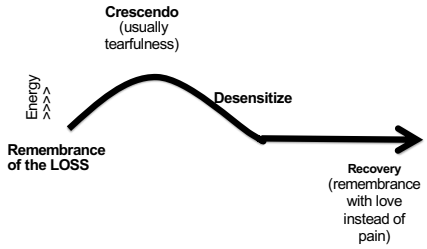
Grief
Normal Mourning



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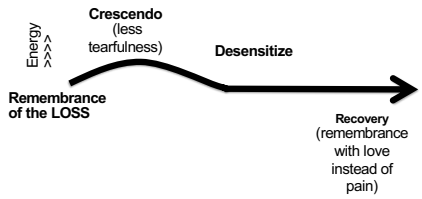
Grief
Normal Mourning



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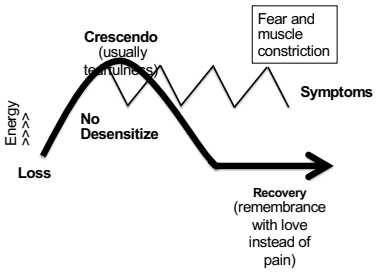
Complicated Bereavement & Mourning

- **No Desensitization**
- **No Resolution**
- **Avoidance**
- **Bewilderment/ Hopelessness**
- **Depression**
- **Suffering**



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INTEGRATION

TRAUMATIC GRIEF (Memory + Pain of Grief) is instinctually avoided by suppression, repression and/or dissociation

INTEGRATION is completed by exposure + narration of the losses; remembrance; restoration of relationship; completing any tasks that may need done to restore honor.

NARRATIVE/EULOGY is an intentional languaging of the loss and the survivors experience with the loss and the grieving process.

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PROBLEM to SOLUTION

RELAXATION
Remembrance of Loss + Relaxed Body = Desensitization and lessening of pain

NARRATIVE
Telling Story of Loss (Eulogy)+ Relaxed Body = Relegating Loss to the Past +
Remembering with Love (instead of Pain)

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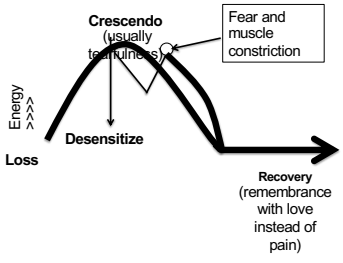
Resolution

Re-starting and Completing Organic Grieving

Soften Muscles in Body
- Lower arousal
- Confronting pain
- Desensitizing fear
- Resolving grief



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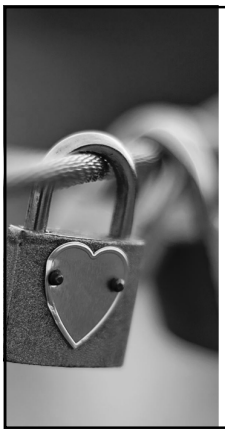

Three Steps to Resolving Grief

1. **Supportive Relationship** (must have people who we can turn to in our pain and who can listen without anxiety)
2. **Relaxed Body** (regulation by softening muscles)
3. **Telling our Story** (Narrative IS integration and relegates loss to the past allowing us to remember with love)
4. **Posttraumatic Growth**

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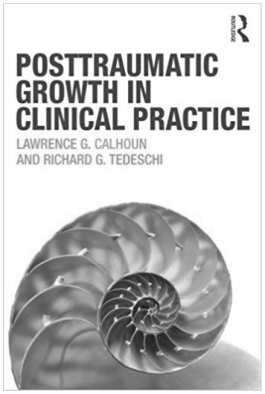

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POSTTRAUMATIC GROWTH

WHAT IS POSTTRAUMATIC GROWTH?

It is positive change experienced as a result of the struggle with a major life crisis or a traumatic event

- Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory Measuring the positive legacy of trauma. *Journal of Traumatic Stress, 9*(3), 455-471.
- Calhoun, L. G., & Tedeschi, R. G. (2013). *Posttraumatic growth in clinical practice*. New York: Brunner Routledge.

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Posttraumatic Growth for Traumatic Grief
Dr. Tedeschi

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Calhoun, L. G., & Tedeschi, R. G. (2013)

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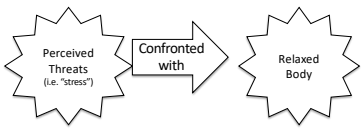
POSTTRAUMATIC GROWTH MADE SIMPLE



RESULTS IN…
- **Comfortable Body > Minimal Distress**
- **Increased Motor & Cognitive Capacity/Performance**
- **Intentional vs. Reactive Behavior**
- **Facilitates & Accelerates Posttraumatic Growth**

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The Traumatic Grief Inventory Self-Report Version (TGI-SR):
I had intrusive thoughts and images associated with his/her death
I experienced intense emotional pain, sorrow, or pangs of grief
I felt a strong longing or yearning for the deceased
I felt confusion about my role in life, or a diminished sense of identity
I had trouble to accept the loss
I avoided places, objects or thoughts reminding me of his/her death
I found it difficult to trust others
I felt bitter or angry about the loss
I experienced difficulty to move on with my life (e.g., pursue friendships, activities)
I felt numb over the loss
I felt that life is meaningless or empty without the deceased
I felt shocked or stunned by his/her death
I noticed that my functioning (in my work, private life, and/or social life) was seriously impaired as a result of his/her death
I had intrusive thoughts and images associated with the circumstances of his/her death
I had difficulties with positive reminiscing about the deceased
I had negative thoughts about myself in relation to the deceased or the death (e.g., self-blame)
I experienced a desire to die in order to be with the deceased
I felt alone or detached from other people

Boelen, P. A., & Smid, G. E. (2017). The traumatic grief inventory self-report version (TGI-SR): introduction and preliminary psychometric evaluation. *Journal of Loss and Trauma*, *22*(3), 196-212.

Proposed Criteria for Traumatic Grief (2000)

Criterion A

1. The person experienced the death of a significant other.
2. The response involves intrusive, distressing preoccupation with the deceased person (e.g., yearning, longing, or searching).

Criterion B

In response to the death, the following symptom(s) is/are marked and persistent:

1. Frequent efforts to avoid reminders of the deceased (e.g., thoughts, feelings, activities, people, places)
2. Purposelessness or feelings of futility about the future
3. Subjective sense of numbness, detachment, or absence of emotional responsiveness
4. Feeling stunned, dazed, or shocked
5. Difficulty acknowledging the death (e.g., disbelief)
6. Feeling that life is empty or meaningless
7. Difficulty imagining a fulfilling life without the deceased
8. Feeling part of oneself has died
9. Shattered Worldview (e.g., lost sense of security, trust, or control)
10. Assumes symptoms or harmful behaviors of, or related to, the deceased person
11. Excessive irritability, bitterness, or anger related to the death

Criterion C

The duration of the disturbance (symptoms listed) is at least two months

Criterion D

The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning

REFERENCES

- Adenauer, H., Catani, C., Gola, H., Keil, J., Ruf, M., Schauer, M., & Neuner, F. (2011). Narrative exposure therapy for PTSD increases top-down processing of aversive stimuli-evidence from a randomized controlled treatment trial. *BMC Neuroscience*, 12(1), 127.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Arnow, B., Steidtmann, D., Blasey, C., Manber, R., Constantino, J., Klein, N., & Kocsis, J. H. (2013). The relationship between the therapeutic alliance and treatment outcome in two distinct psychotherapies for chronic depression. *Journal of Consulting and Clinical Psychology*, 81(4), 627.
- Baranowsky, A. B., & Gentry, J. E. (2014). *Trauma practice: Tools for stabilization and recovery* (3rd ed.). New York, NY: Hogrefe & Huber. doi:10.1027/00471-000
- Benson, H. (1997). The relaxation response: therapeutic effect. *Science*, 278(5344), 1694.
- Benish, S. G., Imel, Z. E., & Wampold, B. E. (2008). The relative efficacy of bona fide psychotherapies for treating post-traumatic stress disorder: a meta-analysis of direct comparisons. *Clinical psychology review*, *28*(5), 746-758
- Bisson, J., & Andrew, M. (2009). Psychological treatment of post-traumatic stress disorder. *The Cochrane Library*, 3, 1–118.
- Boelen, P.A., Olff, M., & Smid, G.E. (2019) Traumatic loss: Mental health consequences and implications for treatment and prevention, *European Journal of Psychotraumatology, 10:1*, DOI: 10.1080/20008198.2019.1591331
- Boelen, P. A., & Smid, G. E. (2017). The traumatic grief inventory self-report version (TGI-SR): introduction and preliminary psychometric evaluation. *Journal of Loss and Trauma*, *22*(3), 196-212.
- Boelen, P. A., & Prigerson, H. G. (2012). Commentary on the inclusion of persistent complex bereavement-related disorder in DSM-5. *Death Studies*, *36*, 771–794. doi:10.1080/07481187.2012.706982
- Boelen, P. A., & Hoijtink, H. (2009). An item response theory analysis of a measure of complicated grief. *Death Studies*, *33*, 101–129. doi:10.1080/07481180802602758
- Briere, J., & Scott, C. (2014). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment* (2nd ed.). Thousand Oaks, CA: Sage.
- Bruno, A., Iannuzzo, F., Presti, R. L., Pandolfo, G., Cedro, C., Pangallo, N.,& Muscatello, M. R. A. (2019). Grief and the new DSM-5 clinical category: A narrative review of the literature. *Mediterranean Journal of Clinical Psychology*, *7*(2).
- Calhoun, L. G., & Tedeschi, R. G. (2001). Posttraumatic growth. *Corsini Encyclopedia of Psychology*.
- Calhoun, L. G., & Tedeschi, R. G. (2014). *Handbook of posttraumatic growth: Research and practice*. Routledge.

- Chow, D. L., Miller, S. D., Seidel, J. A., Kane, R. T., Thornton, J. A., & Andrews, W. P. (2015). The role of deliberate practice in the development of highly effective psychotherapists. *Psychotherapy*, 52(3), 337.
- Cloitre, M., Courtois, C. A., Charuvastra, A., Carapezza, R., Stolbach, B. C., & Green, B. L. (2011). Treatment of complex PTSD: Results of the ISTSS expert clinician survey on best practices. *Journal of Traumatic Stress*, 24, 615–627. doi:10.1002/jts.20697
- Cloitre, M., Courtois, C. A., Ford, J. D., Green, B. L., Alexander, P.,Briere, J., & Van der Hart, O. (2012). *The ISTSS expert consensus treatment guidelines for complex PTSD in adults.* Retrieved from https://www.istss.org/ISTSS_Main/media/Documents/ISTSS-Expert-Concesnsus-Guidelines-for-Complex-PTSD. Updated-060315.pdf
- Cloitre, M.; Garvert, D. W.; Brewin, C. R.; Bryant, R. A.; & Maercker, A. (2013) Evidence forproposed ICD-11 PTSD and complex PTSD: a latent profile analysis. *European Journal of Psychotraumatology*, 4(1), retrieved from https://doi.org/10.3402/ejpt.v4i0.20706
- Cloitre, M.; Garvert, D. W.; Weiss, B.; Carlson, E. B.; & Bryant, R. A. (2014) Distinguishing PTSD,Complex PTSD, and Borderline Personality Disorder: A latent class analysis. *European Journal of Psychotraumatology* 5(1)
- Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2016). *Treating trauma and traumatic grief in children and adolescents*. Guilford Publications.
- Cozolino, L. (2014). *The neuroscience of human relationships: Attachment and the developing social brain.* New York: Norton.
- Cox, C.L. (1992). Perceived threat as a cognitive component of state anxiety and confidence. *Perception and Motor Skills*, 75(3:2), 1092-1094.
- Curran, L. A. (2009). *Trauma competency: A clinician's guide*. PESI Publishing & Media.
- Dalenberg, C. J. (2014). *On building a science of common factors in trauma therapy.*
- Duncan, B. L., Miller, S. D., Wampold, B. E., & Hubble, M. A. (2010). *The heart and soul of change: Delivering what works in therapy*. Washington, DC: American Psychological Association.
- Eddinger, J. R., Hardt, M. M., & Williams, J. L. (2019). Concurrent treatment for PTSD and prolonged grief disorder: Review of outcomes for exposure-and nonexposure-based treatments. *OMEGA-Journal of Death and Dying*, 0030222819854907.
- Ehlers, A., Bisson, J., Clark, D. M., Creamer, M., Pilling, S., Richards, D., ... & Yule, W. (2010). Do all psychological treatments really work the same in posttraumatic stress disorder?. *Clinical Psychology Review*, 30(2), 269-276.
- Fife, S. T., Whiting, J. B., Bradford, K., & Davis, S. (2014). The therapeutic pyramid: A common factors synthesis of techniques, alliance, and way of being. *Journal of Marital & Family Therapy*, 40(1), 20–33.
- Figley, C., & Carbonell, J. (1995). The 'active ingredient' project: The systematic clinical demonstration of the most efficient treatments of PTSD, a research plan. Tallahassee, FL: Florida State University Psychosocial Stress Research Program and Clinical Laboratory.
- Fletcher, R. H., Fletcher, S W., & Wagner, E. H. (1996). *Clinical epidemiology: The essentials* (3rd ed.). Baltimore, MD: Williams & Wilkins.

- Foa, E. B., Keane, T. M., Friedman, M. J., & Cohen, J. A. (Eds.). (2008). *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies.* New York, NY: Guilford Press.
- Ford, J. D., & Blaustein, M. E. (2013). Systemic self-regulation: A framework for trauma-informed services in residential juvenile justice programs. *Journal of Family Violence*, 28(7), 665–677.
- Ford, J. D., Courtois, C., Van der Hart, O., Nijenhuis, E., & Steele, K. (2005). Treatment of complex post-traumatic self dysregulation. *Journal of Traumatic Stress*, 18, 467–477
- Ford, J. D., & Blaustein, M. E. (2013). Systemic self-regulation: A framework for trauma-informed services in residential juvenile justice programs. *Journal of Family Violence*, 28(7), 665–677.
- Gallo, F. P. (1996). Reflections on active ingredients in efficient treatments of PTSD, Part 2. *Traumatology*, 2(2), 9-14.
- Gentry, JE. (2016). *Forward-Facing® Trauma Therapy: Healing the Moral Wound.* Sarasota. FL; Compassion Unlimited.
- Gramzow, R. H., Sedikides, C., Panter, A. T., & Insko, C. A. (2000). Aspects of Self-Regulation and Self-Structure as Predictors of Perceived Emotional Distress. *Personality & Social Psychology Bulletin,* 26(2), 188+
- Green, B. L., Krupnick, J. L., Stockton, P., Goodman, L., Corcoran, C., & Petty, R. (2001). Psychological outcomes associated with traumatic loss in a sample of young women. *American Behavioral Scientist*, *44*(5), 817-837.
- Hamarat, D., Thompson, K.,. Zabrucky, D., Matheny, K., Ferda Aysan,E. (2001). Perceived stress and coping resource availability as predictors of life satisfaction in young, middle-aged, and older adults. *Experimental Aging Research*, 27(2), 181-196.
- Harris, N. B. (2018). *The deepest well: Healing the long-term effects of childhood adversity*. Houghton Mifflin Harcourt.
- Hoffman, J. W., Benson, H., Arns, P.A., Stainbrook, G. L., Landsberg, G. L., Young, J.B., & Gill, A. (1982). Reduced sympathetic nervous system responsivity associated with the relaxation response. *Science*, 215(4529), 190-192.
- Holbrook, T. L., Hoyt, D. B., Stein, M. B., & Sieber, W. J. (2001).Perceived threat to life predicts posttraumatic stress disorder after major trauma: risk factors and functional outcome. *Journal of Trauma-Injury, Infection, and Critical Care*, 51(2), 287-293.
- Horn, S. R., Charney, D. S., & Feder, A. (2016). Understanding resilience: New approaches for preventing and treating PTSD. *Experimental Neurology*, 284, 119-132.
- Horowitz, M. J., Bonanno, G. A., & Holen, A. R. E. (1993). Pathological grief: diagnosis and explanation. *Psychosomatic Medicine*.
- Horowitz, M. J., Siegel, B., Holen, A., Bonanno, G. A., Milbrath, C., & Stinson, C. H. (2003). Diagnostic criteria for complicated grief disorder. *Focus*, *1*(3), 290-298.
- Hu, M. X., Lamers, F., de Geus, E. J., & Penninx, B. W. (2016). Differential autonomic nervous system reactivity in depression and anxiety during stress depending on type of stressor. *Psychosomatic medicine*, 78(5), 562-572.

- Huang, H. H., & Kashubeck-West, S. (2015). Exposure, agency, perceived threat, and guilt as predictors of posttraumatic stress disorder in veterans. *Journal of Counseling & Development*, 93(1), 3-13.
- Jacobs, S., Mazure, C. & Prigerson, H. (2000) Diagnostic criteria for traumatic grief, Death Studies, 24:3, 185-199, DOI: 10.1080/074811800200531
- Joseph, S. (2013). *What doesn't kill us: The new psychology of posttraumatic growth*. Basic Books.
- Katz, C. L., & Yehuda, R. (2006). Neurobiology of trauma. Psychological effects of catastrophic disasters: *Group Approaches to Treatment*, 61-81
- Kokou-Kpolou, C. K., Fernández-Alcántara, M., & Cénat, J. M. (2020). Prolonged grief related to COVID-19 deaths: Do we have to fear a steep rise in traumatic and disenfranchised griefs?. *Psychological Trauma: Theory, Research, Practice, and Policy*, *12*(S1), S94.
- Krosch, D. J., & Shakespeare-Finch, J. (2017). Grief, traumatic stress, and posttraumatic growth in women who have experienced pregnancy loss. *Psychological Trauma: Theory, Research, Practice, and Policy*, *9*(4), 425.
- Kristensen, P., Weisæth, L., & Heir, T. (2012). Bereavement and mental health after sudden and violent losses: A review. *Psychiatry*, *75*, 76–97. doi:10.1521/psyc.2012.75.1.76
- Kersting, A., Brähler, E., Glaesmer, H., & Wagner, B. (2011). Prevalence of complicated grief in a representative population-based sample. *Journal of affective disorders*, *131*(1-3), 339-343.
- Lee, S. A. (2015). The persistent complex bereavement inventory: A measure based on the DSM-5. *Death Studies*, *39*, 399–410. doi:10.1080/07481187.2015.1029144
- Lenferink, L. I., van Denderen, M. Y., de Keijser, J., Wessel, I., & Boelen, P. A. (2017). Prolonged grief and post-traumatic stress among relatives of missing persons and homicidally bereaved individuals: A comparative study. *Journal of Affective Disorders*, 209, 1-2.
- Levine, P.,(2011). Use of Somatic Experiencing principles as a PTSD prevention tool for children and teens during the acute stress phase following an overwhelming event. *Post-Traumatic Syndromes in Childhood and Adolescence*, 279.
- Lichtenthal, W. G., Nilsson, M., Kissane, D. W., Breitbart, W., Kacel, E., Jones, E. C., & Prigerson, H. G. (2011). Underutilization of mental health services among bereaved caregivers with prolonged grief disorder. *Psychiatric Services*, *62*, 1225–1229. doi:10.1176/ps.62.10.pss6210_1225
- Maercker, A., Brewin, C. R., Bryant, R. A., Cloitre, M., van Ommeren, M., Jones, L. M., …Reed, G. M. (2013). Diagnosis and classification of disorders specifically associated with stress: Proposals for ICD-11. *World Psychiatry*, *12*, 198–206. doi:10.1002/wps.20057
- Management of Post-Traumatic Stress Working Group. (2010). *VA/DoD clinical practice guideline for management of posttraumatic stress*. Retrieved from http://www.healthquality.va.gov/ guidelines/MH/ptsd/cpg_PTSD-full-201011612.PDF

- Miller, L. E. (2014). Perceived threat in childhood: A review of research and implications for children living in violent households. *Trauma, Violence, & Abuse*.
- Miller, S. D., Hubble, M. A., Chow, D., & Seidel, J. (2015). Beyond measures and monitoring: Realizing the potential of feedback-informed treatment. *Psychotherapy,* 52(4), 449.
- Morina, N., Rudari, V., Bleichhardt, G., & Prigerson, H. G. (2010). Prolonged grief disorder, depression, and posttraumatic stress disorder among bereaved Kosovar civilian war survivors: A preliminary investigation. *International Journal of Social Psychiatry*, *56*, 288–297. doi:10.1177/0020764008101638
- Neria, Y., & Litz, B. T. (2004). Bereavement by traumatic means: The complex synergy of trauma and grief. *Journal of Loss and Trauma*, *9*(1), 73-87.
- Norcross, J. C., & Wampold, B. E. (2019). Relationships and responsiveness in the psychological treatment of trauma: The tragedy of the APA Clinical Practice Guideline. *Psychotherapy*, *56*(3), 391.
- Ogden, P., & Fisher, J. (2015). *Sensorimotor psychotherapy: Interventions for trauma and attachment*. New York: Norton.
- Payne, P., Levine, P. A., & Crane-Godreau, M. A. (2015). Somatic experiencing: using interoception and proprioception as core elements of trauma therapy. *Frontiers in Psychology*, 6, 93.
- Porges, S. W. (2017). *Vagal pathways: portals to compassion* in The Oxford Handbook of Compassion Science, ed. E. M. Seppala New York, NY: Oxford University Press.
- Porges, S. (2011). *The polyvagal theory: Neurobiological foundation of emotions, attachment, communication, and self-regulation.* New York: Norton.
- Porges, S. (2007). *The polyvagal perspective.* Biological Psychology, 74(2), 116–143.
- Prigerson, H. G., Horowitz, M. J., Jacobs, S. C., Parkes, C. M., Aslan, M., Goodkin, K., ... & Maciejewski, P. K. (2009). Prolonged grief disorder: Psychometric validation of criteria proposed for DSM-V and ICD-11. *PLoS Medicine, 6*(8), e1000121.
- Prigerson, H. G., & Jacobs, S. C. (2001). Traumatic grief as a distinct disorder: A rationale, consensus criteria, and a preliminary empirical test. In M. S. Stroebe R. O. Hansson W. Stroebe, & H. A. W. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 613–647). Washington, DC: American Psychological Association Press.
- Prigerson, H. G., Shear, M. K., Jacobs, S. C., Reynolds, C. F., III, Maciejewski, P. K, Davidson, J. T. R., …Zisook, S. (1999). Consensus criteria for traumatic grief. *British Journal of Psychiatry*, *174*, 67–73
- Prigerson, H. G., Maciejewski, P. K., Reynolds, C. F., Bierhals, A. J., Newsom, J. T., Fasiczka, A., Frank, E., Doman, J., & Miller, M. (1995). Inventory of complicated grief: A scale to measure maladaptive symptoms of loss. *Psychiatry Research*, *59*, 65–79. doi:10.1016/0165-1781(95)02757-2
- Prigerson, H. G., Bierhals, A. J., Kasl, S. V., Reynolds, C. F., & Jacobs, S. C. (1996). Complicated grief as a distinct disorder from bereavement-related depression and anxiety: A replication study. American Journal of Psychiatry, 153, 1484–1486.

- Prigerson, H. G., Bierhals, A. J., Kasl, S. V., Reynolds, C. F., Shear, M. K., Day, N., Beery, L. C., Newsom, J. T., & Jacobs, S. C. (1997). Traumatic grief as a risk factor for mental and physical morbidity. American Journal of Psychiatry, 154, 616–623.
- Prigerson, H. G., Bierhals, A. J., Wolfson, L., Ehrenpreis, L., & Reynolds, C. F. (1997). Case histories of complicated grief. Omega, 35, 9–24.
- Prigerson, H. G., Bridge, J., Beery, L. C., Bridge, J., Maciejewski, P. K., Jacobs, S. C., Kupfer, D. J., & Brent, D. A. (2000). Traumatic grief as a risk factor for suicidal ideation among young adults. American Journal of Psychiatry.
- Prigerson, H. G., Frank, E., Kasl, S. V., Reynolds, C. F., Anderson, B., Zubenko, G. S., Houck, P. R., George, C. J., & Kupfer, D. J. (1995). Complicated grief and bereavement related depression as distinct disorders: Preliminary empiri-cal validation in elderly bereaved spouses. American Journal of Psychiatry, 152,
- Prigerson, H. G., Maciejewski, P. K., Newsom, J., Reynolds, C. F., Frank, E., Bierhals, A. J., Miller, M. D., Fasiczka, A., Soman, J., & Houck, P. R. (1995). The Inventory of Complicated Grief: A scale to measure maladaptive symp- toms of loss. Psychiatric Research, 59, 65–79.
- Prigerson, H. G., Shear, M. K., Frank, E., Beery, L. C., Silberman, R., Prigerson, J., & Reynolds, C. F. (1997). Traumatic grief: A case of loss-induced trauma. American Journal of Psychiatry, 154, 1–5.
- Prigerson, H. G., Shear, M. K., Jacobs, S. C., Reynolds, C. F., Maciejewski, P. K., Pilkonis, P. A., Wortman, C. M., Williams, J. B. W., Widiger, T. A., Davidson, J., Frank, E., Kupfer, D. J., & Zisook, S. (1999). Consensus criteria for traumatic grief: A preliminary empirical test. British Journal of Psychiatry, 174, 67–73.
- Prigerson, H. G., Shear, M. K., Newsom, J., Frank, E., Reynolds, C. F., Houck, P. R., Bierhals, A. J., Kupfer, D. J., & Maciejewski, P. K. (1996). Anxiety among widowed elders: Is it distinct from depression and grief? Anxiety, 2, 1–1 2.
- Rabinovich, M. (2016, Spring). Psychodynamic emotional regulation in view of Wolpe's desensitization model. *American Journal of Psychology*, 129(1).
- Rauch, S. A., Eftekhari, A., & Ruzek, J. I. (2012). Review of exposure therapy: A gold standard for PTSD treatment. Journal of rehabilitation research and development, 49(5), 679–688.
- Reuben, A., Moffitt, T. E., Caspi, A., Belsky, D. W., Harrington, H., Schroeder, F., ... & Danese, A. (2016). Lest we forget: comparing retrospective and prospective assessments of adverse childhood experiences in the prediction of adult health. *Journal of Child Psychology and Psychiatry*, 57(10), 1103-1112.
- Sapolsky, R. M. (2017). *Behave: The biology of humans at our best and worst*. Penguin.
- Scaer, R. (2014). *The body bears the burden (3rd ed.).* New York: Routledge.
- Scaer, R. (2005). *The trauma spectrum: Hidden wounds and human resiliency*. New York: Norton.
- Schaal, S., Jacob, N., Dusingizemungu, J. P., & Elbert, T. (2010). Rates and risks for prolonged grief disorder in a sample of orphaned and widowed genocide survivors. *BMC Psychiatry*, *10*, 55. doi:10.1186/1471–244x-10–55

- Schnyder, U., Ehlers, A., Elbert, T., Foa, E. B., Gersons, B. P., Resick, P. A., ... & Cloitre, M. (2015). Psychotherapies for PTSD: what do they have in common?. *European Journal of Psychotraumatology*, 6(1), 28186.
- Schwartz, A. (2016). *The complex PTSD workbook: A mind-body approach to regainingemotional control and becoming whole.* Berkeley, CA: Althea Press.
- Shah, L., Klainin-Yobas, P., Torres, S., & Kannusamy, P. (2014). Efficacy of psychoeducation and relaxation interventions on stress-related variables in people with mental disorders: A literature review. *Archives of Psychiatric Nursing*, 28(2), 94–101.
- Shapiro, F. (2017). *Eye movement desensitization and reprocessing (EMDR) therapy: Basic principles, protocols, and procedures*. Guilford Publications
- Shear, M. K., Frank, E., Foa, E., Cherry, C., Reynolds III, C. F., Vander Bilt, J., & Masters, S. (2001). Traumatic grief treatment: A pilot study. *American Journal of Psychiatry*, *158*(9), 1506-1508.
- Shear, M. K. (2015). Complicated grief. *New England Journal of Medicine*,
- Shear, M. K., Simon, N., Wall, M., Zisook, S., Neimeyer, R. A., Duan, N., Keshaviah, A. (2011). Complicated grief and related bereavement issues for DSM-5. *Depression and Anxiety*, *28*, 103–117.
- Smid, G. E., Kleber, R. J., de la Rie, S. M., Bos, J. B., Gersons, B. P., & Boelen, P. A. (2015). Brief eclectic psychotherapy for traumatic grief (BEP-TG): Toward integrated treatment of symptoms related to traumatic loss. *European Journal of Psychotraumatology*, *6*(1), 27324.
- Tedeschi, R. G., Cann, A., Taku, K., Senol-Durak, E., & Calhoun, L. G. (2017). The Posttraumatic Growth Inventory: A Revision Integrating Existential and Spiritual Change. *Journal of Traumatic Stress*, 30(1), 11+
- Tronick, E. Z. (2007). *The neurobehavorial and social-emotional development of infants and children*. New York: Norton.
- US Dept. of Veteran Affairs: National Center for PTSD, (2014) *Overview of the VA/DoD 2010 clinical practice guideline for PTSD.* Retrieved June 2014 from http://wvrw.ptsd.va._gov/profcssional/continuing cd/cpg overview.asp
- van der Kolk, B. (2015). *The body keeps the score: brain, mind, and body in the healing of trauma.* New York, NY: Viking Press.
- Vohs, K. D., Baumeister, R. F., & Ciarocco, N. J. (2005). Self-regulation and self-presentation: regulatory resource depletion impairs impression management and effortful self-presentation depletes regulatory resources. *Journal of Personality and Social Psychology*, 88(4), 632+
- Wakefield, J. C. (2012). Should prolonged grief be classified as a mental disorder in DSM-5? *Journal of Nervous and Mental Disease*, *200*, 499–511. doi:10.1097/nmd.0b013e3182482155
- Wampold, B., Imel, Z., Laska, K., Benish, S., Miller, S., Flückiger, C., Budge, S. (2010). Determining what works in the treatment of PTSD. *Clinical Psychology Review*, 30, 923–933. doi:10.1016/j.cpr.2010.06.005
- Wijngaards-de Meij, L., Stroebe, M., Schut, H., Stroebe, W., Van den Bout, J., Van der Heijden, P., & Dijkstra, I. (2005). Couples at risk following the death of their child:

Predictors of grief versus depression. *Journal of Consulting and Clinical Psychology*, *73*, 617–623. doi:10.1037/0022-006x.73.4.617

- Wolpe, J. (1968). Psychotherapy by reciprocal inhibition. *Conditional Reflex: A Pavlovian Journal of Research & Therapy*, 3(4), 234–240.
- Wolpe, J. (1961). The systematic desensitization treatment of neuroses. *The Journal of Nervous and Mental Disease*, 132(3), 189–203.
- Wolpe, J. (1954). Reciprocal inhibition as the main basis of psychotherapeutic effects. *AMA Archives of Neurology & Psychiatry*, 72(2), 205–226.
- Worden, J. W. (2018). *Grief counseling and grief therapy: A handbook for the mental health practitioner.* Springer Publishing Company.
- World Health Organization. (1992). *International classification of diseases and related health problems* (10th revision). Geneva, Switzerland: World Health Organization.
- Yehuda, R. (2008). *Treating trauma survivors with PTSD.* Washington, DC: American Psychiatric Press.

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FORWARD - FACING® INSTITUTE, LLC	**FORWARD-FACING INSTITUTE, LLC** **J. Eric Gentry, PhD** PO Box 937 Phoenix, AZ, 85001 (941) 720-0143 www.forward-facing.com eric@forward-facing.com erigent@icloud.com www.kleenmusic.com

For PowerPoint Presentation or PDF of Manual please go to: www.forward-facing.com or email eric@forward-facing,com

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