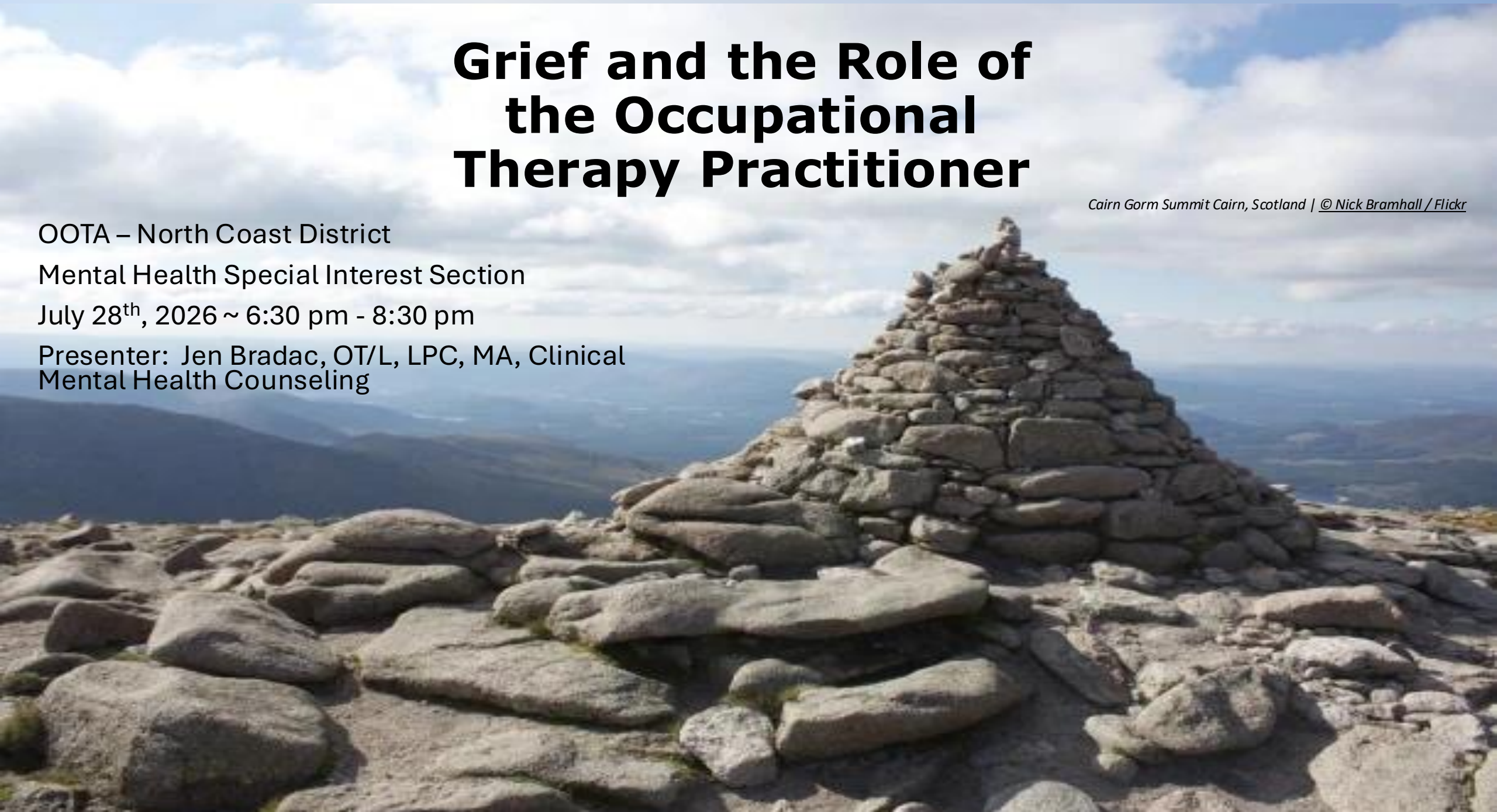
Grief and the Role of the Occupational Therapy Practitioner



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OOTA – North Coast District

Mental Health Special Interest Section

July 28th, 2026 ~ 6:30 pm - 8:30 pm

Presenter: Jen Bradac, OT/L, LPC, MA, Clinical Mental Health Counseling

Introduction

- As OT practitioners and humans, what is the significance of grief ?
- What is our role as OTPs?
- Why do our personal stories matter?

Learning Objectives

1. Participants will identify the physical, cognitive, and emotional health implications experienced by clients and patients who are grieving.
2. Participants will compare historical and evidenced-informed contemporary approaches to addressing grief-related processes.
3. Participants will demonstrate the use of appropriate empathic statements when engaging with clients and patients who are grieving.
4. Participants will analyze the influence of societal and cultural factors on individual and collective grief experiences.
5. Participants will apply a structured personal reflection activity to examine their own grief practices and beliefs.
6. Participants will explain how self-awareness or personal grief practices informs and strengthens therapeutic use of self when providing OT services to grieving clients.
7. Participants will apply OT frameworks to design interventions that support and facilitate healthy grief processing for patients and clients.

Introduction – Relevancy to OTPs

At some point in their life, everyone will experience the loss of someone they know.

Theories developed through counseling and psychology lens framework are applicable for OT application

Daily, we are exposed to death and topics surrounding death. We or a peer might be grieving.

Therapeutic Use of Self requires us to be tuned into our clients right now.

Grief can impair daily functioning.

OTPs are uniquely positioned to support and provide meaningful interventions for clients.

Definitions

1. **Grief** – "a strong yet typical response to loss that is both a shared and an individual phenomenon". (Mayo Foundation for Medical Education and Research, 2021). Internal experience of loss.

2. **Mourning** – the process of expressing grief and related emotions after losing a loved one. Involves acknowledging, adapting to, and dealing with a loss (Gaur, 2023). External expressions of loss.

3. **Thanatology** - the study of death and dying.

4. **Aberrant sorrow** – grieving abnormally (prolonged or chronic), delayed grief, or absent grieving (Gaur, 2023).

5. **Grief Overload** – the experience of too many losses at once or in a short period of time.

6. **Secondary Losses** – the ripple effect of loss, such as loss of identify, a "hoped for" future, the loss of roles.

7. **Caregiver Grief Overload** – Overload for those who provide care professionally or personally and experience frequent and multiple loss.

Definitions

Prolonged Grief Disorder (PGD) – DSM-V definition highlights:

- Death at least 12 months past of person close to individual, children and adolescents = 6 months or less
- Separation distress – clinically significant prevalence, occurring nearly every day for at least the last month
  - Intense longing for deceased
  - Preoccupation with thoughts or memories of deceased (children/adolescents – circumstances of death)
- **Cognitive, emotional and behavioral symptoms** – nearly every day for at least last month
  - Identity disruption
  - Marked disbelief about death
  - Avoidance of reminders
  - Intense emotional pain
  - **Difficulty reintegrating into relationships and activities**
  - Emotional numbness
  - **Feeling life is meaningless due to death**
  - Intense loneliness due to death
- **Significant functional impairment social, occupational or other areas of functioning**
- Cultural considerations – exceeds expectations for cultural or religious context
- Rule out other mental disorders as explanation

Health Implications – How does grief affect the body physically?

1. **Physical symptoms are considered universal symptoms of grief.**
2. Higher severity with “out-of-order” loss
    - Loss of someone under 55.
3. “bereavement effect’ = deterioration of health following death of loved one, can lead to death.
4. **#1 concern – Cardiovascular risk is increased**
    - **OTP – assess vitals and patient status!**
    - Higher in immediate weeks post death
    - Increased when death is unexpected
    - Increased incidence in surviving spouse
    - Cardio/pulmonary autonomic symptoms:
        - Heart palpitations, hyperventilation, breathlessness, **fatigue**
5. Physical pain (related to increased activation in brain connected to pain, both physical and psychological).
6. Gastrointestinal concerns (nausea, diarrhea).
7. Medical/surgical concerns
8. Sleep disturbance
9. Neurological and circulatory problems

Health Implications – How are emotional and mental well-being impacted by grief?

1. Depressive symptoms – sadness, despair, distress
2. Decreased emotional regulation
3. Increased anxiety
4. Decreased motivation or ability to initiate tasks
5. Fatigue
6. Difficulty making decisions
7. People with higher trait anxiety demonstrate increased severity of grief related symptoms
    1. Increased for those with insecure attachment style to deceased
    2. Increased when high emotional attachment to deceased
    3. Increased with substance use

Buffers:

1. Increased social supports help to decrease severity of symptoms
2. Established adaptive emotional regulatory strategies (i.e. mindfulness - **equanimity**).

Health Implications – What may happen cognitively, for those who are grieving?

1. Decreased attention and concentration
2. Impaired memory
3. “brain fog”
4. Symptoms may last 2 years or more

Occupational Performance Areas - Functional Implications:

- Health Management – medication, appointments
- IADLs – financial responsibilities
- Care for family
- ADLs – Self Care and routines

Scenario: “Mrs. Smith”

Mrs. Smith is 80 years old. She fell outside while visiting her husband, who is living in a LTF. She now has a R upper humeral fracture. She is receiving outpatient therapy while her husband remains in the LTF, he is now receiving hospice services due to the progression of his cancer dx. After her 2nd OT session, her husband passed away. She has cancelled 2 OT appointments since then, but she is now returning 2 weeks after burying her husband of 60 years.

What are considerations when interacting with Mrs. Smith?

1. Physical?
2. Mental/Emotional ?
3. Cognitive?
4. Other considerations?

Established Historical Views of Grief

Freud (1917) – attachment to the deceased is significant, coping involves **letting go** of emotional connection

Lindemann (1944) – further validated grief expression, **severing emotional ties** to deceased aides in adapting and forming new relationships.

Kubler-Ross (1969) – 5 stages of grief (DABDA) denial, anger, bargaining, depression, acceptance – highly regarded and common approach, largely focused on personal dying processes

Kubler-Ross, Bowlby (1980) & Kellerman (1977) – grief encompasses feelings of denial, anger, and profound sorrow

Sanders (1989) – rage and despair mark mourning

Bugen (1977) – grief includes distress & anxiety

Historically, grief is expressed through behavioral and verbal cues with these seen as coping mechanisms and the focus is moving through grief and separation from the deceased. Embedded in medical model.

Established Historical Views of Grief – limitations and challenges

Unidimensional – individual's perception of loss is not accounted for

Loss is seen as "befallen onto the individual" (Gaur, 2025).

Grieving person is passive, this is happened "to them", may feel lack of intrinsic control over responses

Assumes universal experience

Does not account for culture and societal influences

Research largely based in American and European populations and literature translations lack specificity

Modern or Contemporary Approaches to Grief

Social constructivism, socially and culturally competent, may include narrative work for reframing and making meaning of life as the remaining person

A shift from "successful grieving as letting go" and movement toward the role of **maintaining ongoing symbolic bonds with the deceased as meaningful and enriching, adaptation .**

Grief emotions may also include relief, freedom, and catharsis (Gaur, 2023). Allows for discussion of maladaptive and adaptive emotions related to grief. Language is purposeful and therapeutic toward living with grief.

Allows for the integration of cultural and societal influences.

Highly individualized and flexible, the grieving person is the expert of their own experience

Moves away from seeing grief as pathological and through the lens of the medical model

A primary focus on "**reestablishing engagement in daily routines, social roles, and personal belief systems" (Gaur, 2026).**

Modern or Contemporary Approaches to Grief – limitations and challenges for the OTP

"Treatment" will focus on functional implications rather than specifically tied to "treating grief"

Difficult to measure "outcomes" and whether goals are met

DSM-V-TR identifies prolonged grief disorder – medicalization and pathological focus on grief

Time consuming and may be difficult to define goals if treating directly

Requires STRONG therapeutic use of self and awareness

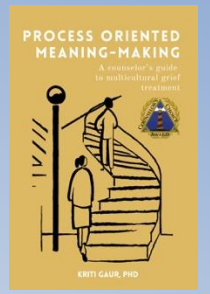
Paucity of research and evidenced based "treatment"

Limited information within OT literature

Lack of academic and clinical training surrounding grief and related topics, such as loss of independence, roles, etc…

Utilize appropriate resources!! Make referrals for aspects that are beyond your competence

Modern Approach - **Process Oriented Meaning Making Tool** – a counselor's guide to multi-cultural grief treatment (POMM) (Gaur, 2024)



- Gaur studied the training and preparedness of counselor for addressing grief and the use of evidenced-based theories of grief.
- Results showed **ALL** counselors in the study lacked training and knowledge about best practices regarding grief.
- **Highly relevant to Occupational Therapy as process and focus can be similar from a therapeutic lens.**
- **OTPs are specially trained in facilitating the engagement of clients in meaningful activities and occupations that are highly individualized and culturally relevant to the client.**
- OTPs working in mental health settings and specifically oriented toward grief work would benefit from further study of the POMM.

Process Oriented Meaning Making Tool – (POMM)
(Gaur, 2024)

Process Oriented Meaning-Making Flow Chart – steps are repeated until client experiences neutral positionality and is not overwhelmed by guilt or self-blame (steps 1-6) (Gaur, 2024, p. 5).

1. Double listening
2. Validation of feelings
3. Refrain from challenging
4. Scan for non-singular emotions – use emotion wheel
5. Grief tracking and active visualization of the process
   (what tasks are still difficult and use of analogies to illustrate healing – spiral staircase, ocean waves, etc…)
6. Scan to assess client positionality in their grief recovery

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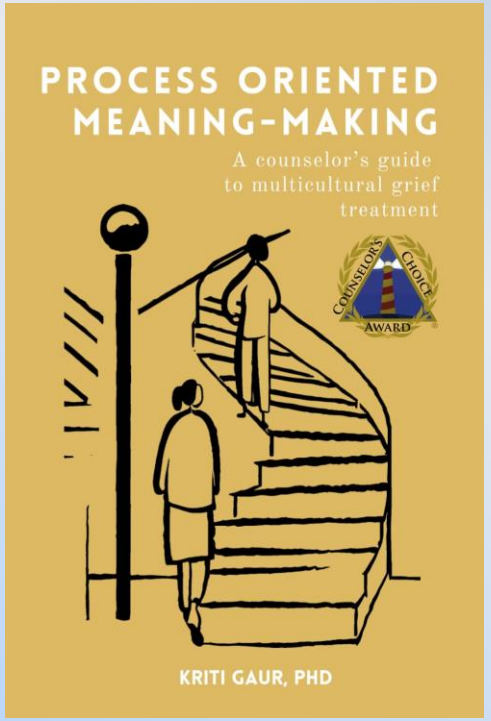
7. Find what is lost as a byproduct of death (roles, income, etc…)
8. Build resilience and hope – build a plan of action



Personal Reflection Activity – 10 minutes

Please answer the following questions honestly. You will not be asked to share your answers. This activity is to promote self-awareness and personal insight.

Carrowkeel Tombs, County Sligo, Ireland (Neolithic Tomb)

1. What does your culture or religion tell you about how you should manage grief?
2. What is helpful in this for you?
3. What aspects of this are not helpful or useful for you in processing grief?
4. What is your own understanding of how you 'should' manage your own experience of grief?
5. What are some differences between what your culture or religion has taught you,

   demonstrated or expected about grief and your own understanding or beliefs about grief?

Communication & Therapeutic Use of Self

- Learn to “sit with” those who are suffering (Wolfelt, 2006).
- Compassion = “with suffering”
- Be vulnerable and emotionally present. Mindfully aware.
- Don’t jump into “problem solving” mode, grief is not a problem.
- ***LISTEN*** actively. Pause before responding.
- Mindfulness – what’s going on with my client? Myself? The situation?
- **Empathy** and Use of Active and Reflective listening –
- Be present and listen well, respond in a way that assures the client that you are seeing and hearing them in this moment, accurately. This validates their experience, provides comfort, and builds trust.
    - Client: “I’m exhausted, none of my clothes fit, I just can’t eat. Sleep is terrible”.
    - OTP: “I’m hearing “fatigue” as you describe how you’re feeling, it’s affected your sleep, you’re not eating well, this loss seems really overwhelming”.

- **“What does grief look life for you today?”**

Social and Cultural Influences -Individual and Collective Grief

- **<u>Individual Grief:</u>** How is the client affected by their loss?

  - **Identify relationship –** close or distant attachment, history of abuse, was client the primary caregiver, did they witness the death?
  - Emotions surrounding the event? Was death unexpected? Was there a long process of dying?
  - **What personal rituals were experienced?** Funeral, open casket, cremation, burial? Do they have tangible anchors/symbols that are part of grief and mourning process?
  - What is the individuals' **beliefs** surrounding death?
  - Ability to provide desired rituals, financial concerns, societal and political implications
  - Gestational and Perinatal losses – how is this addressed? Seeing the child, photos, remembrance service?
  - What is the client's level of comfort in discussing loss.

Social and Cultural Influences -Individual and Collective Grief

- **<u>Collective Grief</u>:** How is the community of the deceased impacted? How is the grieving person affected by their community?
  - As part of their community/culture, what is the experience life for the person/family grieving? Helpful and supportive? Overwhelming, painful? Pressure to ”stay strong”, become an advocate, comfort others?
  - **Consider deaths such as school shootings, publicized deaths, war, political related deaths, etc.... Tragedies such as murder-suicide, mass shootings, pandemics, contagions and the assumptions and beliefs of the community surrounding the death, cause, implications, etc...**
  - Consider how the death may reinforce societal inequities
  - Covid-19 restrictions – global grief experience
  - What community and cultural/societal rituals are important?

The OTP's Role -

- Being "with" clients = PRESENCE
- Person – centered approach
- Awareness of client's holistic experience
- Empathy and compassion
- Therapeutic use of self
- Cultural and societal awareness and competency
- Mindful Communication
- **Appropriate evaluation and documentation**

- **Provide Occupation-centered interventions/focus**
  - Wellness perspective
  - ADLs – self care adaptation
  - Daily routines/IADLs
  - Sleep hygiene
  - Health maintenance and education
  - Stress management, relaxation, mindfulness
  - Creative arts, hobbies, leisure

Appropriate evaluation and documentation

- Assessments:
  - Patient Health Questionnaire (PHQ-9), Beck Depression Inventory, Beck Anxiety Inventory, Perceived Stress Scale (PSS) , Traumatic Grief Inventory Self Report Plus (TGI-SR+), International Prolonged Grief Disorder Scale (IPGDS)
- Re-evaluate when appropriate, and update goals
- Vitals and health assessments
  - Has client seen PCP recently ?
- Referrals as needed – OTs do not diagnose, formal counseling, resources, groups, etc…

Review and screen areas that are potentially impacted?

- Pain
- Sleep
- Self-Care
  - Weight changes
- Health Management
  - Medication compliance and follow up
  - Who else might supporting them?
- Thought and feelings (content)
  - self harm and suicidal ideation
  - If expresses suicidality – Refer to ER via family/friend, EMS, seek additional support for care
  - Decision making

The OTP's Role - direct interventions and activities that support client's emotional expression, experience of comfort, and the return to feeling a sense of control ~ adaptation

- Identify occupations that hold **personal significance** and meaning
- **Collaborate** on goals
- Identify and develop supports and provide connection to **resources**
- Create items such as memory boxes, journals, various **rituals and routines** to support daily functioning and wellness

- **Creative Outlets** – art, writing, poetry, music, cooking/baking
- **Social Opportunities** – volunteer opportunities, mentoring, support groups
- **Structured Supports** – support groups, grief groups, faith community (help navigate websites and info)
- Access to engaging in **comforting mourning rituals** (ex. walking with device over grass to put flowers on gravesite)

Model of Human Occupation (MOHO)

Volition – (causation, values, interests) What is the client's motivation level? What drives the person to engage in life?

- How has grief impacted motivation? Are they interested in previous activities?

Habituation – (patterns, routines, roles) What types of routines are meaningful? How are they functioning currently? Is there a disruption? Goals?

Performance Capacity – How does the person perform action in the current environment? How are underlying capacities impacted by loss?

Person - Environment – Occupation – Performance (PEOP)

Assess **cognitive, emotional, and physical needs**.

Assess **changes in environment and occupations that affect performance.**

What areas of functioning have been affected by loss?

How has grief/loss affected their setting, living situation?

What occupational roles, routines, and tasks have been impacted? Example:

Fatigue = unsafe ambulation

Living alone

Driving farther to cemetery

Performing mourning rituals is more difficult

Communication & Therapeutic Use of Self

- **Self – Awareness and Reflection**
  - **“double-listening” =** paying close attention to both the client’s and therapist’s narratives, simultaneously. Helps to ensure attention to and address cultural prejudices and countertransference. (Gaur, 2024).
  - **Countertransference** = identify strong emotional or cognitive reactions that you experience as you listen and engage with clients. Are you allowing bias, previous experiences, beliefs to affect how you interacts, view or provide interventions?
    - **Example: Y**our own father died unexpectedly, in a similar manner to your client’s. You feel heightened emotions, you also did not want to talk about your own loss when it happened, so you assume your client won’t want to either. Consequently, you “rush” through the conversation because you feel uncomfortable and have made assumptions about how your client feels.

“First greetings” – Therapeutic Engagement

1. **Use clinical judgment with physical touch (hugging, touching shoulder, hands, etc…)**
2. AVOID anything starting with “at least”… - this often minimizes their grief, phrases such as “just be grateful” can also be seen as toxic positivity.
3. AVOID “they are in a better place” or phrases that are based in your own beliefs surrounding death.
4. Stating “I’m so sorry for your loss” may be seen as impersonal and cliché.
5. **Don’t ignore** – acknowledge their loss in some way.
6. Responses are dependent on level of connection as well. Did you know the person who died? Has the client been sharing details with you already?
7. Be aware of what your client is communicating to you? Engage therapeutically. Meet them where they are at in their grieving. (i.e. adolescent = may not want to talk about loss)
8. **AVOID telling your own story, this shifts the focus from their loss. Remember, it’s not about you.**
9. **Stay for the Cup of Coffee** by Dr. Alan Wolfelt is a great resource for communication suggestions.

Life Certificate ~ a tool for grief work in Singapore

This article, written by Mohamed Fareez, 2015, demonstrates the use of the 'life certificate' tool as an alternative to the traditional focus on the "death certificate" as the primary document that validates a person's life.
Visit Dulwich Centre Foundation International. www.dulwichcentre.com

- Includes social constructionist ideas and demonstrates cultural awareness
  - Ex. Some cultures may value outward expressions of grief (crying) - Chinese Taoist culture
  - Malay Muslim culture values emotional restraint, focusing on prayer and quieter expressions
  - Faith based and religious practices may bring comfort or may cause distress (i.e. beliefs around suicide, questioning God's role in death, unsure of personal beliefs about afterlife, etc…)
- Allows for adaptation for individual relevance and application
- Often includes 'outsider witnesses' who contribute to the Life Certificate and ceremonial processes
- Helps to shape a narrative that supports the person's relationship with the deceased and allows for meaning making and validating the legacy of the deceased
- The process of creating the life certificate can be cathartic

LIFE CERTIFICATE

WWW.DULWICHCENTRE.COM.AU

Photos, Drawings, Images...

Favorite hobby, song, place...

Quotes to Remember

PERSON'S NAME

What I appreciate or love about this person

What this person would appreciate about me

Certified by,

Gift received from this person: can be values, skills, life lessons...

Gifts I want to pass on to others: can be values, skills or life lessons...

How I take care of myself when I miss this person too much

Social and Cultural Influences – example from the 'Life Certificate' ~ the individuality of grief for "Ramlah"

- Member of Malay Muslim culture
- Diagnosed with clinical depression following death of father
  - Experiencing poor eating, impaired sleep, suicidal ideation
- Pregnant at time of referral, currently has one child
- Recently separated from husband
- Overheard Dr. discussing safety concerns and ability to her to care for her child and pregnancy –felt disrespected
- Reported feeling guilt related to her father's death
- **Was able to engage in Life Certificate activity – identified skills and values, made plans to navigate grief related emotions, thoughts, and behaviors successfully, integrated cultural beliefs and adapted narrative to include honoring her father's legacy**
  - Ex. 'How I take care of myself when I miss this person too much' – "I let myself cry my heart out, instead of forcing myself to keep all the feelings in. It is okay to cry sometimes" .

Grief Resources

Cornerstone of Hope: Offers structured 8-10 week grief support groups, individual counseling, and children's grief camps. Call 216-524-4673 or visit **https://cleveland.cornerstoneofhope.org/grief-support-groups**

Grief Share: Hosts faith-based, 13-week, peer-led support seminars at local churches across the Cleveland area. Call 800-395-5755 or search your local ZIP code at https://www.griefshare.org.

Cleveland Clinic: Offers free virtual drop-in groups, child-loss groups, and partner/spouse loss groups. Call 216-444-9819 to sign up.

MetroHealth: Hosts a free *Grief & Trauma Support Group* for adults (18+) at the Trauma Recovery Center. Walk-ins are welcome. Call 216-778-8199 or email trc@metrohealth.org.

Hospice of the Western Reserve: Offers specialized support like *Parents Together* and expressive art therapy. Call 216-383-2222 or visit Hospice of the Western Reserve.

Catholic Cemeteries Association: Offers monthly free bereavement sessions at various locations across Northeast Ohio. Call 216-641-7575 or visit Catholic Cemeteries Association for a schedule.

Many funeral homes offer support services and grief groups.

Questions?

“Nothing is more important than empathy for another human being’s suffering.

Nothing. Not career, not wealth, not intelligence, certainly not status.

We have to feel for one another if we’re going to survive with dignity.”

Audrey Hepburn

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