



Your Community:
Connect. Learn. Share.

Assessment and Care Planning: Theory, Research, and Evidence-Based Practice

MyNHPCO Bereavement Professional Community Chat July 7, 2021

Facilitated by

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MyNHPCO: Where do I find it, and what is it?

- Visit: <http://my.nhpc.org/home> and use your NHPCO email and password.
- A collaboration of 15 discipline-specific professional communities and issue-based communities.
- Interdisciplinary-focused
- MyNHPCO contains on-line resources, forums and networking will help you grow professionally, find new solutions, contribute to the field, and elevate the national profile of your program.

MyNHPCO

- Professional communities
 - Discussion Posts
 - Monthly Chats
 - Library entries
 - Blog

Please contact us...

- if you have questions about membership
- if you have topics you would like us to discuss
- if you would like to become a community committee member
- stay connected at the MyNHPCO Bereavement Professional Community

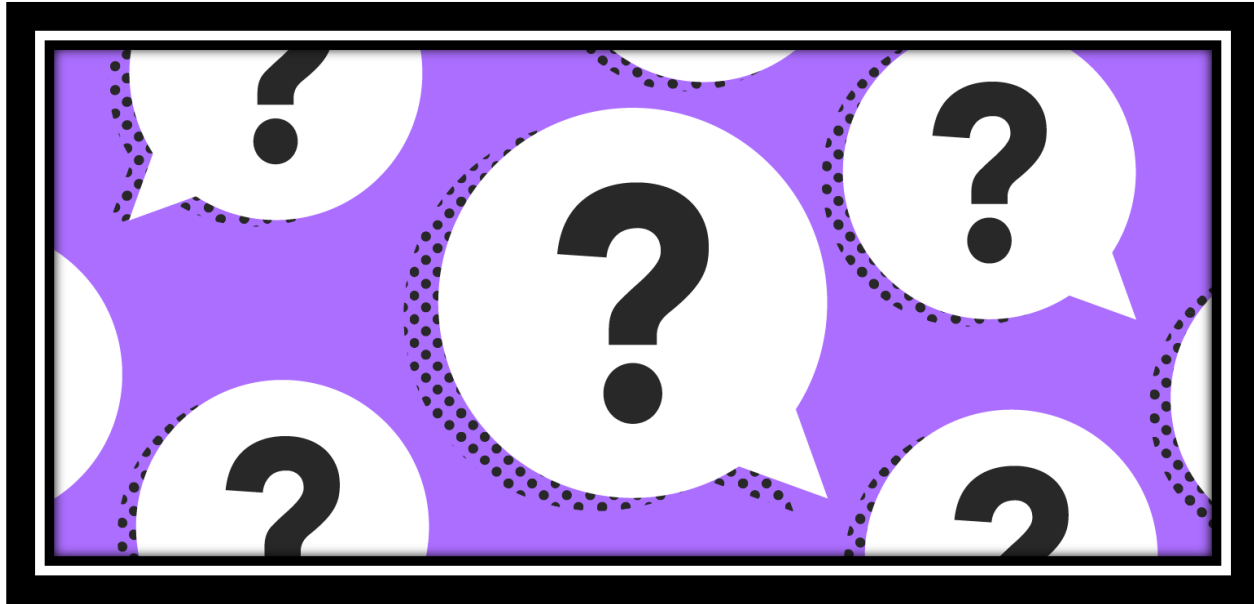
Our Objectives

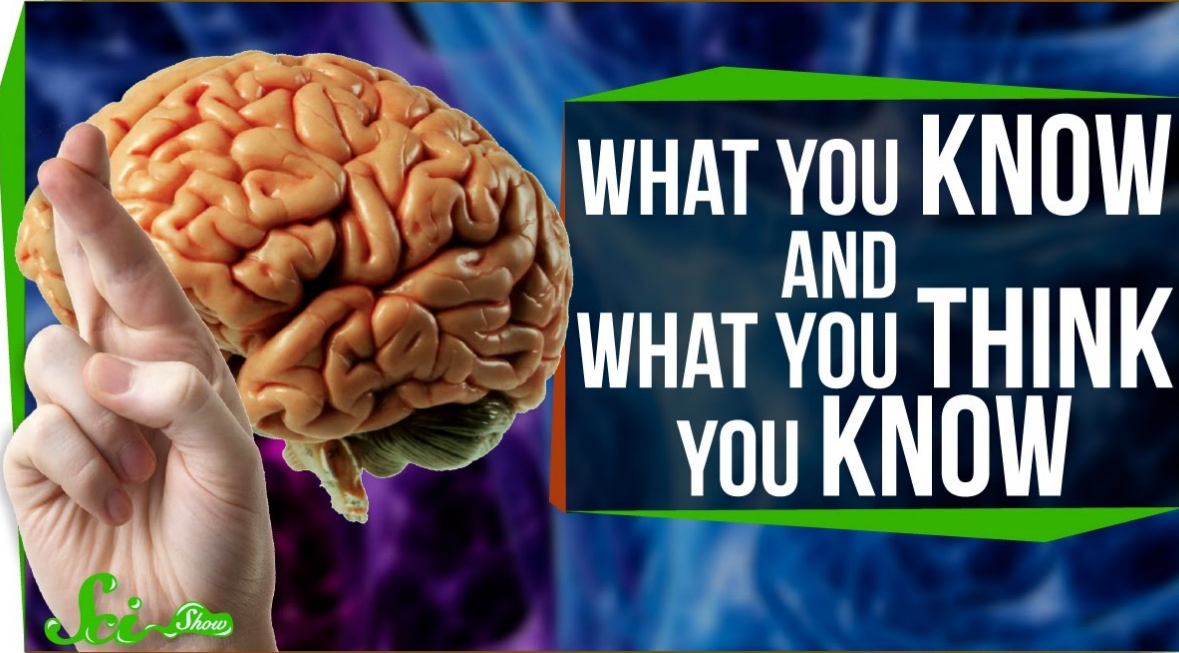
- 1. Participants will explore several current theories in grief and bereavement practice and evaluate them against their basis in research and evidence.**
- 2. Participants will share the models they use in their own practice, and**
- 3. Participants will be introduced to some basic tools for conducting their own evidence-based research.**

Land Acknowledgement



Chat Prompt: Tell us who you are!





Sci Show

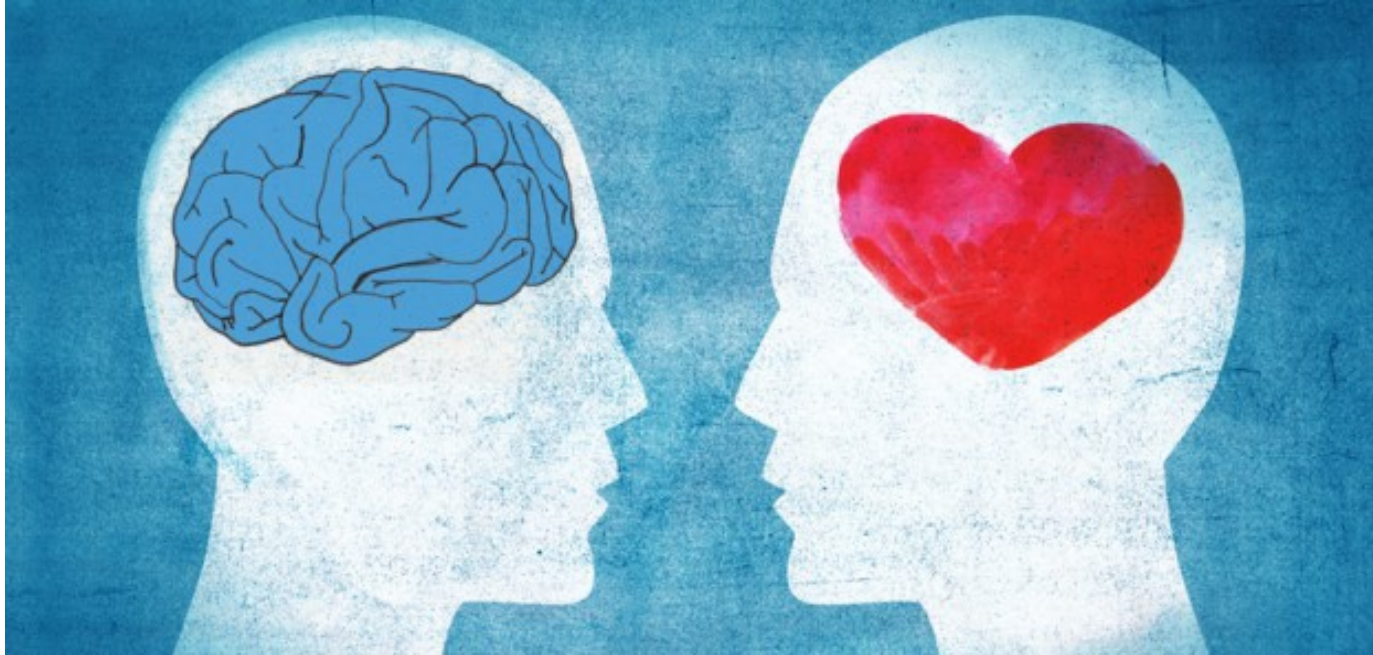
Some Definitions

Evidence-based practice is defined as the conscientious, explicit, and judicious use of the best available scientific evidence in professional decision making.

Evidence-informed practice combines the most relevant evidence available along with lived experience, client voice, and professional judgement.

From the ADEC Code of Ethics: “Death education and grief counseling are based upon a thorough knowledge of valid death-related data, methodology, and theory rather than stereotypes or untested hypotheses. Thus, the practice of death education and/or grief counseling requires knowledge of current thanatological literature.”

Do you prefer a particular theory or practice because it feels intuitively right?



Playing the Field

- Stage-Based Models
 - The Five Stages of Grief (EKR)
 - Attachment Theory (Bowlby, Parkes)
 - Grief Work Hypothesis (Stroebe)
- Task-Based Models
 - The Four Tasks (Worden)
 - Six Rs of Mourning (Rando) (EMDR)
 - Dual Process Model (Stroebe, Schut)
 - Narrative-Focused Model (Neimeyer)
 - The Six Needs of Mourning, Companionship (Wolfelt)



Stages, Tasks, Processes

- ✓ All share a linear structure.
- ✓ All find their way up the ancestral ladder to Freud and Lindemann.
- ✓ All suggest an outcome of detachment, closure, and moving on.
- ✓ Many have captured the popular imagination (EKR).
- ✓ Although the theories explain that grieving individuals may jump between stages or tasks, it appears to be difficult for the bereaved to grasp this concept.
- ✓ More recent research questions all of these assumptions.

“Stage theories have a certain seductive appeal – they bring a sense of conceptual order to a complex process and offer the emotional promised land of 'recovery' and 'closure'. However they are incapable of capturing the complexity, diversity and idiosyncratic quality of the grieving experience. Stage models do not address the multiplicity of physical, psychological, social and spiritual needs experienced by the bereaved, their families and intimate networks. Since the birth of these theories, the notion of stages of grief has become deeply ingrained in our cultural and professional beliefs about loss. These models of grieving, albeit without any credible evidence base, have been routinely taught as part of the curriculum in medical schools and nursing programs.”

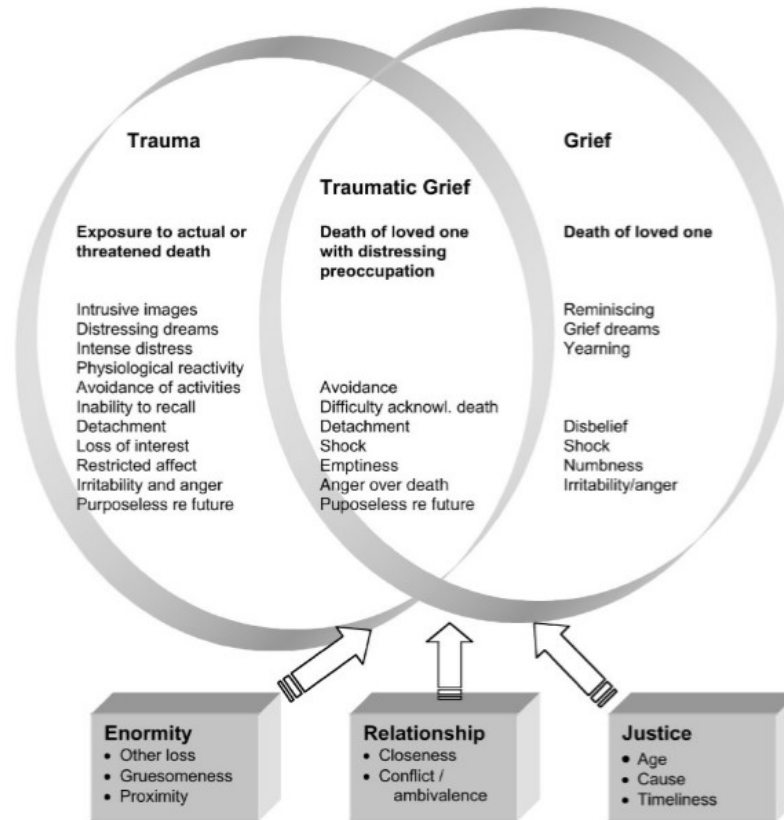
(Downe-Wamboldt & Tamlyn, 1997).

Playing the Field, cont.

- Grief Recovery Method (evidence based?)
- Disenfranchised Grief (Doka)
- Mindfulness and Grief (Heather Stang, MA)
- GriefShare Support Groups (church-based)
- Complicated Grief Treatment (CGT) (Shear)
- EMDR for CG (not for early intervention or prevention)
- Psychological First Aid (emerging)
- Cognitive Behavioral Therapy (CBT)

“Complicated grief treatment was delivered as in prior studies, using a manualized, well-specified 16-session protocol. Briefly, sessions 1 through 3 included history taking (relationship history and bereavement experience), the beginning of daily grief-monitoring, psycho-education about CG and CGT, the introduction of ongoing aspirational goals work, and a conjoint session with a significant other. Sessions 4 through 9 included imaginal and situational revisiting procedures and work with memories and pictures. Session 10 was a midcourse review, followed by sessions 11 through 16, which included an imaginal conversation with the deceased.”

Columbia University, [complicatedgrief.org](https://www.complexgrief.org)

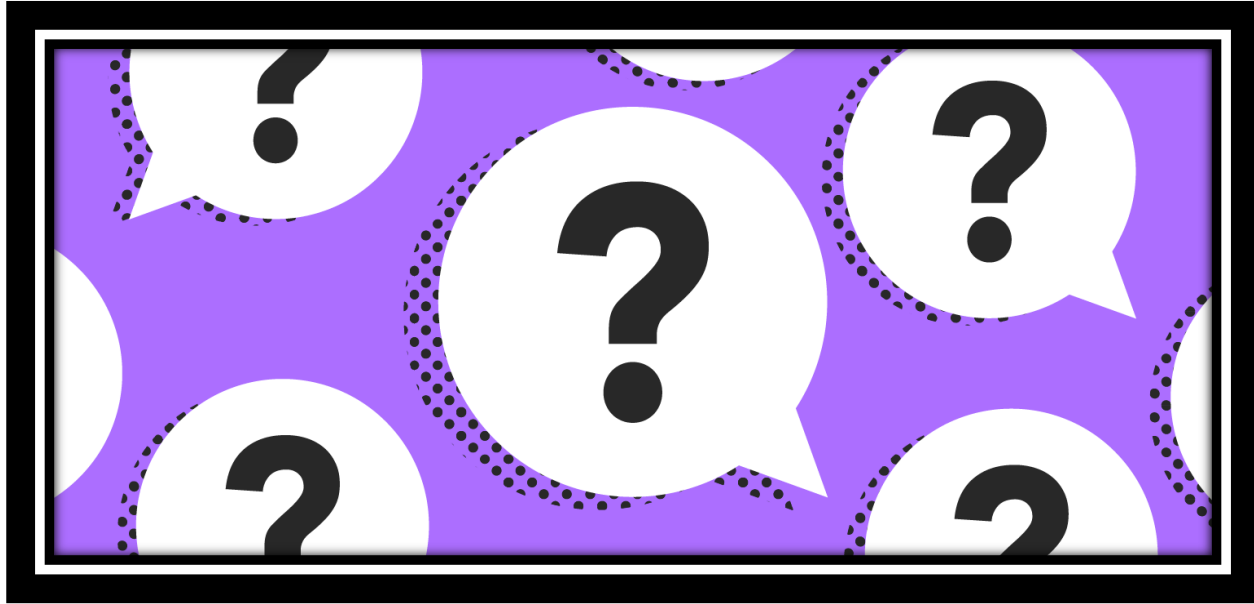




Gossip Sidebar

George Everly and Jeffery Mitchell vs. Everyone Else:
How old debates become new again (CISD & RAPID-PFA)

Chat Prompt: What do you use and why?



What does Current Research Tell Us?

- ✓ The EKR Stages of Grief have no proven clinical efficacy.
- ✓ We lack multicultural data (except Dual Process). Most research is with white Europeans or Americans. Virtually no data on BIPOC, LGBTQIA+, Differently Abled, etc. Gender differences are also poorly studied, and women's responses are historically stigmatized far more than men.
- ✓ With that in mind, the vast majority of people, likely >90%, do not require intervention, and name family, friends, and faith as the factors most helpful.
- ✓ There is good evidence to support the efficacy of grief support for a subset of grievors with substantial clinical distress to begin with.
- ✓ The evidence for the efficacy of Support Groups is particularly weak.
- ✓ There is strong empirical evidence for Complicated Grief Treatment (CGT, K. Shear, et al) in treating "complicated grief" (my preference) now also known as Prolonged Grief Disorder Therapy (PGDT).

What does Current Research Tell Us?

- ✓ Clinical efficacy remains unclear but leans toward weak and possibly harmful regarding single-session treatments to prevent traumatic or complicated grief and PTSD (i.e. CISTD).
- ✓ Forcing grief support upon people who do not seek it can be harmful, especially when pathologized.
- ✓ “When grief counseling is focused appropriately on those who need it and seek it, evidence supports positive treatment effects.” (Bonnano & Lilienfeld)
- ✓ There is evidence to suggest that some individuals, in the aftermath of traumatic events or losses, will emerge with a stronger sense of meaning and purpose, more authentic and intimate relationships, and a greater sense of confidence and competence.
- ✓ Empirical evidence confirms that when trauma and grief occur together, subsequent reactions are more prolonged and distressing.

What About Assessment?

Do you have a tool that you use?

Is it research and/or evidence-based?

Is it clinician-friendly?

BRAT + CBRAT (Rose et. al. 2007)

In need of (way) more research.

- ✓ Adult Attitude to Grief Scale (AAG)
- ✓ Core Bereavement Items (CBI)
- ✓ Grief Evaluation Measure (GEM)
- ✓ Inventory of Traumatic Grief (ITG)
- ✓ Texas Revised Inventory of Grief (TRIG)

COMPLICATED BEREAVEMENT RISK ASSESSMENT TOOL (CBRAT)

(**it is acknowledged that protective factors and resilience may outweigh apparent risk factors)

Client Characteristics (Bereaved client)

- ☐ Under 18
- ☐ Was a twin
- ☐ Young Spouse
- ☐ Elderly Spouse
- ☐ Isolated
- ☐ Lacks Meaningful Social Support
- ☐ Dissatisfied with help available during illness
- ☐ New to Financial Independence
- ☐ New to Decision Making

Deceased Illness

- ☐ Inherited Disorder
- ☐ Stigmatised Disease in the Family/Community
- ☐ Lengthy and Burdensome

Death

- ☐ Sudden or Unexpected
- ☐ Traumatic Circumstances Associated with Death
- ☐ Significant Cultural/Social Burdens as a result of Death

History of Loss (Bereaved Client)

- ☐ Cumulative Multiple Losses

- ☐ Previous Mental Health Illness
- ☐ Current Mental Health Illness
- ☐ Other Significant Health Issues
- ☐ Migrant/Refugee

Relationship with Deceased

- ☐ Profound Lifelong Partner
- ☐ Highly Dependant
- ☐ Antagonistic
- ☐ Ambivalent
- ☐ Deeply Connected
- ☐ Culturally Defined

Risk factors scores

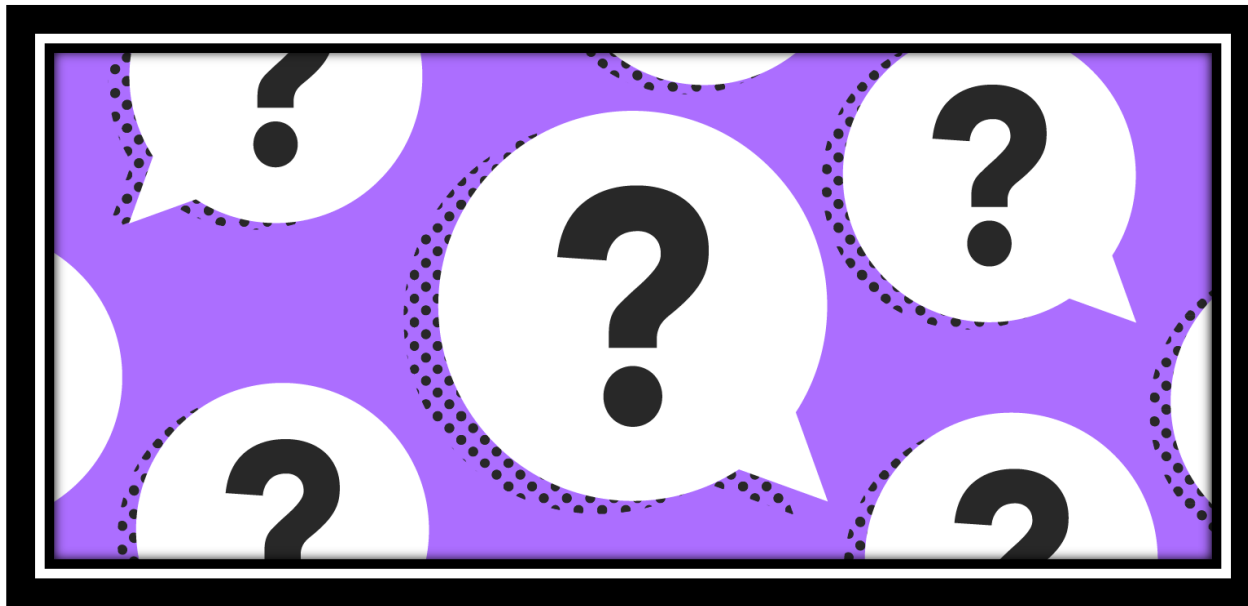
0-2 Low

3-5 Moderate

5+ High

*All persons scoring moderate to high presume to be at risk***

Chat Prompt: Assessment What and Why



90%



More than a year since her daughter Shalondra died of covid-19, Cassandra Rollins still startles when the phone rings, worrying someone else is hurt or has died. Rollins, of Jackson, Mississippi, stands next to a memorial she created after her son died in 2019. Now it's for Shalondra, as well. "This wound right here, time don't heal it." (IMANI KHAYYAM / FOR KHN)

COVID'S LONG SHADOW: MOURNING IN AMERICA

The 'Grief Pandemic' Will Torment Americans for Years

By [Liz Szabo](#)

JUNE 2, 2021



REPUBLISH THIS STORY

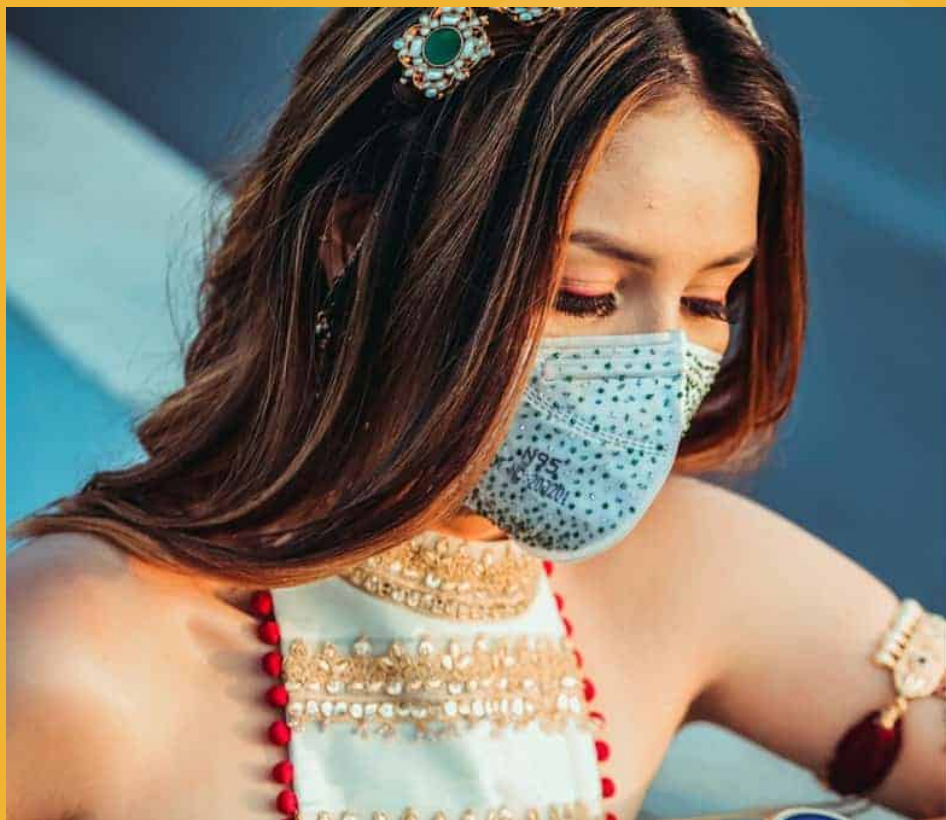
Cassandra Rollins' daughter was still conscious when the ambulance took her away.

Shalondra Rollins, 38, was struggling to breathe as covid overwhelmed her lungs. But before the doors closed, she asked for her cellphone, so she could call her family from the hospital.



This story also ran on [USA Today](#). It can be [republished for free](#).





WHAT DOES NOT
KILL ME MAKES
ME STRONGER.
— NIETZSCHE

RESILIENCE

Finding Meaning



The SIXTH STAGE of GRIEF

DAVID KESSLER

Coauthor with Elisabeth Kübler-Ross of *On Grief and Grieving*

Become a Clinician-Researcher

Family, friends, and faith: how organ donor families heal

Context—Understanding how organ donors' families recover from their grief can help organ procurement organizations improve consent rates and increase the number of deceased donor organs available for transplant.

Objective—To determine what helps the loved ones of deceased organ donors heal from their grief and loss, and to better understand families' needs during the consent process as a way of improving overall consent rates for organ donation.

Design, Setting, and Participants—Written survey of all organ and tissue donors' families in the San Diego and Imperial County (California) service area during 2006 and 2007.

Main Outcome Measures—Responses to the 20-question survey addressing factors that help healing from grief, as well as contextual information about the families' experience at the hospital and the consent process.

Results—Most respondents (84%) indicated that family support was the most helpful thing in dealing with their grief, followed by the support of friends (74%) and religious and cultural beliefs (37%). Most (75%) indicated that they agreed to donation so that something positive could result from their loss. Most respondents (93%) felt that they were given enough information to make an informed decision about donation, and 6% indicated that the donation process interfered with funeral or memorial arrangements. More than 95% understood that their loved one had died before they were approached for consent. Consistent with previous studies, 12% said they still had unanswered questions about aspects of donation, and 15% of respondents indicated that the discussion about organ donation added more emotional stress to their overall experience. (*Progress in Transplantation*. 2009;19:000-000)

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Doing Research

Google Scholar is your friend. (both research and ideas)

Find a quality or numbers nerd or turn yourself into one.

Pick your question or hypothesis carefully; do you really want to know the answer?

Copy someone else's' work. (email me for a copy)

You don't need advanced degrees; just ask Isabel Myers and Katherine Briggs.

Get together with a group of colleagues and be co-authors.

Don't be afraid of IRB or informed consent.

Professional journals are your friends.

What Needs To Be Studied?

Look inward; what would be helpful to your own organization/community?

Theories and techniques that show promise vs. minority communities.

More studies on very specific cultures (again, focus locally).

Literature review studies.

Case studies.

Coping strategies of specific hospice disciplines.

How has moral distress affected hospice staff?

Effectiveness of bereavement interventions 1-5 years out.

When Held Up Against Your Preferred Theory.....(chat prompt)

Is your initial card & mailing evidence-based or informed?

Is your initial call evidence-based or informed?

Is your 12-13 month mailing program evidence-based or informed?

Is your style of 1/1 support and/or counseling evidence-based or informed?

Are your Support Groups evidence-based or informed?

Are your special events evidence-based or informed?



Questions?

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FUN.