



PSYCHCE

Navigating Grief and Loss: Evidence-Based Strategies for Psychologists



Section 1: Understanding the Spectrum of Grief	6
Introduction.....	6
Normal Grief.....	7
Anticipatory Grief	7
Complicated Grief.....	8
Disenfranchised Grief	9
Non-Death Loss and Identity-Related Grief.....	10
Ambiguous Loss and Chronic Uncertainty.....	11
Clinical Implications and Assessment Considerations	12
Conclusion	13
Section 2: Developmental Perspectives on Grief	13
Grief in Children	14
Grief in Adults.....	15
Grief in Elders	16
Neurodevelopmental and Cognitive Considerations.....	18
Family Systems and Intergenerational Dynamics	18
Cultural and Developmental Intersectionality.....	19
Conclusion	20
Section 3: Cultural, Spiritual, and Social Contexts of Grief	20
Introduction.....	20
Cultural Frameworks of Mourning and Loss.....	21
Spirituality and Meaning-Making	21
Collective and Intergenerational Grief.....	22

Diversity, Equity, and Inclusion in Grief Work	23
Disenfranchised Grief and Social Marginalization	24
Implications for Clinical Practice	25
Conclusion	26
Section 4: Assessment and Diagnosis of Grief-Related Disorders	26
Introduction	26
Differentiating Grief from Other Conditions	27
Prolonged Grief Disorder and Persistent Complex Bereavement Disorder	27
Assessment Tools and Instruments	28
Screening for Comorbidities	29
Developmental Considerations in Assessment	30
Cultural and Ethical Considerations	31
Case Formulation and Clinical Decision-Making	32
Conclusion	32
Section 5: Evidence-Based Interventions for Grief	33
Introduction	33
Cognitive Behavioral Therapy for Grief	33
Complicated Grief Therapy (CGT)	34
Acceptance and Commitment Therapy (ACT)	35
Narrative Therapy and Meaning-Centered Therapy	36
Somatic and Trauma-Informed Approaches	36
Culturally Responsive Grief Interventions	37
Clinical Integration and Treatment Planning	38

Conclusion	38
Section 6: Clinical Practice Considerations in Grief Work	39
Introduction.....	39
Creating Therapeutic Safety and Presence	39
Navigating Resistance, Shame, and Suppression.....	40
Supporting Clients Through Grief Triggers.....	41
Working Across Diverse Grief Presentations	42
Tailoring Interventions to Client Contexts	43
Managing Expectations and Honoring the Nonlinear Process	44
Ethical Considerations and Clinician Boundaries.....	44
Conclusion	45
Section 7: Self-Reflection and Grief in Clinical Practice	45
Introduction.....	45
Understanding Vicarious Grief and Therapist Vulnerability	46
Countertransference and the Emotional Landscape of Grief Work.....	47
The Ethics of Emotional Labor in Grief Therapy	48
Preventing Burnout and Compassion Fatigue	48
Clinical Supervision as a Reflective Container	49
Clinician Identity and Personal Meaning in Grief Work.....	50
Self-Care as Ethical Practice.....	50
Systemic and Organizational Support for Clinician Wellness.....	51
Conclusion	52

Section 8: Supporting Clients Through Anniversaries, Holidays, and Grief Triggers ... 52

Introduction.....	52
The Nature of Grief Triggers	53
Anniversary Reactions and Time-Based Triggers	54
Holiday Grief: Cultural and Social Pressures.....	54
Trauma-Informed Perspectives on Grief Triggers	55
Supporting Clients with Anticipatory Coping.....	56
Rituals and Memory-Making During Grief Triggers	56
Children and Adolescents: Developmental Considerations.....	57
Cultural Diversity and Grief Trigger Expression	58
Case Conceptualization and Tailored Interventions	59
Conclusion	59

Section 9: Ethical Considerations in Grief Counseling.....60

Professional Ethics in the Context of Grief Therapy	60
Informed Consent and Transparent Communication	60
Confidentiality and Privacy in Sensitive Contexts.....	61
Competence and Scope of Practice	61
Boundary Management and Dual Relationships	62
Cultural and Individual Diversity in Ethical Decision-Making	62
Managing Countertransference and Vicarious Grief	63
Documentation and Clinical Record-Keeping	63
Ethical Use of Technology and Telehealth in Grief Counseling	64

End-of-Life Ethical Considerations.....	64
Public Commentary and Media Ethics.....	65
Conclusion: Integrating Ethical, Clinical, and Cultural Competence in Grief Counseling	65
References	70



Section 1: Understanding the Spectrum of Grief

Introduction

Grief is a deeply human emotional reaction to loss, typically associated with the death of a loved one but increasingly recognized as encompassing a wide range of non-death losses. The experience of grief manifests across various domains, including psychological, physiological, behavioral, and existential dimensions. Its expression is not uniform and may vary widely depending on the nature of the loss, the context in which it occurs, individual differences, and cultural frameworks. As psychologists, understanding the full scope of grief—including less publicly acknowledged or disenfranchised expressions—is essential for providing ethical, developmentally appropriate, and culturally informed care. Contemporary psychological frameworks now distinguish multiple forms of grief beyond the traditional bereavement model. These include normal grief, anticipatory grief, complicated grief, disenfranchised grief, and grief resulting from non-death losses such as identity shifts, chronic illness, and ambiguous absence.

Psychologists must remain attuned not only to overt expressions of loss but also to those clients who suffer in silence due to socially unrecognized or invalidated losses. The ability to discern between adaptive mourning processes and maladaptive grief reactions is crucial in clinical assessment and intervention. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) introduced Prolonged Grief Disorder (American Psychiatric Association, 2022), marking an important step in codifying grief pathology. Nonetheless, many forms of grief remain outside formal diagnostic boundaries, creating challenges and opportunities for clinical practice. This section explores these grief types, their clinical characteristics, and their implications for psychological assessment and intervention.

Normal Grief

Normal grief, also known as uncomplicated grief, is a typical emotional response to loss that unfolds in a manner consistent with cultural and individual expectations. It includes a range of affective, cognitive, and somatic symptoms such as sadness, yearning, preoccupation with the deceased, sleep disturbances, and fluctuations in appetite and energy. While painful, these responses are generally adaptive and facilitate emotional processing and reorganization of life without the lost person. Normal grief does not follow a linear trajectory, and there is no universal timetable for resolution. Research has shown that the intensity of acute grief symptoms tends to decline over time, though waves of sadness may persist or resurface during anniversaries and transitions (Stroebe, Schut, & Boerner, 2017).

Importantly, normal grief includes both affective and existential components. Clients may grapple with questions of meaning, identity, and spiritual continuity, particularly following the death of a significant attachment figure. However, their overall functioning remains intact, and they can gradually reintegrate into their daily routines and social environments. A nuanced understanding of the grieving person's cultural background, values, and spiritual beliefs is essential in differentiating normal grief from more severe or prolonged forms of distress.

Anticipatory Grief

Anticipatory grief refers to the emotional distress experienced prior to an impending loss, often in the context of terminal illness or progressive cognitive decline. Unlike grief following an actual death, anticipatory grief unfolds during the period in which the loved one is still physically alive but gradually changing or deteriorating. Initially developed by Lindemann and expanded upon by Rando and other scholars, anticipatory grief includes emotional responses such as sorrow,

anxiety, guilt, and even relief. It is often observed in caregivers of individuals with neurodegenerative conditions such as Alzheimer's disease and other dementias, as well as in family members of patients in palliative care settings (Meichsner et al., 2020).

While anticipatory grief was once believed to serve a preparatory or buffering function, newer research complicates this view. Some studies have found that high levels of anticipatory grief may predict greater adjustment difficulties following the actual loss, particularly when caregivers feel emotionally overwhelmed or socially unsupported (Nielsen et al., 2016). The experience of anticipatory grief may be further compounded by relational shifts, as the afflicted person undergoes profound cognitive or personality changes. Caregivers may feel as if they are mourning the loss of the person they once knew, despite their continued physical presence. For psychologists, this underscores the importance of early intervention and psychoeducation to help clients navigate complex emotions in pre-loss contexts.

Complicated Grief



Complicated grief, now formally recognized as Prolonged Grief Disorder in the DSM-5-TR, represents a persistent and debilitating response to loss characterized by intense yearning, difficulty accepting the death, identity disruption, and social withdrawal. Unlike normal grief, which tends to diminish over time, complicated grief is marked by its chronicity and interference with daily functioning. According to recent diagnostic criteria, symptoms must persist for at least 12 months and cause clinically significant distress or impairment (Prigerson et al., 2021). Individuals with complicated grief often experience profound guilt, self-blame, avoidance of reminders, and an inability to imagine a meaningful future.

Risk factors for developing complicated grief include insecure attachment styles, prior psychiatric conditions, lack of social support, and traumatic or sudden deaths. Cultural factors also play a role, as some mourning practices may encourage ongoing connection with the deceased, while others may promote emotional detachment. Misalignment between personal and cultural mourning norms can exacerbate distress. Complicated grief is associated with increased risk for comorbid depression, PTSD, substance use, and suicidality (Shear et al., 2011). As such, early identification and appropriate referral are essential. Evidence-based treatments such as Complicated Grief Therapy, a structured form of cognitive-behavioral therapy developed specifically for this condition, have demonstrated efficacy in clinical trials.

Disenfranchised Grief

Disenfranchised grief refers to grief that is not socially recognized, publicly mourned, or supported by societal norms. First introduced by Doka (1989), this type of grief is often experienced in situations where the relationship to the deceased is marginalized, the loss is not acknowledged as legitimate, or the griever is not perceived as entitled to mourn. Examples include the death of an ex-partner, pet, or an individual in a secret or stigmatized relationship, such as an affair. It may also involve socially taboo losses, such as suicide, overdose deaths, or the death of a person incarcerated or involved in criminal activity. In such instances, the mourner may be denied traditional social rituals, support systems, or emotional validation.

The psychological toll of disenfranchised grief is profound. Without societal acknowledgment, individuals often internalize shame, confusion, or self-silencing, which can complicate the mourning process and hinder emotional resolution. The silence surrounding their experience contributes to isolation and may increase

vulnerability to depression, anxiety, and complicated grief symptoms (Lenferink et al., 2021). Disenfranchised grief is especially relevant in marginalized communities where historical and systemic oppression has suppressed expressions of grief, such as among LGBTQ+ individuals, undocumented immigrants, or racial and ethnic minority groups. These individuals may face not only the pain of personal loss but also the additional burden of disenfranchisement.

Clinicians must carefully assess the sociocultural context of grief and validate experiences that may otherwise remain unspoken. Affirming the client's emotional reality, even when it falls outside conventional grief norms, can foster healing and reengagement with meaning-making processes. Therapeutic interventions should emphasize narrative reconstruction, emotional expression, and social reconnection to counteract the alienation often inherent in disenfranchised grief.

Non-Death Loss and Identity-Related Grief

Beyond bereavement, individuals experience profound grief in response to non-death losses—those losses that do not involve a physical death but still result in a significant change or absence. Such losses may stem from chronic illness, infertility, disability, unemployment, incarceration, divorce, immigration, or the loss of anticipated life trajectories. These experiences can evoke mourning processes that mirror those following death, including denial, anger, despair, and identity disruption. For example, individuals facing a chronic illness may grieve their former selves, their health, and their future aspirations.

Identity loss is a particularly under-recognized form of non-death grief. When central aspects of the self are threatened—such as role identity following retirement, cultural identity due to migration, or gender identity due to societal rejection—the psychological reaction can be profound. Individuals may report a

deep sense of disorientation, loss of belonging, and existential emptiness. These experiences are not typically validated within dominant cultural narratives of grief, which tend to prioritize tangible, observable losses.

Psychologists must expand their conceptual framework of grief to include these identity-based and symbolic losses. Doing so allows for a more inclusive and empathic clinical stance, especially when working with clients navigating chronic conditions, neurodivergence, or marginalized identities. Assessment tools should incorporate exploration of subjective meaning, role transitions, and internalized narratives of loss. Integrating grief-informed therapy into work with such populations can facilitate emotional processing, adaptive coping, and redefinition of self.

Ambiguous Loss and Chronic Uncertainty

Ambiguous loss, conceptualized by Pauline Boss, refers to losses that lack resolution or clarity. These include situations in which the lost person is physically present but psychologically absent (as in dementia or addiction), or physically absent but psychologically present (such as a missing person or an estranged family member). The hallmark of ambiguous loss is the lack of closure. This condition deprives mourners of the opportunity to begin or complete traditional grieving rituals, often leaving them suspended in a prolonged state of emotional limbo (Boss, 2016).

Chronic uncertainty is a defining feature of ambiguous loss. Families may vacillate between hope and despair, struggling to construct a coherent narrative in the face of contradiction and absence of finality. Unlike finite loss, ambiguous loss resists the cultural push toward acceptance and resolution. This can lead to complications in grief processing, identity confusion, relational strain, and

emotional exhaustion. Individuals coping with ambiguous loss often feel misunderstood or invalidated, further compounding their distress.

Therapeutic responses to ambiguous loss must shift away from resolution-oriented models and embrace frameworks that support ambiguity tolerance and resilience. Goals include helping clients reestablish roles and boundaries, validate their ambiguous experience, and reclaim agency despite the uncertainty.

Mindfulness-based interventions, relational therapy, and meaning-centered approaches can all be helpful in restoring equilibrium. Importantly, clinicians must resist the urge to seek closure on behalf of clients and instead accompany them in navigating unresolved grief with compassion and steadiness.

Clinical Implications and Assessment Considerations

A comprehensive understanding of the grief spectrum requires psychologists to distinguish among different types of grief in both assessment and intervention. While grief is not inherently pathological, failure to differentiate normative variations from those requiring clinical attention may result in misdiagnosis or therapeutic misalignment. The DSM-5-TR's inclusion of Prolonged Grief Disorder provides a diagnostic anchor, but clinicians must also consider culturally sanctioned expressions of mourning and account for disenfranchised or non-death losses that fall outside categorical criteria (American Psychiatric Association, 2022).

Assessment tools such as the Inventory of Complicated Grief (ICG) and the Prolonged Grief Disorder-13 (PG-13) offer structured methods for identifying symptoms, yet these should be supplemented with open-ended clinical interviews that explore relational meaning, role identity, cultural expectations, and narrative coherence. Clinicians should be cautious in pathologizing grief that simply diverges from normative timelines. Additionally, screening for comorbid mental

health conditions is critical, as grief may be entangled with depression, anxiety, PTSD, or substance use. Attentiveness to trauma history and systemic oppression is particularly important when evaluating grief in underserved populations.

Grief work is not one-size-fits-all. Interventions must be tailored to the specific type of grief experienced, the context in which it occurs, and the individual's developmental stage, coping style, and cultural values. The remainder of this course will present evidence-based approaches to addressing grief across various forms and populations, including children, adolescents, elders, and those facing disenfranchised or complex losses. However, all such interventions rest on a foundation of empathic attunement, cultural humility, and ethical discernment.

Conclusion

Grief is a multidimensional experience that cannot be adequately understood through singular models or diagnostic categories. Its expressions are shaped by relational dynamics, cultural context, existential concerns, and individual history. As psychological professionals, expanding our conceptualization of grief to encompass normal, anticipatory, complicated, disenfranchised, and non-death losses is essential for ethical, responsive, and inclusive care. Through deep listening, contextual awareness, and evidence-based practice, we can support individuals navigating the diverse landscapes of loss, and in doing so, uphold the dignity and complexity of human emotional life.

Section 2: Developmental Perspectives on Grief

Understanding grief through a developmental lens is essential for psychologists to provide effective, ethical, and culturally responsive care across the lifespan. Grief is not a static or one-size-fits-all process, but rather evolves in its expression,

meaning, and coping mechanisms depending on an individual's age, cognitive capacity, emotional development, and environmental context. This section explores grief in children, adolescents, adults, and elders, and highlights age-appropriate therapeutic interventions. It also addresses how developmental stages intersect with neurobiology, attachment, and socio-emotional maturity to shape the experience and processing of grief.

Grief in Children

Children's understanding of death and their expression of grief differ fundamentally from those of adults. Infants and toddlers do not comprehend death in abstract terms but may react to separation, disrupted routines, and the emotional distress of caregivers. In early childhood, ages 3 to 6, children often view death as reversible, temporary, or caused by magical thinking. This can manifest in confusion, regressive behaviors, somatic complaints, or repetitive questions about the deceased. Between ages 6 to 9, children begin to grasp the finality of death but may still hold on to concrete or distorted ideas about causality, often blaming themselves or experiencing guilt over perceived responsibility.

Adolescents possess a more sophisticated understanding of death, acknowledging its permanence and universality. However, they may struggle with articulating grief, vacillating between intense emotional expression and emotional numbing. Adolescents may also be reluctant to appear vulnerable, fearing stigma or rejection from peers. Grief during adolescence may be complicated by developmental tasks such as identity formation, autonomy-seeking, and peer affiliation. Furthermore, adolescents are more likely than younger children to engage in risk-taking behaviors or substance use as maladaptive coping strategies (Kaplow et al., 2013).

Developmentally sensitive approaches are essential when supporting grieving children. For younger children, interventions should incorporate play therapy, art, and storytelling, which enable emotional processing in nonverbal and developmentally congruent formats. Consistent routines, clear explanations about death, and reassurance of safety are also foundational. For school-aged children, psychoeducation and cognitive-behavioral strategies can help reframe distorted beliefs and foster resilience. Support groups that normalize grief and reduce isolation may be particularly effective. Adolescents may benefit from narrative therapy, peer-based support, and structured spaces to explore existential questions around identity, injustice, or spirituality that may emerge in response to loss.

Importantly, grief in children and adolescents may not manifest linearly or consistently. It often resurfaces at developmental milestones, such as graduations, birthdays, or transitions, as their capacity to understand and reflect on the loss deepens. Psychologists must be attuned to these grief revisitations and avoid assuming that children “bounce back” quickly. Longitudinal support, rather than episodic interventions, may be necessary for some youth, particularly in cases of traumatic or sudden loss.

Grief in Adults

Adult grief is shaped by a complex interplay of cognitive, relational, and sociocultural factors. Adults tend to have a more abstract and existential understanding of death, and their responses may range from deep sorrow and yearning to profound existential questioning or shifts in worldview. Adults also contend with role responsibilities, such as parenting, caregiving, and occupational demands, which can complicate their ability to grieve openly or prioritize emotional processing.

The manifestation of grief in adulthood varies widely. Some adults may engage in meaning-making processes, exploring the significance of the loss within the broader narrative of their lives. Others may struggle with identity disruption, particularly when the loss involves a spouse, child, or parent. Role transitions—such as becoming a widow, single parent, or orphaned adult—can elicit grief not only over the deceased but also over lost futures, shared goals, and relational identities.

Grief in adulthood is often mediated by the quality of the relationship with the deceased, the circumstances of the death, and the presence of social support. Traumatic or unexpected losses, such as those due to suicide, homicide, or accidents, are associated with higher risks of complicated grief, posttraumatic stress symptoms, and long-term functional impairments (Boelen & Smid, 2017). Adults may also experience grief as anticipatory, particularly in the context of caregiving for a loved one with a terminal illness or progressive cognitive decline.

Therapeutically, adult grief work often focuses on emotion regulation, meaning reconstruction, interpersonal repair, and narrative coherence. Cognitive-behavioral therapy (CBT) can be used to challenge maladaptive beliefs, address rumination, and support adaptive coping. Complicated Grief Therapy (CGT), developed by Shear and colleagues, incorporates exposure techniques, loss-focused processing, and restoration of life goals, and is empirically supported for individuals with Prolonged Grief Disorder. Existential and meaning-centered approaches may also be beneficial, especially for clients confronting mortality, spiritual disillusionment, or disrupted life purpose.

Grief in Elders

Older adults face unique grief challenges that often intersect with aging, health decline, and social isolation. In later life, grief may be compounded by cumulative

losses, including deaths of peers, spouses, siblings, and adult children. Elders may also grieve the loss of independence, mobility, cognitive functioning, and familiar environments. These losses can lead to feelings of loneliness, existential fatigue, and perceived burdensomeness, increasing vulnerability to depression and social withdrawal (Vedder et al., 2021).

While many elders exhibit resilience, grief in this population is frequently underdiagnosed or misattributed to aging-related changes. For example, persistent sadness, withdrawal, or cognitive decline may be interpreted as “normal aging” rather than manifestations of grief or depressive symptoms. Furthermore, societal narratives that marginalize older adults may contribute to disenfranchised grief, particularly when their losses are dismissed as inevitable or unworthy of intervention.

Clinicians working with bereaved elders must differentiate between normative grieving and Prolonged Grief Disorder, as defined in the DSM-5-TR. Older adults may underreport distress due to generational stoicism or stigma surrounding emotional expression. Culturally sensitive screening tools, empathic validation, and attention to spiritual concerns are crucial. Interventions such as reminiscence therapy, life review, meaning-making activities, and intergenerational connection can promote healing. Group therapy may also be effective, offering social integration and mutual support among peers.

It is essential to recognize that elders, particularly those in long-term care or palliative settings, may face anticipatory grief related to their own mortality. This may manifest as anxiety, existential despair, or spiritual searching. Supportive psychotherapy can aid in reducing death anxiety, enhancing quality of life, and fostering a sense of peace and legacy.

Neurodevelopmental and Cognitive Considerations

Across all developmental stages, neurobiological and cognitive factors shape how individuals experience and express grief. Children and adolescents, whose brains are still developing, may struggle with affect regulation, impulse control, and metacognitive insight, all of which influence their grief responses. Adolescents, for instance, show heightened limbic activity and reduced prefrontal cortex regulation, making them more susceptible to intense emotional swings and risk-taking during grief.

In adults, grief may influence cognitive functioning, including concentration, memory, and executive function. These symptoms can be mistaken for depression or cognitive decline, especially among older adults. Neuroimaging studies have demonstrated that acute grief activates brain regions associated with attachment and social pain, such as the anterior cingulate cortex and insula. With time and adaptive processing, these neural patterns typically attenuate, but in complicated grief, persistent activation may underlie enduring distress (O'Connor et al., 2008).

Understanding these neurodevelopmental processes can help psychologists tailor interventions to clients' cognitive and emotional capacities. For example, concrete, sensory-based interventions may be more effective with younger children, while abstract cognitive restructuring may suit adults. Tailoring language, pacing, and therapeutic goals to developmental readiness ensures ethical and effective care.

Family Systems and Intergenerational Dynamics

Grief does not occur in a vacuum, and developmental responses are deeply embedded within family systems. The death of a family member reconfigures relational dynamics, roles, and communication patterns. Children may assume caregiving responsibilities, spouses may become single parents, and

intergenerational conflicts may emerge over mourning practices, estate issues, or divergent coping styles.

Intergenerational grief can also carry historical or collective dimensions, such as racial trauma, forced migration, or cultural genocide. These forms of loss may persist across generations, influencing identity, worldview, and relational patterns. In therapeutic settings, clinicians should explore how historical grief manifests in present-day functioning, especially among marginalized communities.

Family therapy and systemic approaches are often beneficial when addressing grief within relational contexts. These modalities allow for shared processing, the re-negotiation of roles, and the validation of diverse grieving styles. They also facilitate communication, which is essential for preventing isolation and supporting developmental needs within the family.

Cultural and Developmental Intersectionality

Culture profoundly influences how grief is experienced and expressed at each developmental stage. Children in collectivist cultures may be taught to prioritize group harmony over personal grief expression, while adolescents in Western societies may confront conflicting messages around independence and emotional openness. Elders from spiritual traditions may frame grief within religious cosmologies, affecting their sense of meaning and ritual needs.

Developmental theories that ignore cultural variation risk imposing ethnocentric norms. For instance, applying Western attachment-based models of grief to clients from Indigenous communities may overlook collective grief practices, ancestral rituals, or spiritual frameworks. Psychologists must adopt an intersectional approach that honors cultural, generational, and spiritual dimensions in grief work.

Conclusion

Grief across the lifespan is a dynamic, culturally embedded, and developmentally shaped process. From the preverbal grief of infants to the anticipatory mourning of elders, each stage presents unique psychological tasks, vulnerabilities, and opportunities for healing. Psychologists must integrate developmental knowledge with clinical skills, cultural humility, and ethical attunement to support grieving individuals effectively. By recognizing the nuanced ways in which grief manifests across the lifespan, clinicians can offer interventions that are not only age-appropriate but also affirming, relational, and transformative.

Section 3: Cultural, Spiritual, and Social Contexts of Grief

Introduction

Grief is a universal human experience, yet the ways in which it is expressed, experienced, and supported are deeply influenced by cultural, spiritual, and societal contexts. Understanding grief through a culturally informed and socially aware lens is essential for ethical, effective, and inclusive psychological practice. Psychologists must be equipped to recognize and respond to diverse expressions of grief that arise not only from individual loss, but also from collective, intergenerational, and identity-related trauma. This section explores how culture, spirituality, social systems, and historical injustices shape grief and mourning, and offers guidance on integrating diversity, equity, and inclusion (DEI) principles into grief-informed care.

Cultural Frameworks of Mourning and Loss

Culture influences how people conceptualize death, mourn losses, and support the bereaved. Mourning practices are deeply embedded in cultural beliefs, religious traditions, and communal rituals. These practices guide behaviors such as funeral customs, the duration and expression of mourning, and the involvement of extended family or community.

Cultural mourning rituals serve not only spiritual or religious functions, but also psychological ones. They offer structure, meaning, and a sense of belonging in the aftermath of loss. Psychologists must recognize the importance of these rituals and avoid pathologizing grief expressions that deviate from Western norms of restraint, individualism, or emotional regulation.

Culturally competent care requires humility, curiosity, and the avoidance of assumptions. Clinicians should inquire about clients' cultural mourning traditions, ask who is typically involved in the grief process, and validate the significance of these customs. They must also be mindful of cultural stigma around death, mental health, and emotional expression, which may inhibit clients from seeking support or disclosing distress. For example, in some Latino cultures, grief may be expressed somatically, such as through physical pain or fatigue, and it is vital that clinicians do not misdiagnose these expressions as psychosomatic disorders or somatic symptom disorders.

Spirituality and Meaning-Making

Spirituality and religious beliefs often serve as key coping mechanisms in the grieving process. Spiritual frameworks provide existential meaning, community support, rituals of closure, and a sense of continued connection with the deceased. For many, belief in an afterlife, reincarnation, or spiritual presence can

offer solace and reduce existential anxiety. Others may turn to prayer, meditation, scripture, or pastoral support to process grief.

However, spiritual grief is not always comforting. Some individuals may experience spiritual disillusionment, anger at a higher power, or loss of faith following a death. These struggles are sometimes referred to as spiritual distress and may co-occur with depression or complicated grief. It is essential that psychologists create a nonjudgmental space for clients to explore both affirming and painful aspects of their spiritual beliefs.

Clinicians should assess spiritual and religious identity during intake, using tools such as the FICA Spiritual History Tool (Faith, Importance, Community, Address in care) or open-ended narrative approaches. It is important not to conflate spirituality with organized religion, especially in increasingly secular or religiously diverse populations. Many individuals identify as spiritual but not religious, and may draw meaning from nature, art, mindfulness, or existential philosophy. These forms of meaning-making can be integrated into grief therapy through techniques such as narrative therapy, existential inquiry, or values clarification.

Collective and Intergenerational Grief

Grief is not always an individual process. Collective grief arises when entire communities experience shared losses, such as during natural disasters, pandemics, mass shootings, or political violence. Intergenerational grief, also known as historical or ancestral grief, refers to the transmission of trauma and mourning across generations, often rooted in systemic oppression, genocide, colonization, slavery, or racial violence.

For marginalized communities, grief is often shaped by structural injustice. For example, African American communities may carry the intergenerational grief of slavery, racial terror, and ongoing police violence. Indigenous communities may

grieve the loss of land, language, and cultural practices due to colonization and forced assimilation. Immigrant communities may mourn cultural dislocation, family separation, and identity fragmentation. LGBTQ+ individuals may carry grief related to historical discrimination, the AIDS epidemic, and exclusion from family mourning rituals due to non-recognition of their relationships.

These forms of grief are frequently disenfranchised, unacknowledged, or invalidated by dominant cultural narratives. Psychologists must be attuned to how systemic inequities intersect with grief and must actively validate the lived experiences of clients from oppressed communities. This includes exploring cultural trauma, facilitating communal healing processes, and advocating for social justice within clinical and community settings.

Diversity, Equity, and Inclusion in Grief Work

Integrating DEI principles into grief work involves more than cultural competence; it requires an active commitment to dismantling bias, addressing power dynamics, and promoting equity in psychological services. This begins with self-reflection on the part of the clinician. Psychologists must examine their own cultural identities, assumptions, and privileges, and understand how these shape their clinical perspectives. Ongoing education, supervision, and cultural immersion are essential for developing cultural humility and responsiveness.

In practice, DEI-informed grief work means adapting interventions to fit the cultural values, language preferences, and accessibility needs of clients. It also means collaborating with cultural leaders, healers, or spiritual advisors when appropriate, and recognizing that Western models of grief therapy may not be universally applicable. For example, CBT techniques that emphasize individual cognition may not resonate in collectivist cultures where relational harmony or ancestral continuity are central.

Language access is a critical equity issue in grief care. Providing services in a client's preferred language, through bilingual therapists or trained interpreters, is not only ethical but also necessary for building trust and therapeutic alliance. Attention should also be given to gender identity, neurodiversity, disability status, and immigration status, all of which influence how grief is experienced and supported.

The DEI approach also requires addressing the grief of those who are structurally disenfranchised, such as incarcerated individuals, undocumented immigrants, or those in poverty. These populations often lack access to formal mourning rituals, support systems, or therapeutic resources. Psychologists should advocate for trauma-informed, culturally relevant, and accessible services in schools, prisons, shelters, and other community contexts.

Disenfranchised Grief and Social Marginalization

Disenfranchised grief occurs when a person's loss is not socially recognized or legitimized. Examples include the death of a pet, a miscarriage, a former partner, or a stigmatized cause of death such as suicide or overdose. Disenfranchised grief also affects people who are excluded from mourning roles, such as LGBTQ+ partners denied access to funerals, or adult children estranged from the deceased. In such cases, mourners may lack social validation, ritual inclusion, or institutional acknowledgment, leading to prolonged or complicated grief.

Social norms and prejudices determine which losses are deemed "grievable." This is particularly salient in cases of racialized or gendered grief. For instance, the grief of Black mothers who have lost children to police violence may be overshadowed by political debates or media narratives, rather than honored as sacred and worthy of mourning. Similarly, transgender individuals may grieve a friend's death while navigating misgendering or invisibility at the funeral.

Psychologists must advocate for the validation of disenfranchised grief, both in therapy and in broader society. This includes recognizing the loss, naming the injustice, and creating symbolic or alternative rituals when traditional ones are inaccessible. Therapeutic techniques such as grief letter writing, memorialization, and legacy projects can help individuals reclaim agency over their mourning process.

Implications for Clinical Practice

Clinicians must integrate cultural, spiritual, and social awareness into every aspect of grief assessment, formulation, and intervention. Intake should include questions about cultural identity, preferred mourning practices, spiritual beliefs, and experiences of social inclusion or exclusion. Case conceptualization should situate grief within the client's ecological context, including family dynamics, community supports, historical background, and structural factors.

Therapeutic interventions should be flexible and collaborative, allowing clients to draw from their own cultural and spiritual resources. Techniques such as cultural genograms, narrative inquiry, and collaborative meaning-making can uncover deeper layers of grief and resilience. Clinicians should be prepared to support clients through culturally specific grief triggers, anniversaries, holidays, and communal ceremonies.

Supervision and consultation play a vital role in ensuring cultural responsiveness. Psychologists should seek peer input, reflect on countertransference, and explore how power and privilege shape their interactions with clients. Multidisciplinary collaboration with chaplains, cultural liaisons, social workers, and community healers can also enrich grief care.

Conclusion

Grief is profoundly shaped by the cultural, spiritual, and social worlds we inhabit. It reflects not only the pain of personal loss, but also the legacies of collective trauma, systemic injustice, and spiritual yearning. For psychologists to provide ethical and transformative grief care, they must understand these broader contexts and commit to a practice that is inclusive, responsive, and socially aware. This involves recognizing the sacredness of grief in all its forms, challenging the invisibility of disenfranchised mourners, and honoring the diverse ways that individuals and communities find meaning, healing, and hope after loss.

Section 4: Assessment and Diagnosis of Grief-Related Disorders

Introduction

Grief is a complex emotional, cognitive, physical, and behavioral response to loss that affects individuals differently depending on developmental stage, cultural background, and the nature of the loss itself. In clinical practice, the ability to accurately assess grief and distinguish it from normative bereavement, depression, trauma responses, and other psychiatric conditions is essential. This section explores evidence-based approaches to grief assessment, the evolution of diagnostic frameworks, and practical considerations for identifying grief-related disorders such as Prolonged Grief Disorder (PGD), Persistent Complex Bereavement Disorder (PCBD), and associated comorbidities. In alignment with the American Psychological Association (APA) Continuing Education standards, this section also emphasizes the integration of cultural competence, trauma-informed practice, and ethical considerations in grief diagnosis.

Differentiating Grief from Other Conditions

One of the primary challenges in clinical assessment is distinguishing between adaptive grief and pathological responses. Normal or uncomplicated grief involves acute emotional pain, yearning, and sadness, but these experiences typically diminish in intensity over time and allow for re-engagement with life. In contrast, pathological grief is characterized by persistent distress, functional impairment, and disrupted identity beyond what is considered culturally or developmentally normative.

Differentiating grief from major depressive disorder (MDD) is particularly important. While both conditions involve sadness, fatigue, and social withdrawal, grief is generally marked by a preserved sense of self-worth, intact insight, and the ability to experience positive memories of the deceased. Depression, on the other hand, often entails pervasive hopelessness, anhedonia, and self-critical rumination. The distinction is further complicated by comorbidity; individuals with complicated grief may also meet criteria for MDD, post-traumatic stress disorder (PTSD), or anxiety disorders.

Clinicians must also be cautious not to conflate grief with adjustment disorders or trauma-related disorders, especially in cases of sudden or violent death. Trauma-related symptoms, such as intrusive memories, hypervigilance, or dissociation, may overlap with grief but require different treatment pathways. The use of structured interviews, self-report tools, and comprehensive clinical formulation is essential for differential diagnosis.

Prolonged Grief Disorder and Persistent Complex Bereavement Disorder

Prolonged Grief Disorder (PGD) was added to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) in 2022,

marking a significant shift in the recognition of grief-related psychopathology. PGD is characterized by persistent and pervasive grief symptoms lasting at least 12 months after the death of a significant other (or six months for children and adolescents). Core symptoms include intense yearning, identity disruption, emotional numbness, and difficulty re-engaging with life. Importantly, these symptoms must cause clinically significant distress or functional impairment and be inconsistent with cultural or religious norms.

Persistent Complex Bereavement Disorder (PCBD), introduced in Section III of the DSM-5 (2013) as a condition for further study, shares many features with PGD but includes a broader range of symptoms and diagnostic criteria. While PCBD has not been formally adopted into the main DSM diagnostic framework, it continues to inform research and clinical practice, particularly in youth populations.

The inclusion of PGD in the DSM-5-TR has generated debate about the medicalization of grief and the risk of pathologizing normative mourning. However, empirical studies support the validity of PGD as a distinct clinical entity associated with significant suffering and impairment (Boelen & Lenferink, 2020). Clinicians must exercise careful judgment, ensuring that diagnoses are not made prematurely or in culturally inappropriate ways. Diagnosis should never substitute for empathy, contextual understanding, or relational care.

Assessment Tools and Instruments

A number of validated instruments are available to support clinicians in identifying grief-related disorders and assessing symptom severity:

1. **Prolonged Grief Disorder-13 (PG-13):** A widely used self-report scale assessing the core symptoms of PGD. It includes items on yearning, identity disruption, emotional pain, and functional impairment.

2. **Inventory of Complicated Grief (ICG):** Developed prior to the formalization of PGD, this 19-item scale measures grief-related symptoms such as avoidance, bitterness, and difficulty accepting the death.
3. **Traumatic Grief Inventory-Self Report (TGI-SR):** Assesses symptoms consistent with both PGD and PCBD, and allows clinicians to examine comorbidity with trauma-related symptoms.
4. **Bereavement Risk Index (BRI):** A tool that considers risk factors for complicated grief, including pre-loss mental health, relationship closeness, suddenness of death, and lack of social support.
5. **Structured Clinical Interview for DSM-5 (SCID-5):** Can be used to assess for differential diagnoses such as MDD, PTSD, or anxiety disorders in the context of bereavement.

These instruments should be used in conjunction with clinical interviews that explore the client's cultural background, developmental stage, and grief narrative. The assessment process itself can be therapeutic, allowing clients to articulate their loss experience and validate their emotions.

Screening for Comorbidities

Grief rarely occurs in isolation. Comorbid psychological conditions—particularly depression, PTSD, substance use disorders, and anxiety—are common among individuals experiencing complicated or prolonged grief. For example, studies indicate that approximately 50 percent of individuals with PGD also meet criteria for MDD, and a significant proportion report suicidal ideation or behaviors (Simon et al., 2020). In such cases, integrated treatment planning is necessary to address both grief and underlying psychopathology.

Substance use is another critical area for screening. Individuals may turn to alcohol or drugs to numb emotional pain or cope with insomnia and distress. Screening tools such as the AUDIT (Alcohol Use Disorders Identification Test) or DAST (Drug Abuse Screening Test) can help identify risky patterns. It is essential to contextualize substance use within the grief experience and avoid moralizing or punitive responses.

Trauma histories are also prevalent among grieving clients, especially in cases involving sudden, violent, or stigmatized deaths. Screening for complex PTSD, dissociation, and somatic complaints may reveal deeper layers of suffering. Clinicians should use trauma-informed approaches to avoid retraumatization and support regulation.

Developmental Considerations in Assessment

Assessment must be tailored to the client's developmental stage. In children and adolescents, grief may be expressed through behavioral changes, regression, academic problems, or somatic complaints rather than verbal articulation. Age-appropriate tools such as the Extended Grief Inventory for Children (EGIC) and the UCLA PTSD Reaction Index for DSM-5 can provide structured guidance for identifying distress.

In adolescents, grief may manifest as risk-taking, withdrawal, or identity confusion. Peer relationships and social media play a significant role in how teens process loss, and clinicians should explore digital mourning practices, online memorialization, and exposure to traumatic content. Confidentiality and family involvement must be carefully navigated to support autonomy while ensuring safety.

In older adults, grief may be complicated by cognitive decline, physical illness, or social isolation. It is important to assess for bereavement-related depression,

cognitive impairment, and existential distress, particularly in the context of multiple or cumulative losses. Tools such as the Geriatric Depression Scale (GDS) and the Structured Clinical Interview for Complicated Grief in Older Adults (SCI-CG-OA) are helpful in these populations.

Cultural and Ethical Considerations

Diagnosing grief-related disorders requires cultural humility and ethical vigilance. What constitutes “prolonged” or “disordered” grief is deeply embedded in cultural values, religious norms, and social expectations. For example, in some cultures, mourning for several years is normative and even expected, while in others, public expressions of grief are discouraged. The DSM-5-TR acknowledges this by requiring that PGD symptoms be “inconsistent with cultural or religious norms.”

Clinicians must assess grief within the client’s cultural framework and avoid imposing Western timelines or diagnostic labels. Cultural brokers, interpreters, or community healers can assist in understanding culturally sanctioned expressions of grief. Ethical practice demands transparency, collaboration, and informed consent when discussing diagnosis and treatment.

In addition to cultural variation, marginalized populations often experience disenfranchised grief—grief that is not socially recognized or validated. For instance, LGBTQ+ individuals may face barriers to grieving due to family rejection or lack of legal recognition of their relationships. Clinicians should inquire about the social context of the loss and advocate for the inclusion of diverse identities in mourning spaces.

Case Formulation and Clinical Decision-Making

Diagnosis should not be a mechanical process but an integrated part of case formulation. Clinicians must synthesize information from interviews, assessments, and collateral sources to understand the meaning of the loss, the client's coping resources, and the contextual factors that influence grief. This includes exploring attachment patterns, prior trauma, family dynamics, and social determinants of health.

Formulation should guide treatment planning, including decisions about referral, intervention modalities, and psychoeducation. For example, a client with PGD and trauma symptoms may benefit from a combination of Complicated Grief Therapy (CGT) and trauma-focused cognitive-behavioral therapy. A bereaved adolescent with peer difficulties may require school-based support, parent consultation, and expressive arts therapy.

Collaborative formulation also empowers clients to participate in their healing journey. Sharing the formulation with the client, validating their experience, and framing grief as a meaningful, albeit painful, process can foster engagement and hope.

Conclusion

Accurate and compassionate assessment is the cornerstone of effective grief-informed care. Psychologists must navigate the nuanced terrain of normal and complicated grief, applying evidence-based tools while remaining attuned to cultural, developmental, and contextual factors. Diagnosing grief-related disorders such as PGD requires not only clinical expertise, but also ethical reflection and cultural humility. By integrating these dimensions into assessment and diagnosis, clinicians can offer care that honors the depth of human loss and supports the possibility of adaptation, meaning-making, and healing.

Section 5: Evidence-Based Interventions for Grief

Introduction

Effective grief therapy requires more than empathic listening and emotional validation. Psychologists must rely on interventions rooted in rigorous empirical research, especially when working with individuals navigating prolonged, complicated, or disenfranchised grief. Cognitive Behavioral Therapy (CBT), Complicated Grief Therapy (CGT), Acceptance and Commitment Therapy (ACT), Narrative Therapy, and somatic or trauma-informed approaches form a core evidence base for addressing complex grief reactions. Section 4 of this course provides a comprehensive review of these interventions, emphasizing their theoretical underpinnings, clinical applications, treatment planning, and cultural responsiveness.

Cognitive Behavioral Therapy for Grief

Cognitive Behavioral Therapy is one of the most empirically supported modalities for treating grief-related conditions, particularly Prolonged Grief Disorder (PGD) and grief co-occurring with depression and anxiety. Rooted in cognitive theory, CBT helps clients identify and challenge maladaptive cognitions, behavioral avoidance, and dysfunctional beliefs related to loss (Boelen, Smid, & Lenferink, 2019).

Grief-focused CBT often includes psychoeducation on the nature of grief, cognitive restructuring of maladaptive thoughts such as “I should have prevented the death” or “I will never be happy again,” and exposure-based techniques to help clients gradually re-engage with avoided reminders of the deceased or triggering environments (Bryant et al., 2014). Behavioral activation strategies support

reconnection with meaningful life roles, while cognitive reframing addresses guilt, self-blame, and catastrophizing.

A growing number of randomized controlled trials (RCTs) confirm CBT's efficacy in reducing grief severity and comorbid depressive symptoms, especially when delivered over 12 to 16 sessions in either individual or group formats (Rosner, Rimane, Vogel, Rau, & Hagl, 2015). One notable adaptation, cognitive-behavioral grief therapy (CBGT), integrates imaginal exposure, restructuring of identity-related cognitions, and promotion of adaptive meaning-making (Doering et al., 2021). Tailoring CBT for grief entails attending to cultural grief scripts and incorporating symbolic rituals, especially when clients hold spiritual or collectivistic worldviews (Hall-Clark et al., 2016).

Importantly, CBT for grief is not solely focused on symptom reduction. It supports clients in re-establishing a coherent sense of identity post-loss, recognizing continuing bonds with the deceased, and rebuilding life satisfaction. In cases of disenfranchised or anticipatory grief, CBT can also validate the client's invisible mourning and facilitate empowerment-based narratives (Fleming & Robinson, 2020).

Complicated Grief Therapy (CGT)

Complicated Grief Therapy is a manualized treatment developed specifically for individuals with prolonged grief symptoms that interfere with daily functioning. CGT combines elements from attachment theory, interpersonal therapy, and behavioral activation, with a focus on helping clients process the loss, address avoidance, and restore meaningful engagement in life (Shear et al., 2005).

CGT follows a structured protocol typically spanning 16 sessions. The therapy involves building a strong therapeutic alliance, establishing aspirational goals, revisiting the death story through imaginal exposure, and confronting reminders

that are being avoided. It also encourages restoring social connections and future orientation. The dual-process model (Stroebe & Schut, 1999) informs CGT by encouraging oscillation between loss-focused and restoration-oriented tasks.

Empirical trials demonstrate CGT's superiority to supportive counseling and antidepressant medication in treating complicated grief, especially in older adults and those bereaved by sudden or traumatic loss (Shear et al., 2016). Therapists trained in CGT must be adept at tolerating intense emotional material, facilitating revisiting exercises, and helping clients integrate both grief and growth into their post-loss identity.

Acceptance and Commitment Therapy (ACT)

Acceptance and Commitment Therapy is an increasingly utilized approach in grief therapy, especially when clients experience psychological inflexibility, emotional avoidance, or existential distress. ACT's core processes—acceptance, cognitive defusion, present-moment awareness, self-as-context, values clarification, and committed action—support clients in navigating grief without being dominated by it (Twohig & Levin, 2017).

ACT does not attempt to eliminate grief, but rather to transform the client's relationship with it. Therapists help clients notice and name painful feelings, decenter from grief-related thoughts, and orient toward life goals aligned with personal values. This approach is particularly effective for individuals who experience guilt, anger, or shame around their loss, as it reduces experiential avoidance and fosters psychological flexibility (Whittingham et al., 2020).

In diverse cultural contexts, ACT aligns well with mindfulness and spiritual frameworks, making it accessible to clients who interpret grief within religious or philosophical traditions. ACT's metaphorical language and experiential exercises

can also validate somatic and nonverbal expressions of grief, especially among clients with intergenerational or historical trauma.

Narrative Therapy and Meaning-Centered Therapy

Narrative Therapy offers a collaborative and culturally sensitive framework for helping clients re-author their grief stories. This approach positions the therapist as a witness and co-constructor of the client's evolving identity post-loss (White & Epston, 1990). By externalizing grief and exploring alternative storylines, clients are empowered to reclaim agency, connect with sustaining values, and honor the memory of the deceased without being consumed by despair.

Techniques such as therapeutic letter writing, legacy projects, and life review help clients integrate the loss into a meaningful narrative. Meaning-Centered Therapy (MCT), originally developed for patients with advanced cancer, is also gaining traction in grief care. MCT emphasizes existential themes such as purpose, connection, legacy, and transcendence (Breitbart, 2017). It supports clients in navigating grief while cultivating sources of hope and meaning that endure beyond the physical loss.

Narrative and meaning-making interventions are particularly helpful in cases of ambiguous or disenfranchised grief, where social recognition of the loss is limited. They also resonate with clients from collectivist or Indigenous cultures, where storytelling, memory, and intergenerational wisdom are central to healing.

Somatic and Trauma-Informed Approaches

Grief, particularly when associated with traumatic loss, often manifests in the body through symptoms such as fatigue, numbness, dysregulation, and pain. Trauma-informed somatic approaches help clients reconnect with bodily

awareness, regulate arousal, and process grief stored somatically (Ogden, Minton, & Pain, 2006).

Interventions such as sensorimotor psychotherapy, body scanning, grounding, breathwork, and movement-based rituals can facilitate emotional processing in clients who struggle to verbalize grief. These methods are especially beneficial for clients with histories of complex trauma, dissociation, or cultural norms that discourage emotional expression.

Trauma-informed care also emphasizes safety, choice, collaboration, and empowerment. Therapists are encouraged to pace interventions sensitively, attune to the client's window of tolerance, and avoid retraumatization. For marginalized clients, trauma-informed grief work must also address systemic factors, such as racism, poverty, or historical violence, that shape grief experiences.

Culturally Responsive Grief Interventions

All grief interventions must be adapted to reflect the client's cultural, spiritual, and social frameworks. A growing body of literature emphasizes the role of culture in shaping beliefs about death, mourning rituals, and emotional expression (Rosenblatt, 2008). Therapists must avoid pathologizing normative cultural expressions of grief or imposing Western timelines for recovery.

Culturally responsive care involves active inquiry about clients' spiritual traditions, family structures, community supports, and cultural scripts regarding resilience. For example, grief in collectivist cultures may emphasize continuity and interdependence, while individualistic cultures may valorize autonomy and independence. Therapists should explore how grief is embodied, enacted, and resolved within the client's cultural worldview.

In communities affected by racialized violence, immigration trauma, or displacement, grief may also be collective, layered, and ongoing. Healing justice approaches to grief incorporate community care, intergenerational storytelling, social activism, and cultural reclamation (Chang, 2025). For LGBTQ+ clients, grief work may also include navigating the loss of chosen family or identity-based disenfranchisement (Fox & Ralston, 2016).

Clinical Integration and Treatment Planning

Grief therapy is not a one-size-fits-all endeavor. Clinicians must develop flexible treatment plans that incorporate multiple modalities, titrate interventions based on client readiness, and monitor outcomes. Case conceptualization should guide the integration of techniques—such as combining CBT with meaning-making exercises, or supplementing ACT with somatic regulation.

Treatment planning also involves careful attention to therapeutic pacing, alliance building, and rupture repair. In grief work, anniversaries, holidays, and transitions often bring symptom flare-ups that require anticipatory guidance and structured support. Therapists should also discuss treatment limitations, grief myths, and indicators for referral to specialty care, such as complex grief programs or psychiatric evaluation.

Conclusion

Evidence-based grief therapy demands clinical precision, theoretical fluency, and cultural humility. CBT, CGT, ACT, narrative, and somatic interventions each offer distinct yet complementary tools for addressing the emotional, cognitive, existential, and somatic dimensions of grief. The most effective grief therapists are those who can tailor interventions to the client's developmental stage, cultural identity, spiritual orientation, and lived experience.

Grief is not something to be “solved,” but rather to be supported, witnessed, and honored. By using evidence-based approaches with care and creativity, psychologists can help clients navigate the painful terrain of grief and arrive at renewed meaning, connection, and vitality.

Section 6: Clinical Practice Considerations in Grief Work

Introduction

Grief therapy is not only a technical endeavor of applying interventions but also a profoundly relational, ethical, and contextualized process. Psychologists working with bereaved individuals must be equipped not only with evidence-based interventions but also with a clinical sensitivity to the challenges that emerge in real-world practice. This section explores the central clinical considerations in grief therapy, including creating safe therapeutic spaces, responding to resistance, managing complex affective states such as shame and emotional suppression, navigating grief triggers like anniversaries or holidays, and tailoring support to diverse client presentations. It emphasizes the clinician's role as a facilitator of healing through presence, attunement, and adaptability, as well as the ethical dimensions of clinical decision-making.

Creating Therapeutic Safety and Presence

Establishing a therapeutic alliance rooted in safety is the foundation of all effective grief work. Clients who are grieving may feel raw, fragmented, or destabilized. Some may be distrustful of therapeutic spaces, particularly if they have experienced invalidation, stigma, or discrimination related to their grief or

identities. Creating a safe therapeutic container requires attention to both verbal and nonverbal communication. Warmth, empathy, and consistent boundaries signal reliability, while the therapist's comfort with silence and emotional intensity fosters trust.

Trauma-informed care principles serve as a helpful framework. These include prioritizing safety, transparency, choice, collaboration, and empowerment. For instance, offering the client choices about the pacing and content of sessions reinforces agency and protects against retraumatization. Psychoeducation about the grief process normalizes emotional fluctuation and helps reduce shame. Use of grounding tools, especially for clients experiencing dissociation or panic, can create embodied safety.

Furthermore, safe therapeutic spaces must be culturally responsive. The therapist's awareness of microaggressions, systemic inequities, and their own social location informs whether safety is merely assumed or actively cultivated. For some clients, especially those from marginalized communities, grieving openly may be a political act or an act of resistance. Validating this reality is part of the therapeutic process.

Navigating Resistance, Shame, and Suppression

Resistance in grief work may manifest as missed sessions, minimization of loss, intellectualization, or emotional numbing. Rather than pathologizing these responses, clinicians should interpret them as adaptive strategies that once served a protective function. For example, a client may avoid talking about the deceased not due to lack of connection but because doing so triggers unmanageable affect.

Shame is a particularly powerful barrier in grief. Clients may believe that their reactions are inappropriate, excessive, or indicative of weakness. In cultures where stoicism is valued or emotional expression is discouraged, shame may be

compounded by social expectations. The therapist's job is to create a space where all feelings, including guilt, rage, ambivalence, or relief, are permissible.

Working with shame involves validating its function, identifying the messages that underlie it, and helping the client develop a more compassionate internal narrative. Somatic awareness practices can support clients in tolerating and identifying the bodily sensations of shame, while narrative techniques help externalize and deconstruct it. Naming shame explicitly in the room, when done skillfully, can reduce its power and facilitate deeper processing.

Emotional suppression, often a legacy of early attachment environments or socialization, can also hinder grief processing. Clients may have learned that vulnerability is dangerous or unacceptable. Gentle, paced work on emotional literacy, expressive techniques, and embodied interventions can gradually support greater access to suppressed feelings.

Supporting Clients Through Grief Triggers

Grief does not progress linearly. Instead, it often re-emerges during significant moments, such as birthdays, anniversaries, holidays, or life transitions. These “grief spikes” can be disorienting and are sometimes misinterpreted as regression. Clinicians should proactively prepare clients for these predictable reactivations, framing them as natural responses to continued bonds and meaning.

Strategies for navigating grief triggers include:

- Creating remembrance rituals that honor the deceased
- Developing coping plans in advance of triggering dates
- Encouraging self-compassion for increased distress
- Reflecting on how grief has evolved since the loss

- Supporting clients in finding new meaning or creating legacy projects

For clients from communal cultures, rituals may involve family or spiritual leaders. In contrast, for those with disenfranchised grief or ambiguous loss, these markers may go unacknowledged by others, intensifying distress. Therapists can act as witnesses, validating the significance of the date and offering therapeutic alternatives to public mourning.

Technology, such as photo memories or social media reminders, can act as both comfort and trigger. Helping clients manage their digital environment and emotional responses is an emerging clinical task. For instance, deciding whether to deactivate accounts or post memorials can be explored in therapy.

Working Across Diverse Grief Presentations

Grief therapy must be attuned to individual variation in mourning processes. Some clients experience somatic symptoms such as fatigue, digestive issues, or pain. Others exhibit cognitive symptoms, such as impaired concentration or rumination. Still others may have spiritual crises, including anger at a higher power or existential disorientation. These diverse presentations require comprehensive assessment and multimodal interventions.

Special considerations arise in cases such as:

- **Suicide loss:** Survivors may experience profound guilt, anger, and social stigma. Clinicians should assess for complicated grief, trauma, and risk of suicidal ideation.
- **Child loss:** Parental bereavement often includes identity rupture, blame, and existential questioning. Gentle, non-directive support and narrative reconstruction are key.

- **Perinatal loss:** Stillbirth, miscarriage, or infertility may involve grief that is minimized by others. Validation, body-oriented work, and acknowledgment of the baby's identity support healing.
- **Ambiguous loss:** Losses without clear closure, such as dementia or incarceration, can be especially distressing. These clients may struggle with unresolved hope and lack of community recognition.

Clinicians should tailor interventions to these specific grief experiences, integrating psychoeducation, grief models, and emotion regulation tools accordingly.

Tailoring Interventions to Client Contexts

One-size-fits-all grief interventions risk missing the mark. Tailoring requires attention to factors such as culture, gender, neurodiversity, spirituality, and community context. For instance, some clients may benefit from expressive arts or music therapy rather than verbal processing. Others may prioritize communal healing or wish to grieve through action and advocacy.

For clients with intersecting identities, such as a queer woman of color experiencing disenfranchised grief, the therapist must navigate complexity, marginalization, and resilience simultaneously. Cultural humility and co-created meaning are essential. Integrating clients' practices, such as prayer, meditation, drumming, or ancestral reverence, validates lived experience.

Grief therapy in telehealth settings may also require adaptation. The absence of in-person ritual, shared presence, and embodied cues can pose challenges. Therapists must creatively use technology, provide grounding structures, and ensure confidentiality in virtual environments.

Managing Expectations and Honoring the Nonlinear Process

Clients often arrive with questions such as, “How long will this last?” or “Am I doing this right?” Psychoeducation plays a critical role in setting realistic expectations and demystifying the grief process. Therapists must challenge pathologizing narratives and affirm the legitimacy of ongoing emotional bonds.

It is helpful to explain that grief involves both “loss-oriented” tasks (such as mourning and yearning) and “restoration-oriented” tasks (such as reengaging with life and forming new identities), as proposed in the dual process model of coping with bereavement (Stroebe & Schut, 2010). Normalizing the oscillation between these modes provides clients with a roadmap for self-understanding.

Clinicians must also prepare for slow progress and the return of grief over time. This includes supporting clients who feel “stuck,” those who fear letting go, or those whose environments invalidate their pain. Flexibility and patience are therapeutic virtues.

Ethical Considerations and Clinician Boundaries

Ethical challenges may arise in grief therapy related to dual relationships, scope of practice, mandated reporting, or competence with diverse populations. For example, grief work with minors may involve navigating parental dynamics, school systems, or custody concerns. Working with undocumented clients or survivors of systemic violence requires attention to legal, cultural, and safety dimensions.

APA's Ethical Principles of Psychologists and Code of Conduct (2017) emphasizes the importance of competence, cultural responsiveness, avoiding harm, and respecting client autonomy. Grief work can evoke intense transference and countertransference, particularly when the therapist has unresolved personal losses. Ongoing supervision, consultation, and self-reflection are vital.

Therapists must also set boundaries around their availability, especially when clients experience crisis anniversaries or anticipatory anxiety. Clear communication about limits and emergency procedures protects both therapist and client. Referrals to community grief support or clergy may supplement care when clinically appropriate.

Conclusion

Clinical practice in grief therapy demands more than technical skill; it requires presence, cultural attunement, ethical clarity, and emotional depth. From creating therapeutic safety to supporting clients through anniversaries and ambiguous losses, psychologists must navigate complex terrain with humility and compassion. Each grief story is unique, shaped by identity, culture, history, and circumstance. Clinicians are called not only to intervene but also to witness, honor, and accompany.

Through responsive, inclusive, and ethically grounded practice, grief work becomes a space for transformation—not of forgetting, but of remembering in ways that allow for healing, resilience, and the redefinition of life after loss.

Section 7: Self-Reflection and Grief in Clinical Practice

Introduction

Grief work is inherently relational, emotionally charged, and potentially transformative, for both the client and the clinician. While most continuing education for psychologists focuses on evidence-based assessment and intervention strategies for client care, far less attention is paid to the emotional and ethical labor experienced by therapists themselves. Yet, research consistently

highlights that clinicians who engage regularly with grief are at increased risk for compassion fatigue, vicarious trauma, and even secondary grief (Thieleman & Cacciatore, 2021). This section explores the personal, professional, and systemic implications of engaging in sustained grief work and addresses self-awareness, emotional boundaries, professional ethics, and sustainable self-care. It supports psychologists in cultivating reflective practice, attending to their inner experience, and fostering resilience in grief therapy contexts.

Understanding Vicarious Grief and Therapist Vulnerability

Vicarious grief refers to the grief responses experienced by clinicians as they witness the emotional suffering, losses, and traumatic narratives of their clients. Unlike burnout, which often reflects chronic organizational stress, vicarious grief is a deeply emotional, empathic resonance that may occur when clinicians connect intensely with a client's grief story (Khosravi, 2020). This resonance may involve sadness, numbness, anxiety, somatic symptoms, or intrusive thoughts related to the client's loss.

Therapists are not immune to the human experience of grief. Many have their own personal losses, recent or unprocessed, that may be activated through clinical work. The relational nature of grief therapy, which often involves sustained exposure to intense emotion, nonverbal cues, and narratives of suffering, heightens this vulnerability. Furthermore, the cumulative effect of repeated exposure to grief narratives may lead to emotional exhaustion or reduced empathy over time, particularly in high-volume practices or community settings where trauma and death are frequent themes.

Clinicians who are unaware of their own grief responses may unintentionally enact countertransference, impose defenses, or disengage. Therefore, recognizing

and addressing vicarious grief is not a sign of weakness but a marker of ethical integrity and professional competence.

Countertransference and the Emotional Landscape of Grief Work

Countertransference in grief therapy is both inevitable and potentially useful. When therapists become aware of the emotional responses that a client's grief evokes, these reactions can inform therapeutic direction and deepen attunement. However, unacknowledged countertransference may impair judgment, over-identification, or lead to emotional withdrawal.

Common countertransference themes in grief work include:

- Rescue fantasies, especially with clients experiencing suicidal ideation
- Overidentification with parental loss when the therapist has children
- Avoidance when a client's loss mirrors the therapist's own
- Irritation or frustration when grief is prolonged or culturally unfamiliar
- Idealization of the therapist role as a source of "healing"

Cultivating self-awareness is therefore essential. Therapists are encouraged to monitor their affective responses, bodily sensations, and inner dialogue during and after sessions. Keeping reflective journals, participating in peer consultation, and engaging in personal therapy are critical safeguards. Supervisors should model and encourage exploration of emotional reactions as an ethical necessity, not a personal failing.

The Ethics of Emotional Labor in Grief Therapy

The ethical standards outlined by the American Psychological Association (APA, 2017) emphasize competence, beneficence, and self-care as ethical mandates. When psychologists are emotionally depleted, their clinical presence, judgment, and responsiveness suffer. Furthermore, the dual burden of clinical grief and unacknowledged personal grief may lead to impaired professional functioning, including delayed responsiveness, boundary confusion, or diminished therapeutic alliance.

Psychologists working in hospice, palliative care, or community trauma settings face particularly high emotional demands. In such roles, the boundary between grief as a professional function and grief as a lived human experience becomes blurred. In these contexts, ethical self-care must be institutionalized, not left solely to individual initiative. Organizational cultures should encourage debriefing, offer access to supervision, and recognize the emotional toll of grief work.

Clinical practice guidelines increasingly emphasize that grief work must be sustainably resourced. Therapists who continue to work while experiencing acute personal grief are advised to engage in clinical supervision, adjust caseloads, or seek temporary leave to process their own loss before reengaging in grief-intensive work.

Preventing Burnout and Compassion Fatigue

Burnout and compassion fatigue are occupational hazards in mental health practice and particularly salient in grief-focused work. Burnout typically presents as emotional exhaustion, depersonalization, and reduced sense of efficacy. Compassion fatigue, more relational in nature, refers to the emotional residue or strain of exposure to suffering (Figley, 2017).

Preventive strategies include:

- Maintaining manageable caseloads and ensuring diversity of clinical presentations
- Creating space for peer support and processing
- Developing rituals for transition and emotional closure between sessions
- Establishing a predictable, nourishing routine outside work hours
- Building reflective time into the week to process emotional material

Therapists who attend to these areas report greater clinical satisfaction, fewer somatic complaints, and improved retention in grief-focused roles (Ostacoli et al., 2020). In contrast, avoidance of emotional material or suppression of grief reactions may paradoxically intensify distress and hinder empathy.

Clinical Supervision as a Reflective Container

Effective supervision is a cornerstone of ethical and sustainable grief work. In supervision, therapists have the opportunity to externalize their emotional reactions, receive validation, and examine potential blind spots. Supervisors should normalize the intensity of grief work, provide psychoeducation on vicarious trauma, and model emotional attunement. Supervision should also include discussions on cultural humility, recognizing that grief and grief responses vary widely based on identity, history, and cultural norms.

For example, therapists grieving their own recent loss may need to explore whether they are overidentifying with clients or protecting themselves from emotional contact. Those working with disenfranchised grief, such as LGBTQ+ bereavement or racially charged loss, may need additional supervision to explore

their own biases, limitations, and affective responses. Supervision serves both as a clinical quality check and as a container for clinician wellness.

Clinician Identity and Personal Meaning in Grief Work

Many psychologists are drawn to grief work due to their own lived experiences of loss. While these personal experiences may inform compassion and insight, they may also blur the boundary between professional and personal identity. It is essential to continually clarify the difference between bearing witness to another's grief and working through one's own. Therapists must ask themselves, "Whose grief is being processed here?"

Meaning-making is a central theme in both grief and professional identity. Clinicians who connect to a sense of purpose in their grief work, such as facilitating healing, honoring human connection, or advocating for equity in bereavement care, report higher levels of resilience and professional satisfaction (Meadors & Lamson, 2016). Developing a personal mission, connecting to spiritual or philosophical frameworks, and engaging in professional development are powerful sources of meaning.

Self-Care as Ethical Practice

Self-care must be reconceptualized not as indulgence but as a core component of ethical practice. Therapists must create rituals of restoration that address body, mind, and spirit. These may include:

- Mindfulness or somatic practices
- Physical movement and nature exposure
- Creative expression or journaling

- Limiting secondary trauma exposure in media consumption
- Regular breaks, vacations, and mental health days

It is also critical that self-care practices respect cultural and individual diversity. For some clinicians, spirituality, community rituals, or ancestral practices offer profound restoration. Others may find resonance in artistic creation, activism, or solitude. The goal is not conformity but sustainability.

Professional organizations and licensure bodies should reinforce the message that self-care is a professional obligation, not a personal luxury. CE courses, supervision sessions, and clinical policies should routinely incorporate check-ins on clinician well-being.

Systemic and Organizational Support for Clinician Wellness

Sustainable grief work also depends on the ecosystems in which clinicians operate. Workplaces that value emotional labor, model vulnerability, and address systemic oppression support clinician resilience. In contrast, organizational cultures that demand productivity without emotional processing, deny staff needs, or stigmatize vulnerability contribute to burnout and attrition.

Key organizational strategies include:

- Offering clinical grief rounds or support groups for staff
- Allowing flexible scheduling and time-off for personal grief
- Training supervisors in vicarious trauma awareness
- Promoting DEI-informed policies that support marginalized clinicians
- Creating clear pathways for temporary relief or reassignment when grief is acute

Equity is an essential consideration. Clinicians from racial, cultural, or gender minority groups may face compounded emotional labor, supporting clients through trauma while navigating microaggressions or institutional bias. A trauma-informed workplace must account for these layers of vulnerability and support staff accordingly.

Conclusion

The practice of grief therapy is emotionally demanding, ethically nuanced, and potentially transformative, for client and clinician alike. As this section has demonstrated, the clinician's grief, emotional reactions, and capacity for presence must be attended to with the same care extended to clients. From understanding vicarious grief to preventing burnout, this work calls for deliberate self-reflection, structured support, and ongoing professional development.

Sustainable grief work is possible when psychologists are encouraged to acknowledge their humanity, supported by organizational systems, and guided by ethical clarity. Self-care is not an endpoint but a practice of resilience and relational integrity. In tending to their own grief and emotional needs, clinicians model what it means to engage loss with courage, compassion, and continuity.

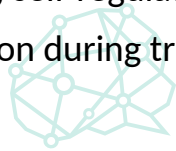
Section 8: Supporting Clients Through Anniversaries, Holidays, and Grief Triggers

Introduction

Grief does not follow a linear course. Instead, it ebbs and flows, often resurfacing with acute intensity during significant dates, anniversaries, holidays, or unexpected reminders. These periods are commonly referred to as grief triggers,

internal or external cues that reactivate mourning emotions, memories, and physiological responses associated with a loss. For many bereaved individuals, these moments intensify emotional pain and may disrupt coping mechanisms previously developed during therapy. Psychologists must be prepared to help clients navigate these predictable and unpredictable grief resurgences by implementing proactive, evidence-informed interventions that validate emotional responses, support meaning-making, and enhance resilience.

This section provides clinicians with tools to assess, anticipate, and intervene during grief trigger events. Drawing upon empirical literature, clinical best practices, and cultural perspectives, the content explores how holidays, anniversaries, and symbolic reminders impact grieving individuals across the lifespan. Special attention is given to the roles of trauma, developmental considerations, cultural expectations, and marginalized grief experiences. Psychologists will also learn strategies to support diverse client populations with anticipatory planning, self-regulation techniques, ritual development, and meaning reconstruction during trigger periods.



The Nature of Grief Triggers

Grief triggers are stimuli, either anticipated or sudden, that revive intense emotional reactions associated with loss. Triggers can be sensory (e.g., a scent), relational (e.g., a friend's wedding), environmental (e.g., a location), or temporal (e.g., an anniversary date). These stimuli do not only reignite sadness; they may also provoke longing, guilt, irritability, physical symptoms, or existential despair (Robinaugh et al., 2021).

Triggers are not inherently pathological. Rather, they are indicators of enduring bonds and the complex integration of memory, attachment, and emotional meaning. However, without preparation or validation, individuals may interpret

their reactivity as regression or weakness. Clinicians must normalize this reactivation while supporting adaptive regulation and self-compassion.

Anniversary Reactions and Time-Based Triggers

Anniversary reactions are common grief responses that occur around the date of the death, diagnosis, or other traumatic milestones. These reactions may include heightened sadness, sleep disturbance, irritability, avoidance, or increased somatic complaints (Zhou et al., 2021). For many clients, the first year following a loss is marked by “firsts”, the first birthday without the loved one, the first holiday, or the first wedding anniversary alone. These temporal landmarks challenge individuals to reconcile their current reality with memories of the past.

While the one-year anniversary is often the most emotionally intense, reactions can recur for years, especially in cases involving traumatic or disenfranchised loss. Therapists should routinely inquire about upcoming dates of significance and collaboratively develop anticipatory coping plans. This may include identifying support systems, creating rituals, or scheduling therapy around high-risk dates.

Holiday Grief: Cultural and Social Pressures

Holidays can serve as powerful grief triggers due to their emphasis on tradition, family, celebration, and social connection. Bereaved clients may feel isolated, pressured to participate in festivities, or overwhelmed by the conspicuous absence of the deceased. Common themes during holiday grief include:

- Social withdrawal and avoidance of gatherings
- Heightened feelings of loneliness or envy
- Conflict with family members over traditions or emotional expectations

- Overindulgence in substances or food as coping
- Emotional dissonance between cultural norms and internal states

Cultural norms around holidays vary widely. For example, in Western cultures, the December holiday season is saturated with familial imagery and consumerism, which can exacerbate feelings of inadequacy or disconnection. In contrast, cultures with structured mourning holidays (e.g., Día de los Muertos, Qingming Festival) may offer communal pathways for remembrance and grief expression. Psychologists must approach holiday grief with cultural humility, recognizing that client experiences are shaped by identity, ritual, religion, and historical context (Neimeyer et al., 2020).

Trauma-Informed Perspectives on Grief Triggers

When grief is complicated by trauma, such as in cases of sudden death, homicide, suicide, or historical oppression, triggers may provoke hyperarousal, dissociation, or flashbacks. These symptoms resemble posttraumatic stress disorder (PTSD) and require trauma-informed grief interventions. In particular, individuals with histories of racial trauma, domestic violence, or systemic marginalization may experience cumulative triggers that compound emotional distress (Root & Exline, 2022).

A trauma-informed lens includes:

- Ensuring physical and emotional safety in therapy
- Recognizing power differentials and historical oppression
- Validating grief in the context of identity, culture, and history
- Offering choices and collaborative pacing during exposure to grief material

Clinicians should assess for trauma histories and adjust grief interventions to prevent retraumatization. For example, encouraging a client to attend a family gathering that is emotionally unsafe may exacerbate symptoms. Instead, clinicians can support boundary-setting, assertiveness, and alternative rituals.

Supporting Clients with Anticipatory Coping

Anticipatory coping refers to proactive strategies clients can use to prepare for upcoming grief triggers. Research shows that clients who engage in anticipatory coping experience less distress and greater self-efficacy during anniversaries and holidays (Prigerson et al., 2018).

Effective anticipatory coping plans often include:

- Naming specific triggers and potential emotional reactions
- Identifying support people or crisis contacts
- Practicing self-regulation techniques in advance
- Creating flexible scripts for social interactions (e.g., “I may not stay long”)
- Reframing the meaning of the date or event

Psychologists can co-create these plans in session using tools such as guided imagery, role-play, or mindfulness practice. Importantly, anticipatory coping is not about avoidance, but about creating a scaffold for emotional resilience and meaning-making.

Rituals and Memory-Making During Grief Triggers

Rituals are symbolic acts that offer structure, expression, and continuity. In grief therapy, rituals can be a powerful counterbalance to the chaos of loss, offering

mourners a way to honor the deceased and reclaim agency. During holidays and anniversaries, clients may benefit from developing personal or collective rituals such as:

- Lighting candles in remembrance
- Creating altars or memory boxes
- Cooking the loved one's favorite meal
- Donating to a cause in their name
- Writing letters or reflective journaling

Rituals should be tailored to the client's spiritual beliefs, cultural context, and relational needs. For some, rituals rooted in ancestral practice or community mourning may be particularly healing. For others, solitary acts of remembrance may feel more authentic. Clinicians should avoid prescribing rituals and instead facilitate exploration and choice (Rynearson, 2019).

Children and Adolescents: Developmental Considerations

Grief triggers affect children and adolescents differently based on developmental stage, cognitive capacity, and emotional regulation skills. Young children may exhibit regressive behaviors, while adolescents may externalize grief through anger or risk-taking. Triggering events such as birthdays, graduations, or family holidays may bring the loss back into focus with renewed intensity.

Clinicians can support youth by:

- Providing age-appropriate psychoeducation on grief and memory
- Creating opportunities for expressive play or art to process feelings

- Involving caregivers in anticipatory planning
- Validating ambivalent or changing emotions
- Respecting teens' desire for autonomy while maintaining connection

It is essential to recognize that children may re-experience grief at each developmental milestone. Thus, grief education should be revisited periodically and integrated into ongoing family or school support structures.

Cultural Diversity and Grief Trigger Expression

Cultural frameworks influence not only how grief is experienced but how it is expressed, validated, and supported during significant dates. In some cultures, stoicism is encouraged, while in others, emotional expression is ritualized and expected. Some communities emphasize ancestral connection and collective mourning, while others prioritize individual coping.

Clinicians must remain alert to cultural bias and avoid pathologizing grief behaviors that deviate from Western norms. For instance, a client who reports seeing or hearing from a deceased loved one during an anniversary may be drawing upon culturally sanctioned beliefs in spiritual continuity rather than experiencing psychopathology.

Further, collective grief triggers, such as anniversaries of natural disasters, community violence, or genocides, require acknowledgment of shared trauma and culturally grounded support. Mental health professionals must be equipped to support collective mourning within Indigenous, Black, refugee, and other communities with historical grief (Goodman et al., 2021).

Case Conceptualization and Tailored Interventions

Grief triggers are highly personal, shaped by the intersection of attachment history, personality traits, cultural identity, and relational context. Therapists must approach each client's experience with curiosity, humility, and attunement.

Case conceptualization should include:

- Mapping anticipated triggers and their meaning
- Understanding prior coping strategies and patterns
- Exploring attachment style and previous losses
- Integrating spiritual, cultural, or existential frameworks

Evidence-based modalities such as Complicated Grief Therapy (CGT), Cognitive Behavioral Therapy (CBT), and Narrative Therapy can be adapted for trigger-related distress. For example, CBT may focus on restructuring maladaptive beliefs during grief anniversaries (e.g., "I should be over this by now"), while Narrative Therapy may help clients externalize grief as a story that includes both pain and resilience (Shear, 2015).

Conclusion

Grief triggers are a natural and meaningful part of the grieving process, but they can be destabilizing without preparation, validation, and support. Psychologists play a vital role in helping clients anticipate, navigate, and integrate these moments through culturally responsive, developmentally informed, and emotionally attuned care. Whether supporting a child facing their first birthday without a parent or an adult dreading an anniversary of a traumatic loss, therapists must blend empathy with evidence-based planning.

By honoring the rhythms of grief, affirming the legitimacy of emotional surges, and co-creating supportive strategies, clinicians can empower clients to move through grief triggers with courage and continuity. This work requires cultural humility, trauma awareness, and an unwavering belief in the capacity of clients to adapt, remember, and heal.

Section 9: Ethical Considerations in Grief Counseling

Professional Ethics in the Context of Grief Therapy

Grief therapy presents clinicians with nuanced ethical concerns that require both theoretical understanding and flexible application. The emotional intensity of grief, the diversity of bereavement experiences, and the therapist's proximity to existential distress make ethical boundaries particularly important. Central to ethical practice in grief work is adherence to the American Psychological Association's (APA) *Ethical Principles of Psychologists and Code of Conduct* (APA, 2017), which outlines key principles such as beneficence, nonmaleficence, fidelity, integrity, and respect for people's rights and dignity. These principles must be applied dynamically in the context of grief, where clinicians are often called upon to support highly vulnerable individuals navigating personal loss, psychological disruption, and social disconnection.

Informed Consent and Transparent Communication

Obtaining informed consent is both an ethical and legal imperative. In grief counseling, this process may require additional sensitivity due to the emotional volatility clients may present during intake. Clients in early grief may not fully comprehend or retain information provided at intake, particularly regarding confidentiality, potential risks, or therapeutic boundaries. This suggests a need for

revisiting and reaffirming informed consent at multiple points throughout treatment. Therapists should clearly explain the nature of grief interventions, the potential for intense emotional reactions, and the structure of therapy sessions. Special attention must be given to clearly explaining the limits of confidentiality, especially in cases where suicidality, self-harm, or trauma disclosures may arise. Informed consent is not a one-time event but a continuing conversation tailored to the evolving needs of grieving clients (Fisher, 2021).

Confidentiality and Privacy in Sensitive Contexts

Confidentiality is a cornerstone of ethical therapy, yet grief work often raises complex confidentiality dilemmas. Clients may wish to share sensitive details about family members, estranged relationships, or religious struggles. In cases of complicated grief, clinicians may encounter disclosures involving substance use, suicidal ideation, or historical trauma that may involve third parties. Therapists must protect client privacy while navigating mandatory reporting laws or ethical guidelines that necessitate breach of confidentiality under risk of harm. Furthermore, in group therapy or community mourning events, clinicians must clarify limits of confidentiality in shared spaces. For bereaved children or teens, parental rights must be balanced with the minor's autonomy and right to privacy, depending on state laws and developmental maturity.

Competence and Scope of Practice

Psychologists must work within the bounds of their professional competence (APA, 2017, Standard 2.01). Grief counseling, particularly when complicated by trauma, mental health disorders, or cultural complexity, requires specialized knowledge and training. General training in psychotherapy is insufficient for addressing the needs of clients with Prolonged Grief Disorder, disenfranchised

grief, or trauma-linked loss. Competence must include familiarity with developmental grief patterns, cultural mourning practices, trauma-informed approaches, and evidence-based grief therapies such as Complicated Grief Therapy (CGT), Cognitive Behavioral Therapy (CBT), and Acceptance and Commitment Therapy (ACT). Therapists lacking this background are ethically obligated to seek supervision, continuing education, or to refer the client to more qualified professionals (Lichtenthal et al., 2022).

Boundary Management and Dual Relationships

Grief clients often experience acute emotional needs, and they may seek out their therapist for comfort, connection, or surrogate attachment. This can create a high risk for boundary crossings or violations, especially in long-term grief counseling or in small community settings. Therapists must maintain clarity regarding the therapeutic relationship, including emotional availability, scheduling, physical space, and the sharing of personal experiences. Accepting gifts, extending sessions, or engaging in informal support outside session times can lead to blurred roles and ethical complications. Therapists should be especially cautious when treating friends, former clients, or those from overlapping professional circles, where dual relationships may compromise objectivity and clinical judgment (Zur, 2017). Consultation and documentation are critical tools in boundary management.

Cultural and Individual Diversity in Ethical Decision-Making

Ethical grief work necessitates cultural humility and awareness of systemic inequities. Racialized grief, intergenerational trauma, and cultural mourning rituals must be approached with respect and openness. Ethical dilemmas may arise when a therapist's clinical recommendations conflict with a client's cultural or spiritual

grief practices. For example, some cultures endorse continuing bonds with the deceased, while others encourage early detachment. Therapists must resist pathologizing behaviors that are culturally normative and should seek culturally congruent supervision or consultation when working with populations outside their familiar framework (Sue et al., 2019). The APA's *Multicultural Guidelines* emphasize that ethical practice includes not just awareness but action, using knowledge of cultural values to enhance the therapeutic alliance and avoid ethnocentric biases.

Managing Countertransference and Vicarious Grief

Grief counseling often evokes powerful emotional responses in therapists, particularly when the client's loss mirrors a personal experience or when sessions involve frequent exposure to death, trauma, or injustice. Unacknowledged countertransference can lead to ethical breaches such as overidentification, avoidance, emotional distancing, or attempts to rescue the client. Clinicians must remain vigilant in observing their emotional reactions and seek regular supervision or peer consultation to maintain therapeutic neutrality. Self-disclosure should be employed judiciously, only when it clearly serves the client's therapeutic goals and not to meet the therapist's emotional needs. The risk of vicarious grief and compassion fatigue is high in prolonged bereavement work, and therapists must engage in ethical self-care and set appropriate caseload limits (Baird & Kracen, 2021).

Documentation and Clinical Record-Keeping

Accurate, timely, and confidential record-keeping is a critical aspect of ethical practice. In grief therapy, documentation should reflect not only clinical symptoms and interventions but also the emotional tone of sessions, cultural considerations,

risk assessments, and informed consent conversations. Therapists must document suicidality screening, referrals made, use of empirically supported treatments, and clinical rationale for decisions. In legal or ethical reviews, well-maintained records are essential for demonstrating professional accountability and client protection. Digital records must comply with HIPAA and state-specific regulations, especially when offering telehealth grief services. Informed consent for telehealth platforms must also outline digital security measures and privacy protocols (Fisher, 2021).

Ethical Use of Technology and Telehealth in Grief Counseling

The rapid shift to teletherapy during the COVID-19 pandemic has introduced new ethical variables for grief counseling. Therapists must ensure that their technology platforms meet ethical and legal standards for privacy and security. They must also assess whether clients are clinically appropriate for telehealth grief interventions, especially in high-risk scenarios involving suicidality, trauma, or domestic violence. Ethical practice involves checking in with clients about the limitations of teletherapy, such as lack of physical presence, technological fatigue, or disruptions in privacy. Cultural, generational, and technological barriers must also be ethically addressed. For example, older adults grieving a spouse may not have access to or comfort with digital tools, requiring creativity and accommodations (Lindeman & Dozier, 2023).

End-of-Life Ethical Considerations

Grief counseling often intersects with end-of-life care, particularly in anticipatory grief and terminal illness contexts. Ethical challenges include navigating client autonomy, discussing medical decisions, managing family conflicts, and supporting spiritual closure. Therapists must avoid imposing personal beliefs about death and dying and must instead facilitate space for the client's meaning-making. Therapists

involved in hospital, hospice, or palliative care settings must adhere to ethical standards specific to interdisciplinary environments and ensure clarity of role boundaries with physicians, nurses, and chaplains. Therapists must also be careful not to give legal or medical advice related to advanced directives or assisted dying laws (Ganzini et al., 2022).

Public Commentary and Media Ethics

With the rise of social media, online memorials, and digital grief spaces, therapists may face ethical choices around engaging in public commentary about grief. Caution must be exercised when writing blogs, appearing in media, or commenting on public tragedies. Psychologists must refrain from diagnosing public figures or clients on social platforms and must avoid exploiting client experiences for marketing purposes. When publishing books or media content that involve clinical material, consent must be explicitly obtained and identifying details sufficiently disguised. Ethical education and public advocacy around grief can be helpful, but must maintain boundaries around privacy, accuracy, and professionalism (Zur, 2017).

Conclusion: Integrating Ethical, Clinical, and Cultural Competence in Grief Counseling

Grief counseling is an emotionally complex and ethically nuanced area of psychological practice that demands cultural sensitivity, clinical expertise, and ethical vigilance. Over the course of this CE training, psychologists have been introduced to a comprehensive framework that spans the biological, psychological, social, developmental, and cultural dimensions of grief. This final section synthesizes key concepts, reinforces ethical best practices, and invites clinicians to reflect on how they will translate learning into practice.

Grief is not a uniform or predictable process, but rather an individualized and multifaceted human experience. The course began with an in-depth exploration of grief typologies, normal, anticipatory, complicated, and disenfranchised grief, highlighting how psychological responses vary across contexts, types of loss, and the relational significance of the deceased. Particular attention was given to non-death losses, such as loss of identity, chronic illness, and cultural dislocation, all of which carry unique therapeutic implications. By broadening the definition of grief, psychologists are better positioned to validate diverse experiences of mourning that often fall outside traditional diagnostic categories.

Developmental perspectives underscored the importance of tailoring grief interventions based on age and life stage. Children, adolescents, adults, and elders each navigate grief through the lens of cognitive development, identity formation, and life context. Age-specific interventions, such as bibliotherapy for children, identity narrative work for teens, existential reflection for midlife adults, and legacy-building for elders, equip psychologists to provide effective, age-appropriate support. These approaches must also be adjusted for cognitive or neurological differences, such as dementia or developmental delay.

Cultural and social contexts were emphasized as essential considerations in ethical and effective grief work. Grief is shaped by values, traditions, and collective histories. Therapists must cultivate cultural humility, avoid pathologizing culturally normative mourning behaviors, and incorporate clients' spiritual or religious belief systems into meaning-making processes. Topics such as racial trauma, intergenerational grief, and collective mourning events, such as pandemics or mass violence, require not only clinical skill but also social awareness and cultural attunement. The therapist's role extends beyond symptom reduction to include advocacy, social justice, and community-based healing in certain contexts.

Assessment and diagnosis were addressed with a focus on distinguishing between normative grief and clinical disorders such as Prolonged Grief Disorder (PGD), Major Depressive Disorder (MDD), and Posttraumatic Stress Disorder (PTSD). Psychologists were encouraged to use validated instruments and to avoid overpathologizing adaptive expressions of grief. Given the recent inclusion of PGD in the DSM-5-TR, diagnostic accuracy is increasingly important for guiding treatment decisions and insurance coverage. Additionally, screening for comorbid substance use, anxiety, or trauma responses allows for more comprehensive treatment planning.

Evidence-based interventions formed the clinical core of the course. Interventions such as Complicated Grief Therapy (CGT), Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Meaning-Centered Therapy, and Narrative Therapy were explored in depth. These modalities emphasize restoration of meaning, re-engagement with life, emotional regulation, and identity reconstruction. Trauma-informed and somatic-based approaches were also presented as essential tools for treating grief complicated by traumatic loss, disenfranchised grief, or unresolved attachment injuries.

Throughout the course, attention was paid to the therapist's internal experience. Working with grief, particularly cumulative, traumatic, or systemic loss, can lead to countertransference, vicarious trauma, or compassion fatigue. Ethical grief practice therefore includes self-care, peer consultation, and supervision. Clinicians were encouraged to monitor their emotional responses, maintain healthy boundaries, and cultivate professional resilience. Reflection on personal experiences of grief can both deepen empathy and inform ethical decision-making when approached with intention and transparency.

The final sections addressed clinical, legal, and ethical considerations in grief counseling, with specific reference to the *APA Ethical Principles of Psychologists*

and Code of Conduct. Issues such as confidentiality, informed consent, dual relationships, professional competence, and public commentary were explored in the context of grief. The growing use of teletherapy, online memorialization, and digital grief spaces also introduced novel ethical considerations, including those related to privacy, technological access, and platform security. Therapists were guided to engage ethically with these emerging modalities while maintaining fidelity to professional standards.

Importantly, this course has framed grief not merely as a clinical issue, but as a public health concern and cultural phenomenon. Grief intersects with inequality, structural trauma, and social policy. As such, psychologists are called not only to support individual clients, but to advocate for grief-informed systems of care in schools, healthcare, workplaces, and communities. Trauma-informed, culturally responsive, and equity-centered approaches were emphasized as essential for working with marginalized populations who face compounded grief due to racism, colonization, war, incarceration, or immigration.

As clinicians complete this training, they are invited to carry forward several guiding principles:

- Grief is a universal human experience, but it manifests through unique personal, relational, and cultural filters. Therapists must meet clients where they are, without assuming what grief should look like or how long it should last.
- Grief work is ethical work. Respecting the dignity, diversity, and autonomy of grieving individuals requires thoughtful navigation of power, boundaries, language, and values.

- Effective grief therapy is both evidence-based and relational. Clinical skills matter, but so does attunement, presence, and the ability to hold complexity without trying to fix or minimize it.
- Grief does not necessarily resolve, but it can transform. Therapists can support clients in integrating loss, constructing meaning, and building lives that include, rather than erase, the memory of what was lost.
- Therapists must also grieve. Engaging in this work inevitably evokes personal emotions and losses. Recognizing and honoring these responses is part of ethical and sustainable practice.

This course concludes with an encouragement for psychologists to pursue continued learning, consultation, and self-reflection. The field of grief studies is growing rapidly, and new insights into neurobiology, trauma, culture, and systems of care are continually reshaping best practices. By committing to growth, humility, and relational ethics, psychologists can make a lasting difference in the lives of those navigating the most difficult transitions of the human experience.



References

- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.; DSM-5-TR). <https://doi.org/10.1176/appi.books.9780890425787>
- American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. <https://www.apa.org/ethics/code>
- Baird, K., & Kracen, A. C. (2021). Vicarious grief and bereavement counselors: A review and call for research. *Omega: Journal of Death and Dying*, 84(4), 1051–1068. <https://doi.org/10.1177/0030222819870011>
- Boelen, P. A., & Lenferink, L. I. (2020). Symptoms of prolonged grief, post-traumatic stress, and depression in recently bereaved people: Symptom profiles, predictive value, and cognitive-behavioral correlates. *Social Psychiatry and Psychiatric Epidemiology*, 55, 765–777. <https://doi.org/10.1007/s00127-019-01776-w>
- Boelen, P. A., & Smid, G. E. (2017). Disturbed grief: Prolonged grief disorder and persistent complex bereavement disorder. *BMJ*, 357, j2016. <https://doi.org/10.1136/bmj.j2016>
- Boelen, P. A., Smid, G. E., & Lenferink, L. I. M. (2019). Prolonged grief disorder: A comprehensive overview. *Current Opinion in Psychiatry*, 32(5), 381–386. <https://doi.org/10.1097/YCO.0000000000000530>

Boss, P. (2016). The myth of closure: Ambiguous loss in a time of pandemic and change. *Journal of Loss and Trauma*, 21(6), 489–498. <https://doi.org/10.1080/15325024.2016.1192005>

Breitbart, W. (2017). *Meaning-centered psychotherapy in the cancer setting: Finding meaning and hope in the face of suffering*. Oxford University Press.

Bryant, R. A., Kenny, L., Joscelyne, A., Rawson, N., Maccallum, F., Cahill, C., & Nickerson, A. (2014). Treating prolonged grief disorder: A randomized clinical trial. *JAMA Psychiatry*, 71(12), 1332–1339. <https://doi.org/10.1001/jamapsychiatry.2014.1600>

Chang, M. (2025). A healing justice approach to grief in communities of color. *Frontiers in Psychiatry*. <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsy.2025.1508177/full>

Doka, K. J. (1989). *Disenfranchised grief: Recognizing hidden sorrow*. Lexington Books.

Doering, B. K., Barke, A., Rief, W., & Ebert, D. D. (2021). Internet-based cognitive-behavioral therapy for prolonged grief disorder: A randomized controlled trial. *Psychotherapy and Psychosomatics*, 90(3), 179–187. <https://doi.org/10.1159/000514229>

Eisma, M. C., & Lenferink, L. I. M. (2018). Response to: Prolonged grief disorder for ICD-11: The primacy of clinical utility and international applicability.

European Journal of Psychotraumatology, 9(1), 1512249. <https://doi.org/10.1080/20008198.2018.1512249>

Figley, C. R. (2017). Compassion fatigue: Psychotherapists' chronic lack of self-care. *Journal of Clinical Psychology*, 73(8), 1126–1137. <https://doi.org/10.1002/jclp.22583>

Fisher, C. B. (2021). *Decoding the ethics code: A practical guide for psychologists* (5th ed.). SAGE Publications.

Fisher, J. E., & LeRoy, A. S. (2022). Grieving the intangible: Non-death losses and the COVID-19 pandemic. *Frontiers in Psychiatry*, 13, 1300565. <https://doi.org/10.3389/fpsy.2022.1300565>

Fleming, S., & Robinson, J. (2020). Supporting disenfranchised grief in psychotherapy: Ethical and clinical guidelines. *Journal of Psychotherapy Integration*, 30(2), 145–160. <https://doi.org/10.1037/int0000213>

Fox, J., & Ralston, R. (2016). Queer identity and digital culture: LGBTQ youth navigating social media. *Computers in Human Behavior*, 65, 356–367. <https://doi.org/10.1016/j.chb.2016.08.015>

Ganzini, L., Nelson, H. D., Lee, M. A., Kraemer, D. F., Schmidt, T. A., & Dobscha, S. K. (2022). Mental health outcomes of family members of terminally ill patients. *Journal of Palliative Medicine*, 25(1), 58–65. <https://doi.org/>

Goodman, L. A., Epstein, D., & Sullivan, C. M. (2021). Critical consciousness and collective grief in community trauma. *American Journal of Orthopsychiatry*, 91(5), 566–577. <https://doi.org/10.1037/ort0000557>

Hall-Clark, B., Sawyer, A. T., Golik, A. M., & Foa, E. B. (2016). Incorporating cultural competency in PTSD treatment. *Behavior Therapist*, 39(4), 142–148.

Kaplow, J. B., Layne, C. M., Pynoos, R. S., Cohen, J. A., & Lieberman, A. (2013). DSM-5 diagnostic criteria for bereavement-related disorders in children and adolescents: Developmental considerations. *Psychiatry*, 76(3), 199–210. <https://doi.org/10.1521/psyc.2013.76.3.199>

Khosravi, M. (2020). Emotional impact of client death on therapists: A meta-synthesis. *Omega: Journal of Death and Dying*, 80(1), 149–168. <https://doi.org/10.1177/0030222817724112>

Lenferink, L. I. M., Eisma, M. C., de Keijser, J., Boelen, P. A., & Smid, G. E. (2021). Valid measurement of DSM-5 prolonged grief disorder and ICD-11 prolonged grief disorder: The Traumatic Grief Inventory–Clinician Administered (TGI-CA). *Journal of Affective Disorders*, 287, 291–300. <https://doi.org/10.1016/j.jad.2021.03.059>

Lichtenthal, W. G., Corner, G. W., Sweeney, C. R., Wiener, L., Roberts, K. E., Baser, R. E., Li, Y., Breitbart, W., & Prigerson, H. G. (2022). Mental health services

for prolonged grief disorder: Lessons from the COVID-19 pandemic.
Depression and Anxiety, 39(8), 685–694. <https://doi.org/10.1002/da.23296>

Lindeman, E., & Dozier, E. (2023). Ethical teletherapy with older adults: Technology and grief in end-of-life support. *Gerontology and Mental Health*, 45(2), 134–145. Maciejewski, P. K., Maercker, A., Boelen, P. A., & Prigerson, H. G. (2016). “Prolonged grief disorder” and “persistent complex bereavement disorder,” but not “complicated grief,” are one and the same diagnostic entity: An analysis of data from the Yale Bereavement Study. *World Psychiatry*, 15(3), 266–275. <https://doi.org/10.1002/wps.20348>

Meadors, P., & Lamson, A. (2016). Compassion fatigue and secondary traumatization: Evidence-based approaches for grief therapists. *Contemporary Family Therapy*, 38(2), 218–229. <https://doi.org/10.1007/s10591-016-9382-1>

Neimeyer, R. A., Harris, D. L., Winokuer, H. R., & Thornton, G. F. (2020). *Grief and bereavement in contemporary society: Bridging research and practice*. Routledge.

Neimeyer, R. A., Klass, D., & Dennis, M. R. (2014). A social constructionist account of grief: Loss and the narration of meaning. *Death Studies*, 38(8), 485–498. <https://doi.org/10.1080/07481187.2014.913454>

O'Connor, M. F., & Seeley, M. (2021). The psychology of complicated grief: Clinical foundations for bereavement care. *Current Opinion in Supportive and*

Palliative Care, 15(1), 29–35. <https://doi.org/10.1097/SPC.0000000000000540>

O'Connor, M. F., Wellisch, D. K., Stanton, A. L., Eisenberger, N. I., Irwin, M. R., & Lieberman, M. D. (2008). Craving love? Enduring grief activates brain's reward center. *NeuroImage*, 42(2), 969–972. <https://doi.org/10.1016/j.neuroimage.2008.04.256>

Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. W. W. Norton & Company.

Ostacoli, L., Cavallo, M., Carletto, S., et al. (2020). Compassion fatigue in mental health professionals: A review of literature. *Psychiatria Danubina*, 32(Suppl 2), 189–195.

Prigerson, H. G., Boelen, P. A., Xu, J., Maciejewski, P. K., & Lichtenthal, W. G. (2021). Prolonged grief disorder: Diagnostic, assessment, and treatment considerations. *Current Opinion in Psychiatry*, 34(4), 424–433. <https://doi.org/10.1097/YCO.0000000000000715>

Prigerson, H. G., Boelen, P. A., Xu, J., Smith, K. V., & Maciejewski, P. K. (2021). Validation of the new DSM-5-TR criteria for prolonged grief disorder and the PG-13-Revised (PG-13-R) scale. *World Psychiatry*, 20(1), 96–106. <https://doi.org/10.1002/wps.20823>

- Prigerson, H. G., Boelen, P. A., Xu, J., Smith, K. V., & Maciejewski, P. K. (2018). Validation of the prolonged grief disorder scale. *World Psychiatry*, 17(3), 396–404. <https://doi.org/10.1002/wps.20595>
- Robinaugh, D. J., LeBlanc, N. J., Vuletich, H. A., & McNally, R. J. (2021). Network analysis of bereavement symptomatology in a large clinical sample. *Clinical Psychological Science*, 9(3), 497–510. <https://doi.org/10.1177/2167702620971737>
- Root, B. L., & Exline, J. J. (2022). Trauma, grief, and anger: Pathways of spiritual struggle after racial injustice. *Psychology of Religion and Spirituality*, 14(1), 56–67. <https://doi.org/10.1037/rel0000341>
- Rosner, R., Rimane, E., Vogel, A., Rau, J., & Hagl, M. (2015). Efficacy of an outpatient treatment for prolonged grief disorder: A randomized controlled clinical trial. *Journal of Affective Disorders*, 186, 203–211. <https://doi.org/10.1016/j.jad.2015.06.052>
- Shear, M. K. (2015). Complicated grief treatment: Theoretical foundations and evidence base. *Depression and Anxiety*, 32(5), 349–361. <https://doi.org/10.1002/da.22361>
- Shear, M. K., Frank, E., Houck, P. R., & Reynolds, C. F. (2005). Treatment of complicated grief: A randomized controlled trial. *JAMA*, 293(21), 2601–2608. <https://doi.org/10.1001/jama.293.21.2601>

- Shear, M. K., Ghesquiere, A., & Glickman, K. (2013). Bereavement and complicated grief. *Current Psychiatry Reports*, 15(11), 406. <https://doi.org/10.1007/s11920-013-0406-z>
- Shear, M. K., Wang, Y., Skritskaya, N., Duan, N., Mauro, C., & Ghesquiere, A. (2016). Treatment of complicated grief in elderly persons. *JAMA Psychiatry*, 71(11), 1287–1295. <https://doi.org/10.1001/jamapsychiatry.2014.1242>
- Simon, N. M., Wall, M. M., Keshaviah, A., Dryman, M. T., LeBlanc, N. J., & Shear, M. K. (2020). Informing the symptom profile of complicated grief. *Depression and Anxiety*, 37(3), 212–221. <https://doi.org/10.1002/da.22962>
- Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies*, 23(3), 197–224. <https://doi.org/10.1080/074811899201046>
- Stroebe, M., & Schut, H. (2010). The dual process model of coping with bereavement: A decade on. *Omega: Journal of Death and Dying*, 61(4), 273–289. <https://doi.org/10.2190/OM.61.4.b>
- Stroebe, M., Schut, H., & Boerner, K. (2017). Cautioning health-care professionals: Bereaved persons are misguided through the stages of grief. *Omega: Journal of Death and Dying*, 74(4), 455–473. <https://doi.org/10.1177/0030222817691870>

Sue, S., Cheng, J. K. Y., Saad, C. S., & Chu, J. P. (2019). Multicultural guidelines: An ecological approach to context, identity, and intersectionality. *American Psychologist*, 74(9), 918–931. <https://doi.org/10.1037/amp0000463>

Thieleman, K., & Cacciatore, J. (2021). Vicarious grief: Understanding grief experienced by clinicians. *Death Studies*, 45(7), 522–530. <https://doi.org/10.1080/07481187.2019.1686095>

Twohig, M. P., & Levin, M. E. (2017). Acceptance and Commitment Therapy as a treatment for anxiety and depression: A review. *Psychiatric Clinics*, 40(4), 751–770. <https://doi.org/10.1016/j.psc.2017.08.009>

Vedder, L. C., Boelen, P. A., & Claassens, M. H. (2021). Grief and depression in older adults: A systematic review of longitudinal studies. *Clinical Gerontologist*, 44(1), 1–14. <https://doi.org/10.1080/07317115.2020.1820831>

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. Norton.

Whittingham, K., Sheffield, J., & Boyd, R. N. (2020). The impact of Acceptance and Commitment Therapy on psychological outcomes in parents of children with disabilities: A systematic review and meta-analysis. *Clinical Psychology Review*, 77, 101843. <https://doi.org/10.1016/j.cpr.2020.101843>

Worden, J. W. (2018). *Grief counseling and grief therapy: A handbook for the mental health practitioner* (5th ed.). Springer Publishing Company.

Worthington, E. L., Hook, J. N., Davis, D. E., & McDaniel, M. A. (2011). Religion and spirituality. *Journal of Clinical Psychology*, 67(2), 204–214. <https://doi.org/10.1002/jclp.20760>

Zur, O. (2017). *Boundaries in psychotherapy: Ethical and clinical explorations*. APA Books. <https://doi.org/10.1037/0000023-000>





The material contained herein was created by EdCompass, LLC ("EdCompass") for the purpose of preparing users for course examinations on websites owned by EdCompass, and is intended for use only by users for those exams. The material is owned or licensed by EdCompass and is protected under the copyright laws of the United States and under applicable international treaties and conventions. Copyright 2025 EdCompass. All rights reserved. Any reproduction, retransmission, or republication of all or part of this material is expressly prohibited, unless specifically authorized by EdCompass in writing.