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Grief and Grieving for the General Practitioner

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View the entire course including any applicable handouts/resources. Complete a post-test assessment. You must score 80% or better on the post-test and complete the course evaluation to earn a certificate of completion for this activity. If required, Select Rehabilitation will report attendance to CE Broker.

ABOUT THE COURSE AUTHOR

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POST-TEST

1. Grief is best described as:
 - a) A fixed sequence of stages
 - b) A unique, dynamic process
 - c) Only emotional sadness
 - d) Only found in close relatives
2. Frequent exposure to death without support increases risk of:
 - a) Job promotion
 - b) Financial stress
 - c) Immunity
 - d) Complicated grief

3. A key sign that staff need additional support is:
 - a) Increased laughter
 - b) Avoidance of caring duties
 - c) Early retirement
 - d) Higher productivity
4. A good grief assessment tool should:
 - a) Screen symptoms
 - b) Diagnose disease
 - c) Replace clinical judgment
 - d) Be ignored
5. Burnout may be reduced by:
 - a) Removing grief support
 - b) Ignoring losses
 - c) Enhanced grief support
 - d) Restricting discussion

The post-test and corresponding course evaluation can be accessed at:
https://www.surveymonkey.com/r/Grief_On_Demand

Or by using the following QR Code:



If all course requirements have been met, a certificate will be emailed from Select Rehabilitation to the email address reported in the course follow-up survey.

Any questions or issues related to this course should be directed to Dr. Kathleen Weissberg, National Director of Education for Select Rehabilitation at kweissberg@selectrehab.com

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Grief and Grieving in Senior Living for General Practitioner

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Learning Objectives

- Define grief-related terminology
- Describe contemporary grief models
- Identify grief responses in residents, families, and staff
- Apply discipline-specific grief support strategies
- Promote healthy organizational culture



Key Definitions

- Loss: Significant change resulting in absence of person, role, or function
- Grief: Internal emotional, cognitive, physical response to loss, unique individualized process
- Bereavement: Period following a death
- Mourning: External expression of grief
- Non-death losses: Loss of function, independence, identity



Contemporary Grief Theory

- Grief is non-linear and individualized
- Continuing bonds with the deceased are normal rather than moving on
 - sensing the deceased's presence, maintaining connections through physical objects, believing the deceased influences thoughts or events, and consciously integrating the deceased's traits into personal or group identity
- Oscillation between loss- and restoration-oriented coping



Loss Leading to Grief

- Death or separation of a loved one
- Loss of a beloved pet
- The shift away from an active role in the community or family
- Life changes (e.g., giving up driving, an enjoyed activity)
- Change in health or ability
- Retirement
- Family dynamics ("Empty Nest")
- New living situation
- Finances
- Loss of self or independence
- Divorce
- Loss of a job
- Any other significant life changes



Case Study: Resident Loss

- **Scenario:** Mrs. J, age 87, loses her spouse who lived in the same senior living community. Over several weeks, staff observe alternating sadness, withdrawal from activities, and frequent storytelling about her husband.
- **Healthy Organizational Culture Response:**
 - Staff acknowledge the loss consistently across disciplines.
 - OT supports re-engagement in meaningful shared routines.
 - Nursing monitors sleep, appetite, and mood.
 - Team documents grief-related functional changes and communicates during care conferences.
- **Potential Resolution:** Mrs. J resumes selected activities, retains a continuing bond through memory-sharing, and reports feeling "seen" rather than rushed to move on



Grief

- Is the response to loss of something meaningful
- Has to be, because we love
- Is normal
- Is how loss heals
- Is necessary
- Is an amalgam of emotions
- Is dynamic
- Has no particular timing

Complicated vs. Uncomplicated

- Uncomplicated grief encompasses multiple responses emotional, cognitive, physical, and behavioral that are common reactions after a loss.
- Complicated grief is a persistent form of intense grief characterized by continued yearning, longing, sadness and/or preoccupation
 - Maladaptive thoughts
 - Dysfunctional behaviors
 - Inadequate emotion regulation
- Failure to address the pressing needs of individuals experiencing loss and grief may cause poor mental and physical health (Kang et al., 2020).

Types of Grief

- **Anticipatory grief**- Grief that occurs **before an actual loss**
- **Complicated grief**- A **persistent, intense grief response** that interferes with daily functioning and does not ease over time
- **Disenfranchised grief**- Grief that is hidden, unrecognized, **not openly acknowledged, socially validated, or supported**
- **Secondary losses**- The **additional losses that accompany a primary loss**, such as loss of independence, roles, routines, identity, relationships, or future plans

Case Study : Disenfranchised Grief

- **Scenario:** A CNA feels deep sadness after the death of a long-term resident but believes expressing grief is unprofessional.
- **Healthy Organizational Culture Response:**
 - Supervisor validates staff-resident relationships.
 - Brief unit acknowledgment of the resident's death.
 - Peer support encouraged without forcing disclosure.
- **Potential Resolution:** CNA feels supported, remains engaged at work, and reports reduced emotional suppression.



Symptoms of Grief: Physical

- Fatigue/weakness
- Appetite changes (weight loss or gain)
- Sleep problems
- Feelings of hollowness in the stomach
- Tightness in the chest
- Heart palpitations
- Gastrointestinal disturbances



Symptoms of Grief: Emotional

- Irritability
- Emotional numbness
- Relief
- Fear, anger
- Guilt, sadness
- Loneliness/abandonment
- Despair
- Ambivalence
- Need to review the death



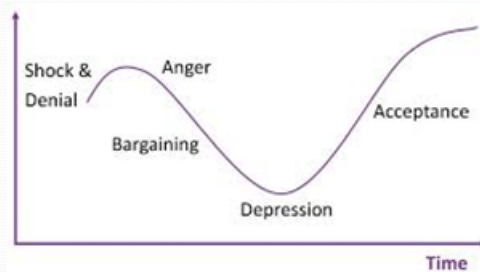
Symptoms of Grief: Behavioral

- Avoiding conversations
- Withdrawal from activities
- Being on auto pilot
- Withdrawal from others
- Dependence on others
- Fear of being alone

Symptoms of Grief: Cognitive

- Difficulty concentrating
- Forgetfulness
- Disbelief
- Denial
- Confusion
- Preoccupation with or dreams of the deceased

Stages of Grief



Stages of Grief

Denial

- Can initially help you survive the loss
- May deny the event and 'go numb'
- Living a 'preferable' reality
- Denial and shock that help you cope and survive grief
- Aids in pacing your feelings of grief



Stages of Grief

Anger

- Anger is a necessary stage of grief and it is encouraged
- The more you feel the anger, the more quickly it will dissipate, and the more quickly you will heal
- It is not healthy to suppress feelings of anger
- The direction of anger toward something or somebody is what might bridge you back to reality and connect you to people again



Stages of Grief

Bargaining

- In a way, this stage is false hope
- Guilt is common
- What could have been done to prevent the loss?
- Dwell on things they could have done differently



Stages of Grief

Depression

- Depression is a commonly accepted form of grief
- Represents emptiness we feel when we are living in reality and realize the person or situation is gone or over
 - May withdraw, feel numb, live in a fog, etc.
 - Decrease in sleep and/or appetite
 - Lack of energy and/or concentration
 - Crying spells
 - Loneliness, emptiness, isolation and/or self-pity



Stages of Grief

Acceptance

- Emotions begin to stabilize
- Re-enter reality and come to terms with the 'new' reality
- Time of adjustment and readjustment
- Engagement occurs again



Grief in Residents and Families

- Emotional, behavioral, physical grief responses
- Family grief shaped by end of life care experiences
- Impact of dementia, chronic illness, and disability

How do we as rehab / nursing professionals intervene?

Discipline specific intervention

- **OT Scope Alignment:**
- Assess impact of grief on ADLs, routines, roles, and occupational identity
- Support engagement in meaningful activities as grief-sensitive interventions
- **PT Scope Alignment:**
- Recognize grief-related changes in mobility, endurance, and participation
- Adapt therapy pacing and goals during acute or cumulative loss
- **SLP Scope Alignment:**
- Address grief-related communication changes, cognitive-linguistic decline, and dysphagia impacts
- Support life review, narrative expression, and family communication
- **Nursing Scope Alignment:**
- Monitor psychosocial and physical manifestations of grief
- Provide education, symptom management, and referrals



Case Study: Family Anger

- **Scenario:** A daughter expresses anger toward staff following her mother's decline, frequently questioning care decisions.
- **Healthy Organizational Culture Response:**
- Nursing leadership provides a compassionate listening meeting.
- Interdisciplinary team maintains consistent messaging.
- Staff receive guidance to interpret anger as grief.
- **Potential Resolution:** Family reports feeling heard; complaints decrease; staff confidence improves.
- **Discipline Focus:** OT supports routines, PT adjusts goals, SLP supports communication, Nursing coordinates care and family education.



Grief Screening & Inventories

- Screening supports referral, not diagnosis
- **Inventory of Complicated Grief (ICG):** 19-item screening tool assessing maladaptive grief symptoms such as persistent yearning, disbelief, and functional impairment.
- **Traumatic Grief Inventory – Self Report (TGI-SR / TGI-SR+):** Self-report measure aligned with DSM-5-TR and ICD-11 criteria for Prolonged Grief Disorder.
- **PG-13 (Prolonged Grief Disorder-13):** Structured screening tool commonly used in research and specialty clinical settings.



Additional Screening Resources

- These are **tools and resources** that clinicians may find helpful for screening conversations and understanding grief patterns (not necessarily standardized inventories, but useful for educational / clinical context):
- **Perinatal Grief Scale (Short Version)** – historically used for specific grief experiences and available via psychology tools and research resources.
- **Grief Support Inventory (GSI)** – tool for eliciting support network information around loss experiences (often used in counseling contexts).
- **Screening Guidance for Complicated Grief (VA Whole Health Library)** – narrative guidance for differentiating typical grief from complicated reactions and when to refer.
- **Texas Revised Inventory of Grief and Related Scales** – identified in literature as historically significant grief measures; may require access via clinical inventories or research protocols.



Discipline Specific Screening

- **OT Scope Alignment:**
- Screen for grief-related disruption in ADLs, IADLs, routines, and occupational identity
- Use results to guide activity modification and referral
- **PT Scope Alignment:**
- Observe grief-related changes in energy, participation, pain perception, and movement engagement
- Document functional participation changes prompting referral



Discipline Specific Screening

- **SLP Scope Alignment:**
- Identify grief-related cognitive-communication changes, narrative disruption, or swallowing decline
- Support expressive processing and recommend referral when symptoms persist
- **Nursing Scope Alignment:**
- Administer or coordinate psychosocial screening per facility protocol
- Monitor symptom progression and facilitate referrals to mental health or palliative care





Practical Tips for Clinicians

- **When to Use These Tools**
- **Screening vs. diagnosis:** These tools are for **screening and monitoring**, not definitive diagnosis. Clinical judgment and referral to mental health professionals remain essential when risk of prolonged or complicated grief is high.
- **Populations:** Appropriate for adult bereavement, including older adults in senior living who may experience multiple cumulative losses or anticipatory grief.
- **Implementation Suggestions**
- Use inventories like ICG or TGI-SR to help conversations about grief intensity, especially when grief is **persistent, impairing, or interfering with daily functioning**.
- Pair inventories with **clinical observational data** (functional performance, daily participation changes, social withdrawal) for holistic assessment.



Cultural & Individual Differences

- Cultural rituals and mourning practices
- Individual belief systems and meaning-making
- Respectful inquiry before screening
- **Screening Considerations:**
- Grief inventories may not capture culturally specific expressions of grief
- Use tools in conjunction with clinical judgment and cultural humility



Cultural Grief Expression

- Western cultures-public or private displays of grief, wearing black, seek therapy
- Mexico- celebrate dead with vibrant festivals
- China and Japan- collective mourning Qingming festival

- Grief is Universal
- Expression differs based upon cultural norms
- No single “RIGHT” way to grieve



Case Study – Cultural Practices

- **Scenario:** A family requests mourning rituals unfamiliar to staff, creating uncertainty.
- **Healthy Organizational Culture Response:**
 - Staff ask respectful clarifying questions.
 - Leadership supports reasonable accommodation.
 - Policies applied flexibly.
- **Potential Resolution:** Family feels respected; staff gain cultural competence confidence.



HEALING Milestones

- Honor your loved one and yourself
- Ease emotional pain
- Accept grief and let it find a place in your life
- Learn to live with reminders of your loss
- Integrate memories
- Narrate stories
- Gather others around you



DERAILERS

- Doubt that you did enough
- Embracing ideas about grief that make you want to change it or control it
- Repeatedly imagining scenarios where something didn't happen
- Anger and bitterness you can't resolve or let go of
- Insistent belief that it's unfair or wrong
- Lack of faith in the possibility of adapting to the loss
- Excessive avoidance of reminders of loss
- Rejecting support from others
- Survivor guilt



Grief Among Healthcare Staff

- **Emotional labor and cumulative loss**
- **Disenfranchised grief in healthcare roles**
- **Impact on job satisfaction and care quality**
- **OT Scope Alignment:**
 - Facilitate staff participation in restorative activities and routines
- **PT Scope Alignment:**
 - Address somatic stress responses and physical exhaustion
- **SLP Scope Alignment:**
 - Support communication within teams and reflective dialogue
- **Nursing Scope Alignment:**
 - Identify staff distress, advocate for support resources, and model healthy coping



Case Study: Nurse Avoidance

- **Scenario:** A nurse avoids end-of-life assignments after multiple patient deaths, showing signs of emotional exhaustion.
- **Healthy Organizational Culture Response:**
 - Leadership initiates a private, supportive check-in.
 - Temporary workload adjustment offered.
 - Referral to peer support or EAP.
- **Potential Resolution:** Nurse gradually re-engages in care with restored confidence and reduced avoidance.



Healthy Organizational Culture

- Acknowledges resident and staff grief
- Acknowledgment of loss
- Encourages interdisciplinary communication
- Provides optional rituals / remembrance
- Peer and Leadership support
- Reduces burnout and turnover



Staff Self-Care & Resilience

- Recognize compassion fatigue
- Use peer support and debriefing
- Maintain boundaries and routines
- Seek support when needed



Case Study – Remembrance Ritual

- **Scenario:** A unit introduces a brief remembrance ritual after resident deaths; staff express mixed reactions.
- **Healthy Organizational Culture Response:**
 - Participation is optional.
 - Ritual remains brief and inclusive.
 - Leadership explains purpose and gathers feedback.
- **Potential Resolution:** Ritual becomes normalized, fostering connection without emotional overload.



Complicated Grief & Burnout

- **Risk factors:**
 - **Intensely stressful and emotional situations** in caring for sick patients.
 - **Exposure to human suffering and death**, which can lead to emotional exhaustion and depersonalization.
 - **Unique pressures** from relationships with patients, family members, and employers.
 - **Working conditions** with ongoing risk for hazardous exposures and demanding physical work.
 - **High administrative burdens** and little control over schedules, which can lead to increased stress and burnout.
 - **Stigma towards mental health illness and treatment**, which can hinder healthcare workers from seeking help for their own well-being.
 - **COVID-19 impact-Increased workloads** during the COVID-19 pandemic, leading to anxiety and personal harm, as well as symptoms consistent with post-traumatic stress disorder.
 - **KNOW When to refer for mental health support**



Case Study Pandemic Aftermath

- **Scenario:** Staff from a COVID-impacted unit show emotional detachment and fatigue months after crisis conditions subside.
- **Healthy Organizational Culture Response:**
 - Organization offers structured debrief sessions.
 - Leadership acknowledges cumulative grief.
 - Access to mental health resources reinforced.
- **Potential Resolution:** Staff morale improves; absenteeism decreases; team cohesion strengthens.



Staff-Focused Interventions

- **Debriefings and reflective practice**
- **Peer support and mentoring**
- **Education and supervision**
 - **OT Scope Alignment:**
 - Support staff occupational balance and resilience-building routines
 - **PT Scope Alignment:**
 - Promote movement-based stress reduction and body awareness
 - **SLP Scope Alignment:**
 - Facilitate group communication, debriefing, and narrative processing
 - **Nursing Scope Alignment:**
 - Lead or coordinate staff support initiatives and policy implementation



Case Study– Peer Support Group

- **Scenario:** Staff propose an interdisciplinary grief support group.
- **Healthy Organizational Culture Response:**
 - Leadership approves protected time.
 - Participation remains voluntary.
 - Group facilitated with clear boundaries.
- **Potential Resolution:** Staff report improved coping and peer connection.



Resident & Family Interventions

- **Validation and presence**
- **Meaning-making and legacy work**
- **Behavioral activation and engagement**
- **OT Scope Alignment:**
 - Facilitate engagement in meaningful occupations and legacy activities
- **PT Scope Alignment:**
 - Encourage movement to support mood, function, and participation
- **SLP Scope Alignment:**
 - Support expressive communication, memory sharing, and caregiver education
- **Nursing Scope Alignment:**
 - Manage symptoms, provide education, and coordinate interdisciplinary care



Case Study – Widowed Resident

- **Scenario:** A recently widowed resident withdraws from social activities and therapy.
- **Healthy Organizational Culture Response:**
 - OT adapts activities to grief-sensitive pacing.
 - PT reframes mobility goals toward quality of life.
 - Nursing monitors mood and sleep.
- **Potential Resolution:** Resident gradually re-engages and reports improved sense of purpose.



Ethical Communication

- Honesty with compassion
- Timing and pacing
- Interdisciplinary consistency

Emphasize ethical obligations in difficult conversations.



Compassionate Communication

- **Communicating the Shift to Patients**
- **Honoring Autonomy and Dignity:**
- End-of-life care must be patient-centered. The patient is always the expert on their own experience.
- **Using Open-Ended Questions:** "What is most important to you right now?" "How are you hoping to spend your energy today?"
- Focus on their **goals of care**. What brings them comfort and meaning?
- **Validating Feelings:** Acknowledge the loss: "I know how frustrating it is that your body isn't doing what you want it to."
- We must validate the grief that comes with functional decline. We are not just treating a body part; we are treating a person losing their abilities.
- **Shifting Goals with Empathy:** "We can't improve your strength, but we can make sure you are comfortable and safe when you transfer to see your wife."
- Frame the change as a shift in focus to honor their most essential values.



Palliative Care vs Hospice Care

- **Palliative Care:** Care provided to any person with a serious illness, focused on **symptom management and quality of life**. **Palliative care** is an *umbrella* concept. It can start at the point of diagnosis of a serious illness and can be provided concurrently with curative treatment. It's about living as actively and comfortably as possible.
- **Hospice Care:** A specific type of palliative care for individuals with a terminal diagnosis and a prognosis of **six months or less**, who have elected to forgo curative treatment.
- **Hospice care** is a *benefit* under Medicare. When a patient enrolls in hospice, the focus is exclusively on comfort and quality of remaining life.



The Family as a Unit of Care

- **Active Listening & Validation:** Listen to their fears, guilt, and exhaustion without judgment.
- **Clarity on Goals:** "We are moving from strengthening to maximizing comfort and preserving dignity."
- Use "**palliative**" and explain what it means: specialized care for comfort.
- **Practical Training (Empowerment):** Give them concrete, achievable tasks.
- **OT/PT:** Safe body mechanics for repositioning. **SLP:** Comfort feeding techniques, oral care.
- **Facilitating Communication:** Help the patient and family communicate their needs



Case Study– Prognosis Discussion

- **Scenario:** A clinician must discuss limited prognosis with a spouse.
- **Healthy Organizational Culture Response:**
 - Team prepares consistent messaging.
 - Quiet, private setting ensured.
 - Follow-up support offered to family and staff.
- **Potential Resolution:** Family expresses trust in care team; staff feel supported rather than isolated.



The Power of Presence and Legacy

- **Final Gift:** Our ultimate contribution is to facilitate the final days being lived with dignity, meaning, and connection.
- **Comfort over Function:** If a patient chooses to stop a prescribed exercise because they are too tired, that is the right choice.
- **The Final Role:** Supporting the patient's ability to fulfill their final roles—saying goodbye, expressing love, sharing a final meal, or simply resting peacefully.
- **Occupational therapists are experts in the *doing* that creates *being*.** Our presence supports the patient's final identity.
- **SLP's Legacy Work:** Ensuring the final words and wishes are communicated clearly and preserved.
- **Nurses Legacy Work:** Comfort through medication management



The Interdisciplinary Team

Our observations fuel the entire IDT. Collaboration is the cornerstone of high-quality end-of-life care.

- - **Social Worker (SW):** Crucial for emotional support, financial concerns, and connecting family to community resources.
- The SW is our partner in navigating complex family dynamics and facilitating honest goals-of-care conversations.
- - **Nursing (RN):** Expert in medication, symptom management (pain, nausea), and assessing acute change in status.
- They rely for accurate reports of functional status and non-pharmacological interventions that can ease suffering.
- - **Physician/NP:** Responsible for prognosis, medication management, and ordering specialty services (like hospice).
- detailed documentation of functional decline is necessary to justify the hospice referral order.
- - **Chaplain/Spiritual Counselor:** Supports the patient's and family's spiritual, existential, and religious needs.



Key Takeaways

- Grief is universal and individualized
- There are many types of Grief (Complicated, Disenfranchised, Anticipatory, Secondary losses)
- Non-death losses are common in senior living
- Screening tools aid early identification
- Culture shapes grief and grieving outcomes
- End of Life Care can shape grief responses
- Staff, Families and Residents can react differently to Grief
- Healthy Organizational Culture Responses can lead to reduced burnout and higher quality of care



References

- Hawes, F. M., & Wang, S. (2024). A Comparative Study of Organizational Grief Support and Burnout Among Nursing Home Staff. *The Gerontologist*, 64(8), gnae065. <https://doi.org/10.1093/geront/gnae065>
- Prigerson, H. G., Maciejewski, P. K., Reynolds, C. F., Bierhals, A. J., Newsom, J. T., Fasiczka, A., ... Miller, M. (1995). *Inventory of Complicated Grief: A scale to measure maladaptive symptoms of loss*. Psychiatry Research.
- Rahmani, F., Hosseinzadeh, M., & Gholizadeh, L. (2023). Complicated grief and related factors among nursing staff during the Covid-19 pandemic: a cross-sectional study. *BMC psychiatry*, 23(1), 73. <https://doi.org/10.1186/s12888-023-04562-w>
- Sharif, L., Almutairi, K., Alnasser, I., Attar, Z., Mahsoon, A., Alhafaian, A., Almutairi, B., Alqahtani, Y., Tunisi, A., Yaghmour, S., Bokhari, F., & Wright, R. (2025). Relationship between grief and coping strategies among nurses dealing with patient deaths: a descriptive, cross-sectional, correlational study. *BMC palliative care*, 24(1), 151.
- Simon, N. M., & Shear, M. K. (2017). *Traumatic Grief Inventory – Self Report (TGI-SR)*. Journal of Loss and Trauma. [Instrument aligned with DSM-5 / ICD-11 criteria].
- Various authors. (2020). *Assessment of prolonged grief disorder: Systematic review of assessment instruments*. International Journal of Nursing Studies.
- Vandersman, P., Chakraborty, A., Rowley, G., & Tieman, J. (2024). The matter of grief, loss and bereavement in families of those living and dying in residential aged care setting: A systematic review. *Archives of Gerontology and Geriatrics*, 124, 105473. <https://doi.org/10.1016/j.archger.2024.105473>

