Individual Planning: A Treatment Plan Overview for Individuals with Unresolved Grief or Loss.

Spend at least one hour developing different treatment plans.

Indications that someone may be suffering with complicated grief vary with each individual and each situation, however some of the ways it can look are listed below. When reading through these descriptions, it’s important to remember that to be considered complicated grief, the person must have remained stuck in their feelings for a significant period of time (usually in excess of several months), unable to experience further emotional reactions of grief or to make adjustments to adapt to the reality of their loss:

The individual has difficulty speaking of the deceased without experiencing, renewed and intense grief.
They constantly bring up themes of death and loss in even the most casual conversations.
They have ongoing sleep problems sleeping too much or too little that persist for more than 6 weeks.
They make sudden and radical changes in their lifestyle.
They exhibit self-destructive behavior, for instance excessive drinking, substance abuse, or promiscuity.
Without any real medical problems, they develop some of the same symptoms the deceased person experienced just before death.
They avoid anyone or anything associated with the deceased, including friends, family, and previously shared activities.
Even relatively minor events trigger an intense grief reaction.
They have symptoms of depression, especially extreme and persistent feelings of guilt, hopelessness, and lowered self-esteem.
Their ability to manage everyday responsibilities at work, school, or home is significantly impaired.

When grief remains unresolved, it can lead to other serious problems, including depression, anxiety disorders and even physical illnesses like heart trouble. Fortunately, for even the most severe cases, there is cause for hope. For those who find they are unable, for any reason, to come to terms with their loss, therapy can prove invaluable in moving through the grieving process and finally becoming able to come to terms with the full reality of the loss.

Complicated or Unresolved Grief
Grief impacts each person differently and prolonged grieving is not unusual. For some, during the first few months it can seem as though the feelings of grief are overwhelming and forever change all aspects of life. While there is no set formula for how long it takes to move
through the grieving process, it usually takes a year after the death of a loved one to move through a wide range of grief-associated emotions and begin to come to terms with the loss. Unfortunately, some individual's response to significant loss remains stuck in an unresolved and long-lasting state. Sometimes referred to as complicated grief, this extreme version of the normal feelings experienced during life passage can have many of the same symptoms as post-traumatic stress disorder, including survivor guilt, extreme agitation, intense sensitivity to stimulus, and intrusive (uncontrolled and unwanted) thoughts. Typically, complicated grief is not rooted in inadequate coping after the death, but rather in the original relationship with the deceased or the manner in which they died. Some of the more typical situations follow.

Sudden or Traumatic Death
When someone dies in a sudden, shocking, or what seems a preventable way—for example, suicide, homicide, a fatal accident, fatal illness, or murder it can cause such an intense cluster of overwhelming feelings, including rage, guilt, shock, disbelief, or a desire for revenge that the release of further feelings associated with grief and the eventual acceptance of the loss become blocked.

Shame, Embarrassment, or Social Stigma
When death is related to a socially sensitive cause, such as suicide, homicide, or AIDS, some people react by feeling such overwhelming shame or confusion that they feel too unsure to express or even allow themselves to feel what the loss means for them.

Unresolved Issues or Unfinished Business
Sometimes death occurs when there are important issues that remain unresolved, for instance, a son or daughter who has not spoken to their parent for many years following a disagreement, or a spouse who dies during a time of crisis in the marriage. In such cases, when death deprives a person of ever being able to work through old issues, or eliminates the chance to tell someone how they really felt, an individual can become so focused on the unfinished aspects of the relationship that they feel incapable of moving through the many other reactions to their loss.

Behavioral Indicators for Individuals Suffering from Unresolved Grief and Loss:
1. Thoughts and feelings dominated by loss accompanied with poor concentration, and tearful spells.
2. Confusion about any future plans or goals.
3. Series of losses in life (such as, deaths, divorces, jobs) that led to depression and hopelessness.
4. Strong emotional response when losses or causes of grief are discussed.
5. Poor appetite, weight loss, and/or insomnia, and other depression symptoms that started since the loss.
6. Feelings and thoughts that not enough was done for the lost significant other.
7. An unreasonable belief of placing indirect or direct blame for to the death of significant other.
8. Avoidance of talking about the loss other than discussing at no more than a superficial level.
9. Loss of a positive support or social network due to a geographic move.
10. Unable to complete the process of letting go of the lost significant other.

Long Term Goals for Individuals Suffering from Unresolved Grief and Loss:
1. Initiate a healthy grieving process around the loss.
2. Increase understanding of how the avoidance of grieving has affected life and the healing process.
3. Begin and complete the process of letting go of the lost significant other.
4. Help gradually resolve the loss and begin renewing old friendships and initiating new
contacts with others.

**Short Term Goals for Individuals Suffering from Unresolved Grief and Loss:**
1. Identify and list the losses that have been experienced in life.
2. Express an increased understanding of the steps in the grief process.
3. Identify and list what stages of grief have been experienced in the continuum of the grieving process.
4. Discuss in detail the story of the current loss that is triggering symptoms.
5. Reading assignment about the grief process to better understand the experience.
6. Initiate expression of feelings associated with the loss.
7. Provide with a video on the grief and loss process to compare personal experience with that of those in the films.
8. Encourage attendance to a grief support group.
9. Identify and list how avoiding dealing with the loss has negatively impacted life.
10. Identify and list how the use of substance abuse has impacted the avoidance of feelings associated with the loss.
11. Agree to treatment that focuses on substance abuse that has provided a false escape from the pain of grief.
12. Express and resolve feelings of anger or guilt focused on self or the deceased loved one blocking the grieving process.
13. Write letters to the lost loved one to express memories and feelings linked with the loss.
14. Understand the developed dependency on lost loved one and refocus life on independent actions to meet emotional needs.
15. Identify and list causes for feelings of regret associated with the deceased.
16. Express thoughts and feelings about deceased that went unexpressed when deceased was alive.
17. Identify and list the positive characteristics of the deceased, and the positive aspects of the relationship with the deceased.
18. Reduce or eliminate any statements and feelings of being responsible for the loss.
19. Reduce or eliminate time spent daily focused on the loss or the deceased.
20. Help patient start act(s) of penitence.
21. Encourage other family members to attend a family therapy session focused on each member sharing experiences with grief.
22. Encourage if present any acts of spiritual faith as a source of comfort and hope.

**Interventions or Strategies for Individuals Suffering from Unresolved Grief and Loss:**
1. Build the level of trust through consistent eye contact, active listening, unconditional positive regard, and warm acceptance.
2. Help increase the ability to identify and list and express thoughts and feelings.
3. Complete an autobiography on the circumstances, feelings, and effects of the loss or losses in life.
4. Encourage a talk with others who had suffered losses in their lives as to how they felt and resolved their grief.
5. Teach the stages of the grieving process and answer questions.
6. Request reading or provide information on overcoming grief.
7. Encourage parents to read, or provide information, about a parent's loss of a child.
8. Instruct to keep a daily grief journal to be shared during therapy sessions.
9. Encourage patient to bring pictures or mementos linked with the loss, and talk about them with therapist.
10. Assist patient in Identify and listing and expressing feelings connected with the loss.
11. Encourage patient to watch the films that focuses on loss and grieving and then discuss how characters cope with loss and express their grief.
12. Encourage patient to attend a grief support group and report to therapist how about
feelings attending.
13. Encourage patient to identify and list ways avoidance of grieving has negatively impacted his or her life.
14. Evaluate the role of substance abuse as an escape from the pain of grief.
15. Refer to chemical dependence treatment to allow the treatment grief issues when the patient is clean and sober.
16. Evaluate feelings of anger or guilt linked to the loss, helping patient understand the roots for such feelings.
17. Encourage patient to forgive self or deceased one to resolve feelings of guilt or anger.
18. Encourage patient to write a letter to lost loved one, describing fond memories, painful and regretful memories, and how he or she currently feels. Discuss the letter in session.
19. Encourage patient to write to the deceased loved one focusing on feelings associated with the last meaningful contact with the person.
20. Identify and list feelings connected with the loss.
21. Identify and list how he or she depended upon significant other, verbalizing and resolving the accompanying feelings of abandonment and being left alone.
22. Encourage patient to make a list of all the regrets he or she has concerning the loss and to process list with therapist.
23. Complete an empty chair exercise where he or she focuses on expressing to lost loved one imagined in the empty chair what he or she never said when the loved one was alive.
24. Encourage a visit to the grave of loved one to talk to deceased and ventilate feelings.
25. Encourage patient to identify and list positive aspects of and memories about the relationship with the lost loved one.
26. Assist in developing positive rituals (such as, place memoriam in newspaper) that will celebrate the positive aspects of the deceased loved one and his/her life.
27. Apply Rational Emotive Therapy approach to confront patient statements of responsibility for the loss and compare them to reality-based facts.
28. Assist developing a grieving ritual with an identified feeling state (such as, dress in all dark colors to indicate deep sorrow) on which the patient may focus near the anniversary of the loss. Process in therapy how he or she benefited from the ritual.
29. Encourage that the patient set aside a specific time-limited period each day to focus on mourning the loss. After this specified period the patient will get on with regular daily activities with agreement to put off feelings until next scheduled time.
30. Help patient identify activities, interests, commitments, loves, and passions of the lost loved one then select an activity (community service connected) to do as an act of penitence for the feelings of failing the departed one in some way.

31. Refer family to a group session with the patient participating where each member talks about his or her experience related to the loss.
32. Encourage the patient to rely upon his or her spiritual faith promises, activities (such as, prayer, meditation, worship, music, etc.), and fellowship as sources of support.

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