

# **AMELIA CENTER: HANDOUTS FOR ATTACHMENT INFORMED GRIEF THERAPY**

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## **Assessment tools**

<b>Mediators of mourning</b>	<b>p.2</b>
<b>Attending to attachment</b>	<b>p.3</b>
<b>Sample questions for a grief interview</b>	<b>p.4</b>
<b>History taking</b>	<b>p.5</b>

## **Intervention tools**

<b>Sample treatment plan</b>	<b>p.6</b>
<b>Dual Process worksheet</b>	<b>p.7</b>

## **Tools for Coping and Healing**

<b>Long-term strategies and quick fixes for self soothing and self regulation</b>	<b>pp.8-11</b>
<b>Changing how you think and feel</b>	<b>p.12</b>
<b>Change the moment (Plan and Log)</b>	<b>pp.13-14</b>
<b>Journaling</b>	<b>p. 15</b>

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## **MEDIATORS OF MOURNING**

*Adapted from: Worden (2009), Grief Counseling and Grief Therapy, 4<sup>th</sup> ed.*

- 1. The person who died** (the relationship and the meaning of the relationship to the mourner)
- 2. The nature of the attachment** (secure, ambivalent, conflictual, dependent)
- 3. How the person died** (suddenness; violent or traumatic)
- 4. Historical antecedents** (previous losses, unresolved grief)
- 5. Personality variables**, including:
  - Age and gender
  - Coping style
  - Attachment style
  - Cognitive style
  - Ego strength
  - Beliefs and values
- 6. Social variables** (perceived emotional and social support)
- 7. Concurrent stressors** (including secondary losses)

Worden concludes his discussion of mediating factors by noting (p. 75):

“There is a tendency toward simplistic thinking about determinants of grief and mediators of mourning. . . Mourning behavior is multi determined, and the clinician and researcher would do well to keep this constantly in mind.”

# **Attending to attachment**

Adapted from L. Parnell, *Attachment Focused EMDR: Healing Relational Trauma*. Norton, 2013.

## **How is this person relating to me?**

Do they feel at ease with me? Do they seem relaxed, or do they appear mistrustful?

## **What is the issue they're coming in with?**

Does it have to do with relationships, not being able to connect in relationships, a series of failed relationships?

## **How are they able to tell me their story?**

You can learn a lot, both from the history and how they tell you the story.

## **Was anyone there for them when they were growing up?**

You'll often hear that there was no sense of safety, no one who took care of them. There was someone with a severe mental illness, or their mother was extremely depressed, or she was abusive.

## **Some people give you a coherent history.**

Others have difficulty remembering or recounting childhood experiences. As assessed by the Adult Attachment Interview, this is an indication of unresolved loss or trauma.

Related to this: You also often see this kind of history in clients who are **very emotional; they jump from past to present, they start crying; often you find out there was abuse or neglect, no one there to help them regulate their emotions.**

# Sample questions for an initial interview

Questioning is used for therapeutic assessment and to facilitate the client's expression of emotion.

As with all initial clinical interviews, the goal is to encourage the client to say whatever it is that they need to say. Some clients will do that spontaneously, without a lot of questions or prompting; others will wait for guidance in telling their story. Follow their lead, be gently supportive, and interested.

## Questions

"We can start wherever you like - tell me what brings you in today."

"Can you tell me about the death?"

"Can you tell me about your loved one? What was your relationship with them like?"

"What has happened since their death? How have things been with family and friends?"

"Is this the first time you've been faced with the loss of someone close to you? How is this loss different from that one?"

"What are you finding is most difficult about this loss?"

"Are there particular times of the day that are difficult for you? What do you do to get through those times?"

"Are there any other things that you are finding helpful in coping with your loss?"

"Do you have an idea of what you are hoping for, in coming to see me? What you'd like to be able to do, or not do; what you are hoping can change?"

"Do you have any questions for me before we end today?"

## History Taking: The story “beneath” the story

*Normalizing without minimizing* (“Grief is exhausting. It’s hard to concentrate on your work when so much of your mental energy is going toward trying to believe that someone you love is gone.

*Questions to get “beneath the story”*

Indirect:

What it was like growing up with your father? What kinds of things did you do together?

What were the early years of your marriage like? How about later on?

Direct:

What were those last days and nights in the hospital like for you?

Did either of your parents drink? What was that like for you?

*“Leading” questions* (“some people”): “Some people feel guilty when they have a “good day” – when they’re not crying and feeling bad about their loss. Do you ever feel that way?”

*“Red flag” comments*

“I was the emotional one in the family.”

“I know my (mother/father/husband) loved me.”

“No relationship is perfect.”

*Closing out a first session: predictions, cautions, suggestions*

## **Joan's Treatment Plan**

Problem statement: "I can't stop obsessing about my brother and everything I did wrong. I have terrible headaches all the time. I spend all my time alone, at home. There's nothing to take my mind off my worries, and I drive myself crazy."

Initial assessment of problems: Guilt, anxiety, rumination, low self esteem, health problems, lack of social network

Initial DSM diagnosis: Adjustment Disorder (309.) with anxiety; with depressed mood

Goals: (This list includes a number of goals that could be used in this kind of case)

- Resolve issues that interfere with normal grief process
- Reduce overall level, frequency and intensity of anxiety so that functioning is not impaired
- Develop an understanding of how childhood issues contribute to current emotional difficulties
- Enhance ability to handle effectively the range of emotions related to her loss and to earlier losses

Therapeutic objectives:

Client will:

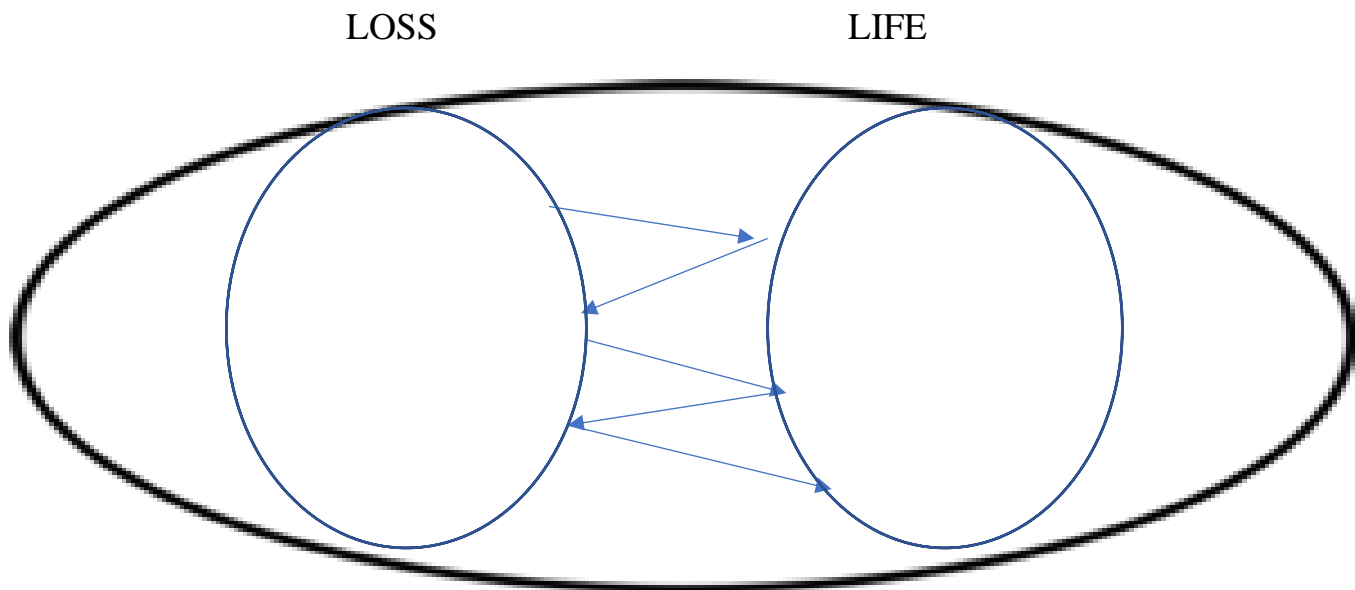
- Develop skills to reduce anxiety, restlessness and irritability
- Develop skills to interrupt negative, irrational or obsessive thoughts
- Demonstrate reduction of somatic expressions of anxiety/chronic stress
- Demonstrate increased feelings of self worth

## Dual Process Worksheet

The oval below represents the overall loss experience. The two smaller shapes represent the two sides of this experience: one is about focusing on the loss, and the things that you do to maintain the bond with your loved one, and the other is about focusing on your current life. Both sides of grief are important. Most people move back and forth between the two, like a pendulum swinging from side to side. The zig zag line represents this process.

Starting near the top of the shape on the left, write in the parts of your day to day life that are part of your grief: feelings, and activities that are related to your loss (eg: crying; visiting the grave; looking at photographs). In the shape on the right list thing that you are doing that are not grief related: visiting friends; reengaging in a hobby or starting a new one; walking in nature.

Loss is a part of the everyday experience of grief, but only a part. Look at your map and ask yourself if it appears to be balanced between loss and life. If the answer is no, think about what you might do to address the imbalance.



# **Long-term strategies and quick fixes for self-soothing and self-regulation**

## **1. Self-regulation strategies**

**Helping clients develop the “emotional muscle” to tolerate strong emotion and move past emotional blocks that are interfering with healing (overlaps with Self Soothing; develop confidence that you can experience a feeling without being overwhelmed by it; you can experience it and let it go.)**

### **Mindful Breathing**

The practice of mindful breath is helpful in creating a sense of inner calm, and it strengthens your ability to deal with strong feelings when they arise. You condition yourself to experience a connection between taking a breath and feeling calm. Then, when you are stressed, your body responds with what it knows is the best way to return to a relaxed state: taking a breath, and focusing on your breath.

Try to do the following exercise two or three times a day for five minutes:

*Sit or lie down in a comfortable place. Let your body settle into a comfortable position. Start to become aware of your breath as it moves in and out of your body. Just let your breathing fall into a natural, comfortable rhythm. As you breathe in, notice how your body feels: notice your chest expanding with your breath. Then as you exhale, focus all of your attention on the out breath. Take a moment to notice how your body feels, and do it again. Bring all of your attention to your breath and let it rest there. When thoughts, or worries or plans come up in your mind, just notice, and name whatever your mind is doing: “thinking”; “worrying”; “planning”; then, gently bring your attention back to your breath. Whatever surfaces, just notice without judgment, and then return your attention to your breath.*

In addition to creating a sense of calm, the practice of experiencing your thoughts and feelings and then *letting them go* helps you realize that you do not have to become “lost” in your feelings. Instead of avoiding your emotions, you notice whatever comes up and then let it go for the time being.



## **Visualization: “Your mind is like the sky . . .”** *Adapted from David Aftergood, M.D.*

You can introduce this visualization to your clients by reading it to them the first time. After that, you can make them a tape, or they can simply use the metaphor of the mind as a limitless space and their thoughts as passing clouds.

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I would like you to focus on your breath . . . begin to pay close attention to the sensations of breathing in your chest. . . Breathing slowly in and slowly out. . . And I would like you to become aware that every time you breathe in, you’re taking in oxygen, and that oxygen is going to every single cell of your body, bringing them life. . . and every time that you breathe out, you’re letting go of carbon dioxide, which you don’t need anymore. . . Taking in what you need, and letting go of what you don’t need.

And I would like you to become aware of how the chair supports you. There is nothing you have to do, but allow yourself to be supported by the chair. And the chair is supported by the floor. And the floor is supported by the walls of the building. And the walls of the building are supported by the foundation of the building. And the foundation of the building rests in the earth.

And again, noticing your breath, the breath that is always there, whether or not we’re thinking about it. The same way that the sun is always in the sky, even if we have weeks of cloudy weather, the sun is always there, supplying the energy necessary for life.

(If desired you can check in with the client by saying: “You can answer a question with either a slight nod “yes” or shake of the head “no” while remaining relaxed. Are you okay? Is there anything you would like to share with me of your experience?” If there is something important, you can just listen and if necessary gently address it without an intellectual exploration).

So, as you continue to breathe, comfortably and easily, I would like you to imagine that your mind is like a big, open, blue sky. And many things can pass through a big, open, blue sky. Clouds, planes, satellites, storms, birds – all of these things can pass through. Yet they are not the sky. The sky remains unaffected by them. There is room for them. And in the same way, your mind can become like the sky. Wide open, making space for whatever passes through. An inner part of you can make room for thoughts and feelings and also know that *you are not* your thoughts and feelings. Make room for them. Let them be. Notice how they may just be passing through. Your consciousness can become like the open sky – large enough to contain whatever comes up, whatever is present. And like storms, everything passes and everything changes. It is the nature of the world. But your awareness of what moves through you is always with you.

And now, you can just float – just rest. Just be with what is. With open sky mind. With compassion. Without judgment or opinion. And you can feel yourself returning to yourself, your true self, the self that is always there. And from that place you can listen to your deeper mind, and perhaps realize something that you can do to help yourself feel better.

## Safe Place

There will be times when what you most need is simply to nurture yourself, to find some comfort and relief from your sadness. You may already know what's best for you: running a hot bath, putting on some music. Or you may be someone who finds solace in taking a walk or gardening. Even if none of these things are available to you in the moment, you can find comfort and solace simply by turning inward and imagining a "safe place".

*Sit or lie down in a relaxed position with your eyes closed. Let your mind go to a place where you feel very comfortable and relaxed. It can be a place you've been to, a place you remember from childhood, a place in your imagination. Bring all of your attention to that place and how it feels to be there. Breathe in the smells, hear the sounds, feel the temperature of the air on your skin. Use all of your senses to bring you to this place where you feel so peaceful, so calm and comfortable. Stay there as long as you like just enjoying the feelings in your body. Let your mind wander to all the corners of this place, taking it all in. There is nothing else you need to do right now, just to be here.*

### And see:

Leahy, Tisch & Napolitano: *Emotion Regulation in Psychotherapy*. New York: Guilford Press, 2011.

Guided imagery podcasts for grief, depression, and more: [kp.org](http://kp.org) (the Kaiser-Permanente website); search: podcast

## 2. Quick fixes

("I can't tell you how you're going to live without your loved one but I can give you some suggestions to help you feel better/feel like you can live for the next five minutes.")

**Healing Hands** (from: *Integrative Body, Mind, Spirit Social Work*; Lee, Ng, Leung & Chan. New York: Oxford University Press, 2009.

Rub your hands together quickly until they feel warm. Then place your hands wherever you feel pain. Place your palms on whatever part of your body needs attention and healing. Repeat with any other area of your body that needs attention. Acknowledge the difficulty of coping with your pain and pledge to take care of yourself.

## Broaden the Field

Take a breath and let it out.

When you focus on one thing and shut out everything else that one thing becomes your whole reality. You need to take a broader view, to remember that *No feeling, thought or experience is all of who you are*. Don't limit yourself to whatever you are thinking or feeling in the moment. *You are so much more* than any one thought, feeling or experience

### **Zoom in/Zoom out**

Sometimes what we need to do is to bring our attention *in* rather than *out*: to focus on the here and now rather than falling into our past pain or projecting into future worry.

Bring attention to the present moment, engaging awareness of what you see, hear, smell.

### **Magic questions**

*What do I need to know right now.* (especially for anxiety)

*What would I say to myself if I loved myself.* (especially for negativity toward self)

### **Affirmations**

*Be here now. . . let it go... be at peace*

## **Changing how you think/changing how you feel**

Ask yourself these questions:

Is this thought helpful? (how does it make me feel?)

Is it reasonable/rational?

Is there an alternative?

How does that thought make me feel?

Alternatives to self-defeating/catastrophic thoughts:

This is a difficult time but I will somehow get through it.

This feels intolerable but I am capable of coping.

I've coped this far so I will probably be able to continue.

Just because I feel like I can't handle this doesn't mean that I can't.

This is hard but I will find a way to take care of myself.

Plan how to cope with difficult feelings when they arise:

Tell myself it's OK to have strong rather than being self-critical.

Take a few deep breaths; tell myself it's OK, and that it's not a terrible thing if my feelings are evident to others. This is a chance to show others, especially children, that it's natural to feel sad when someone dies, and that it's OK to share your sadness with others.

If things start to feel out of control, I will take a deep breath and do something to help myself calm down, such as: journaling; calling a friend; listening to relaxing music; going for a walk.

## **Change the moment (Plan)**

Challenge your thought (Is it true? Is it fair? What else is true? What can I do to change this?)

Do something to comfort yourself

Do something to connect with other people

To comfort myself:

- 1.
- 2.
- 3.
- 4.

To connect with other people I know:

- 1.
- 2.
- 3.
- 4.

To connect with new people:

- 1.
- 2.
- 3.
- 4.

## **Change the moment (Weekly log)**

Week of:

**Day:**

*Belief:*

*Challenge to belief:*

*What I did to comfort myself:*

*What I did to connect:*

**Day:**

*Belief*

*Challenge to belief:*

*What I did to comfort myself:*

*What I did to connect:*

## **Journaling for narrative reconstruction and meaning making**

The following instructions for the use of narrative are from Pennebaker and Chung (2007) and are cited in R. Neimeyer and J.G. van Dyke (2009): “ Narrative Medicine: Writing through Bereavement.” For this article and others see Prof. Neimeyer’s website:

<http://web.mac.com/neimeyer/Home/Scholarship.html>

For the next three days, I would like for you to write about your very deepest thoughts and feelings about the most traumatic experience of your entire life. In your writing I’d like you to really let go and explore your very deepest emotions and thoughts. You might tie this trauma to your childhood, your relationships with others, including parents, lovers, friends, or relatives. You may also link this event to your past, your present, or your future, or to who you have been, who you would like to be, or who you are now. You may write about the same general issues or experiences on all days of writing or on different topics each day. Not everyone has had a single trauma but all of us have had major conflicts or stressors – and you can write about these as well. All of your writing will be completely confidential. Don’t worry about spelling, sentence structure, or grammar. The only rule is that once you begin writing continue to do so until your time is up.

Pennebaker JW, Chung CK. Expressive writing, emotional upheavals, and health. In: Friedman H, Silver R, eds. *Handbook of Health Psychology*. New York: Oxford University Press; 2007:263-284.

And see: Lichtenthal, WG, and Cruess, DG (2010). Effects of directed written disclosure on grief and distress among bereaved individuals. *Death Studies*, 34: 475-499.