

Rhode Island Geriatric Education Center

**Geriatric Education Series**

## Grief and Loss: Supporting Older Adults

November 21, 2023

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Geriatric Education Series

CEU Webinar for Health Professionals

### Maximizing Autonomy for Older Adults: Guardianship and Less Restrictive Alternatives

Tuesday, Dec. 19, 2023 | 8-9 AM ET



**Speaker:**  
Jeannine Casselman, Esq.  
Law & Policy Director, MLPG

[Click Here to REGISTER](#)

**Learning Objectives:**  
After attending this webinar, participants will be able to:

1. Recognize how to obtain guardianship of a person in the federal jurisdiction where they are unable to make any decisions for themselves.
2. Identify less restrictive tools that can be used to preserve the autonomy of a person who needs limited assistance.
3. Apply risk-adjusted caregiving models utilizing strategies in partnerships with those who care.

**CONTINUING EDUCATION**  
This activity has been submitted for a contact hour of continuing education in Aging. Approved on 11/16/2023.

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Rhode Island Geriatric Education Center

**Geriatrics Education Needs Assessment**

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SCAN



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## Housekeeping

- Today's session will run for a total of 60 minutes.
- Participants should remain muted until the end of this webinar. We will open-up the lines during the Q&A portion of the session.
- If you have questions during the webinar, please type them into the chat.
- This session is being recorded and will be made available for future viewing via the RIGEC Website: [web.uri.edu/rigec/programs/cpe/](http://web.uri.edu/rigec/programs/cpe/)

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## Relevant Disclosures and Affiliations

- Today's speaker, nor any other person associated with today's activity have reported any relevant financial relationships or commercial affiliations.
- RIGEC is fully supported by the US Department of Health and Human Services, Health Resources and Services Administration through a Geriatrics Workforce Enhancement Program Grant.
- No commercial support has been sought or received for this educational activity.

*Disclaimer:* The content and conclusions of this activity are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government

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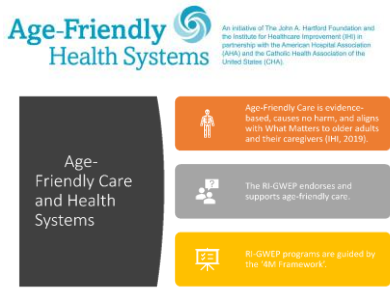
## Accreditations/Designations:

Continuing education credits are available to individuals who complete the entire activity and submit the post training evaluation.

- **Mental Health Counseling:** This continuing education activity was approved by the Rhode Island Mental Health Counselors Association (RIMHCA) for 1.0 CEU.
- **Nursing:** This continuing education activity has been approved by the Northeast Multi-State Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation for 1.0 Contact Hours.
- **Social Work:** This activity has been approved by the National Association of Social Work, RI Chapter, in accordance with the Regulations of the RI Social Work Board of Licensure for 1.0 Contact Hours.

**For Questions:**  
Email: [rigec@etal.uri.edu](mailto:rigec@etal.uri.edu) | Phone: 401.874.5311

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**Age-Friendly Health Systems**

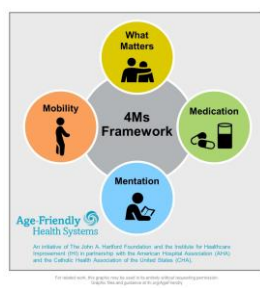
An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

**Age-Friendly Care and Health Systems**

- Age-Friendly Care is evidence-based, causes no harm, and aligns with What Matters to older adults and their caregivers (IHI, 2019).
- The RI-GWEP endorses and supports age-friendly care.
- RI-GWEP programs are guided by the "4M Framework".

<https://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx>

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**The 4M Framework**

- Evidence-based and practice tested
- Aligns with What Matters to older adults
- Improves outcomes
- Used reliably across settings
- Able to be adapted locally
- RI-GWEP endorses and supports Age-Friendly care
- RI-GWEP programs are guided by the 4M Framework

**4Ms Framework**

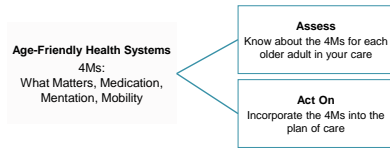
- What Matters
- Mobility
- Medication
- Mentation

**Age-Friendly Health Systems**

An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

<https://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx>

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**Age-Friendly Health Systems 4Ms:**  
What Matters, Medication, Mentation, Mobility

**Assess**  
Know about the 4Ms for each older adult in your care

**Act On**  
Incorporate the 4Ms into the plan of care

<https://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx>

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**Today's Speaker**

**Mari Nardolillo Dias, EdD**

Director, GracePointe Grief Center  
Thanatologist, Certified Grief Counselor, Death Doula

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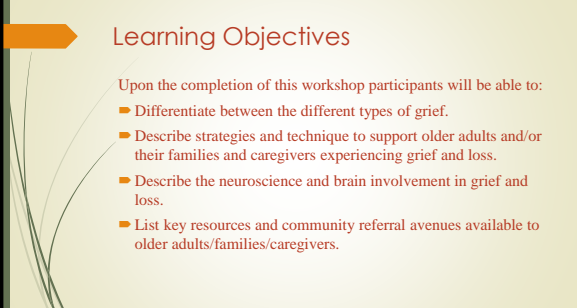
**Grief & Loss: Supporting Older Adults**

Presented to the University of Rhode Island Gerontology Series

by: Mari Nardolillo Dias, EdD, FT, GC-C, C-GC, C-Psychological Autopsy, Death Doula

"There is no grief like the grief that does not speak" Henry Wadsworth Longfellow

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**Learning Objectives**

Upon the completion of this workshop participants will be able to:

- Differentiate between the different types of grief.
- Describe strategies and technique to support older adults and/or their families and caregivers experiencing grief and loss.
- Describe the neuroscience and brain involvement in grief and loss.
- List key resources and community referral avenues available to older adults/families/caregivers.

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## CAVEATS



- Use Chat for questions and comments
- Triggers/Glimmers
- Based on premise:
  - No template for grief/grievors
  - No timeline for grief (exclusion, complicated grief)

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## The Death Deck Poll

- Mock funerals, some including being enclosed in a coffin, are a thing in South Korea. Could you handle it?
  - Yes
  - No
  - Maybe
- At what age did you attend your first funeral or celebration of life?
  - 0-5
  - 6-10
  - 11-18
  - 18-25
  - Over 25

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## Personalizing Death Chat

- If you could find out the exact way, day and time of your death- but could do nothing to stop it, would you want to know?
  - Yes
  - No
- What celebrity death or suicide had the most profound impact on you?
- At the moment of death, a secret tattoo appears on your body that symbolizes something stood for or believed in? What is it and where is it?
- You get to relive one day in your life before you die. Which one would it be?

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## Our Working Definition

- Grief:** "A yearning." The physical, behavioral, cognitive and social experiences of and reactions to loss. "The intense emotion that is overwhelming and unable to be ignored. A moment that reoccurs over and over, never ending."
- Grieving:** "Has a trajectory, your adaptation, changes over time."

Mary Frances O'Connor (2022). *The Grieving Brain: The Surprising Science of How We Learn from Love and Loss*. (NY: Harper-Collins). pps. xvi, xvii.

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## Types of Grief

- Acute vs Chronic
- Traumatic\* The sudden, violent, inflicted and/or intentional death, shocking encounters with death.
- Ambiguous (i.e. addiction, dementia, kidnapping, missing)
- Disenfranchised (hidden grief- any grief that goes unacknowledged or invalidated by social norms)
- Complicated

Handbook of Thanatology (2014). Association of Death Education and Counseling

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**Grief and Loss: Finite**  
*The loss of a pet (some grieve more for pet than people)*  
*Older adult death (Some people dismiss this loss, "after all you had them for 90 years")*  
*Terminally ill*  
*Loss of child*  
*Loss due to a sudden, traumatic event...*  
*Loss due to a miscarriage, stillborn, SIDS or abortion... (a loss is a loss is a loss)*

**Grief & Loss: Non-Finite**  
*Divorce*  
*Loss of home*  
*Loss of job*  
*Loss from Dementia / ALS / Lewy Body*  
*Loss of personal identity due to substance / physical / emotional abuse*  
*Loss of foster child to biological parents*  
*Loss of child to foster care / adoption*  
*Loss of self esteem due to surgical procedures*  
*Loss of gender identity*  
*Loss of touch, family, social support*

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## Individualist vs. Collectivist Societies and Attitudes Towards Death

- Hispanic Americans
- African Americans
- American Indians
- Asian and Pacific Islanders (Bordere in Corr & Corr)
- South African Zulu (Dias)
- "A Happy Funeral" (Chinese American)



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Individualist vs. Collectivist Societies and Attitudes towards Death (ADEC, Handbook of Thanatology)

	Death Related Practices	Mourning Practices	Presence at Death	After Death Rituals
Hispanic Americans	Care of the dying	Open expression / gender difference	Present	Open casket, Requiem Mass, Burial Sites
African Americans	Resistance to advance directions	Reopen casket at end of service, music dignified	Present High regard for funeral directors	Story Telling
Asia and Pacific Islanders	Communication issues Patriarchal and hierarchal Death speak is <u>taboo</u> Oldest male	Against physician-assisted suicide Conservative. Against dating or remarrying after death	Present but don't tell dying person the truth	Gravesite visits to speak to the dead

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	Death Related Practices	Mourning Practices	Presence at Death	After Death Rituals
American Indians / Native Alaskans	Role of nature and cycles of life Life is circular not linear Belief that talking about death will make it happen	Home/ Hospice Concern over others rather than the self (Collectivist)	Grief should not be expressed	Four days to complete a cleansing and preparation of body. Giveaway belongings or burning them. Face paint, hair tied with eagle feather to signify going "home"
South African Zulu	Full circle	Ceremony in family yard Celebratory parades	Family and friends, Sangoma	Amadlozi Abaphansi dreams

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## Why does Grief Result in Yearning and Longing?

(Kathy Shear, personal interview)

- Why does it take so long to understand that our loved one is gone over?
- Why does grief cause so many emotions- why do we feel such strong sadness, anger, blame, guilt, fear, relief and yearning?
- Cognitive neuroscience provides us with an answer  
 Virtual map vs reality (ex. dining room table)

O'Connor, M.F. (2023). The Grieving Brain

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## What Happens in the Brain during Grief?

- Cognitive Neuroscience: Theory of Attachment
  - "Walking in the Dark" (virtual maps of the brain)
- Moser & Moser (The Rat's Field Trip Study)
  - Therefore: "Neurons still fire every time we expect our loved one to be in the room. This persists until we learn that our loved one is never going to be in the physical world again" (O'Connor, 2002 pg. 7.)  
 i.e. filling in the gaps

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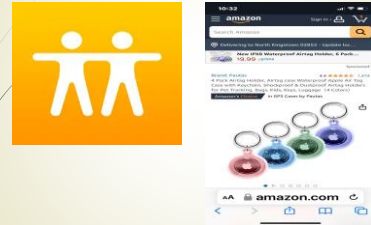
## HERE, NOW and CLOSE

- 3 DIMENSIONS In grief, there is a mismatch between our virtual map (the one we use to find our loved ones), and the reality after they die they can no longer be found in the dimensions of space and time.
- SPACE DIMENSION (i.e. baby)
- TIME: DIMENSION (i.e. baby)
- ATTACHMENT DIMENSION: HERE, NOW, CLOSE. Closeness-Inclusion of Other in Self scale (Arthur Aron) Comfort, safety (Bowlby, 1983. Attachment Theory).

**\*\*NOTE:** "The idea that a person does not exist anymore does not follow the rules that the brain has learned over a lifetime. People do not simply disappear, as far as the brain is concerned." (O'Connor, M.F. (2023) The Grieving Brain)  
SEARCHING ATTACHMENT: Acceptable vs. Problematic (remembering vs. living in the past) (O'Connor, Mary Frances)

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## Contemporary Analogies



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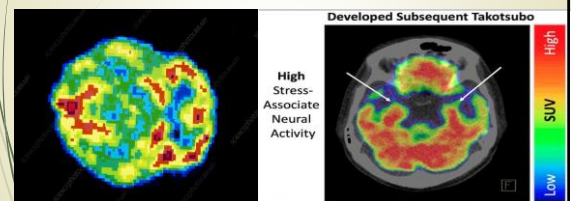
## How Can We Work Through Yearning and Longing and Affect the Cortex?

- New Experiences
- This is especially difficult for older adults

*Why might it be more difficult for older adults?*

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## Normal Brain vs. Grieving Brain



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## Let's take a brief look at the Cortex

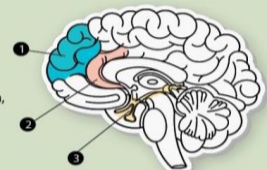
- The cortex takes in information and compares that information to what happened before, i.e. learns through experience what to expect.
  - The brain EXCELS at prediction. If the information is not available, our brain will just fill in information that is not really there to complete the pattern it expects to see". i.e. Clouds, toast.
  - NOTE: Predictions change very slowly. Lived experience versus abstract knowledge = new lived experiences.
- Will your brain choose to engage in new lived experiences?

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## The Brain on Grief

### BRAIN REGIONS AFFECTED BY GRIEF

- 1 The **prefrontal cortex**, the "thinking center" of the brain, is underactive.
- 2 The **anterior cingulate cortex**, the emotional regulation center of the brain, is underactive.
- 3 The **amygdala**, the fear center of the brain, is overactive.



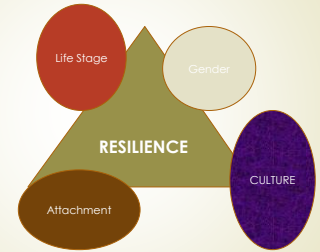
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## The Body Keeps the Score: Bessel Van Der Kolk

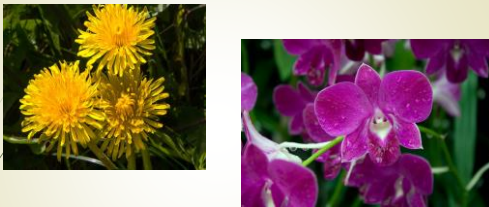


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## Impacts on Grief



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Berman, G. (2021). *The End of Trauma*.  
 Berman, G. (2019). *The Other Side of Sadness*.  
 Berman, W. Thomas, MD (2020). *The Orchid and the Dandelion*.

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## Unresolved Grief Can Result in Yearning & Longing (Kathy Shear, personal interview)

### Yearning and Longing can result in loneliness

- According to Perera "Loneliness and social isolation is an epidemic on the rise amongst older adults, and their effects transcend not only mental wellbeing but physical health as well" (2023).
- Perlman defined loneliness as "A discrepancy between the kind and quality of social relations that one's wants and their actual social relations."
- This discrepancy leads to stress and feeling socially isolated.

\*\*\*Experiencing loneliness does not necessarily mean that the person is geographically isolated, since one may experience loneliness being in an intimate relationship.

As social animals we need to be with others with whom we can interact, play, work and prosper, and feel connected to and cared for by them.

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## How Can We Work Through Yearning and Longing and Affect the Cortex?

- New Experiences
- This is especially difficult for older adults

*Why might it be more difficult for older adults?*

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## Loneliness & Social Isolation Empirical Research

- According to the CDC, **Poor social relationships are associated with a 29% increase in heart disease, and a 31% increased risk of stroke.**
  - According to the National Institute of Health, **Loneliness and social isolation can affect longevity by 15 years.**
  - Chu and Chan asserted that **loneliness is associated with depression, melancholy, low spirits, and emptiness**, which they saw as separation and isolation where one's personal and social needs are not met.
- The terror of sickness and old age is not merely the terror of the losses one is forced to endure, but also the terror of the isolation.
- As people become aware of the finitude of their lives, they do not ask for much. They ask only to be permitted, insofar as possible, to keep shaping the story of their life in the world - to make choices and sustain connections to others according to their own priorities.

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### A Meta Analysis on Loneliness and Resilience Research reveals:

- Higher rates of depression and stress
- Lower levels of physiological resilience in lonely people and those socially isolated.

### Lonely individuals also experience:

- Disturbed sleep, complain more of pain, are more susceptible to cardiovascular and coronary heart disease, and even to dementia in later life. *OBM Geriatrics 2023; 7(2), 3/21.*
- Social support is defined as "The actual or perceived availability of resources (e.g., informational, tangible, emotional) from others, typically one's social network" (10; p. 1-12).
- "Social connection" is an umbrella term which encompasses the variety of approaches to this concept. It highlights the many ways that connection between people is possible including physical, behavioral, social- cognitive, and emotional dimensions.

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### Social Isolation

- The demographic trends which contribute to loneliness includes such factors as an increase in those who live alone, decreased marriage rates, higher rates of childlessness, or decreased community involvement." (CDC.gov; NIH.gov).
- A study by Hawkey found that "loneliness decreased with age through the early 70s, after which it increased".
- Several studies have found that those who report lower income and assets, are usually lonelier, have poorer health and are not married. (Hawkey et al.)
- Another meta-analysis, which reviewed studies on more than 2.3 million participants, showed that living alone, having a limited social network, infrequent social contacts, and having poor social support contributed to increased risk for dementia. Moreover, it was found that social contact reduces the risk of dementia, which indicates that high social engagement may serve as a protective factor against cognitive decline.

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### What is Successful Aging?

- There is a "positive aging" approach which focuses on individual responsibility for satisfaction with life and happiness in old age. Such responsibility seeks to create:
  - A desirable and attractive future for older people.
  - Aiding them in transmitting goals and values of aging to others and to the younger generation.

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### Positive Aging

- There are several models for the empirical study of positive aging, and the following stand out:
- Positive aging is perceived as active, optimal, healthy and successful aging.
- High subjective well-being (such as life satisfaction, absence of negative emotions, and positive emotions) results in better health and a longer life.
- People who are able to engage in positive aging are usually those who can maintain:
  - A positive perspective on life,
  - Have goals which are meaningful to them,
  - Keep a close social relationship and show a proactive attitude.

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### Silver Tsunami

- By the year 2060, there will be almost 100 million older adults in the United States, comprising 25% of the population. (ncbi.nlm.nih.gov)
- A meta-analysis identified that approximately 1 out of 10 older adult grievers are at the risk of developing prolonged grief disorder [PGD] (Lundorf, M. et al, 2017)
- Grief disorders have a comorbidity with other disorders, with different treatments.
- Older adults are more susceptible to grief disorders (PGD). (ncbi.nlm.nih.gov)
- Often a lack of desire to express grief for fear of being a burden.
- (PGD)- "An unsuccessful return to 'culturally " normal life (ICD-11) within a broad time frame" (*DSMVTR*)

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### Evidenced Based Practices for Therapy in Older Adults

- Utilizing the 'Brief Grief Questionnaire, "Adult Attitude to Grief Scale", "The Brief Cope scale" and "The Self-Compassion Scale":

NOTE: The results of one study indicated older adults use the avoidant method of coping (Chopra, Dr. & Sothamini Biswal Wazack, 2023).

- Complicated Grief Therapy (Columbia University)
- Cognitive Behavioral Therapy (CBT)
- Meaning-Centered Grief Therapy (MCGT) CBT+ Existential
- Interpersonal Psychotherapy (IPT) (12-16 weeks)
- Life Review Therapy (LRT)
- Integrative Testimony Therapy (ITT) (internet-based writing therapy)
- Dual Process Model of bereavement (Stroebe & Schut, 2007) and CGT with veterans

Note: Clinicians should screen for PGD and MDD

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## Coping Mechanisms

- Acknowledge the fear
- Validate feelings
- Practice self-care
- Reach out to support network
- Seek professional counseling
- **GRIEF ATTACKS THE IMMUNE SYSTEM**
- Participate in activities
- Getting enough rest
- Eating healthy meals
- Exercise regularly
- Yoga

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## Do Older Adults Grieve Differently?

*Yes, as they suffer in potentially more intense ways and tend to suffer alone*

- Society tends to ignore the dynamics and multitude of losses of older adults.
- Coping with grief and loss later in life is a complex process, due to the increasing numbers of life transitions
- Higher incidence of anticipatory grief
- Physical changes limiting mobility and independence
- More likely to have outlived many family members, including adult children
- Struggle with unresolved losses which can resurface
- Grief has a physical impact at any age, but older adults are at a higher risk for conditions due to increased stress levels added to current health conditions and natural aging process
- Grief affects appetite, sleep and can cause confusion, forgetfulness, and other cognitive side effects and exacerbates existing conditions.

(Kowalski, K. (2021). Older People Grieve Differently. Center for Grief and Trauma Therapy.)

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## Important Considerations

- Keep them company
- Listen
- Do not avoid the topic of death, whether their own or a family member
- Support with daily tasks
- Long term support
- Refer to grief counseling and/or grief support groups

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## Positive Living and Successful Aging

**The most internationally studied model of successful aging is the one by Rowe and Kahn.**

This model proposes three pillars of a good aging:

1. Absence of disease,
  2. Cognitive and physical function which are age appropriate,
  3. Social capital, and social activity and spirituality.
- \*There is evidence that spiritual beliefs positively affect psychological well-being and life satisfaction in the old age.*

Successful aging is significantly affected by life satisfaction which comes despite the various losses that the elderly are familiar with.

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Seminal Consensus Report: Social Isolation and Loneliness in Older Adults: The National Academics of Sciences-Engineering-Medicine Consensus Study Report (2020) Suggestions:

Despite the profound health consequences and costs-the health care system.

- Remains an underutilized partner in preventing, identifying, and by NASEM confirms (Weiss, H. ,2020) leveraging digital health community partnerships
- Conduct risk assessment using validated tools, Focus on social care and community programs
- Discharge/case management, Mindfulness, CBT, patients to peer support groups volunteerism, fitness
- Schools of Health Care Professional Programs need to incorporate social isolation and loneliness in their curricula core contents
- Much more research needed

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## New York Loneliness Ambassador



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## Best Practices for Practitioners

- Foster Nutrition
- Encourage Physical Exercise
- Encourage hobbies and volunteerism
- Have them write their story-Dignity-Making, Memory-Meaning, and Legacy Meaning, (Harvey Chochinov)
- Encourage faith-based activities
- Encourage physical contact with friends and relatives when possible
- Utilize digital platforms and technology when physical contact is not possible (example, face time and chat rooms)
- Provide referral sources to both local and national resources
- Treat older adult population with dignity, respect, empathy and non-judgment.
- Encourage utilization of medical resources
- Suggest fostering a pet
- Case Management and Referral to Providers

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## Online Resources

- Institute of Aging: Friendship Line ([www.socialworklicensemap.com](http://www.socialworklicensemap.com))
- [www.Payingforseniorcare.com](http://www.Payingforseniorcare.com)
- Social Isolation and Loneliness Outreach Toolkit([www.nia.nih.gov](http://www.nia.nih.gov))
- AmeriCorpSeniorsProgram ([www.americorps.gov](http://www.americorps.gov))
- Commit to Connect Program ([www.committoconnect.org](http://www.committoconnect.org))
- Diverse Elders Coalition ([www.diverseelders.org](http://www.diverseelders.org))
- Friend to Friend America (<https://friendtofriendamerica.org>)
- Little Brothers Friends of the Elderly (<https://lbfboston.org>)
- Therapy for older adults [www.ncoa.org/online](http://www.ncoa.org/online)
- Social Media Platforms (Facebook Chat Rooms)

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## Online Resource cont'd

- AARP: Connect2Tools to Overcome Social Isolation. (Assessment tool)
- AARP: Community Connections
- National Association of Area Agencies (Making Connections without technology)
- National Institute on Aging (NIA) Tips for Staying Connected (English & Spanish)
- Senior Medical Patrol ([www.smpresource.org](http://www.smpresource.org))
- Hopeforme.us (Faith-based)
- Caring.com (Goodwill Foundation)

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## Online Resources cont'd

- [https://bluemoonseniorcounseling.com/referral-for-senior-counseling-questions/?gclid=Cj0KCQIApOyqBhDIARBAAGlmyMpLmCsX3oyO2vcML\\_yqXDuvinq3r\\_ju3dRG0pkeVXZCo2ArNbdU4AaAAZBEALw\\_wcB](https://bluemoonseniorcounseling.com/referral-for-senior-counseling-questions/?gclid=Cj0KCQIApOyqBhDIARBAAGlmyMpLmCsX3oyO2vcML_yqXDuvinq3r_ju3dRG0pkeVXZCo2ArNbdU4AaAAZBEALw_wcB)
- <https://www.ioaging.org/services/home-and-community-based-alternatives/>
- <https://www.centerforgrieftherapy.com/older-people-grieve-differently/>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8600102/> <https://www.griefshare.org>
- <https://www.healthpartners.com/blog/grief-and-loss-in-older-adults/>
- <https://www.healthpartners.com/blog/grief-and-loss-in-older-adults/>
- <https://wellqor.com/the-9-stages-of-grief-in-older-adults-2/>
- <https://www.commonpointqueens.org/blog/coping-with-grief-and-loss-in-later-life-how-therapy-can-help-seniors-navigate-life-transitions/>
- <https://www.healthlinkbc.ca/more/aging-well/grief-helping-older-adults-grief>
- <https://academic.oup.com/gerontologist/article/54/5/840/626397>

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## Community Resources

- Pace-ri.org
- Local places of worship
- Rhode Island Office of Healthy Aging. ([www.oha.ri.gov](http://www.oha.ri.gov)) (<https://www.getsetup.org>) Partnership with GetSetUp, Bridging the digital divide and combat isolation
- Local college, universities and high schools (intergenerational programs, Grants, CSL)
- Local YMCA, Senior Centers)
- Local hospice programs ([www.hopehealthco.org](http://www.hopehealthco.org))
- Childandfamilyri.org (Breaking the Cycle Grant from RI Foundation)
- Crossroadshospice.com
- Institute on Aging Friendship Line 1-888-670-1360
- BHLINK ([www.bhlink.org](http://www.bhlink.org))

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## Conclusion

- Grief affects all systems
- Grief affects the brain (neuroscience)
- Grief disrupts the brain's learning
- Grief can result in yearning and longing
- Yearning and longing can result in loneliness and social isolation
- Loneliness and social isolation in older adults may be addressed at the community, state and federal level



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## Program Evaluation



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