

# Community-Based Primary Palliative Care Community of Practice Series

Grief and Bereavement and the Identification and Management of Complex Grief



Facilitator: Dr. Nadine Gebara

Guest Speaker: Dr. Rinat Nissim, Ph.D., C. Psych

Case Presenter: Amanda Tinning, NP

Date: May 11<sup>th</sup>, 2022

# Territorial Honouring



# The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

**Stay connected: [www.echopalliative.com](http://www.echopalliative.com)**

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



# LEAP Core

- Interprofessional course that focuses on the essential competencies to provide a palliative care approach.
- Taught by local experts who are experienced palliative care clinicians and educators.
- Delivered online or in-person.
- Ideal for any health care professional (e.g., physician, nurse, pharmacist, social worker, etc.) who provides care for patients with life-threatening and progressive life-limiting illnesses.
- Accredited by CFPC and Royal College.



LEAP  
CORE

Learn more about the course and topics covered by visiting

[www.pallium.ca/course/leap-core](http://www.pallium.ca/course/leap-core)

# Overview of Sessions

Session #	Session Title	Date/ Time
Session 1	Symptom Management	Feb. 16, 2022 from 1-2pm ET
Session 2	Managing Complex Pain	Mar. 2, 2022 from 1-2pm ET
Session 3	Managing the Last Hours of Life in the Home	Mar 16, 2022 from 1-2pm ET
Session 4	Beyond the Essential Communication Skills- Part 1	Mar 30, 2022 from 1-2pm ET
Session 5	Beyond the Essential Communication Skills- Part 2	Apr 13, 2022 from 1-2pm ET
Session 6	Beyond the Essential Communication Skills- Part 3	Apr 27, 2022 from 1-2pm ET
Session 7	Grief and Bereavement: Identifying and Managing Complex Grief	May 11, 2022 from 1-2pm ET
Session 8	Teamwork in Primary Palliative Care	May 25, 2022 from 1-2pm ET
Session 9	Grief in Children	Jun 8, 2022 from 1-2pm ET
Session 10	Community Palliative Resources	Jun 22, 2022 from 1-2pm ET
Session 11	Organizing Practices to Provide Primary Palliative Care	Jul 6, 2022 from 1-2pm ET

# Welcome & Reminders

- Please introduce yourself in the chat! Let us know what province you are joining us from, your role and your work setting
- Your microphones are muted. There will be time during this session for questions and discussion.
- You are welcome to use the chat but also please also feel free to raise your hand!
- A recording of this session and slides will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session
- This 1-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada for up to **11 Mainpro+** credits.
- How ECHO works: Intro → Presentation → Q&A → Case-based discussion → Wrap-up
- Join us as a guest case presenter! Contact us at [echo@pallium.ca](mailto:echo@pallium.ca)

# Disclosure

Relationship with Financial Sponsors:

## **Pallium Canada**

- Not-for-profit
- Funded by Health Canada

# Disclosure

## **This program has received financial support from:**

- Health Canada in the form of a contribution program
- Generates funds to support operations and R&D from Pallium Pocketbook sales and course registration Fees

## **Facilitator/ Presenters:**

- Dr. Nadine Gebara: nothing to disclose
- Dr. Rinat Nissim: nothing to disclose
- Amanda Tinning: nothing to disclose



# Disclosure

## Mitigating Potential Biases:

- The scientific planning committee had complete independent control over the development of course content

# Introductions

**Facilitator:** Dr. Nadine Gebara, MD CCFP- PC

Clinical co-lead of this ECHO series

Palliative Care Physician at Toronto Western Hospital, University Health Network

Family Physician at Gold Standard Health, Annex

**Panelists:**

**Dr. Haley Draper, MD CCFP- PC**

Clinical co-lead of this ECHO series

Palliative Care Physician at Toronto Western Hospital, University Health Network

Family Physician at Gold Standard Health, Annex

**Amanda Tinning, MN NP- and case presenter!**

Nurse Practitioner for the home Transitional Heart Failure Clinic

Division of General Internal Medicine

QEII Health Sciences Centre

Halifax, NS

**Dr. Roger Ghoche, MDCM CCFP-PC, MTS**

Palliative Care and Rehabilitation Medicine, Mount Sinai Hospital- Montreal

# Introductions

## Panelists (continued):

### **Elisabeth Antifeau, RN, MScN, CHPCN(C), GNC(C)**

Regional Clinical Nurse Specialist (CNS-C), Palliative End of Life Care  
IH Regional Palliative End of Life Care Program  
Pallium Canada Master Facilitator & Coach, Scientific Consultant

### **Thandi Briggs, RSW MSW**

Care Coordinator, Integrated Palliative Care Program  
Home and Community Care Support Services Toronto Central

### **Claudia Brown, RN BSN**

Care Coordinator, Integrated Palliative Care Program  
Home and Community Care Support Services Toronto Central

## Support Team

### **Gemma Kabeya**

Education Research Officer, Pallium Canada

### **Holly Finn, PMP**

National Lead, Palliative Care ECHO Project, Pallium Canada

# Introductions

## Guest Speaker:

**Dr. Rinat Nissim, Ph.D., C. Psych.**

Psychologist, Department of Supportive Care  
Princess Margaret Cancer Centre, University Health Network

# Grief and Bereavement and the Identification and Management of Complex Grief

# Session Learning Objectives

## **Upon completing the session, participants will be able to:**

- Recognize pearls to identify and support newly bereaved individuals.
- Describe the DSM criteria for complex grief.
- Explain how to access community resources to support grief and bereavement.

# How do we define grief?

- Grief is the psychological reaction to the perception of loss
- Grief starts at diagnosis!

# Grief starts at diagnosis

- A diagnosis with any serious illness is associated with loss
- **Tangible losses:** loss of income or fertility
- **Intangible or ambiguous losses:** losses that patients and their family members experience on an ongoing basis and that are often not recognized or legitimized. E.g., the loss of the illusion of certainty or the loss of the vision (whether it was implicit or explicit) that one had for the future
- **Anticipatory losses:** “as soon as I heard the diagnosis, I started saying goodbye”
- All elicit grief reactions



# How can we help?

- Educate, normalize, validate
  - Proactively provide psycho-education to patients and their family members about grief as a common (yet often unexpected) experience
- Explore guilt, anger or regret as secondary emotions
- Ask about previous losses

# How can we help?

- “Self-silencing”/“Protective buffering” is associated with increased distress (Perndorfer et al., 2018; Soriano et al., 2018)
- We tend to judge our distress
  - “It doesn’t make sense to feel this way”
  - “I shouldn’t feel this way”
  - “I should be able to snap out of it”
- This response escalates our distress and depletes our resources
- We replace the “inner-bully” with self-compassion

# How can we talk about anticipatory grief?

- The concept of **double awareness** (Rodin, & Zimmermann, 2008) has been first used in the context of advanced cancer
- It refers to living with the awareness of impending death and balancing this awareness against staying engaged in life
- The framework of double awareness allows us to proactively validate current (or future) thoughts about the possibility of death, and position them as a fluctuating experience within a duality of fear and hope
- “A serious illness brings uncertainty and uncertainty by default brings about both hope and fear”

# How can we talk about anticipatory grief?

- “Double awareness” helps us move away from static and unproductive concepts
  - “I feel optimistic – am I in denial?”
  - “I think about life after my partner dies – am I giving up?”
- “Double awareness” helps patients and caregivers
  - Allow thoughts about the patient’s death and life after the patient dies
  - Verbalize their fears and create contingency plans
  - Share with each other their hopes, fears and grief

# Attending to grief reactions

- Patients and caregivers are often surprised to realize how much grief they are carrying
- Patients and caregivers realize that their experience entails grief even before the patient dies
- Patients who completed curative treatment and their caregivers come to understand that the end-of-treatment phase brings with it not only a sense of relief and joy but also grief for the many losses and changes brought by the illness and its treatment

# Attending to grief reactions

Ultimately, when patients and caregivers acknowledge and process their grief, other therapeutic opportunities emerge, including the exploration of how the illness experience may increase emotional closeness in the family, be a source of meaning and growth, and become a life chapter that is positive, satisfying and empowering

# Supporting newly bereaved individuals

- Immediately after the death, if there is emotional shock, offer Psychological First Aid
- **The 6 Cs Model** (M. Farchi):
  - Counter isolation – make a Connection to the person and a Commitment to their safety (“you are not alone, I am here with you”)
  - Counter helplessness – Challenge the person and give them Control (find simple actions they can do)
  - Counter emotional overwhelm – Cognitive Communication (ask simple questions requiring logical thought)
  - Counter confusion – Continuity (create a timeline of the event)

# Supporting newly bereaved individuals

- Validate all reactions
  - Anticipatory grief is at times more challenging than post-loss grief
- Grief comes in waves, sometimes we can plan ahead for grief triggers, sometimes we can't
- Grief can be exhausting
- Guilt, anger or regret as secondary emotions
- Patience and hope



# Worden's Four Tasks of Mourning

- To accept the reality of the loss
- To process the pain of grief
- To adjust to a world without the deceased
- To find an enduring connection with the deceased  
("re-membering")

# DSM-5-TR (March, 2022) criteria for complex/ prolonged grief

- Intense longing for the person who has died or preoccupation with thoughts of that person AND significant distress or problems performing daily activities
- The loss had to have occurred at least a year prior

# DSM-5-TR (March, 2022) criteria for complex/ prolonged grief

- Symptoms may include:
  - Identity disruption (such as feeling as though part of oneself has died)
  - Marked sense of disbelief about the death
  - Avoidance of reminders that the person is dead
  - Intense emotional pain related to the death
  - Difficulty with reintegration (such as problems engaging with friends, planning for the future)
  - Emotional numbness
  - Feeling that life is meaningless
  - Intense loneliness

# DSM-5-TR (March, 2022) criteria for complex/ prolonged grief

- An estimated **7%-10%** of bereaved adults will experience the persistent symptoms of prolonged grief disorder (Szuhany et al., 2021)

# Community resources to support grief

- **Grief support groups**
  - Wellspring/Gilda's Club
  - Bereaved Families of Ontario
  - Hospice grief support services
- **Books**
  - “The Grieving Brain: The Surprising Science of How We Learn from Love and Loss”/Mary-Frances O'Connor (2022)

# Post-traumatic growth and resilience

- Kintsugi is a Japanese art form of mending broken objects by filling the cracks with gold
- It represents the belief that when something suffered damage and has a history, it becomes stronger and more beautiful



# Questions & Discussion

contact: [Rinat.Nissim@uhn.ca](mailto:Rinat.Nissim@uhn.ca)

# Interactive, Case-Based Discussion

Amanda Tinning, NP





Mr. B.  
83 yr. male with advanced  
multimorbidity and prolonged grief



---

---

# Diagnostic criteria — prolonged grief disorder according to DSM-5-TR

---

---

## Each of the six primary criteria are required to make the diagnosis:

- Death of someone close to the bereaved individual at least 12 months ago.
- At least one of the following symptoms to a clinically significant degree for most days or nearly every day at least in the last month:
  - Intense yearning
  - Preoccupation with thoughts or memories of the deceased person
- Since the death, at least three of the following symptoms to a clinically significant degree for most days, and for nearly every day during at least the last one month:
  - Disruption of identity
  - Emotional pain related to the death
  - Feeling that life is meaningless, due to the death
  - Loneliness, due to the death
  - Problems resuming relationships and activities
- Clinically significant distress or impaired functioning
- The duration and intensity of the grief response exceeds expected social, cultural, or religious norms (relative)
- The symptoms are not the result of another psychiatric disorder (e.g., unipolar major depression or posttraumatic stress disorder) a substance (e.g., medication or alcohol), or a general medical disorder.

# Community of Practice Queries

- How might you screen Mr. B for prolonged grief vs. depression?
- What are Mr. B's assets/ current available supports?
- What community resources would you implement to support and address Mr. B's grief ?

# Session Wrap Up

- Please fill out the feedback survey following the session! Link has been added into the chat
- A recording of this session will be emailed to registrants within the next week
- Please join us for the next session in this series:
  - **Teamwork in Primary Palliative Care**
  - Presenter: Team from Canuck Place, British Columbia
  - May 25<sup>th</sup>, 2022 from 1-2pm ET
- Join us as a guest case presenter! Contact [echo@pallium.ca](mailto:echo@pallium.ca)

# Thank You



Stay Connected  
[www.echopalliative.com](http://www.echopalliative.com)