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National Board Member of [www.compassionatefriends.org](http://www.compassionatefriends.org)

Hosts of "Healing the Grieving Heart" Radio Show

Internet Radio [www.health.voiceamerica.com](http://www.health.voiceamerica.com)

Land Radio [www.HealthRadioNetwork.com](http://www.HealthRadioNetwork.com).

Web Site [www.healingthegrievingheart.org](http://www.healingthegrievingheart.org)

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## **EMP 820: Working with Bereaved Clients (3 Credits)**

**Audience:**

Open to all students in the Doctorate program.

**Focus of Course:**

This course examines the specific application of assessment, intervention, and evaluation strategies to families confronting a major loss. Assessment and differential treatment selection within the context of this particular vulnerable population will be explored. This course will focus on understanding the impact of anticipated and traumatic loss and grief on individuals, and the family system, and will look at the development of continuing bonds. The evolution of current theories of trauma and bereavement will be explored as they reflect more general social and psychological theories and social and political trends tasks of the grief process including anticipatory grief, symptoms of uncomplicated and complicated grief, the interface of trauma and grief, and associated risk and protective factors will be explored.

**Core Themes:**

The following themes will be addressed directly, or will be discussed throughout the course:

- learning engagement and assessment skills with individuals and families confronting both anticipated and traumatic loss
- managing our own responses to loss and threat of loss
- understanding theories underlying current practice models
- developing competence with culturally diverse expressions of trauma and grief
- empowering clients through knowledge and social connection
- managing practice constraints: e.g. time, resources etc identifying relevant outcome measures

**Course Objectives:**

Through completion of course assignments, the student is expected to:

1. Demonstrate an understanding of the impact of anticipated and traumatic loss experiences on the client and client system at all stages of the life cycle
2. Demonstrate an understanding of personal responses to the client's sudden, traumatic and anticipated loss and grief.
3. Identify a range of evidence and expert consensus based approaches available for helping clients who are experiencing trauma, grief, and mourning
4. Provide a defensible rationale for the choice of a specific intervention approach based on assessment and problem formulation skills that are specific to this life condition and population.
5. Demonstrate the capacity to reflect critically on one's practice with this population. Such reflection should include an awareness of the influence of personal experiences, values, and biases, an ability to analyze one's own beliefs and feelings about death, dying, and loss, and an awareness of related ethical concerns.

6. Demonstrate an awareness of the intervention modifications that are required to deal with client differences such as social and cultural variables, gender, age, ethnicity, race, sexual orientation, social class etc.
7. Demonstrate an ability to apply both theoretical and empirical literature to cases encountered in the field.
8. Demonstrate skill in the systematic monitoring of the effects and effectiveness of your practice with grieving clients and client systems.

## **FACULTY-STUDENT COMMUNICATION**

- Telephone Contacts

It is important that the students arrange by email beforehand for all telephone communications. Periodic telephone interaction, as required, at student's expense, can most easily be arranged through email contact.

- Communications

It is requested that students stay in weekly correspondence with the instructor using e-mail. The student should also set up monthly telephone conversations, at their expense, to discuss problems, concerns, or determine the direction of their course work. Students are always encouraged to contact the instructor by e-mail, fax, or telephone whenever a major concern may arise. It should be understood that as mature students, it is the responsibility of the students to stay in contact with their instructors.

Students will normally send communications via email and submit papers as MSWORD Format files attached to email messages. Only if requested by the instructor: Students may submit hard copies of their papers.

All lessons, coursework and papers must be copied to [lessons@energymedicineuniversity.org](mailto:lessons@energymedicineuniversity.org) from both the student and professor.

## **COURSE DELIVERY STYLE**

- 1) Reading Assignments

Students will read the course assignments and required text materials within the five-month semester.

- 2) Email Contact

Reflection on and questions about the lessons should be addressed via email weekly or as needed. Students are always encouraged to contact the instructor via email whenever a problem arises.

- 3) Students will listen to selected topics on [www.VoiceAmerica.org](http://www.VoiceAmerica.org) "Healing the Grieving heart" an online talk show hosted by Dr. Horsley.

4) There also may be a student/faculty discussion chat group which creates a larger feedback mechanism through internet communication. The thread page is located at: [http://groups.yahoo.com/group/Energy\\_Medicine](http://groups.yahoo.com/group/Energy_Medicine)

Distance Education - Coursework is completed at a location determined by the student utilizing a computer that has the ability to play audio and video clips, with Microsoft Office Word, Excel, PowerPoint, Adobe Reader, along with a current web browser, internet connection and email address. Contact and communication with distance students is typically conducted by telephone, Internet, Skype, text chat, and email. Students are also encouraged to contact the University by facsimiles, and postal mail, and by personal visit to the University.

### **Assignments and Student Evaluation:**

Course objectives will be achieved through keeping a journal, two brief assignments, and the completion of a final assignment/paper.

Students are encouraged to keep a weekly journal having read the required readings. Please prepare a one/two-page paper on week 2 and a reaction to Worden's book on week 4. There should be significant evidence that you have put some critical thought into your writing, that you have pondered the personal and practice issues raised by the reading(s) and that you have made an effort to integrate the complexities and challenges involved in practice with clients who face these situations.

#### **Assignment 1 (Due by second month of semester)**

##### **1-2 pages**

Briefly describe a case or interview a person who has experienced a loss past, present, or expected in the future. This case can be used for your final paper. Describe the age, gender, type of loss, person's response and your intervention if any. Identify the therapeutic challenges presented. What questions did you have about this case?

#### **Assignment 2 (Due by third month of semester)**

##### **1-2 pages**

Respond to your reading of Worden's book. Discussion may be about concepts/theories/treatment issues you find particularly relevant, confusing, distressing, exciting, surprising, challenging, interesting, and/or problematic in Worden's book. These discussions are an opportunity to evaluate, in the context of the readings, your practice, personal experiences, and your personal beliefs about grief, loss, and bereavement, and how they impact your professional practice.

#### **Students should note:**

Relevant literature must be cited in the text of all written assignments. A bibliography consisting of cited material only should appear at the end of each paper. You are asked to use APA bibliographic style for references and citations.

**Final Assignment (Due before end of semester)** – The assignment is found at the end of this syllabus

All written assignments should be typed and double-spaced (references single-spaced). Good academic English is expected and grades will be lowered for poor grammar, syntax and/or spelling. References should follow the APA guidelines. Plagiarism will result in a failing grade for the course. Papers will be accepted late only with prior arrangements with the instructor. Incompletes must be requested and will be granted only in unusual circumstances.

## **COURSE EVALUATION**

### **COURSE GRADING DETERMINANTS**

Grades are based on the following elements of a student's participation and accomplishment. In determining a grade for this course, the following formula will be used:

#### Assignment Schedule and Grading

Course to be completed within one five-month semester.

- 1) Mini Assignments due by mid-semester.
- 2) Final Assignment due before the end of the semester.

#### Distribution of Points

Mini Assignment # 1 = 15 %

Mini Assignment # 2 = 15 %

Final Assignment = 45 %

Email/phone Discussions/journal = 25 %

Using this technique, there will be 100 points assigned to the course. Final semester grades will be calculated as follows:

92-100 points = A range

86-91 points = B range

80-85 points = C range

70-80 points = D range

Under 70 points = F

### **REQUIRED TEXTS:**

Christ, G. (2000). Healing children's grief: Surviving a parent's death from Cancer, New York: Oxford University Press.

DeVita-Raeburn, E. (2004). The Empty Room: Surviving the Loss of a Brother or Sister at Any Age, New York: Scribner

Worden, W. (2002). Grief Counseling and Grief Therapy, New York: Springer Publishers

## **READINGS**

For your convenience the articles for this course have been compiled and can be received by sending \$50 to “Course Pack” :

These readings are meant to guide your studies. You are expected to be familiar with the topics and used them as citations in your papers.

### **Section 1: Required Readings**

## **SECTION OUTLINE AND READING LIST**

### **SECTION 1: Perspectives on practice**

Introduction and overview: Understanding different kinds of loss and its impact on our clients and ourselves. Such losses include loss of a significant person, loss of part of the self, of external objects, developmental losses, secondary losses, symbolic losses, anticipatory loss and reawakened earlier losses. Life cycle perspectives are also addressed.

**Journal three or more personal goals for the course.**

### **Required Readings:**

Hood, A. (2000). Memoir: The Man I Can Never Forget. Atlantic Monthly

Stroebe, M, Gergen, M., Gergen, K., Gergen, K., & Stroebe, W. (1992). Broken Hearts or Broken Bonds?: Love and death in historical perspective. American Psychologist, 47(10), 1205-1212.

Stroebe, M.S., Stroebe, W., Hansson, R.O. (1993). Handbook of bereavement. New York: Cambridge University Press

Chapter 23: The meaning of loss and adjustment to bereavement, (pp.349-367).

### **Section 2: Complicated grief and trauma**

**Goal:** To study aspects of “complicated grief”: the trauma grief interface, risk factors, protective factors, co-morbidities and differential diagnoses.

**Journal your experiences with trauma or complicated grief.**

### **Required Reading:**

Worden, W. (2002). Grief Counseling and Grief Therapy  
Chapter 4 Abnormal Grief Reactions, (pp. 83-100)  
Chapter 5 Grief Therapy: Resolving Complicated Mourning, (pp. 101-118).

Chapter 6 Grieving special types of losses, (pp. 119-148).

Bonanno, G. and S. Kaltman, (2001) *The varieties of grief experience*. Clinical Psychology Review 21(5):p.705-734

Horsley, G., "Baggage From The Past," American Journal of Nursing, 1988,88(1), 60-63

Prigerson, H.G. (2001). Caring for Bereaved Patients, JAMA, September 19, 286(11), 2001.

### **Section 3: Understanding uncomplicated grief and personal loss experiences**

**Goal:** Learning to identify the cognitive, psychological, social, and physical symptoms of grief, evidence and expert consensus identified risk and protective factors and related interventions.

**Journal your understanding of complicated versus uncomplicated grief. Give examples in your life.**

#### **Required Readings:**

Devita, E. (1993). Sibling Survivors: The Loss of a Brother or Sister Can Recast a Child's Destiny. The Washington Post

Devita-Raeburn, E. (2004). The Empty Room: Surviving the Loss of a Brother or Sister at Any Age.

Introduction (pp. 1-11)

Chapter 1: Frozen (pp. 11-24)

Chapter 2: Ambiguous Loss (pp. 24-58)

Worden W. (1991). Grief counseling and grief therapy.

Introduction (pp. 1-7)

Chapter 1: Attachment, loss and the experience of grief (pp. 7-25).

Chapter 2: Understanding the mourning process (pp. 25-51)

Chapter 3: Grief counseling: Facilitating uncomplicated grief,(pp. 51-83)

Chapter 8: The counselor's own grief (p. 173-181)

### **Section 4: Children and loss:**

**Goal:** To look at differences in children's experience and expression of grief at different developmental levels.

**Explore the idea of death with a child between the ages of 3 to 8 and journal their response. Discuss the response in terms of their developmental age and Journal your findings.**

#### **Required Reading, Session 4:**

### **Preschool children and early childhood.**

Christ, G. (2000). Healing Children's Grief: Surviving a Parent's Death from Cancer. New York: Oxford Press.

Chapter 1, "1 was a tear on my father's cheek" (pp. 1 -10)  
Chapter 6, Children 3-5 years of age, Narrative (pp. 61-70)  
Chapter 7, Children 6-8 years of age, Themes (pp. 71-92)  
Chapter 8, Children 6-8 years of age, Narratives (93-109)

Devita-Raeburn, E. (2004). The Empty Room: Surviving the Loss of a Brother or Sister at Any Age.

Chapter 3: Disenfranchised Grief (pp. 58-70)  
Chapter 4: Claiming the Story (pp. 70-98)

### **Section 5: Bereavement Issues in Adolescence:**

Goal: To look at differences in adolescents experience and expression of grief.

**Interview an adolescent regarding a loss they have had. Examples could be not making a team or not being invited to a party. Journal their response with a developmental perspective.**

### **Required Reading, Session 5:**

#### **Bereavement issues in adolescence**

Chapter 11, Children 12-14 years of age, Themes (pp. 150-169)  
Chapter 12, Children 12-14 years of age, Narratives (pp. 170-191)  
Chapter 13, Children 15-17 years of age, Themes (pp. 192-213)  
Chapter 14, Children 15-17 years of age, Narratives (pp. 214-233)

Christ, G, Siegel, K., & Christ, A. (2002). Adolescent bereavement, *JAMA*, Vol 288(10), 1269-1277.

Cohen, Judith A; Mannarino, Anthony P; Greenberg, Berliner, Lucy; Deblinger, Esther, (2000). Trauma-Focused cognitive behavioral therapy for children and adolescents: An empirical update, *Journal of Interpersonal Violence*, Vol 15(11), 1202-1223.

Devita-Raeburn, E. (2004). The Empty Room: Surviving the Loss of a Brother or Sister at Any Age.

Chapter 5: Re-forming an identity (pp. 98-129)  
Chapter 6: Carrying (pp. 129-155)

Forward, Debbie; Garlie, Norman (2003). Search for New Meaning: Adolescent Bereavement after the sudden death of a sibling, Canadian Journal of School Psychology, Vol 18 1/2, 23-53.

## **Section 6: Care of the Dying**

**Goal:** Study the stage and task approaches to terminal illness and techniques for engaging clients and focusing interventions

**Visit a Hospice or interview a caregiver who has taken care of a terminally ill person. Journal your thoughts and impressions using the literature as a guide.**

### **Section 6: Required Reading:**

Block S. Psychological Considerations, Growth, and Transcendence at the End of Life: The Art of the Possible. Journal of the American Medical Association. 2001, 285(22): 2898-2905.

Horsley, G., "Strengths and Needs of Per Diem Hospice Nursing Personnel," Cancer Nursing, 1985, 8(1), 43-49, with J.K. Brown

Horsley, G., "Therapeutic Issues Observed In A Mental Health Internship With An HIV-Infected Population," The California Therapist, June 1996

Kagawa-Singer, M. & Blackhall, L.(2001) Negotiating Cross-Cultural Issues at the End of Life. JAMA, 286(23): 2993-3001.

### **Recommended Readings:**

Albom, M. (1997). Tuesdays with Morrie: A Young Man, An Old Man, And The Last Great Lesson: New York: Doubleday.

## **Section 7: Implications for other types of losses; suicide, homicide, terminal illness, sudden accidental death**

**Goal:** Identify the similarities and differences of the experience of loss and explore their implications for intervention design and implementation.

**Journal your thoughts about a suicide or a homicide and it's implications for the individual and family. If you don't have a case in mind take one out of the newspaper. Use the literature to discuss the issues.**

### **Required Reading:**

Pfeffer, C. et al.(2002). Group intervention for children bereaved by the suicide of a relative. Journal of the American Academy of Child and Adolescent Psychiatry. 41(5): p. 505-513.

Doka, K.J. (1996). Living With Grief After Sudden Loss . Wash. D.C.: The Hospice Foundation of America.

Chapter 3, America's number one killer: Vehicular crashes, (pp. 25-41).

Chapter 5, Homicide, (pp. 53-71).

Chapter 7, Traumatic death: Treatment implications, (pp. 91-103).

Klass, D. (1984). Bereaved parents and the compassionate friends: Affiliation and healing, Omega 15, 353-373.

Ness, D.E. & Pfeffer, C.R.(1990). Sequelae of bereavement resulting from suicide. American Journal of Psychiatry 147(3), 279-285.

### **ADDITIONAL ARTICLES**

Avis, N.E., Brambilla, D.J., Vass, K., McKinlay, J.B. (1991). The effect of widowhood on health: A prospective analysis from the Massachusetts women's health study. Soc Sci Med, 33, 1063-1070.

Herz, F. (1989). The impact of death and serious illness on the family life cycle. In B. Carter & M. McGoldrick (Eds.), The changing family life cycle: A framework for family therapy (2nd ed. pp. 457-482). Boston: Allyn & Bacon.

Krell, R. & Rabkin, L. (1979). The effects of sibling death on the surviving child: A family perspective. Family Process, 18, 471-477.

Miles M., & Perry, K. (1985). Parental responses to sudden accidental death of a child. Critical Care Quarterly, 8(1), 73-84.

Nuss W, Zubenko (38 (1992). Correlates of persistent depressive symptoms in widows. American Journal of Psychiatry 149. 346-35 1.

Rando TA(1 988). Anticipatory grief: The term is a misnomer but the phenomenon exists. Special Issue: Controversies in palliative care. J Palliative Care, 4, 70-73.

Rosen, E. (1989). Family therapy in cases of interminable grief for the loss of a child. Omega, 19(3), 187-202.

Zisook S, Shucfer SR (1991 b). Depression through the first year after the death of a spouse. AM J Psychiatry, 148, 1346-1352.

### **Assignment: Final paper**

#### Doctorate Students

Doctoral Students must also complete **Final Assignment: Case Assessment and Case Paper** found at the end of the syllabus. Plus they must prepare a scholarly paper of approximately 20 double spaced typewritten pages. Papers will focus upon a specific aspect of this course approved by instructor. Grades will be given on content, and use of source material, also grammar, spelling, and originality. Students should use the American Psychological Association Style Manual. Students may also have the option of designing a research project.

## Doctoral Assignment: Essay Examination

The final examination will be given by telephone conference (or other means) and will cover the reading assignments. Students will negotiate the timing of the examination.

## Doctoral Final Assignment: Case Assessment and Case Paper

Case Assessment: Interview and make a complete case assessment of a person who is confronting a major loss or has confronted a major loss in the past (No more than 4 pages)

Case Paper: The paper should be no more than 10 double-spaced pages and follow the case assessment.

### CASE FORMULATION OUTLINE

#### CASE ASSESSMENT:

- |                        |  |
|------------------------|--|
| A. SETTING             | including location, client population, intervention approach etc.  |
| B. DEMOGRAPHIC DATA    | age, gender, ethnicity, source of income, marital status, household composition, current situation.  |
| C1. PRESENTING PROBLEM | as <b>defined by client:</b> include why person is seeking intervention at this time). Include current stressors and precipitating events. |
| C2. PRESENTING PROBLEM | as <b>defined by social worker,</b> if different.  |
| D. PHYSICAL HISTORY    | Brief medical, psychiatric, substance abuse history.   |
| E. CLIENT HISTORY      | Significant history of both client and family.<br>Pertinent developmental history  |

#### FORMULATION:

- |                           |   |
|---------------------------|---|
| A. VULNERABILITIES        |   |
|                           | 1) Biological: (neuro-biological-genetic)                                 |
|                           | a. genetic vulnerability  |
|                           | b. biological (general/non-specific) vulnerability including disabilities |
|                           | 2) Socio-cultural vulnerability   |
|                           | 3) Family vulnerability   |
|                           | 4) Personal psychological vulnerability.                                  |
| B. STRENGTHS              |   |
|                           | 1) Biological strengths   |
|                           | 2) Socio-cultural strengths   |
|                           | 3) Family strengths   |
|                           | 4) Personal psychological strengths                                       |
|                           | 5) Attitudinal or attributional strengths                                 |
| C. PRECIPITATING EVENT(S) |   |
| D. DIAGNOSIS (DSM IV)     |   |
| E. INTERVENTION APPROACH  |   |

- 1) Central problem(s).
- 2) Contract mutually agreed to between client and worker
- 3) Basic approach and time frame for intervention

1. Clearly describe the type of death experience this client is confronting: describe the particular stresses it presents to individuals. What has been written about the impact of this type of death, what is the evidence base for understanding the impact of the experience and for selecting intervention? E.g. suicide, homicide, from natural or man made disaster, expected loss from illness, sudden illness death, multiple losses, spousal loss in older adults, loss of a parent, loss of a sibling, early childhood loss of a parent/caregiver, death of a child.

2. Identify the characteristics, signs and symptoms of complicated and uncomplicated grief described by the client(s) or known about the client(s) (cite relevant literature here)

3. Identify risk factors for complicated grief: (use the literature to clarify what is known/unknown about risk factors in this situation)

- present in the client/family before the death,
- in the type of death,
- in the relationship to the person who died,
- in the circumstances surrounding the death,
- in the concurrent and secondary stresses or how life changed after the death

4. Discuss the way the client coped with the death. What was adaptive, what was maladaptive? (Use the literature to support your analysis where possible)

5. Based on the current literature what approaches, interventions, and specific techniques might be most helpful in facilitating positive adaptation with this client?

6. How did you/or would you evaluate the effectiveness of these approaches and techniques?

7. What counter-transference/personal reaction issues does this case raise for the interventionist? What are the feelings the loss evoked in you. How did you or might you in the future deal with this type of personal reaction

8. Clearly describe the type of death experience this client is confronting: describe the particular stresses it presents to individuals. What has been written about the impact of this type of death, what is the evidence base for understanding the impact of the experience and for selecting intervention? E.g. suicide, homicide, from natural or man made disaster, expected loss from illness, sudden illness death, multiple losses, spousal loss in older adults, loss of a parent, loss of a sibling, early childhood loss of a parent/caregiver, death of a child.

9. Identify the characteristics, signs and symptoms of complicated and uncomplicated grief described by the client(s) or known about the client(s) (cite relevant literature here).

10. Identify risk factors for complicated grief: (use the literature to clarify what is known/unknown about risk factors in this situation)

- present in the client/family before the death,
- in the type of death,
- in the relationship to the person who died,

- in the circumstances surrounding the death,
- in the concurrent and secondary stresses or how life changed after the death

11. Discuss the way the client coped with the death. What was adaptive, what was maladaptive? (Use the literature to support your analysis where possible)

12. Based on the current literature what approaches, interventions, and specific techniques might be most helpful in facilitating positive adaptation with this client?

13. How did you/or would you evaluate the effectiveness of these approaches and techniques?

14. What counter-transference/personal reaction issues does this case raise for the interventionist? What are the feelings the loss evoked in you. How did you or might you in the future deal with this type of personal reaction?

15. Clearly describe the type of death experience this client is confronting: describe the particular stresses it presents to individuals. What has been written about the impact of this type of death, what is the evidence base for understanding the impact of the experience and for selecting intervention? E.g. suicide, homicide, from natural or man made disaster, expected loss from illness, sudden illness death, multiple losses, spousal loss in older adults, loss of a parent, loss of a sibling, early childhood loss of a parent/caregiver, death of a child.

16. Identify the characteristics, signs and symptoms of complicated and uncomplicated grief described by the client(s) or known about the client(s) (cite relevant literature here)

17. Identify risk factors for complicated grief: (use the literature to clarify what is known/unknown about risk factors in this situation)

- present in the client/family before the death,
- in the type of death,
- in the relationship to the person who died,
- in the circumstances surrounding the death,
- in the concurrent and secondary stresses or how life changed after the death

18. Discuss the way the client coped with the death. What was adaptive, what was maladaptive? (Use the literature to support your analysis where possible)

19. Based on the current literature what approaches, interventions, and specific techniques might be most helpful in facilitating positive adaptation with this client?

20. How did you/or would you evaluate the effectiveness of these approaches and techniques?

21. What counter-transference/personal reaction issues does this case raise for the interventionist? What are the feelings the loss evoked in you. How did you or might you in the future deal with this type of personal reaction?

End of: **Final Assignment: Case Assessment and Case Paper**