



Grief and Loss: An Active Approach For Older Adults

Sept. 25, 2025

noon—1:30 pm EDT

**Sponsored by the Medicare Mental Health Workforce
Coalition and the E4 Center**

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Meeting Details

1

Closed Captioning is enabled, and attendees can turn CC on or off as they desire.

2

Interpreter Phone Number: 305-224-1968 Webinar ID: 811 0440 4518 Passcode: 132635

3

Session Evaluation / Take our survey at the end of the webinar. (CE credit for live attendance only)

4

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Learning Objectives

After this webinar, attendees will be able to:

1. **define** terms associated with grief.
 2. **recognize** prolonged grief disorder criteria.
 3. **describe** the tasks of grieving.
-

*Continuing education of 1 or 1.5 credit hours is available
for those who attend the live webinar.*





Erin Emery-Tiburcio, PhD, ABPP

Dr. Erin Emery-Tiburcio is a Professor of Psychiatry & Behavioral Sciences and Geriatric Medicine, and Director of Geropsychology at Rush University Medical Center. She is co-director of the Rush Center for Excellence in Aging and the E4 Center of Excellence for Behavioral Health Disparities in Aging. Dr. Emery-Tiburcio is past-Chair of the American Psychological Association Committee on Aging and past-President of the Society for Clinical Geropsychology. She was recently awarded a Fulbright Scholar Award, the 2025 Society for Clinical Geropsychology M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology, and the 2025 American Board of Professional Psychology Geropsychology Specialty Board and Academy Award.

Kailey Bradley, PhD, NCC, LPCC-S, FT

Dr. Kailey Bradley is a National Certified Counselor, licensed professional counselor, and fellow in thanatology. She also holds a doctorate in counselor education and supervision from Ohio University. Dr. Bradley has a background in hospice work and companioning and advocating for griever is her life's passion. Currently, she is an Adjunct Professor at both Marian University and Marshall University, where she teaches a wide range of counseling courses. Dr. Bradley is the clinical director at Refuge Counseling LLC and the cofounder and executive director of the Ohio Bereavement Collaborative, a nonprofit grief organization. Her professional leadership can be seen in her dedication to conducting over 100 peer-reviewed conference presentations and 10 peer-reviewed publications on topics related to counselor education, grief and loss, and development of neurodiverse-affirming learning environments.





Froma Walsh, PhD

Dr. Froma Walsh is Firestone Professor Emerita at the University of Chicago and Co-founder/Codirector of Chicago Center for Family Health. Dr. Walsh is the leading international expert on family resilience, with over 3 decades of expertise in addressing complex and traumatic loss. Her resilience-oriented, systemic practice approach integrates developmental, relational, and socio-cultural-spiritual perspectives. With over 120 scholarly publications, her recent books are *Strengthening Family Resilience* (3rd ed., 2016) and *Complex and Traumatic Loss: Fostering Healing and Resilience* (2023).

Dr. Walsh is Past Editor-in-Chief, *Journal of Marital & Family Therapy*; Past President, American Family Therapy Academy; and recipient of many awards for her distinguished contributions to systemic family therapy. She is a frequent speaker and consultant internationally.

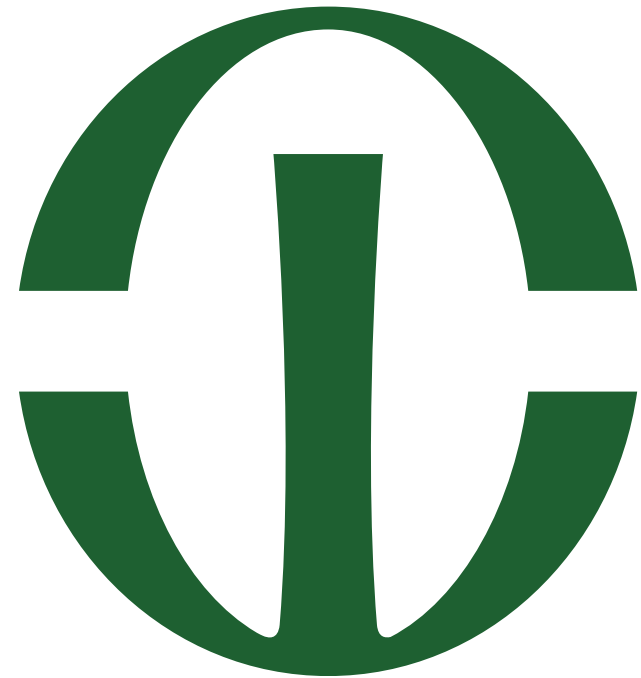
Grief and Loss: What Every Health Care Provider Should Know

Erin E. Emery-Tiburcio, PhD, ABPP

Professor, Rush University Medical Center

Co-Director, Rush Center for Excellence in Aging

Co-Director, E4 Center of Excellence for Behavioral Health
Disparities in Aging











Overview

- Definitions
- Normal Bereavement-Related Grief
- Prolonged Grief Disorder (PGD) Criteria
- Tasks of Grieving
- Treatment Options



Definitions

- **Bereavement** refers to the situation of having lost someone (or some very important thing).
- **Grief** is the emotional response to the loss.
- **Mourning** includes the social, cultural response to bereavement.

Normal Grief

- Stunned, shocked
- Sadness
- Loneliness since the loss
- Feeling part of oneself has died
- Willing to re-invest in relationships and activities
- Life remains meaningful
- Identity and self-efficacy remain intact



Normal Grief

- Symptoms occur within 2–6 months after loss (sometimes much longer)
- Symptoms do not impair functioning after first 2 months (sometimes longer)
- Symptoms gradually diminish to normal functioning





Prolonged Grief Disorder

- Concern about over-pathologizing grief unwarranted¹
- Included in ICD-11²
- Prevalence in adults 1.5%³ – 9.8%⁴; 37.8% COVID deaths⁵
- 10%–32% in children⁶

¹Lichtenthal et al., 2018; ²Eisma et al., 2020; Rosner et al., 2021;

⁴Lundorff et al., 2017; ⁵Tang & Xiang, 2021; ⁶Falala et al., 2024



Prolonged Grief Disorder

A. At least one:

- Persistent and pervasive longing for the deceased
- A persistent and pervasive preoccupation with the deceased

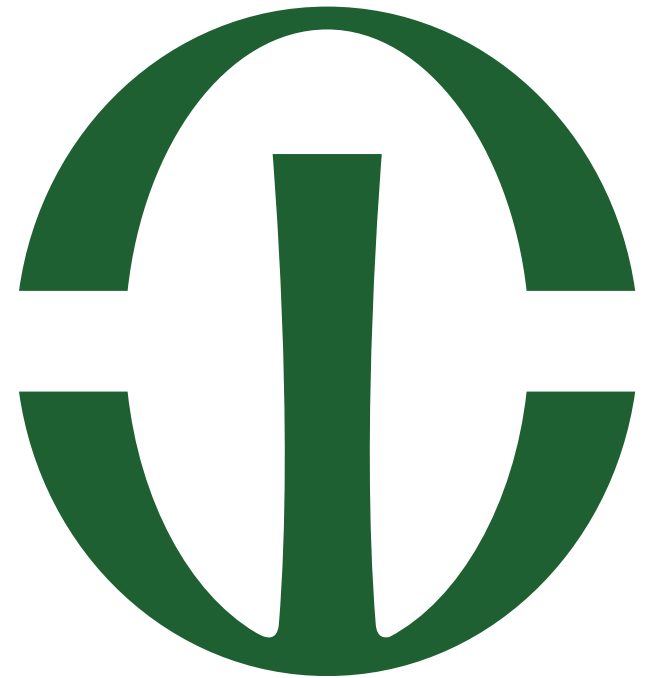
B. Intense emotional pain

C. Time and impairment:

- >6 months
- Exceeds individual cultural norms
- Significant functional impairment

World Health Organization, *International Statistical Classification of Diseases* (ICD-11).

Example: Mike





Risk Factors

- Deaths that are violent (e.g., homicide), unexpected (e.g., motor vehicle accident), or untimely (e.g., the death of a child)
- Dependency on deceased
- Parental loss, abuse or serious neglect in childhood
- Current relationship problems
- Unresolved previous loss(es)
- Marital quality and attachment style



Risk Factors

- Preference for lifestyle regularity - averse to change
- Dementia caregiving, ↑cognitive impairment & burden
- Pre-existing mood or anxiety disorder
- Lack of preparedness for death
- Young age of deceased/coma
- Young age of bereaved/caregiver

PGD at 6 months Predicts Problems at 13 Months*

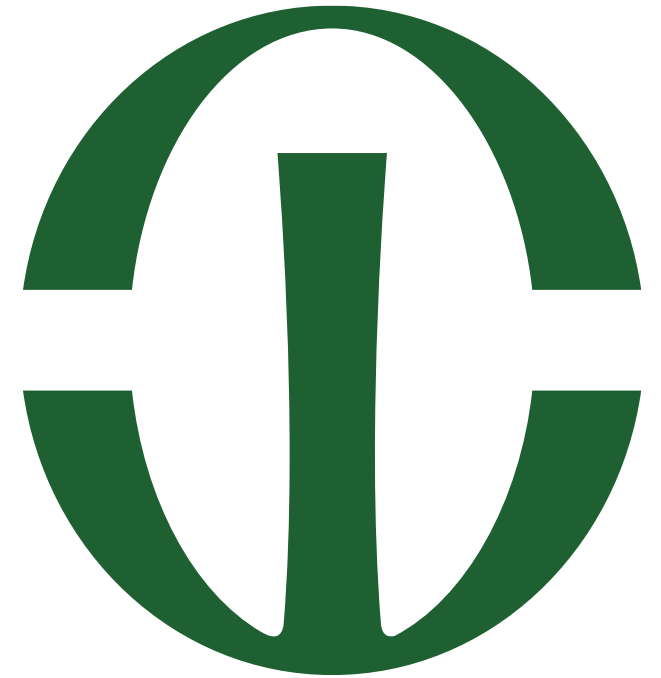
150 spouses of terminally ill patients¹

<u>13 month outcome</u>	<u>Odds Ratio</u>
Smoking	16.70
Altered Sleep	8.39
Eating	7.02
Hospitalization	1.32
Accidents	1.27
Major Health Event (MI, CA, CVA)	1.16
Hypertension	1.11

*At 25 months, increased risk of cancer, cardiac problems, alcohol problems, 20%–50% suicidality²

¹Prigerson et al., 1997; ²Frumkin et al., 2021

Managing Grief



Immediately After the Loss: What to Say

- Frame: Each person's experience is unique. Feel what you feel.
 - I can *only imagine* what you're going through
 - Sending you all of the peace that your heart can hold
 - My heart is with you





Immediately After the Loss: What to Do

- Frame: Each person's experience is unique. Feel what you feel.
 - Sit in silence; hold a hand
 - Create a space to honor
 - Tell me about your loved one
 - Pictures

50TH
ANNIVERSARY
EDITION

ON DEATH & DYING

What the Dying
Have to Teach Doctors,
Nurses, Clergy &
Their Own Families

ELISABETH
KÜBLER-ROSS M.D.

word by RA BLOCK

Kübler-Ross (1969)

- Denial and Isolation
 - Anger
 - Bargaining
 - Depression
 - Acceptance
 - Hope
-
- Some evidence for stages¹
 - Acceptance is critical²

¹Maciejewski et al., 2007; ²Prigerson & Maciejewski, 2008

Tasks of Grieving¹

- Accepting the reality of the loss
- Doing one's duty to the deceased
- Taking/letting go of control
- Finding a sense of purpose
- Relearning the world

¹Adapted from Worden (2018) and Rando (1988)



Tasks of Grieving¹

- **Accepting the reality of the loss**
- Doing one's duty to the deceased
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¹Adapted from Worden (2018) and Rando (1988)



Accepting the Reality of the Loss

- Numbness/disbelief
- Intellectual vs. emotional acceptance
- Obsessional review

Acceptance is critical for PGD prevention¹

¹Prigerson & Maciejewski, 2008



Accepting the Reality: What to Do

- Attend to emotions
 - Permission to feel
 - Physiology: tears will end
- Tell the story of the death – TABOO!
 - Present vs. Distant
 - Sights, sounds, smells, touch
 - Emotions
 - Reactions to others



Tasks of Grieving¹

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- **Doing one's duty to the deceased**
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Doing One's Duty to the Deceased

- Guilt
- Hindsight bias
- Duty to suffer
- Idealizing/Devaluing



Doing One's Duty to the Deceased

- Encourage a balanced view of the deceased
- “Rules” about length of suffering
- Examine reality of “would’ve, could’ve, should’ve”
- Write a letter to the deceased
- Honor the deceased
 - Continue their work/tribute
 - Prevention/awareness

Tasks of Grieving¹

- Accepting the reality of the loss
- Doing one's duty to the deceased
- **Taking/letting go of control**
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¹Adapted from Worden (2018) and Rando (1988)



Taking and Letting Go of Control

- Confronting helplessness
- Making creative, meaningful choices



Taking and Letting Go of Control: What to Do

- Acknowledge emotions: feel what you feel
- Reinforce opportunity to choose
- Creative meaningful choices
- What gifts did the deceased impart that are still valued?
- How can you share those gifts?
- What lessons did you learn from, or because of the deceased?



Tasks of Grieving¹

- Accepting the reality of the loss
- Doing one's duty to the deceased
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- **Finding a sense of purpose**
- Relearning the world

¹Adapted from Worden (2018) and Rando (1988)





Finding a Sense of Purpose

- Seeking meaning
- Assumptive World Theory
- Redefining meaning



Finding a Sense of Purpose: What to Do

- Notice questions that have no real answers
 - Blame
- Why did s/he die vs. *live*?
- Why am I alive? [different from “why didn’t I die?”]

Tasks of Grieving¹

- Accepting the reality of the loss
- Doing one's duty to the deceased
- Taking/letting go of control
- Finding a sense of purpose
- **Relearning the world**

¹Adapted from Worden (2018) and Rando (1988)



Relearning the World

- Establishing new relationships
- Embracing new life perspective
- What can I count on?
- “STUG” reactions





STUG Reactions

Sudden

Temporary

Upsurges of

Grief

Relearning the World: What to Do

- Acknowledge ambivalence
- Learn new things
- Reconnect with self
- Reconnect with others
- Laughter



Tasks of Grieving¹

- Accepting the reality of the loss
- Doing one's duty to the deceased
- Taking/letting go of control
- Finding a sense of purpose
- Relearning the world

¹Adapted from Worden (2018) and Rando (1988)



Foundational Competencies in Older Adult Mental Health Online Certificate Program



The growing population of older adults presents a unique opportunity for mental health professionals to expand clinical practice and experience deeply meaningful clinical work.

The [E4 Center of Excellence for Behavioral Health Disparities in Aging](#), in partnership with [CATCH-ON](#), the Geriatric Workforce Enhancement Program based at Rush, and the [Rush Center for Excellence in Aging](#) invite you to complete this Foundational Competencies in Older Adult Mental Health Online Certificate Program as a first step in developing competency in older adult mental health.

What is included?

- 16 hours of content where each module, geared towards licensed mental health clinicians, uses Pikes Peak geropsychology competencies as a foundation
 - Modules include didactic content, videos of geriatric mental health experts, case vignettes, learning checks, and resources to enhance clinical practice with older adults
- Continuing education credits (CE/CNE/CME) for licensed clinicians are available for a modest fee
- Completion of all modules will earn learners a certificate of completion from the Council of Professional Geropsychology Training Programs

Topics covered in this program each focus on the unique issues for older adults:

- Attitudes about older adults and aging
- Adult development
- Depression
- Suicide
- Anxiety
- Trauma and PTSD
- Substance use
- Psychopharmacology
- Cognition
- Common life issues
- End of life and grief
- Practice Issues
- Ethics
- Serious Mental Illness

Learn more here:

<https://bit.ly/MHcertificate>



For more details and to enroll, please visit <https://learning.rushaging.com>

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Contact Us

To join our mailing list or request technical assistance, please email

e4center@rush.edu

erin_emerytiburcio@rush.edu





Questions and Answers

Panelists



Dr. Kailey Bradley



Dr. Froma Walsh

Resources



Critical Resources on Medicare Part B Coverage of Counselors and MFTs

Legislation Mandating Medicare Part B Coverage of Counselors and Marriage and Family Therapists

<https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf>

How to Enroll in the Medicare Program

- **Medicare Enrollment for Providers and Suppliers**

<https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos>

- **New Provider Type: Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs) FAQs (36 questions answered) Published Sept 2023**

<https://www.cms.gov/files/document/marriage-and-family-therapists-and-mental-health-counselors-faq-09052023.pdf>

- **The Medicare Learning Network:**

<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlninfo>

- **Web-Based Training:**

<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/webbasedtraining>

- **Becoming a Medicare Provider (World of Medicare):**

<https://www.cms.gov/Outreach-and-Education/MLN/WBT/MLN9329634-WOM/WOM/index.html>

- **Weekly Email Newsletter for Medicare Providers:**

<https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive>



Critical Resources on Medicare Part B Coverage of Counselors and MFTs cont.

Role of the Centers for Medicare and Medicaid Services (CMS)

- <https://www.investopedia.com/terms/u/us-centers-medicare-and-medicaid-services-cms.asp>
- <https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive>

Medicare Mental Health Benefits for Beneficiaries

Medicare Mental Health:

<https://www.cms.gov/files/document/mln1986542-medicare-mental-health.pdf>

Medicare Beneficiary Handbook:

<https://www.medicare.gov/medicare-and-you>



Critical Resources on Medicare Part B Coverage of Counselors and MFTs cont.

Medicare Administrative Contractors (MACs)

<https://www.cms.gov/medicare/medicare-contracting/medicare-administrative-contractors/what-is-a-mac>

Medicare Physician Fee Schedule

<https://www.federalregister.gov/documents/2023/08/07/2023-14624/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other>

Key Steps to Becoming a Medicare Provider

1. Register in the I&A System
2. Get an NPI
3. Enter information into PECOS
4. Decide if you want to be a participating provider

[Form CMS-855I: Physicians and non-physician practitioners \(PDF link\)](#)





Medicare Mental Health
Workforce Coalition

Thank you for attending!

