

**The Webinar will begin promptly at 12:00pm**

Due to the number of participants, you will be automatically placed on mute as you join to ensure good quality sound. If you would like to comment or ask a question, please use the “chat feature”

Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

**Follow-up questions?**

**Contact**



Samantha Di Paola

[sdipaola@healthmanagement.com](mailto:sdipaola@healthmanagement.com)



**PRESENTED BY:**  
**Marsha Johnson, LCSW**  
**Suzanne Daub, LCSW**

**Tuesday,**  
**March 21, 2023**  
**12:00 pm – 1:00 pm ET**

Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the U.S. Department of Health and Human Services (HHS). A total of \$3,500,365, or 81 percent, of the project is financed with federal funds, and \$810,022, or 19 percent, is funded by non-federal sources. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, HHS or the U.S. Government.

# ADDRESSING GRIEF IN PRIMARY CARE BEHAVIORAL HEALTH (PCBH)

- » Integrated Care DC enhances Medicaid providers' capacity to deliver whole-person care for the physical, behavioral health, substance use disorder, and social needs of beneficiaries.
- » The technical assistance program is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH).

To improve care and outcomes, the program focuses on three practice transformation core competencies:

- 1 Deliver **patient-centered care** across the care continuum
- 2 Use **population health analytics** to address complex needs
- 3 Engage **leadership** to support person-centered, value-based care

# WHY PARTICIPATE IN INTEGRATED CARE DC?



- » Integrated Care DC will help ensure you have the infrastructure, knowledge, and tools you need to deliver high-value care.
- » Our coaching team includes primary care, psychiatric, addiction medicine, and behavioral health clinicians with deep expertise in integrated care models.
- » Educational credit (CE/CME) is offered at no cost to attendees for live webinars.
- » All DC Medicaid providers are eligible.



>> **Are you receiving our Integrated Care DC Newsletters?**

**Check your inbox** on the 1st and 3rd Tuesday for the Monthly Newsletter and the Mid-Month Update.



>> **Got ideas?**

**Take this short survey** to share suggestions and requests for trainings.  
[www.integratedcaredc.com/survey](http://www.integratedcaredc.com/survey)



# PRESENTERS



**Marsha Johnson, LCSW**  
**Health Management Associates**  
*Practice Site Coach/Subject Matter Expert*  
 mjohnson@healthmanagement.com



**Suzanne Daub, LCSW**  
**Health Management Associates**  
*Practice Site Coach/Subject Matter Expert*  
 sdaub@healthmanagement.com

<b>Faculty</b>	<b>Elizabeth Wolff, MD, MPA CME Reviewer</b>	<b>Shelly Virva, LCSW, FNAP / Muriel Kramer, LCSW, FNAP CE Reviewer</b>	<b>Marsha Johnson, LCSW Presenter</b>	<b>Suzanne Daub, LCSW</b>
<b>Company</b>	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures
<b>Nature of relationship</b>	N/A	N/A	N/A	N/A

HMA discloses all relevant financial relationships with companies whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.

- » Health Management Associates (HMA), #1780, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. HMA maintains responsibility for this course. ACE provider approval period: 09/22/2021–09/22/2025. Social workers completing this course receive 1.0 continuing education credits.
- » To earn CE credit, social workers must log in at the scheduled time, attend the entire course and complete an online course evaluation. To verify your attendance, please be sure to log in from an individual account and link your participant ID to your audio.
- » The American Academy of Family Physicians (AAFP) has reviewed Integrated Care DC Webinar Series and deemed it acceptable for AAFP credit. Term of approval is from 02/08/2022 to 02/07/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This session is approved for 1.0 Online Only, Live AAFP Prescribed credits.
- » **If you would like to receive CE/CME credit, the online evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.
- » Certificates of completion will be emailed within 10–12 business days of course completion.

## Addressing Grief in Primary Care Behavioral Health (PCBH)

- » Welcome and Program Announcements
- » PCBH Overview
- » Framing Grief
- » Patient Story
- » Grief in the Context of PCBH
- » Closing Remarks/Q&A



1. Distinguish grief and prolonged grief disorder.
2. Identify assessment tools for use with adults and children.
3. Utilize key interventions for grief in the primary care behavioral health model.
4. Synthesize new learning in case discussion.



Photo by [K. Mitch Hodge](#) on [Unsplash](#)

# PCBH OVERVIEW

- » The Primary Care Behavioral Health (PCBH) Consultation model is a psychological approach to **population-based clinical health care** that is simultaneously **co-located, collaborative, and integrated** within the primary care clinic
- » The goal of PCBH is to improve and promote **overall health within the general population**

<sup>1</sup> Serrano, N and Robinson, JB. (n.d.). *What is the Primary Care Behavioral Health Consultation model?* Collaborative Family Healthcare Association. <https://members.cfha.net/page/PCBHFAQDefinition>

# THE BEHAVIORAL HEALTH CONSULTANT (BHC) ROLE IN THE PCBH MODEL: GATHER<sup>2</sup>



## Generalist

The goal is to have the BHC work with patients of any age and any behavioral concern, from anxiety or tobacco use to parenting strategies

## Accessible

The BHC should be available to help the primary care provider at all times during the workday

## Team-based

The BHC is part of the health care team and participates in meetings and huddles about patient care

## High Productivity

To make this model work financially, the BHC must be able to see many patients each day. Many of these visits are short

## Education

The BHC educates patients about health issues and the health care team about patients' psychosocial needs. The BHC supports the primary care provider in continued care of the patient

## Routine

When making referrals to the BHC becomes part of the clinic's normal daily workflow

<sup>2</sup> Robinson, P. J., & Reiter, J. T. (2016). Behavioral consultation and primary care: A guide to integrating services (2nd ed.). Geneva: Springer International.

# FRAMING GRIEF

## Types of grief

- » “Normal” grief
- » Anticipatory: may occur when a death is expected but before it happens
- » Disenfranchised: grief not acknowledged by society
- » Prolonged Grief Disorder



Source: Microsoft Stock Images



Source: Microsoft Stock Images

## “Normal” grief:

- » Grief is normal AND people do not feel “normal” when grieving
- » Our capacity to grieve is a critical part of humanity and is indicative of our tremendous capacity for love
- » Grief can feel unpredictable and overwhelming
- » Grief is individual and contextual
- » Support system tolerance for grief is variable

## Grief reactions:

- » **Emotional:** Shock, sadness, denial, anger, guilt, helplessness
- » **Cognitive:** Confusion, difficulty concentrating, preoccupation, and hallucinations
- » **Physical:** tightness in the chest, nausea, dizziness, numbness, headaches, tension, fatigue
- » **Behavioral:** Difficulty sleeping, loss of interest in daily activities, irritability
- » **Somatic:** Chest tightness, shortness of breath, abdominal distress, lethargy
- » **Psychological:** Guilt, anger, hostility, restlessness, inability to concentrate, lack of capacity to initiate and maintain an organized pattern of activities



## Children in grief:

- » Present with no emotion due to shock or desire to ward off intense emotion.
- » Act younger than their age or cling more to the surviving parent. For example, they may talk like a baby or occasionally wet the bed.
- » Act out to express emotions and recapture a sense of control.
- » Ask the same questions repeatedly or talk about the person who died like they'll be coming back.
- » Younger children may worry that they caused a parent's death because they were once angry with them, and older children may feel survivor's guilt.
- » Struggle to feel positive about themselves or their surroundings.

Has 3 or more of the following symptoms:

- » Identity disruption (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 (anger, bitterness, sorrow) related to the death.
- » Difficulty with reintegration (problems engaging with friends, pursuing interests, planning for the future).
- » Emotional numbness (absence or marked reduction of emotional experience).
- » Feeling that life is meaningless.
- » Intense loneliness (feeling alone or detached from others).

About 7%–10% of bereaved adults will experience the persistent symptoms of prolonged grief disorder  
(Szuhany et al., 2021)

## Prolonged grief disorder:

- » Loss of a loved one had to have occurred at least a year ago for adults; at least 6 months ago for children and adolescents.
- » Persistent symptoms that interfere with daily life beyond “normal” grieving period
- » DSM-5-TR: bereavement reaction is out of proportion to or inconsistent with cultural, religious, or age-appropriate norms
- » Incongruence between individual’s culture and dominant culture can contribute to isolation, distrust, and detachment—all of which can exacerbate prolonged grief disorder and post-traumatic stress disorder (PTSD) following bereavement
- » Many studies show that missed opportunities in counseling to address culture are correlated with poorer outcomes for clients

There is significant variability in the duration of grief across cultures. Sensitivity to this variability is **CRITICAL.**

# PATIENT STORY

# GRIEF IN THE CONTEXT OF PCBH

- »» Complicated Grief Treatment (16-session manualized treatment)
- »» Cognitive Behavioral Therapy (CBT)
- »» Medication when there is a comorbid psychiatric condition
  - In one study of individuals with a diagnosis of prolonged grief disorder...
    - 75% were diagnosed as having a current comorbid psychiatric condition of major depressive disorder, PTSD, or anxiety disorders (generalized anxiety disorder, or GAD, being the most common)

- » Assessment for prolonged grief disorder, comorbid psychiatric conditions and risk factors
- » Listening and support
- » Skill development
- » Information
- » Encouragement of active experience of grief
- » Connection with others (e.g., grief group or friends and family members)
- » Intervention with caregivers prior to death of loved one

# GRIEF IN THE CONTEXT OF PCBH: APPROACHES FOR GRIEF



Assessment	Tools	
<ul style="list-style-type: none"> <li>• Prolonged Grief Disorder</li> <li>• Pre-existing or co-morbid depressive or anxiety disorder</li> <li>• Traumatic grief (risk factor for prolonged grief disorder)</li> </ul>	<p><i>Child/Adolescent</i></p> <p>Inventory for Complicated Grief– Revised for Children (ICG-RC)</p> <p>Complicated Grief Assessment- Child/Adolescent Version</p>	<p><i>Adult</i></p> <p>Brief Grief Questionnaire (BGQ – 5 items)</p> <p>Inventor of Complicated Grief (ICG)</p> <p>Complicated Grief Assessment</p> <p>Prolonged Grief Disorder-13 Revised (PG-13R)</p>



## Listening and support

- Patients may not have strong support networks and have few channels for support.
- Support networks may tolerate grief expression for shortened time period.

## Skill development

- Practice emotion regulation skills.
- Teach stress reduction/relaxation techniques.
- Role play with patients to ask for needs from supports.

## Information

- Psychoeducation on grief reactions
- Inquiry about distress in relation to grief reactions
- Awareness of signs of prolonged grief disorder or comorbid psychiatric condition

## Information for (parents/caregivers)

- Information about how grief presents in children
- Importance of normal routines
- Communication guidance for talking with their child
- Patience with repeated questions

## Encouragement of active expressions of grief

- Ask about their loved one who died.
- Support the use of rituals to help grief processing.
- Practice mindfulness to emotions with them.

## Connection with others

- Support connection to family members and friends.
- Refer to grief/bereavement support groups.
  - In-person
  - Online

Encourage primary care providers to refer caregivers facing the death of a loved one to you.



- Helps to address anticipatory grief.
- Increases likelihood that the caregiver will access mental health support as needed following the loss.

# DISCUSSION

- » American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, Text Revision (DSM-5-TR). American Psychiatric Association Publishing. [www.psychiatry.org/psychiatrists/practice/dsm](http://www.psychiatry.org/psychiatrists/practice/dsm).
- » Boelen, P.A., Spuij, M, Lenferink, L.I.M. (2019). Comparison of DSM-5 criteria for persistent complex bereavement disorder and ICD-11 criteria for prolonged grief disorder in help-seeking bereaved children, *Journal of Affective Disorders*, 250, 71–78, ISSN 0165-0327, [doi.org/10.1016/j.jad.2019.02.046](https://doi.org/10.1016/j.jad.2019.02.046).
- » Lichtenthal, W. G., Nilsson, M., Kissane, D. W., Breitbart, W., Kacel, E., Jones, E. C., & Prigerson, H. G. (2011). Underutilization of mental health services among bereaved caregivers with prolonged grief disorder. *Psychiatric services (Washington, D.C.)*, 62(10), 1225–1229. [https://doi.org/10.1176/ps.62.10.pss6210\\_1225](https://doi.org/10.1176/ps.62.10.pss6210_1225).

- » Simon, N.M. , Shear, K.M. , Thompson, E.H. , et al. (2007) The prevalence and correlates of psychiatric comorbidity in individuals with complicated grief. *Comprehensive Psychiatry*, 48, 395–399.
- » Smid, G.E., Groen, S., de la Rie, S.M., Kooper, S., Boelen, P. (2018). Toward Cultural Assessment of Grief and Grief-Related Psychopathology. *Psychiatric Services*, 69(10), 1045–1118. [doi.org/10.1176/appi.ps.201700422](https://doi.org/10.1176/appi.ps.201700422).
- » Szuhany, K. L., Malgaroli, M., Miron, C. D., & Simon, N. M. (2021). Prolonged Grief Disorder: Course, Diagnosis, Assessment, and Treatment. *Focus* (American Psychiatric Publishing), 19(2), 161–172. [doi.org/10.1176/appi.focus.20200052](https://doi.org/10.1176/appi.focus.20200052).

- » Thompson, A.L., Gardner, M.A., Russell, C.C., Steinberg, D.M. (2019, July). *Fact Sheet: Grief in Children and Adolescents*. Society of Pediatric Psychology, [pedpsych.org/fact\\_sheets/grief-children-and-adolescents/#:~:text=Available%20measures%20include%20the%20Hogan,Assessment%2DChild%2FAdolescent%20Version.](https://pedpsych.org/fact_sheets/grief-children-and-adolescents/#:~:text=Available%20measures%20include%20the%20Hogan,Assessment%2DChild%2FAdolescent%20Version.)



- » Please complete the online evaluation! **If you would like to receive CE or CME credit, the evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.
- » The webinar recording will be available within a few days at: [www.integratedcaredc.com/learning](http://www.integratedcaredc.com/learning)
- » **Upcoming Webinar:**
  - *Dosing and Titrating Care (PCBH Series Part 10)*  
April 18, 2023, 12:00 pm – 1:00 pm ET
- » For more information about Integrated Care DC, please visit: [www.integratedcaredc.com](http://www.integratedcaredc.com)