

Rutgers, the State University of New Jersey
School of Social Work
Social Work Practice with Loss Across the Lifespan
19:910:547 OTG

Term:

Instructor:

Office:

Phone:

E-Mail:

I. Catalogue Course Description

This course will address many types of loss that occur across the lifespan and will incorporate a developmental approach to loss and grief.

II. Course Overview

Loss is a universal human experience, yet we have a tendency to only acknowledge losses due to death as worthy of therapeutic attention. This course starts with a unique premise: all of life is about loss and therefore it is imperative for social workers to be skilled at identifying less recognizable losses as well as more common ones. Social workers must be adept at helping people process the meaning of that loss in their life.

The course will start with an overview of loss as a normal and necessary part of life and growth. We begin by addressing the evolution of early grief theory from Freud, Lindemann and Kubler- Ross, through more recently corroborated theories. It will provide the foundations of classical grief theory and trace its evolution through current evidence-based theories such as continuing bonds, dual process theory, disenfranchised grief, and meaning making. The hazards of uncorroborated stage theories of grief will be emphasized due to their disrespect for the developmental and cultural differences that affect grievers. While death and dying at different stages in the lifespan will be addressed, each life stage will also be explored for the normative losses that occur at that stage- for instance, toddlers often lose their primary status as care object and college students often lose the physical care of parents who no longer provide meals, laundry, and rides. Although these are positive developmental steps, they are still losses requiring transitions.

This is a participatory and experiential class. All are expected to approach the class ready to consider implications of loss and what it requires of the social worker to be able to effectively assist those going through various transitions. Theory and practice guidelines will be integral to the coursework and the main assignment will be an interview of someone who has experienced a loss. Additionally, each student (either alone or in a

small group) will be expected to present on a specific loss that is of interest to them and relates to the course material.

As students read through this syllabus, they should also remember to **closely review the School-Wide Syllabus** in Canvas or the Student Handbook to find information on the School of Social Work mission statement and learning goals, school-wide policies (including academic integrity policies and the standardized attendance policy), and student resources and supports.

III. Place of the Course in the Program

This is an advanced elective with no prerequisites.

IV. Program Level Learning Goals and the Council on Social Work Education's Social Work Competencies

The MSW Program at Rutgers, The State University of New Jersey is accredited by the Council on Social Work Education (CSWE). Students are welcome to review CSWE's accreditation standards at www.cswe.org

In keeping with CSWE standards, the Rutgers School of Social Work has integrated the CSWE competencies within its curriculum.

This course will assist students in developing the following CSWE competencies: 4 and 7. The definitions are below.

Competency 4: Engage in Practice-Informed Research and Research-Informed Practice

Social workers use ethical, culturally informed, anti-racist, and anti-oppressive approaches in conducting research and building knowledge. Social workers use research to inform their practice decision making and articulate how their practice experience informs research and evaluation decisions. Social workers critically evaluate and critique current, empirically sound research to inform decisions pertaining to practice, policy, and programs. Social workers understand the inherent bias in research and evaluate design, analysis, and interpretation using an anti-racist and anti-oppressive perspective. Social workers know how to access, critique, and synthesize the current literature to develop appropriate research questions and hypotheses. Social workers demonstrate knowledge and skills regarding qualitative and quantitative research methods and analysis, and they interpret data derived from these methods. Social workers demonstrate knowledge about methods to assess reliability and validity in social work research. Social workers can articulate and share research findings in ways that are usable to a variety of clients and constituencies. Social workers understand the value of evidence derived from interprofessional and diverse research methods, approaches, and sources.

Social workers:

- a. apply research findings to inform and improve practice, policy, and programs; and*
- b. identify ethical, culturally informed, anti-racist, and anti-oppressive strategies that address inherent biases for use in quantitative and qualitative research methods to advance the purposes of social work.*

Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities

Social workers understand that assessment is an ongoing component of the dynamic and interactive process of social work practice. Social workers understand theories of human behavior and person-in-environment, as well as interprofessional conceptual frameworks, and they critically evaluate and apply this knowledge in culturally responsive assessment with clients and constituencies, including individuals, families, groups, organizations, and communities. Assessment involves a collaborative process of defining presenting challenges and identifying strengths with individuals, families, groups, organizations, and communities to develop a mutually agreed-upon plan. Social workers recognize the implications of the larger practice context in the assessment process and use interprofessional collaboration in this process. Social workers are self-reflective and understand how bias, power, privilege, and their personal values and experiences may affect their assessment and decision making.

Social workers:

- a. apply theories of human behavior and person-in-environment, as well as other culturally responsive and interprofessional conceptual frameworks, when assessing clients and constituencies; and*
- b. demonstrate respect for client self-determination during the assessment process by collaborating with clients and constituencies in developing a mutually agreed-upon plan.*

[Explore the entire set of 2022 CSWE competencies.](#)

CSWE Core Competencies are assessed using the following assignments:

Competency	Assessment Measure
C #4: Engage in Practice-Informed Research and Research-Informed Practice	<ul style="list-style-type: none">• Interview with Griever• Presentation• Discussion of developmental and cultural aspects of grief as defined in empirical studies
C #7: Assess Individuals, Families, Groups, Organizations, and Communities	<ul style="list-style-type: none">• Presentation• Class Discussion• Interview with Griever

V. Course Learning Goals and Objectives

Course learning goals relate to the aforementioned competencies and program level learning goals as they specifically apply to this course which focuses on the experiences of human development, loss, and grief over the lifespan. The course addresses diverse ages, socioeconomic statuses, gender, cultural, racial, and religious identities, and other dimensions of difference in individuals, families, and communities as they experience loss. Assessment skills incorporating these dimensions and the impact of varied losses on individuals, families, and groups/ communities are a main focus of the course.

Upon completion of this course the student will;

Goal 1- Demonstrate the ability to use varied conceptual frameworks for assessment and intervention with individuals experiencing loss.

Specific Objectives:

- 1- demonstrate ability to differentiate task-centered from phase-centered models of grief and describe some of the benefits and hazards of each.
- 2- describe the newer conceptualizations of loss, from disenfranchised grief to ambiguous losses to traditional losses due to death, and developmental aspects of loss at various points in the lifecycle.
- 3- trace the development of grief theory from early theoretical models through empirically supported current understandings about “normal” and complex grief.
- 4-apply developmental theory at varied stages of life and describe how it affects the experience of loss.
- 5-apply intersectional and liberatory consciousness lenses to assess and understand how dimensions of identity from life phase, socioeconomic statuses, gender, cultural, racial, and religious identities affect the grief trajectory
- 6- trace the development of technologies like social media and online spaces as sites for grieving as well as sites for intervention.
- 7-describe interventions that are developmentally and culturally appropriate at each life phase.

Goal 2- Demonstrate a professional stance in work with individuals experiencing loss, including an ability to reflect critically upon one’s practice, utilize research in assessing and intervening with the bereaved, and reflect upon the impact such work has upon the social worker personally.

Specific Objectives:

1- demonstrate the ability to apply developmental and grief theories and practice guidelines appropriately to a specific case in a professional manner.

2- demonstrate the ability to utilize information about cultural context, spiritual beliefs and other demographically-based information to inform the assessment and intervention planned with any specific individual.

3- exhibit competence to assess normative developmental losses as well as losses due to death and to tie this assessment to an appropriate form of intervention, particularly focusing on meaning-making as it applies to that specific individual.

4- describe the interplay of societal recognition of loss and individuals' ability to mobilize support and consider how the professional social worker may use policy and advocacy to promote equitable support for individuals experiencing disenfranchised losses, as well as more commonly recognized losses.

5- demonstrate leadership in the ability to teach others about empirically supported grief assessment and intervention

VI. **Required Texts**

McCoyd, J.L.M., Koller, J. M., & Walter, C. A. (2021). *Grief and loss across the lifespan: A biopsychosocial perspective (3rd ed)*. New York: Springer Publishing.
<https://ebookcentral-proquest-com.proxy.libraries.rutgers.edu/lib/rutgers-ebooks/detail.action?docID=6414179>

Neimeyer, R.A., Harris, D. L., Winokuer, H. R., & Thornton, G. F. (2011/2021). *Grief and bereavement in contemporary society: Bridging research and practice*. New York: Routledge.
<https://doi-org.proxy.libraries.rutgers.edu/10.4324/9781003199762>

Recommended:

Doka, K. (2002). *Disenfranchised grief: New directions, challenges, and strategies for practice*. Champagne, IL: Research Press.

Klass, D., Silverman, P. R., & Nickman, S. L. (1996). *Continuing bonds: New understandings of grief*. Philadelphia, PA: Taylor & Francis.

Rando, T. (1993). *Treatment of complicated mourning*. Champagne, IL: Research Press.

The textbooks are available in electronic form but we ask that you only read them on-line or only download a chapter.

DO NOT DOWNLOAD THE WHOLE TEXTBOOK – doing so makes it unavailable for others.

VII. Instructor and Student Roles

The instructor plays an active part in the learning process. Students can expect that the professor will convey clear, specific information about theory, advanced social work practice, and social work values and ethics. Assignments have been developed in a format that encourages learning, as well as provides the instructor with a means with which to evaluate the student.

The student plays an active part in the learning process. As with all social work classes, participating in the process of the educational experience is vital. It is expected that students will **read all required readings, attend all classes, come to class prepared to discuss the topic and complete assignments on time.** Students should demonstrate, in class sessions and in assignments, that they have read the readings (and a generous selection of supplemental readings), can relate readings and class material to case material, and apply empirical evidence for the validity of various theories and the effectiveness of various intervention approaches.

*Note: All electronic devices (e.g., cell phone, ipod, laptop) must be silenced and stored out-of-sight before OTG class begins. Use of electronic devices is prohibited in the classroom at all times. In the on-line classroom, notifications and other applications should be off during class time and preferentially, cameras will be on with microphones muted except when speaking (unless instructor requests otherwise). (See instructor to discuss exceptions). Failure to comply will result in point deductions at the instructor's discretion.

ALSO important:

All discussion must be guided by our Code of Ethics and confidentiality. Therefore, pseudonyms should be used for clients/ respondents in all papers or classroom discussion of case material and the institutions or other identifying material should be removed or made anonymous.

If you elect to talk about your own losses as an example in class, please do so with the connection to the material or lesson made explicit. Personal disclosures should be connected to the learning goals and course material.

- In the spirit of mindfulness practice and to create a 'soundscape' conducive to teaching and learning -- a classroom milieu free from extraneous noise and distractions -- all electronic devices (e.g., laptop, cell phone, iPod, etc.) *must be silenced and stored out-of-sight before entering the classroom and during breaks* (in OTG classrooms). *This extends to synchronous classes in that other notifications should be silenced on your computer during class time and you should keep your microphone muted when not speaking.* It is preferred that cameras be kept on throughout class so all class members can be interactive. Zoom backgrounds or screens can be used to ensure privacy of other household members.

- Failure to comply with course policies will result in class participation (and/or assignment) point deductions at the instructor's discretion, or other appropriate action.

VIII. REQUIRED ASSIGNMENT OVERVIEW

Rubrics for the assignments are at the back of the syllabus with the full assignment description.

The instructor requests that you include the following statement on all assignments, signed.

On my honor, I have neither received nor given any unauthorized assistance on this assignment.

FINAL ASSIGNMENT

The student will interview someone about a loss they have experienced. The student will follow the guidelines for interviewing found in the appendix. This will become the basis of the final assignment in which the student will apply developmental, cultural, and current grief theories to the understanding of the material gathered through the interview. The interviewees (NOT clients, nor someone well-known to the student- a cousin's best friend or someone at two degrees of separation is best) will be informed of the educational purposes of the interview and given the right to stop participation at any time. All interviews will be audio-taped (mp3/4 or Zoom preferred) and fully transcribed. Together, the interview and final paper will count for 50% of the final grade. The typical paper, not including the interview transcript, is 10-15 pages. Transcripts should be single spaced with double spaces between each speaker and a pseudonym assigned to the interviewee. No identifying information should remain in the transcript and the student is to keep the informed consent sheet until they receive their grade back, at which point they can destroy the consent. Transcripts are typically 8-18 pages long.

IN-CLASS PRESENTATION

Students will be responsible for presenting some topic related to the class material during the course of the term. For example, a student may elect to present information about death in another culture or religious tradition on the class day devoted to Grief and Culture. **This is different from the interview assignment and should not focus solely on a case, but on the theoretical and practice information that is supported by research related to a topic related to loss or issues of loss during a particular lifephase, without duplicating course materials.** Students can work individually or with a partner/ in groups to:

- 1) describe a particular type of loss and its effects during a specific life phase (e.g., death of a parent during emerging adulthood)
- 2) discuss at least one new research-based article that is incorporated into the presentation to the class;
- 3) present the material in class incorporating at least one case example or video clip;
- 4) use at least one discussion question to start class discussion and engage the class.

This accounts for 40% of the student's grade. See appendix for full description of the assignment and the rubric.

OR

The Media Presentation is an alternative for the research-based topic presentation. The student can view 3 TV shows or movies including a comedy, drama, and reality-based (or documentary) show and consider the losses shown in the media. The chosen media clips should reflect one age group, one type of loss, or have some other characteristic that ties the losses in the media together. This will entail the description of the shows (preferably showing a clip from each within the presentation). These must be followed by an application of grief theories to the material and analysis of the impact such messages in popular media may have for griever and grief counselors.

See the appendix for full description of the assignment and the rubric.

Class Participation

Students are expected to attend all classes having read the assigned readings and discussion boards and tasks as appropriate. They must arrive on time to the classroom (whether OTG or virtual). If anything impairs ability to be fully present in the class environment, please discuss those potential barriers with the Instructor. Absences may occur due to unforeseen circumstances, however, excessive absences (more than one) and/or consistent lateness will result in the lowering of the final grade. The student must notify the instructor in advance, or as soon as possible after, the missed class. Missed classes will be excused by the instructor only for compelling reasons (e.g., illness, emergency, and other--to be determined by the instructor); *notification does not automatically indicate an excused absence*. Even in the event of illness/compelling reasons, 3 or more absences may result in course failure. Students are responsible for obtaining class notes and handouts of the missed session from a fellow student.

Class participation includes, but is not limited to, responses to the Discussion Boards, asking relevant questions/making relevant comments, active participation in small/large group exercises, presentation of case material, and bringing to class relevant articles/newspaper clippings/current events information. Use of phones, laptops during class time is a form of non-participation and will mean deductions from the class participation grade.

Grade Summary:

50 %	Interview and final paper
40 %	Presentation or Media Project
10 %	Class participation (Attendance, demonstration of reading, in class discussions, Discussion Boards, and no use of electronics in class)

Grade Statement

Grades are increasingly contentious. They have also been broadly inflated and standards not held equally across classes. This is provided to have an understanding of the way this professor assesses student work.

It should be understood that students are not graded “on a curve,” which would require that the majority get a C (average under the normal bell curve) and the other 20% +-are above that and 20%+- below that. That said, there is some degree of comparison in that those who clearly go above and beyond the bare requirements, who write well and clearly, and who integrate excellent analysis and/or creativity are going to earn A’s.

Those who just meet the requirements of the assignment, with no indication of strong engagement with the material and adequate writing and analysis will receive B’s.

Those who fail to meet some aspect of the assignment requirements, or who have poor syntax or other writing errors and minimal analysis should not expect to get any higher than a C.

READINGS ARE IMPERATIVE- Other than the text readings, they are available on the Reading List part of the Canvas shell and can be accessed through the library.

IX. SCHEDULE OF THE COURSE

Module 1: Introduction and Overview of the Course

Overview:

This session introduces the concepts of grief and loss and illustrates how social justice requires that prior beliefs about grieving in stages must be problematized and dismissed. By doing so, we allow for the rich breadth of individual experience to be acknowledged for how attachment, culture, development, religion, and social norms (among other influences) affect grief and loss.

Objectives:

- 1) Be able to explain why the concept of ‘stages of grief’ is not only outdated, but socially unjust.
- 2) Identify at least two dimensions of grief that are not part of a stage theory of grief and why they are important.

Required Reading must be completed before class starts:

Bordere, T. C. (2016). Social justice conceptualizations in grief and loss. In *Handbook of social justice in loss and grief: Exploring diversity, equity, and inclusion* (pp. 9–20). <https://doi.org/10.4324/9781315659756>

McCoyd, J.L.M. (2023). Forget the “5 stages”: Ask the 5 questions of grief. *Social Work*. 68(1), 86-88. <https://doi.org/10.1093/sw/swac047>

Neimeyer, R.A., et al. Text

Chapter 3- Zech & Arnold- Attachment and coping with bereavement

Stroebe, M., Schut, H., & Boerner, K. (2017). Cautioning health-care professionals: Bereaved persons are misguided through the stages of grief. *Omega* (United States), 74(4), 455-473. <https://doi.org/10.1177/0030222817691870>

Recommended:

Simos, B. (1979). *A time to grieve*. Washington, DC: Family Service of America.
(Read the chapters in the course shell)

Module 2: Theories of Grief and Loss

Overview:

This session traces the evolution of grief theory from early Freudian ideas through recent postmodern theories that have empirical support.

Objectives:

- 1) Identify at least 3 empirically supported postmodern theories of grief.
- 2) Explain how social norms validate or disenfranchise grievers and understand Doka’s 5 categories of disenfranchised grief.
- 3) Discuss current understandings of the biological impacts of grief on the human body and identify at least 2 major bodily systems affected by grief.

Required Readings must be completed before class starts:

McCoyd, Koller, & Walter text Chapter 1 (Introduction)

Doka, K. J. (Ed). (2002). *Disenfranchised grief: New directions, challenges, and strategies for practice*. Research Press: Champaign, IL.
Chapter 1- Introduction

McCoyd, J.L.M., Goldblatt Hyatt, E., Akincigil, A. & Hennessey, K. (2023). Revising ruling discourses: The griefwork evidence-to-practice gap and the mental health workforce. *Death Studies*, 1-10. <https://doi.org/10.1080/07481187.2023.2171159>

Neimeyer, R.A., et al. Text

Chapters:

Chapter 2- Neimeyer & Sands-Meaning reconstruction in bereavement

Chapter 6- Worden & Winokuer- A Task-based approach for counseling the bereaved

O'Connor, M. F. (2019). Grief: A brief history of research on how body, mind, and brain adapt. *Psychosomatic Medicine*, 81(8), 731–38.
<https://doi.org/10.1097/PSY.0000000000000717>

Recommended:

Maciejewski, P.K., Zhang, B., Block, S. D., & Prigerson, H. G. (2007) An empirical examination of the stage theory of grief. *JAMA: the Journal of the American Medical Association*, 297, 716-723.
<https://doi.org/10.1001/jama.297.7.716>

Neimeyer , R. A., Klass, D. & Dennis, M. R. (2014). A Social Constructionist account of grief: Loss and the narration of meaning. *Death Studies*, 38(8), 485-498, <https://doi.org/10.1080/07481187.2014.913454>

Shear, K., Frank, E., Houck, P. & Reynolds, C.F. (2005). Treatment of complicated grief. *JAMA: the Journal of the American Medical Association*, 293 (21), 2601-2608.
<https://doi.org/10.1001/jama.293.21.2601>

Module 3: “Closure” and Other Grief/ Loss Theories

Overview:

Just as belief in stages of grief must be challenged, belief in closure must also be challenged due to lack of empirical support. This session focuses on how belief in closure hurts grievers and also goes further to identify how myths about these concepts may lead to unintended damaging consequences. The concept of complicated or prolonged grief is discussed, as is the challenge of ambiguous grief.

Objectives:

- 1) Explain how the term closure is incorrectly applied to grief and why it can be harmful in a world of intersectional identities.

- 2) Discuss the challenges of ongoing sorrow versus prolonged grief when considering treatment after a death.
- 3) Identify the ways ambiguous grief presents itself and explain why it is a more challenging form of grief.

Required Readings must be completed before class starts:

Berns, N. (2011). *Closure: The rush to end grief and what it costs us*. Philadelphia: Temple University Press. (Chapters 1, 2, 9)

Klass, D. (2013). Sorrow and solace: Neglected areas in bereavement research. *Death Studies*, 37: 597-616. <https://doi.org/10.1080/07481187.2012.673535>

Neimeyer Text

Chapter 12- Shear, Boelen & Neimeyer- Treating complicated grief

Chapter 13- Boss, Roos, & Harris- Grief in the midst of ambiguity and uncertainty

Pomeroy, E. C., Hai, A. H., & Cole Jr, A. H. (2021). Social work practitioners' educational needs in developing spiritual competency in end-of-life care and grief. *Journal of Social Work Education*, 57(2), 264-286.

Thacker, N. E. & Duran, A. (2020). Operationalizing intersectionality as a framework in qualitative grief research. *Death Studies*, 46(5), p.1128-1138. <https://doi.org/10.1080/07481187.2020.1795749>

Shear, M. K. (2015). Complicated grief. *New England Journal of Medicine*, 372(2), 153-160. <https://doi.org/10.1056/NEJMc1315618>

Recommended:

Attig, T. (2015). Seeking wisdom about mortality, dying and bereavement. In J. M. Stillion and T. Attig (Eds). *Death, dying, and bereavement: Contemporary perspectives, institutions, and practices* (pp. 1-16). New York: Springer Publishing Co.

Gawande, A. (2014). *Being mortal: Medicine and what matters in the end*. New York: Metropolitan Books.

Klass, D., Silverman, P. R., & Nickman, S. L. (1996). *Continuing bonds: New understandings of grief*. Philadelphia, PA: Taylor & Francis.
Chapter 2- Broken hearts or broken bonds

Module 4: Cultural issues in Grief and Loss

Overview:

Culture encompasses the multitude of ways ethnic, racial, religious, and geographical identities affect all aspects of life, including grief. Understanding that no one can possibly learn all there is to know about grief in any particular culture, this session provides an overview of several racial identifications and religious traditions while also emphasizing the need to hear each individual griever's understanding of the influences on their grief and grieving.

Objectives:

- 1) Identify how at least two different culture's norms help to structure the influences of how grief is experienced and how it is considered appropriately expressed.
- 2) Identify how gender constitutes a potential influence on grieving processes and practices.
- 3) Describe how the experience of Black people in the U.S. is framed by high levels of cumulative loss and death.

Required Readings must be completed before class starts:

Dennis, M. K. (2021). Collecting grief: Indigenous peoples, deaths by police and a global pandemic. *Qualitative Social Work*, 20(1-2), 149-155.
<https://doi.org/10.1177/1473325020973301>

Nesteruk, O. (2018). Immigrants coping with transnational deaths and bereavement: The influence of migratory loss and anticipatory grief. *Family Process*, 57(4), 1012-1028. <https://doi.org/10.1111/famp.12336>

Neimeyer Text:

Chapter 7- Martin & Doka- The influence of gender and socialization on grieving styles

Chapter 26- Klass & Chow-Culture & ethnicity in experiencing policing and handling grief

Umberson, D. (2017). Black deaths matter: Race, relationship loss, and effects on survivors. *Journal of Health and Social Behavior*, 58(4), 405-420.
<https://doi.org/10.1177/0022146517739317>

Wilson, D. T., & O'Connor, M. F. (2022). From grief to grievance: Combined axes of personal and collective grief among Black Americans. *Frontiers in Psychiatry*, 13, 850994–850994. <https://doi.org/10.3389/fpsyt.2022.850994>

Recommended:

Balk, D. (1999). Bereavement and spiritual change. *Death Studies*, 23, 485-493.

- Dezutter, J. J., Soenens, B. B., Luyckx, K. K., Bruyneel, S. S., Vansteenkiste, M. M., Duriez, B. B., & Hutsebaut, D. D. (2009). The role of religion in death attitudes: distinguishing between religious belief and style of processing religious contents. *Death Studies*, 33(1), 73-92.
- Edwards, S. S., McCreanor, T. T., Ormsby, M. M., Tuwhangai, N. N., & Tippene-Leach, D. D. (2009). Maori men and the grief of SIDS. *Death Studies*, 33(2), 130-152.
- Moore, S. E., Jones-Eversley, S. D., Tolliver, W. F., Wilson, B. & Harmon, D. K. (2020) Cultural responses to loss and grief among Black Americans: Theory and practice implications for clinicians. *Death Studies*. <https://doi.org/10.1080/07481187.2020.1725930>
- Moyer, L. M. & Enck, S. (2020) Is my grief too public for you? The digitalization of grief on Facebook™, *Death Studies*, 44,2, 89-97. <https://doi.org/10.1080/07481187.2018.1522388>
- Valentine, C. (2010). The role of the ancestral tradition in bereavement in contemporary Japanese society. *Mortality*, 15(4), 275-293. <https://doi.org/10.1080/13576275.2010.513161>

Module 5: Pregnancy and Perinatal Issues

Overview:

The process of attempting to get pregnant, sustaining a pregnancy, and having a healthy baby is more fraught with loss than most understand. This session discusses the customary development of pregnancy, as well as the ways that pregnancy can be lost or lead to unexpected outcomes.

Objectives:

- 1) Understand the typical development of pregnancy, as well as some of the ways people experience perinatal losses.
- 2) Describe some practices for supporting bereaved parents after miscarriage or stillbirth.
- 3) Identify typical losses new parents experience even when a child is born healthy.

Required Readings must be completed before class starts:

McCoyd, Koller, & Walter Text- Chapter 2

Burden, C., Bradley, S., Storey, C., Ellis, A., Heazell, A. E., Downe, S., Cacciatore, J. & Siassakos, D. (2016). From grief, guilt pain and stigma to hope and pride—a systematic review and meta-analysis of mixed-method research of the psychosocial impact of stillbirth. *BMC Pregnancy and Childbirth*, 16(1), 1-12. <https://doi.org/10.1186/s12884-016-0800-8>

Forsstrom, M. P. (2022). The epidemic of despair and infant mortality: A research note. *Demography*, 59(1), 51–59. <https://doi.org/10.1215/00703370-9621725>

Obst, K. L., Due, C., Oxlad, M., & Middleton, P. (2020). Men's grief following pregnancy loss and neonatal loss: a systematic review and emerging theoretical model. *BMC Pregnancy and Childbirth*, 20(1), 1-17. <https://doi.org/10.1186/s12884-019-2677-9>

Redshaw, M., & Henderson, J. (2018). Mothers' experience of maternity and neonatal care when babies die: A quantitative study. *PLoS One*, 13(12), e0208134. <https://doi.org/10.1371/journal.pone.0208134>

Recommended:

Bennett, S. M., Litz, B. T., Sarnoff Lee, B., & Maguen, S. (2005). The scope and impact of perinatal loss: Current status and future directions. *Professional Psychology: Research and Practice*, 36(2), 180-187. <https://doi.org/10.1037/0735-7028.36.2.180>

Gerber-Epstein, P. P., Leichtentritt, R. D., & Benyamini, Y. Y. (2009). The experience of miscarriage in first pregnancy: the women's voices. *Death Studies*, 33(1), 1-29.

Goldbach, K.R.C., Dunn, D.S., Toedter, L.J., & Lasker, J.N. (1991). The effects of gestational age and gender on grief after pregnancy loss. *The American Journal of Orthopsychiatry*, 61 (3), 461-7.

Grout, L.A., & Romanoff, B. D. (2000). The myth of the replacement child: Parents' stories after perinatal death. *Death Studies*, 24 (2), 93-113. <https://doi.org/10.1080/074811800200595>

McCoyd, J.L.M. (2009). Discrepant feeling rules and unscripted emotion work: Women terminating desired pregnancies due to fetal anomaly (Lead Article). *American Journal of Orthopsychiatry*, 79 (4), 441-451.

McMahon, S, Huang, C-C, Boxer, P. & Postmus, J. (2011). The impact of emotional and physical violence during pregnancy on maternal and child health at one year post-partum. *Children and Youth Services Review*, 33, 2103-2111.

Phillips, A., Tripathi, V., & Tomlinson, C. (2016). The tyranny of silence: Giving sorrow words in the context of genetic counselling. *Healthcare Counselling & Psychotherapy Journal*, 18-21.

Module 6: Infancy and Toddlerhood

Overview:

People often assume that infants and toddlers are too young to understand death or experience loss and grief- but that is not so. In this session, we discuss the normal development of an infant through toddler, what the typical and maturational losses of that age are, and the distinctive experiences of parents and others when an infant or toddler dies.

Objectives:

- 1) Understand the typical developmental issues of an infant or toddler as well as the typical and maturational losses they may encounter.
- 2) Identify the four aspects of death that a toddler or preschooler must understand before fully grasping the concept of death.

Describe practices best utilized when helping infants, toddlers, and their families cope after a major loss.

Required Readings must be completed before class starts:

McCoyd, Koller, & Walter Text- Chapter 3

Douglas, H. A. (2014). Promoting meaning-making to help our patients grieve: an exemplar for genetic counselors and other health care professionals. *Journal of Genetic Counseling*, 23(5), 695-700. <https://doi.org/10.1007/s10897-014-9731-6>

Hames, C.C. (2003). Helping infants and toddlers when a family member dies. *Journal of Hospice & Palliative Nursing*, 5 (2), 103-112.

Kronaizl, S. G. (2019). Discussing death with children: A developmental approach. *Pediatric Nursing*, 45(1), 47-50.
<https://login.proxy.libraries.rutgers.edu/login?url=https%3A%2F%2Fwww.proquest.com%2Fscholarly-journals%2Fdiscussing-death-with-children-developmental%2Fdocview%2F2184907862%2Fse-2%3Faccountid%3D13626>

Rosengren, K. S., Miller, P. J., Gutierrez, I. T., Chow, P. I., Schein, S. S., Anderson, K. N. (2014). Children's understanding of death: Toward a contextualized and integrated account. *Monographs in the Society for Research in Child Development*, 79(1), Chapters 1 and 7.

Recommended:

Brett, J. (2004). The journey to accepting support: how the parents of profoundly disabled children experience support in their lives. *Paediatric Nursing*, 16 (8), 14-18.

<https://www.proquest.com/openview/cd9e10ce1e7900fbf2e05705cae41fb0/1?pq-origsite=gscholar&cbl=33983>

Viorst, J. (1986). *Necessary losses: The loves, illusions, dependencies and impossible expectations that all of us have to give up in order to grow*. New York: Fawcett.
Chapters. 1-3

Module 7: Elementary School Aged Children

Overview:

By elementary school, children understand death but are not yet at a level of understanding that is similar to adults. In this session we consider the great developmental strides children make during this time and how they are affected by death and other losses.

Objectives:

- 1) Understand the typical developmental issues as a child moves through elementary school, including the typical and maturational losses they may encounter.
- 2) Identify how Dual Process differs for children in this age group in contrast to other age groups.
- 3) Describe practices that help support bereaved children, considering how the school environment can both interfere with, and support, the grieving processes of children in this age group.

Required Readings must be completed before class starts:

McCoyd, Koller, & Walter Text- Chapter 4

Neimeyer text-

Chapter 9- Buckle & Fleming- Parental challenges after the death of a child

Berg, L., Rostila, M., Saarela, J., & Hjern, A. (2014). Parental death during childhood and subsequent school performance. *Pediatrics*, 133, 682-689.

<https://doi.org/10.1542/peds.2013-2771>

Biank, N. M., & Werner-Lin, A. (2011). Growing up with grief: Revisiting the death of a parent over the life course. *Omega: Journal of Death and Dying*, 63(3), 271–290.
<https://doi.org/10.2190/OM.63.3.e>

- Goldman, L. (2015). Supporting grieving children. In J. M. Stillion and T. Attig (Eds.). *Death, dying and bereavement* (pp. 275-291). New York: Springer Publishing.
- Mitchell, M.B. (2018). “No one acknowledged my loss and hurt”: Non-death loss, grief, and trauma in foster care. *Child & Adolescent Soc Work Journal*, 35, 1–9.
<https://doi.org/10.1007/s10560-017-0502-8>
- Salinas, C. L. (2021). Playing to heal: The impact of bereavement camp for children with grief. *International Journal of Play Therapy*, 30(1), 40–49.
<https://doi.org/10.1037/pla0000147>

Recommended:

- Ahrons, C. (2007). Family ties after divorce: Long-term implications for children. *Family Process*, 46, 53-65.
- Broadway, M. D. (2008). Dealing with death: books to help young people cope with grief. *Teacher Librarian*, 35(5), 44-48.
- Christ, G. H. (2000). The impact of development on children’s mourning. *Cancer Practice*, 8 (2), 72-81. <https://doi.org/10.1046/j.1523-5394.2000.82005.x>
- Currier, J., Holland, J., & Neimeyer, R. (2007). The effectiveness of bereavement interventions with children: A meta-analytic review of controlled outcome research. *Journal of Clinical Child & Adolescent Psychology*, 36, 253-259.
- Kempson, D. D., & Murdock, V. V. (2010). Memory keepers: A narrative study on siblings never known. *Death Studies*, 34(8), 738-756.
- Graham-Bermann, S. A., & Perkins, S. (2010). Effects of early exposure and lifetime exposure to intimate partner violence (IPV) on child adjustment. *Violence and Victims*, 25, 427–439.
- Holland, J. (2008). How schools can support children who experience loss and death. *British Journal of Guidance & Counseling*, 36, 411-424.
- Hung, N. C., & Rabin, L. A. (2009). Comprehending childhood bereavement by parental suicide: A critical review of research on outcomes, grief processes, and interventions. *Death Studies*, 33(9), 781-814.
- McCoyd, J.L.M., Akincigil, A., Peak, E.H. (2010). Pediatric disability and caregiver separation. *Journal of Family Social Work*, 13 (3), 251-268.

Melhem, N. M., Moritz, G., Walker, M., Shear, M. K., & Brent, D. (2007). Phenomenology and correlates of complicated grief in children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46, 493–499. doi: 10.1097=chi.0-b013e31803062a9

Silverman, W. K., Ortiz, C. D., Viswesvaran, C., Burns, B. J., Kolkno, D. J., Putnam, F.W., & Amaya-Jackson, L. (2008). Evidence-based psychosocial treatments for children and adolescents exposed to traumatic events. *Journal of Clinical Child & Adolescent Psychology*, 37, 156-183.

INTERVIEW MUST BE COMPLETED AND TRANSCRIBED BY NOW

Module 8: Tweens and Teens

INTERVIEW DUE

Overview:

Adolescence is a time of tremendous cognitive and bodily change. Peers become a primary focus. Emotional events like loss (whether death or relationship losses) are experienced differently by individuals in this age group and carry more hazards than other age groups.

Objectives:

- 1) Understand the typical developmental issues of an adolescent, especially how cognitive development frames understanding of loss.
- 2) Describe the typical and maturational losses teens may encounter, along with the focus on peer relationships.
- 3) Identify the concept of double jeopardy and why loss in tweens/ teens requires special nuance in intervening.

Required Readings must be completed before class starts:

McCoyd, Koller, & Walter Text- Chapter 5

Dutil, S. (2019). Adolescent traumatic and disenfranchised grief: Adapting an evidence-based intervention for Black and Latinx youths in schools. *Children & Schools*, 41(3), 179–187. <https://doi.org/10.1093/cs/cdz009>

Hoppe, R., Alvis, L., Oosterhoff, B., & Kaplow, J. (2024). Caregiver behaviors associated with positive youth development among bereaved children. *Death Studies*, 1-11. <https://doi.org/10.1080/07481187.2024.2309475>

Punzania, A.C., Montagna, L., Mastroianni, C., Giuseppe, C., Piredda, M., & de Marinis, M. G. (2014). Losing a parent: analysis of the literature on the experiences and needs of adolescents dealing with grief. *Journal of Hospice & Palliative Nursing*, 16(6), 362-373. <https://doi.org/10.1097/NJH.0000000000000079>

Recommended:

Cait, C.A.. (2004) Spiritual and religious transformation of females who are parentally bereaved in adolescence. *Omega: Journal of Death & Dying*, 49 (2), 163-181.

Christ, G. H., Siegel, K., Christ, Adolph, E. (2002). Adolescent Grief: It never really hit me... until it actually happened.” *JAMA: Journal of the American Medical Association*, 288 (10), 1269-79.

LaSala, M. C. (2014). Condoms and connection: Parents, gay and bisexual youth, and HIV risk. *Journal of Marital and Family Therapy*, 1-14.
<https://doi.org/10.1111/jmft.12088>

Neimeyer text-

Chapter 19- Goldman & Livoti- Grief in LGBT populations.

SPRING BREAK (March XX-XX) HAVE A WONDERFUL SPRING BREAK!

Module 9: Emerging Adulthood

Overview:

Emerging adulthood was identified as a new phase of development around 2007-8 by J.J. Arnett and now is viewed as a time when individuals work to stabilize their life and work toward self-sufficiency. Some of the vulnerability of adolescence lingers, yet in other ways, the cognitive processing of loss aligns more with adulthood.

Objectives:

- 1) Explain how the developmental phase of emerging adulthood came to be identified.
- 2) Describe the typical and maturational losses emerging adults, along with identifying the reason that moving toward self-sufficiency is part of those losses.
- 3) Identify the distinctive ways emerging adults seem to cope with death losses, and the intervention practices that optimally assist those who are grieving.

Required Readings must be completed before class starts:

- Arnett, J. J. (2007). Emerging adulthood: What is it, and what is it good for? *Child Development Perspectives*, 1, 68–73. <https://doi.org/10.1111/j.1750-8606.2007.00015.x>
- Arnett, J. J. (2008). From ‘worm food’ to ‘infinite bliss’: emerging adults’ views of life after death. *Positive youth development & spirituality: from theory to research*, (pp. 231-243). Philadelphia: Templeton Foundation.
- Delgado, H., Goergen, J., Tyler, J., & Windham, H. (2023). A loss by suicide: The relationship between meaning-making, Post-Traumatic Growth, and Complicated Grief. *Omega: Journal of Death and Dying*, 1-18. <https://doi.org/10.1177/00302228231193184>
- Mroz, E. L., Kastrinos, A., Bacharz, K., Fisher, C. L., & Applebaum, A. J. (2024). “A little bit different now”: Impacts of caregiving for parent with cancer on psychosocial development in emerging and young adulthood. *Death Studies*, 1-12. <https://doi.org/10.1080/07481187.2024.2309488>

Recommended:

- Huisman, D., Sheldon, J., Yashar, B., Amburgey, K., Dowling, J., & Petty, E. (2012). Quality of life and autonomy in emerging adults with early-onset neuromuscular disorders. *Journal of Genetic Counseling*, 21(5), 713-725. <https://doi.org/10.1007/s10897-012-9492-z>
- Power, L., & McKinney, C. (2013). Emerging adult perceptions of parental religiosity and parenting practices: Relationships with emerging adult religiosity and psychological adjustment. *Psychology of Religion and Spirituality*, 5(2), 99-109. <https://doi.org/10.1037/a0030046>
- Rappleyea, D., Taylor, A., & Fang, X. (2014). Gender differences and communication technology use among emerging adults in the initiation of dating relationships. *Marriage and Family Review*, 50(3), 269-284. <https://doi.org/10.1080/01494929.2013.879552>
- Rogers, H. B. (2013). Koru: Teaching Mindfulness to emerging adults. *New Directions For Teaching & Learning*, 134, 73-81. <https://doi.org/10.1002/tl.20056>
- Stone, A. L., Becker, L. G., Huber, A. M. & Catalano, R.F. (2012). Review of risk and protective factors of substance use and problem use in emerging adulthood. *Addictive Behaviors*, 37(7), 747–775. <https://doi.org/10.1016/j.addbeh.2012.02.014>

Weiland, B. J., Korycinski, S. T., Soules, M. M., Zubieta, J. K., Zucker, R. A., & Heitzeg, M. M. (2014). Substance abuse risk in emerging adults associated with smaller frontal gray matter volumes and higher externalizing behaviors. *Drug and Alcohol Dependence*, 137, 68-75.
<https://doi.org/10.1016/j.drugalcdep.2014.01.005>

Module 10: Young Adulthood

Overview:

Young adulthood is viewed as a time of self-sufficiency during which work life and family life are established. Although many individuals accomplish those goals earlier, young adulthood is now viewed as commencing around age 30, in large part due to the coining of the emerging adult phase. Death losses tend to be a bit less common during this life phase, making those that they encounter often off-time or out-of-synch losses.

Objectives:

- 1) Explain how the developmental phase of young adulthood tends to involve more maturational and typical losses.
- 2) Describe why most death losses during young adulthood are off-time/ out-of-synch and why those are a bit more challenging.
- 3) Identify current theories and practice modalities for use with young adults.

Required Readings must be completed before class starts:

McCoyd, Koller, & Walter Text- Chapter 7

Neimeyer Text-

Chapter 17- Jordan & McIntosh- Is suicide bereavement different?

Kokou-Kpolou, K., Moukouta, C., Bernoussi, A., Masson, J., Menick, D., Dassa, V., & Frédérique, M. (2020). Correlates and predictors of Prolonged Grief and mental health outcomes in immigrants/refugees exposed to trauma and bereavement: A systematic review. *Journal of Affective Disorders* (267), 171-184.
<https://doi.org/10.1016/j.jad.2020.02.026>

Lenferink, L. I., de Keijser, J., Eisma, M. C., Smid, G. E., & Boelen, P. A. (2021). Treatment gap in bereavement care:(Online) bereavement support needs and use after traumatic loss. *Clinical Psychology & Psychotherapy*, 28(4), 907-916.
<https://doi.org/10.1002/cpp.2544>

Sawyer, T. C. (2024). African American sibling loss: A sister's perspective. In *Disenfranchised Grief* (pp. 222-237). Routledge.

Recommended:

- Bagnoli, A. (2003). Imagining the lost other: The experience of loss and the process of identity construction in young adults. *Journal of Youth Studies*, 6 (2), 203-18. <https://doi.org/10.1080/1367626032000110318>
- Grinyer, A., & Thomas, C. (2004). The importance of place of death for young adults with cancer. *Mortality*, 9(2), 114-131. <https://doi.org/10.1080/13576270310001659436>
- Hawkins, K. A., Hames, J. L., Ribeiro, J. D., Silva, C., Joiner, T. E., & Cougle, J. R. (2014). An examination of the relationship between anger and suicide risk through the lens of the interpersonal theory of suicide. *Journal of Psychiatric Research*, 50, 59-65. <https://doi.org/10.1016/j.jpsychires.2013.12.005>
- Read, S. (2005). Loss, bereavement and learning disabilities; A continuum of support. *Learning Disability Practice*, 8 (1), 31-37.

Module 11: Middle Adulthood**Overview:**

Adults in mid-life tend to have predictable lives in that the patterns of work, family, and hobbies become more routinized in this phase of life. Death losses start to happen more frequently, and chronic illnesses and symptoms of aging are more and more common as people move from age 45 to 65.

Objectives:

- 1) Describe the typical experiences of biopsychosocial functioning and loss in middle adulthood and how they change from the beginning to the end of this life phase.
- 2) Describe the typical losses middle-aged adults commonly experience in connection to family relationships.
- 3) Identify the distinctive ways middle-aged adults cope with work or career losses during this phase of life.

Required Readings must be completed before class starts:

McCoyd, Koller, & Walter Text: Chapter 8

Breen, L.J., Szylit, R., Gilbert, K.R., Macpherson, C., Murphy, I., Winchester Nadeau, J., Reis e Silva, D., Wiegand, D. L., & International Work Group on Death, Dying, and Bereavement (2019). Invitation to grief in the family context, *Death Studies*, 43(3), 173-182. <https://doi.org/10.1080/07481187.2018.1442375>

- Dockery-Sawyer, T. C. (2022). Policework in a racist context: A qualitative study of retired African American police officers. *Journal of Ethnicity in Criminal Justice*, 20(1), 1-21. <https://doi.org/10.1080/15377938.2022.2042450>
- Milman, E. J., Bottomley, J. S., Williams, J. L., Moreland, A. D., delMas, S., & Rheingold, A. A. (2024). Interventions for adult survivors of intrafamilial homicide: A review of the literature. *Death Studies*, 48(2), 164-175. <https://doi.org/10.1080/07481187.2023.2201919>
- Peticca-Harris. (2019). Managing compassionately? Managerial narratives about grief and compassion. *Human Relations (New York)*, 72(3), 588–612. <https://doi.org/10.1177/0018726718779666>

Recommended:

- Ahmad, F., Driver, N., McNally, MJ, Stewart, DE. (2009) “Why doesn’t she seek help for partner abuse? An exploratory study with South Asian immigrant women. *Social Science & Medicine*, 69(4), 613-622.
- Huffington Post (2014). Job loss map. Retrieved February 20, 2015 http://www.huffingtonpost.com/2014/10/30/geography-of-jobs_n_6069856.html .
- Johnson, D.M. & Zlotnick, C. (2009) HOPE for battered women with PTSD in domestic violence shelters. *Professional Psychology: Research & Practice*, 40(3), 234-241.
- Lloyd, G. M., Sailor, J. L., & Carney, W. (2014). A phenomenological study of postdivorce adjustment in midlife. *Journal of Divorce & Remarriage*, 55(6), 441-450. <https://doi.org/10.1080/10502556.2014.931757>
- Nickerson, A., Liddell, B. J., Maccallum, F., Steel, Z., Silove, D., & Bryant, R. A. (2014). Posttraumatic stress disorder and prolonged grief in refugees exposed to trauma and loss. *BMC Psychiatry*, 14(1), 1-19. <https://doi.org/10.1186/1471-244X-14-106>
- Parfitt, Y. & Ayers, S. (2014). Transition to parenthood and mental health in first-time parents. *Infant Mental Health Journal*, 35(3), 263-273. <https://doi.org/10.1002/imhj.21443>
- Thorpe, A., Spittlehouse, J., Joyce, P., Pearson, J., & Schluter, P. (2014). Attitudes to aging in midlife are related to health conditions and mood. *International Psychogeriatrics*, 26(12), 2061-2071. <https://doi.org/10.1017/S1041610214001550>

Module 12: Retirement

Overview:

Retirement is the quintessential maturational loss- both happily anticipated as a maturational milestone and full of unrecognized losses. There are many dimensions to why some people have successful retirements and others do not. Expectations of positive aging are tightly intertwined with expectations about retirement for many.

Objectives:

- 1) Identify the two primary dimensions that affect whether people are able to enjoy a fulfilling retirement and potential reinvention.
- 2) Describe the typical and maturational losses related to retirement, particularly the secondary losses that are often not recognized.
- 3) Identify the protective factors that assist individuals in retirement.

Required Readings must be completed before class starts:

McCoyd, Koller, & Walter Text- Chapter 9

Carstensen, L. L. (2015). The new age of much older age. *Time*, 185(6/7), 68-70.

Francis, D. V., & Weller, C. E. (2021). Retirement inequality by race and ethnicity. *The Public Policy and Aging Report*, 31(3), 83–88.
<https://doi.org/10.1093/ppar/prab009>

Huxhold, O., Fiori, K. L., Webster, N. J., & Antonucci, T. C. (2020). The strength of weaker ties: An underexplored resource for maintaining emotional well-being in later life. *The Journals of Gerontology: Series B*, 75(7), 1433-1442.
<https://doi.org/10.1093/geronb/gbaa019>

Khosravi, M. (2021). Worden's task-based approach for supporting people bereaved by COVID-19. *Current Psychology (New Brunswick, N.J.)*, 40(11), 5735–5736.
<https://doi.org/10.1007/s12144-020-01292-0>

Loe, M., & Johnston, D. K. (2016). Professional women “rebalancing” in retirement: Time, relationships, and body. *Journal of Women & Aging*, 28(5), 418–430.
<https://doi.org/10.1080/08952841.2015.1018047>

Recommended:

Wakefield, J. C., Schmitz, M. F., & Baer, J. C. (2011). Relation between duration and severity in bereavement-related depression. *Acta Psychiatrica Scandinavica*, 1-8. <https://doi.org/10.1111/j.1600-0447.2011.01768.x>

Module 13: Older Adulthood (3rd Age) and Final Paper Due

Overview:

Older adulthood is a time marked by limitations and resources that frame how older age unfolds. Third age older adults are viewed as living their “golden years” even though it tends to be a time of accumulating losses.

Objectives:

- 1) Identify the key differentiating factor that separates third agers from fourth agers as they age.
- 2) Describe the protective factors and risk factors for maintaining third age older adulthood.
- 3) Identify the interventions that may be most useful for older adult third agers, including an explanation of why “weak bonds” may be more protective.

Required Readings must be completed before class starts:

McCoyd, Koller, & Walter Text- Chapter 10 (3rd age)

Cobb, R. J., Parker, L. J., & Thorpe, R. J. (2020). Self-reported instances of major discrimination, race/ethnicity, and inflammation among older adults: Evidence from the Health and Retirement Study. *The Journals of Gerontology. Series A, Biological Sciences and Medical Sciences*, 75(2), 291–296. <https://doi.org/10.1093/gerona/gly267>

Neimeyer text- Ch 8- Carr & Jeffreys- Spousal bereavement in later life

Sachs, O. (2014). My own life. Accessed at http://mobile.nytimes.com/2015/02/19/opinion/oliver-sacks-on-learning-he-has-terminal-cancer.html?_r=3&referrer=

Sasson, I. & Umberson, D.J. (2014). Widowhood and depression: New light on gender differences, selection, and psychological adjustment. *Journals of Gerontology, Series B: Psychological and Social Sciences*, 69(1), 135-145. <https://doi.org/10.1093/geronb/gbt058>

Sopcheck, J. (2020). Helpful approaches for older adults living in a retirement community to move forward after the death of a significant other. *Journal of*

Social Work in End-of-Life & Palliative Care, 16(3), 219-237.
<https://doi.org/10.1080/15524256.2020.1745352>

Statz, T. L., Kobayashi, L. C., & Finlay, J. M. (2022). 'Losing the illusion of control and predictability of life': Experiences of grief and loss among ageing US adults during the COVID-19 pandemic. *Ageing & Society*, 1-24.

Recommended:

Ghesquiere, A. (2014). "I was just trying to stick it out until I realized that I couldn't": A phenomenological investigation of support seeking among older adults with complicated grief. *Omega*, 68(1), 1-22.
<https://doi.org/10.2190/OM.68.1>

Holland, J. M., Thompson, K. L., Rozalski, V., & Lichtenthal, W. G. (2014). Bereavement-related regret trajectories among widowed older adults. *Journals Of Gerontology Series B: Psychological Sciences & Social Sciences*, 69B(1), 40-47. <https://doi.org/10.1093/geronb/gbt050>

Troyer, J. M. (2014). Older widowers and post-death encounters: A qualitative investigation. *Death Studies*, 38 , 637-647.
<https://doi.org/10.1080/07481187.2014.924829>

Module 14: Older Adulthood (4th Age)

Hope and Hoping: Hastened Death

Overview:

Older adulthood is a time marked by limitations and resources that frame how older age unfolds. As health declines, thoughts about one's own death become more common-place and types of hope often change. Issues of hastened death via MAID or euthanasia, in contrast to hospice services, often become salient topics of conversation during the fourth age.

Objectives:

- 1) Trace the ways hope evolves through a life-limiting diagnosis and as one contemplates dying.
- 2) Describe the biopsychosocial impacts of declining health during the fourth age of older adulthood.
- 3) Identify the interventions that may be useful for fourth agers.

Required Readings must be completed before class starts:

McCoyd, Koller, & Walter Text Chapter 11 (4th age)

Braden, A., Overholser, J., Fisher, J., & Ridley, J. (2015). Life meaning is associated with suicidal ideation among depressed veterans. *Death Studies*, 39, 24-29.
<https://doi.org/1080/07481187.2013.871604>

Bustamante, J. J. (2001). Understanding hope. Persons in the process of dying. *International Forum of Psychoanalysis*, 10 (1), 49-55.

Carey, I. M., Shah, S. M., DeWilde, S., Harris, T., Victor, C. R., & Cook, D. G. (2014). Increased risk of acute cardiovascular events after partner bereavement. *JAMA Internal Medicine*. <https://doi.org/10.1001/jamainternmed.2013.14558>

Elliott, J. A. & Olver, I. N. (2007). Hope and hoping in the talk of dying cancer patients. *Social Science & Medicine*, 64, 138-149.
<https://doi.org/10.1016/j.socscimed.2006.08.029>

Recommended:

Bonnewyn, A., Shah, K., Bruffaerts, R., Schoevaerts, K., Rober, P., Van Parys, H. & Demyttenaere, K. (2014). Reflections of older adults on the process preceding their suicide attempt: A qualitative approach. *Death Studies*, 38 (9), 612-618. [dx.doi.org/10.1080/481187.2013.835753](https://doi.org/10.1080/481187.2013.835753).

Currier, J. M., Holland, J. M., & Neimeyer, R. A. (2010). Do CBT-based interventions alleviate distress following bereavement? A review of current evidence. *International Journal of Cognitive Therapy*, 3, 71-95.
<https://doi.org/10.1521/ijct.2010.3.1.77>

Moneymaker, Kathleen A.; White, Jocelyn (2005). Understanding the dying process: Transitions during final days to hours. *Journal of Palliative Medicine*, 8 (5), 1079-1079

Schroepfer, TA. (2007). Critical events in the dying process: The potential for physical and psychosocial suffering. *Journal of Palliative Medicine*, 10 (1), 136-147

Module 15: Final Thoughts on Loss & Self-Care

Overview:

The focus of the class has been on how theories of loss and our biopsychosocialspiritual understandings of development have been updated and how they can inform us about effective interventions with people all across the lifespan. Ensuring that we stay healthy

and capable of this work requires good self-care and attention to utilizing many of the same strategies for intervention that we use with clients after losses.

Objectives:

- 1) Develop a personal statement for what “accompanying the bereaved in their grief” means to you.
- 2) Describe the two theories of grief that have made the most sense to you for guiding intervention with grievers.
- 3) Identify at least 4 strategies for self-care during your professional life.

Required Readings must be completed before class starts:

McCoyd, Koller, & Walter Text Chapter 12

Penman, E. L., Breen, L. J., Hewitt, L. Y. & Prigerson, H. G. (2014) Public attitudes about normal and pathological grief. *Death Studies*, 38(8), 510-516.
<https://doi.org/10.1080/07481187.2013.873839>

Recommended:

Bertman, S. (2015). Using the arts and humanities with the dying, bereaved...and ourselves. In J. M. Stillion and T. Attig (Eds). *Death, dying, and bereavement: Contemporary perspectives, institutions, and practices* (pp. 245-257). New York: Springer Publishing Co.

Bryant, R., Kenny, L., Joscelyne, A., Rawson, N., Maccallum, F., Cahill, C., Hopwood, S., & Aderka, I. (2014). Treating prolonged grief disorder a randomized clinical trial. *JAMA Psychiatry*, 71(12), 1332-1339.
<https://doi.org/10.1001/jamapsychiatry.2014.1600>

Karam, E. G., Tabet, C. C., & Alam, D. (2009). Bereavement related and nonbereavement related depressions: a comparative field study. *Journal of Affective Disorders*, 112, 102-110.

Levine, C. (2004). One loss may hide another. *Hastings Center Report*, 34 (6), 17-19.

Lubas, M. & De Leo, G. (2014). Online grief support groups: Facilitators' attitudes. *Death Studies*, 38(8), 517-521.
<https://doi.org/10.1080/07481187.2013.873840>

National Caregiver's Library. (2015). Accessed at
<http://www.caregiverslibrary.org/caregivers-resources/grp-end-of-life-issues/hsgrp-hospice/hospice-vs-palliative-care-article.aspx>

Stroebe, M & Schut, H. (2010) The Dual Process model of coping with bereavement: A decade on. *OMEGA*, 61(4), 273-289.
<https://doi.org/10.2190/OM.61.4.b>

X. Appendix for Assignments:

Assignment: Presentation or Media Project (Worth 40 points)

PRESENTATION

You may do your presentation alone or with a small group. Your first task is to select the age group and topic area that you want to present. This must be coordinated with the professor to ensure that most topic areas are covered, but not duplicated. If you have another topic area that fits within the course focus, please feel free to ask the professor about focusing in that area.

The presentation involves describing the loss issue and age group as well as reporting on a reading you find and select related to your topic area. The literature you select must have an evidence- base and come from a peer reviewed article. You will then present the information in a creative way and lead discussion about the topic area while incorporating the material.

For the presentation itself, it is best to contextualize the loss using assigned readings from the course (not “teaching” the course reading, but observing how your reading and presentation fit within the context of course readings). The presentation itself benefits from videos or other media, current event tie-ins, case studies, or even a mini-case presentation.

The goal is to engage the class with the material. There is much latitude and your work to engage the class in a learning experience and dialogue is a crucial part of the grade. Do NOT just read your PowerPoint slides at the class.

Rubric:

10 points- choice of the selected reading and explanation of it to the class. This must be contextualized within the developmental and loss framework.

20 points- creatively presented material that engages the class (5 for PowerPoint; 10 for clarity of presentation and not reading slides; 5 for creativity/ engagement)

10 points- promotion of dialogue with the class about the material (Questions/ exercises).

OR:

MEDIA PROJECT

Overview:

Watch 3 TV shows or movies/ documentaries- one sit- com, one drama and one reality show that have some common theme (type of loss, age group experiencing loss etc.). Identify losses (traditional as well as maturational or disenfranchised) that occur within each show. Analyze why and how some are portrayed as traumatic and others are minimized or made laughable. How does this frame people’s experiences of loss, traumatic and otherwise?

This assignment requires that you analyze three shows: You will need to select representative clips to show the class and discuss the plots of each. You will discuss the losses involved (multiple levels), and discuss how the loss/es are portrayed in the show.

You will also talk about what messages each sends to the audience, with some discussion of how each format differs in its presentation of loss.

You need to track not only the plot, but the aspects of the way different characters are portrayed, whether the laugh track accompanies various scenes, what other character responses are to other characters throughout the show. You will also be on alert to identify every loss in the show. Although this may include an actual death, it is much more likely that these will be less obvious- things like loss of a relationship, loss of a friendship, loss of respect or “face”, or some other less recognized loss. You need to pay special attention to how these losses are portrayed and also how they remain (or not) in the rest of the story line.

You will provide a summary of each of the plots (as well as appropriate identifying information about the show (title, date aired). You will identify the various losses in each show along with your observations of how this was presented in the show. You will end the presentation by analyzing the ways theory from the course applies to the various losses and what messages you believe the shows give to their watchers.

- I. Summary of the plots- include the show title, the episode title, and airing date
- II. Identification of Losses in the shows
- III. Description of the theories as they seem to be applicable. Identify the types of losses, why characters responded the way they did (Disenfranchised loss? Continuing bonds? Ambiguous loss? Developmental aspects?).
- IV. Analyze what messages the show seemed to be portraying and what implications this may have for viewers about grief, loss or related understandings of “the way the world works.” Consider how this differs across the three genres.

(Sometimes you will organize this by the categories above and sometimes you will do each category one show at a time- this is your decision.)

Rubric:

15 points- Provided a brief description of the shows, the identification of the losses and appropriate analysis. For the presentation, selection of the clips and description of the plots in an engaging and understandable manner.

15 points- Application of grief theories (and interventions if appropriate) to the material in the show (5 points each for relevant theories identified; application of theory to loss; discussion of implications of theory)

10 points- Analysis of the messages portrayed to the audience and the implications of those messages for griever and grief counselors. (3.3 points each for identification of explicit messages within the show; identification of implicit messages about loss; analysis of what those messages mean for societal perceptions of loss).

Assignment: Final Assignment

Interview:

The goal of this assignment is two-fold:

- (a) to have you experience what it is like to explore what is often a taboo topic with an individual; and
- (b) to learn more experientially about a particular form of loss.

In many ways, you must approach this assignment as a true practitioner/researcher. Your practice skills will be useful to maintain rapport. Use open ended questions to explore and help contain the emotional expression if necessary. Your goal is NOT to practice by doing therapeutic work, however. Your goal is to explore the experience with your interviewee until you believe you have fully understood the various aspects of their loss.

The following interview guide provides possible questions- it is NOT to be used as a survey (**DO NOT just read the questions to the interviewee**), but only to guide ideas about how to explore the topic with your interviewee. These questions may not go precisely in order- follow your interviewee's lead.

- I. What loss experience have you had that you are ready to discuss with me today?
 - [Explore the loss until you have a sense of what happened]
 - When did it occur?
 - How old were you at the time?
 - Who else did the loss affect?
- II. What was the most difficult part of the loss for you?
 - What part-losses/ secondary-losses did you realize you had experienced?
 - What surprised you in terms of the loss itself?
- III. What was your emotional response to the loss?
 - How did you express your emotion?
 - How did it unfold over time?
 - How did others respond to the loss?
 - How did their response affect your response?
 - At what point did you consider your loss “resolved” or “worked through”? How did you know?
- IV. What was hardest to keep doing after the loss?
 - Were there any “silver linings” or lessons-learned as a result of the loss?
- V. Describe any ways that who/ what you lost remains part of your life today?
- VI. How has it been for you to participate in this interview?

Remember to have the person sign the form on the next page allowing the audio-taping of the interview.

Authorization/ Permission for Taping of Interview

**I _____ give permission for _____
to audiotape an interview in which I talk with them about a loss I experienced. I
understand that I may request that we end the interview at any time. I also
understand that I may request that the taping cease and it will be turned off
immediately.**

**Most importantly, I understand that this interview is being done for
educational purposes and is not intended to be therapeutic, nor will it be available to
anyone other than the person who is interviewing me and the instructor. The tape
will be destroyed after the assignment is completed. Confidentiality will be strictly
observed.**

**I am aware of the above, have had the opportunity to ask questions, and consent to
the interview and taping of the interview.**

Outline for Final Loss Across the Lifespan Paper

The purpose of this paper is to integrate the theory and practice principles we have learned and to apply them to a living person's experience of loss. The outline below is provided as a guide, not a rigid format. Each subsection should be labeled, but not all questions are appropriate to your respondent's loss. The order is not prescribed- flow of the paper's narrative is more important than answering questions in order. Although this is a formal paper and proper grammar, syntax, spelling and citation are expected, you may use "I" judiciously (especially in the summary). References to the class readings (at least 5) and other readings (2-4) should be integrated and cited appropriately following APA 7. The paper itself is typically 10-15 pages, not including the interview.

- I. **The Respondent:** Describe the person's demographics, their developmental age and functioning, and your relationship to the respondent. What intersectional identities (mention 2-3 of the most important) impact their loss or their mourning of it?
- II. **The Loss:** Describe the person's loss, both referring to the words they used (in the transcript, but also your classification of the loss (i.e. a disenfranchised loss of a loved pet during the adolescent years).
- III. **Application of Grief Theory:** Think about the information you elicited about how the person experienced their loss and particularly how they believed their grief process evolved. Try to use several sections of the transcript to show how the interviewee's grief process evolved over time, while possibly applying the questions below to a section or two (remember, each question is not appropriate for all losses).
 - A. How did the person's trajectory of grief unfold? (consider classical grief theories (task or process oriented models of grief) or newer post-modern models (Disenfranchised grief; Continuing Bonds; Dual- Process Model; Meaning- making)? (Use appropriate professional literature)
 - B. How do the intersectional aspects of identity you identified in Section I affect this person's grief experience? How do developmental stage, cultural identities, gender, spirituality/ culture or other aspects play a role in the person's grief process and/ or meaning- making?
 - C. What area/s did the person struggle with as their grief evolved and what factors do you assess as critical to why they had more difficulty in those areas?
- IV **Application of Practice:**
 - A. If you were providing grief work services to this person just after their loss, what models/ theories would inform your assessment and treatment plan? Integrate professional literature.
 - B. What do you believe the person's needs currently are in regards to this loss and what would you recommend professionally to help?
- V. **Summary:**

How do you perceive this person's loss overall?
What did you learn from this experience interviewing them?

APA Citation (7th edition) must be accurate. Remember that in the Neimeyer text, all chapters are authored by different authors and should be cited as separate references (do not just cite the whole text). An appropriate format would be:

Zech, E. & Arnold, C. (2011). Attachment and coping with bereavement: Implications for therapeutic interventions with the insecurely attached. In R.A. Neimeyer, D. L. Harris, H.R. Winokuer, & G.F. Thornton (Eds.), *Grief and bereavement in contemporary society: Bridging research and practice* (pp 23-35). Routledge.

Attach the transcript at the end with the comments received from when you turned the interview mid-semester.

Rubric:

15 points- evidence of competent interview and transcription (5 points for flow (open-ended questions); 5 for following respondent's lead; 5 for completeness)

15 points- shows analysis of the loss within the theoretical frameworks of loss (5 points for identification of types of loss; 5 for use of relevant loss theories; 5 for analysis)

10 points- shows evidence of skilled application to practice planning (5 for appropriate plan; 5 for connection to the theoretical assessment as driving the intervention)

10 points- follows instructions, has APA consistent grammar, syntax, citation and writing.

Rubric for Attendance and Participation (10 points)

Participation points will be based on attendance and class participation (including refraining from use of cell phones, laptops or other distracting devices in class). Students are expected to attend all classes and arrive on time. Absences are in compliance with SSW policies with more than 2 leading to a reduced grade. The student must notify the instructor in advance or as soon as possible if there is a missed class. ***Points will be deducted for use of electronics in the classroom without express permission from the professor; this includes using other electronic devices or apps while in the remote classroom.***

Examples of class participation include, but are not limited to, asking relevant questions/making relevant comments, active participation in small/large group exercises, presentation of case material, and bringing to class relevant articles/newspaper clippings/current events information. This is an interactive class, so participation in class discussion is required.

Rubric:

3 points- Timeliness/ attendance

4 points- Attentiveness in class

3 points- Engagement with class discussions, framing questions, or bringing in outside relevant information.

Revised January 2025 JMc