



Treating Older Adults in Recovery:
Grief and Complex Bereavement in the Older Adult Community
December 19, 2024



CENTER OF
EXCELLENCE
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IN NURSING FACILITIES

Today's Event Host

Nikki Harris, MA, CBHC-BS **COE-NF TRAINING AND EDUCATION LEAD**

Nikki serves as the training and education lead for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF). For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

She has a B.A. in psychology from the University of South Carolina, a M.A. in counseling from Webster University and is a certified behavioral specialist.



Today's Presenter

Dr. Malcolm Horn, Ph.D., LCSW, LAC, MAC, SAP

Chief Behavioral Health Officer & NAADAC President · Rimrock Foundation

Dr. Malcolm Horn received her Ph.D. from Walden University in 2019. She is a licensed clinical social worker (LCSW) and a licensed addiction counselor in Montana. Dr. Horn also has accreditation from the NAADAC (National Association of Alcohol and Drug Addiction Counselors) as a masters level addiction counselor (MAC) and substance abuse professional (SAP). She is the president-elect for NAADAC and chairs the clinical supervision committee.

Dr. Horn currently works as the chief behavioral health officer for Rimrock Foundation, a CARF-Accredited co-occurring treatment facility that provides the full ASAM continuum of care in Billings, MT. She is responsible for ongoing training and education for clinical and support staff and supervises the mental health counseling team, and passionate about changing systems to improve access to care and reduce the stigma that surrounds mental health and substance use disorders.



Training Objectives

- Participants will be able to discern the difference between grief in older adults and how it may differ from younger people.
- Participants will be able to describe effective support and communication with older adults in grief and bereavement.
- Participants will be able to describe ways to direct individuals to continue with a quality life starting over in a different realm.

What is an older adult?!?

50 years or older?

60 years or older?

70 years or older?

Age is just a number!!

We have to ask our residents for their definition of “older” and their perception of how that impacts them.



Bereavement according to DSM-5-TR

Prolonged Grief Disorder (F43.8), page 322

A. The death, at least 12 months ago, of a person who was close to the bereaved individual (for children and adolescents, at least 6 months).

B. Since the death, the development of a persistent grief response characterized by one or both of the following symptoms, which have been present most days to a clinically significant degree.

- 1) Intense yearning/lingering for the deceased person.
- 2) Preoccupation with thoughts or memories of the deceased person (in children/adolescents it can be a preoccupation with circumstances of the death).

Bereavement according to DSM-5-TR (continued)

C. Since the death, at least three of the following symptoms have been present most days to a clinically significant degree; symptoms have occurred nearly every day for at least the last month:

1. Identity disruption (feeling as if a part of oneself has died).
2. Marked sense of disbelief about the death
3. Avoidance of reminders that the person is dead (in children/adolescents, efforts to avoid reminders)
4. Intense emotional pain
5. Difficulty reintegrating into one's relationships and activities
6. Emotional numbness
7. Feeling that life is meaningless as a result of the death
8. Intense loneliness as a result of the death

Bereavement according to DSM-5-TR (continued)

D. The disturbance causes clinically significant distress.

E. The duration and severity of the bereavement reaction clearly exceed expected social, cultural or religious norms for the individual.

F. The symptoms are not better explained by another disorder.

Note that it only pertains to death...not all the other things that cause us grief.

What is it really? It depends on the person...



- Loss of child may look different than the loss of spouse/adult.
- If you are a grandparent raising your grandchildren, you lose retirement time/money but also the ability to “be a grandparent.”
- Tragic, traumatic loss may also compound the loss.

“Grief” is caused by many things, not just death.

- Loss of a person (due to disease, addiction)
 - Lose “what could have been”
 - Future memories & experiences
- Loss of a situation/plan/dream (expectation does not match reality)
- Divorce
- Loss of freedom, financial security
- Moving to a different location (geography)
- Illness (chronic illness, including addiction)

Group Grief

- **Community tragedies** (natural disasters, mass shootings)
- **Global pandemics** (anyone remember the thing called COVID-19?)
- **Family grief:**
 - One loss may impact each family member in very different ways



Older Adults (can be felt in your 30s or 40s...)

- Loss of expectation
- Loss of opportunities
- Divorce in older adults:
 - “Lose” decades experience
 - Financial stability
 - Relationships (children/family “choose” the other person)
 - Holidays
- **Needing to move to a nursing home/assisted living**
 - Loss of home
 - Own schedule
 - Ability to drive
 - What to eat
 - Might need to have a roommate
 - Loss of independence



Let's throw Substance Use Disorder (SUD) into the mix....

- Addiction can complicate or exacerbate disease processes.
- People struggling with addiction may continue their addiction despite end-of-life complications.
- Addiction can impact the overall relationship....leaving emotional wounds and resentments that can come to a head at end of life.

1. What if I never learned to process emotions in a healthy way?

2. What if I never learned how to ask for help?

Regardless of the “type” of grief, we need to acknowledge the pain and loss.

- Physical grief (not taking care of oneself, physical illness, not sleeping, over/under eating)
- Surviving grief means engaging in self-care and grace.
- Older women with strong social supports seem to be more resilient.



Strategies to Manage Grief & Loss: Tools and Tasks



- Journaling, “letter-writing”
- Feeling all the feelings 😊
- Therapy
- Religion/spiritual connection
- Ask the person what they need (they may not know)
- Avoid “it will be ok” or “they are in a better place”; **try “I am here for you”**
- Validate the loss

Strategies to Manage Grief & Loss

Specific to Addiction

- Avoid stigma
- Encourage healthy, safe conversations (may require a referral to a counselor)
- Seek support from those with lived experience.
- Acknowledge or gain awareness of the disease process.

Thank you for your time!



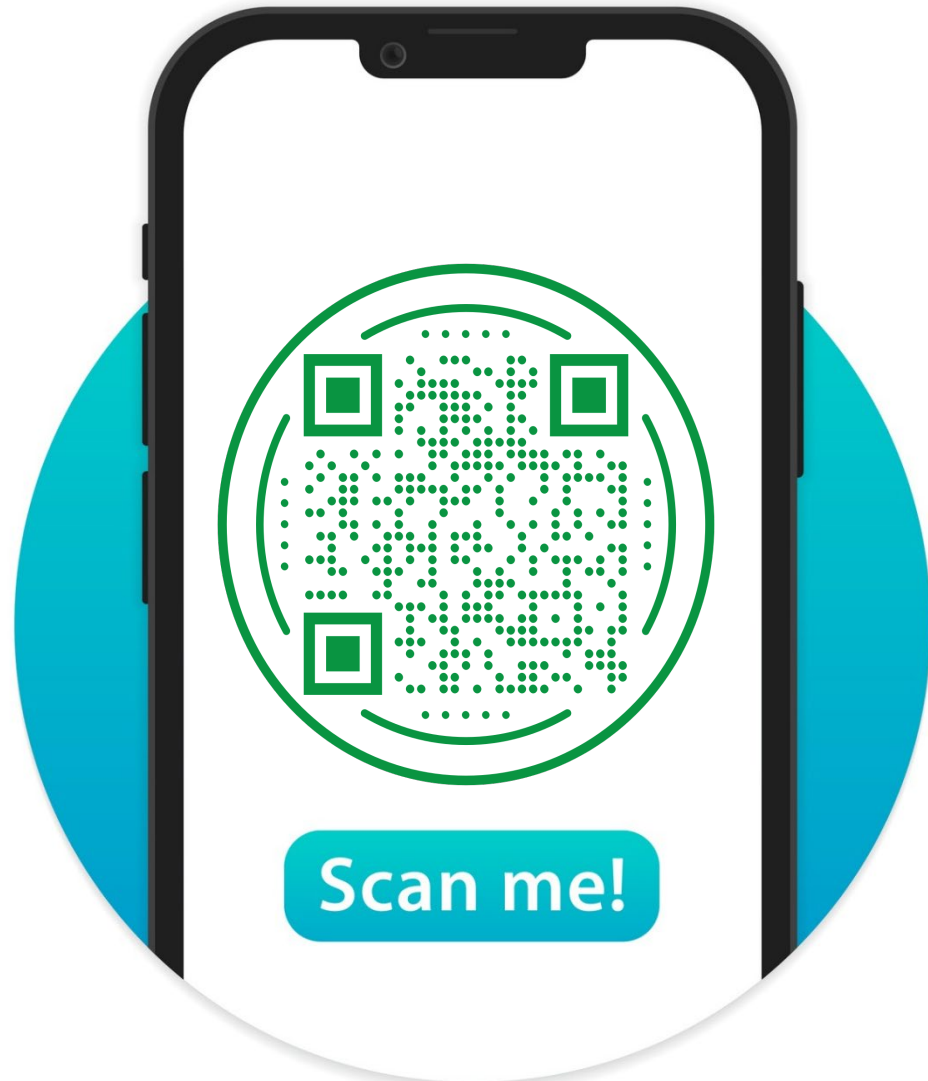


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Questions ?



Request Assistance



To submit a request for assistance, scan the QR code.

We look forward to assisting you!

Contact us:

For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at coeinfo@allianthealth.org.

Visit the website:

nursinghomebehavioralhealth.org

Know What Resources are Available

- Crisis Line 988
- Crisis Text Line: Text “HOME” to 741741
- NAMI National Alliance on Mental Illness www.nami.org
- Veterans Crisis Line 1-800-273-8255

Thank You!



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