

CareCertify LLC

Behavioral Health Series

BHS-010

Grief, Loss & Adjustment Disorders

Participant Guide

Group: Group 2: Clinical Knowledge | Credit Hours: 1.0

For Home Health Aides, CNAs, PCAs, DSPs & Direct Care Staff

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Learning Objectives

Upon completing this course, you will be able to:

- Identify the stages and models of grief including Kubler-Ross and Worden
- Distinguish between normal grief and complicated grief requiring clinical attention
- Recognize how adjustment disorders present in home care clients
- Support grieving clients through compassionate, practical caregiving
- Know when to refer and who to notify when grief requires additional support

Section 1: What Is Grief?

Grief is the natural response to loss — not just death, but any significant change or loss, including loss of independence, diagnosis of illness, loss of a home, or loss of relationships. It affects mood, behavior, physical health, and daily functioning.

Types of Loss in Home Care Clients

Death of a loved one
Loss of physical ability or mobility
New diagnosis of disability or terminal illness
Loss of a home or familiar environment
Loss of a relationship (divorce, estrangement)
Loss of a role or identity (retirement, career end)
Anticipatory grief (grieving before a death)

Section 2: The Kubler-Ross Stages of Grief

Elisabeth Kubler-Ross identified five stages of grief: Denial, Anger, Bargaining, Depression, and Acceptance. These stages are not linear — people cycle through them in any order and may revisit stages multiple times.

- Denial: "This cannot be happening to me."
- Anger: "Why is this happening? Who is to blame?"
- Bargaining: "If I do X, maybe things will change."
- Depression: Deep sadness, withdrawal, hopelessness
- Acceptance: Coming to terms with the reality of the loss

Section 3: Worden's Tasks of Mourning

William Worden proposed four tasks that mourners must accomplish to adapt to loss. Unlike stages, tasks imply active engagement and can be worked on simultaneously.

Four Tasks of Mourning
Task 1: Accept the reality of the loss
Task 2: Work through the pain of grief
Task 3: Adjust to an environment in which the deceased is missing
Task 4: Find an enduring connection with the deceased while embarking on a new life

Section 4: Normal vs. Complicated Grief

Normal grief typically improves over time with support. Complicated grief is when grief remains intense and disabling long after the loss, often requiring clinical intervention.

✓ DO	✗ DON'T
Recognize that grief is individual — there is no right timeline	Tell a client to "move on" or "get over it"
Provide consistent, compassionate presence	Compare their loss to others experiences
Listen actively without offering quick fixes	Avoid the topic to prevent upsetting them
Notify your supervisor if grief symptoms are severe or worsening	Make promises about how long grief will last
Support basic needs: nutrition, sleep, hygiene, medication	Attempt to counsel or provide therapy

Section 5: Adjustment Disorders

An adjustment disorder is a clinical condition in which a person experiences significant emotional or behavioral symptoms in response to a stressor that are disproportionate to its severity.

Signs of Adjustment Disorder
Marked distress out of proportion to the stressor
Significant impairment in social or daily functioning
Depressed mood, anxiety, or behavioral changes within 3 months of stressor
Does not meet criteria for another mental disorder
Common stressors: illness diagnosis, divorce, job loss, moving, financial crisis

SCENARIO

Your client recently moved from her lifelong home into an assisted living facility. She cries daily, refuses meals, and says there is nothing left to live for. She has been there for two months.

Response: Do not dismiss her feelings. Gently encourage engagement with meals and activities. Document her statements and report them to your supervisor immediately, especially the statement about nothing left to live for, which may indicate suicidal ideation requiring clinical assessment.

Section 6: Compassionate Communication in Grief

What you say — and what you do not say — makes a profound difference to a grieving client. Presence and genuine listening are often more powerful than any words.

- Say: "I am so sorry. I am here with you."
- Say: "Would you like to tell me about them?"
- Avoid: "Everything happens for a reason."
- Avoid: "At least they lived a long life."
- Avoid: "You should be feeling better by now."
- Sit with silence — presence is a form of support
- Allow tears without rushing to comfort or change the subject

Escalation Warning Signs

Statements about not wanting to live or suicidal thoughts
 Complete refusal to eat, drink, or take medications
 Severe functional decline over an extended period
 Hallucinations or delusions related to the loss
 Self-harm behaviors

Report these immediately to your supervisor and follow agency protocol.

Quick Reference Summary

Grief Support	Contact supervisor for local grief counseling resources
Crisis Line	988 Suicide & Crisis Lifeline
Kubler-Ross Stages	Denial, Anger, Bargaining, Depression, Acceptance
Worden Tasks	Accept, Work through, Adjust, Find enduring connection
Complicated Grief	Intense, disabling grief lasting longer than

	expected — refer to clinical team
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