

VIEWING GRIEF & BEREAVEMENT THROUGH AN OCCUPATIONAL LENS

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WHAT DOES GRIEF LOOK LIKE











AGENDA

Act I: Facts of Grief

Activity:

Act II: Occupational lens

Activity:

Act III: Plan for intervention

Activity:



LEARNING OBJECTIVES

1. Understand the distinction between basic grief and bereavement and prolonged grief disorder as identified in the DSM-5-TR and ICD-11, with specific attention on the role of grief on occupation-based outcomes

2. Recognize traumatic loss as a form of occupational disruption impacting social participation, executive function /cognition, physical health, and all areas of occupation. Demonstrate an understanding of how to apply clinical reasoning skills to create an occupational profile for widows and widowers following the template provided in the course.

3. Define occupational therapy's role (your role) in the evaluation and treatment of individuals during periods of grief and bereavement.

OVERVIEW

1. Significant segment of population with an occupational role that puts them at risk for higher mortality than any other occupational role.

2. The DSM 5 included prolonged grief disorder (PGD) and defined both physical. psychological wellbeing impacted. Yet the research is compelling that cognitive and occupational wellbeing is equally (or more(impacted). Symptoms of PGD meet criteria of occupational dysfunction (ADL, iADL, client factors, performance patterns, et al)

3. There is a need for professional advocacy: No one knows we are the solution to the problems identified for the population

AGENDA ACT I

Facts of Grief

Activity: Narrative Medicine activity

Break



- ✓ Approximately 11.5 million women in the US are widows and 3.7 million men are widowers. Losing a spouse is considered a significant risk for death within the first year (surviving spouses face a 48% to 66% increased risk of dying within the first three to six months following the death of their partner),Surviving spouses are at high risk for poverty, and about one third are diagnosed with new physical or mental health issues within a year of their partner's passing. Young widows face a higher risk.

13.7 MILLION AMERICANS ARE WIDOWED, YET OCCUPATIONAL THERAPY RESEARCH HAS LARGELY OVERLOOKED THEM

13.7M

widowed persons in the US

1 in 3 adults aged 65 and older is widowed

11M+ of the widowed are women, reflecting longer life expectancy

2 published papers address how everyday occupations change during bereavement

Source: Mayol-Garcia, Gurrentz & Kreider (2021), US Census Bureau report P70-167; Batista et al. (2019); McIntyre & Howie (2002).

WHAT IF I TOLD YOU.... EXPOSURE TO THIS ONE TRAUMATIC LIFE EVENT PUTS YOU AT RISK FOR EARLY DEATH GREATER THAN ANY OTHER LIFE EVENT: WITHIN 3 MONTHS OF EXPOSURE: 2 TIMES MORE LIKELY TO DIE; IT IMPACTS BOTH THE PSYCHOLOGICAL AND PHYSICAL HEALTH OF THE INDIVIDUAL.

3-12 MONTHS, RISK OF MORTALITY IS NOW 10% HIGHER

Cause of death:

- Cardiovascular incident
- severe depression/substance use
- changes to the immune system
- toxic inflammatory responses
- heightened risk for cancers & diabetics 2

Symptoms include:

- unhealthy diet
- dysfunctional relationships
- increased isolation or solitude
- lack of exercise/fatigue
- Falls (disrupted balance)Heightened fight-or-flight response

IF ONLY...

If only there was a profession with tested experience in the identification and treatment of physical and mental health, highly skilled to restore the occupational identity and associated occupations disrupted by a profound traumatizing event.

HOW IS GRIEF AN OCCUPATION



To occupy
To seize, take hold, control

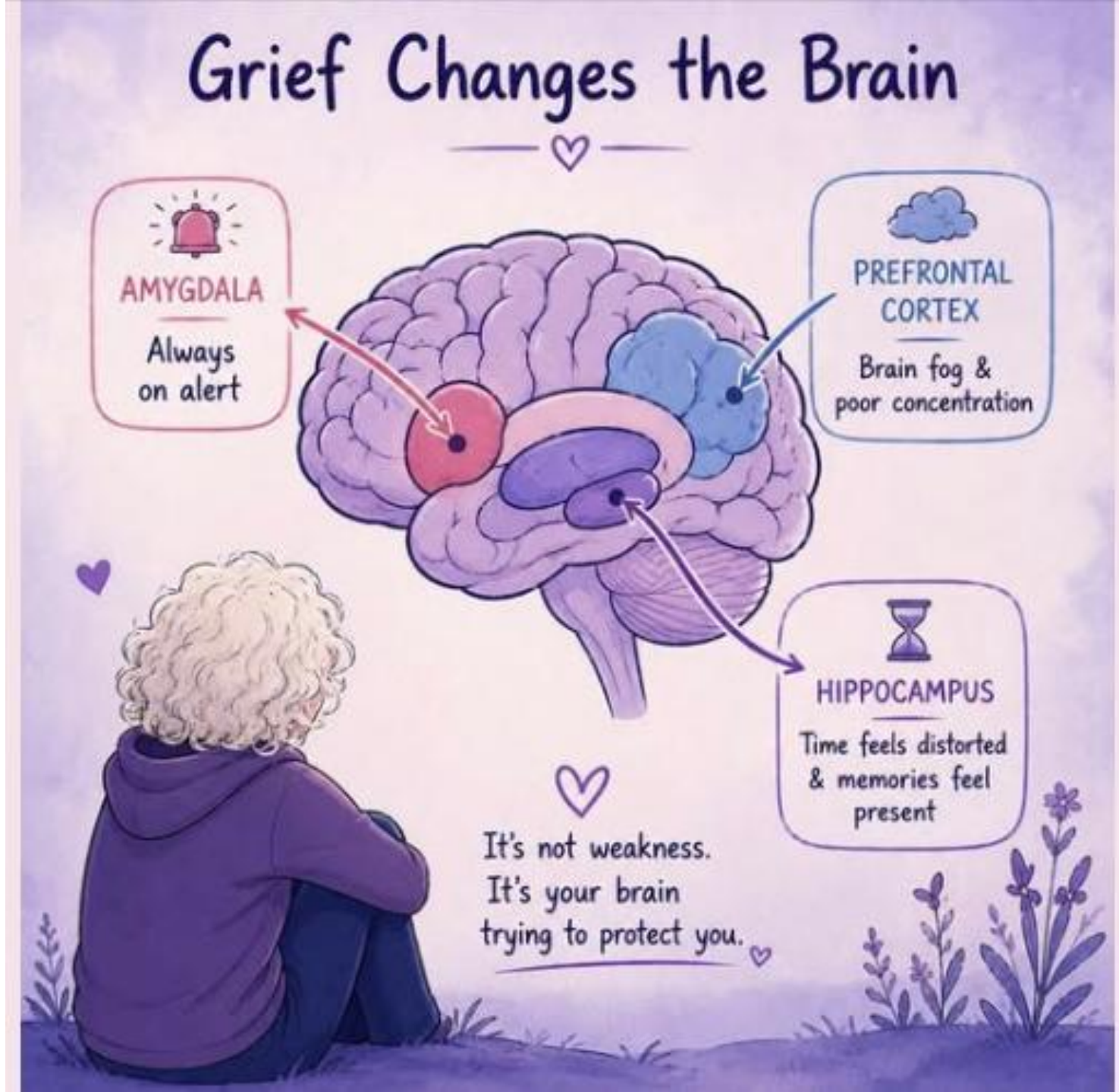
Occupations are everyday activities that occupy our time, bring meaning and purpose to our lives. We are what we do. Our identity is developed through the engagement in occupations, within our roles and through the meaning making we form from that engagement.

Death happens in anyone's life. Death is a traumatic event that disrupts habits, routines, and roles. We lose co-habits, shared routines, the roles we shared with that previous life, the life before the death.

Grief, then, is an occupation. Intervention for grief requires us to re-habit, re-inhabit, re-habilitate after traumatic disruption.

ACUTE GRIEF: NOT JUST PHYSICAL

- Emotional pain
- Feelings of disbelief and difficulty accepting the death
- Difficulty thinking clearly about other things (brain fog, cognitive challenges)
- Avoidance of situations that trigger increases in longing or sadness
- Efforts being made to stay close to the person who died through sensory stimulation (look at pictures, smell clothes, listen to recordings)
- Physical pain, symptoms and/or fatigue
- Disturbances in sleep and eating behavior
- Loss of interest/meaning in the future without the deceased
- Changes in role/identity
- Occupational disruption


Grief Changes the Brain
AMYGDALA
Always on alert
PREFRONTAL CORTEX
Brain fog & poor concentration
HIPPOCAMPUS
Time feels distorted & memories feel present
It's not weakness.
It's your brain trying to protect you.

UP TO 1 IN 5 BEREAVED PEOPLE DEVELOP PROLONGED GRIEF DISORDER

10–20%

of bereaved people develop prolonged grief disorder (PGD)

2022	Added to the DSM-5-TR as a formal mental health diagnosis
12 mo	Minimum symptom duration in adults; 6 months in children and adolescents
1st line	Referrals usually go to psychotherapy, CBT or social-work-led groups, not OT

Source: Djelantik et al. (2020); Shear et al. (2005); APA (2022); Simon & Shear (2024), cited in Daus, Whitney & Taddonio (2026).

PGD IS INTENSE YEARNING FOR THE DECEASED PLUS AT LEAST THREE DISABLING SYMPTOMS

Core feature

Intense yearning for, or preoccupation with, the deceased

Lasting at least 12 months and beyond cultural, religious or developmental norms

Plus at least three of

- Identity disruption
- Emotional numbness
- Difficulty reengaging with life
- Avoidance of reminders
- Marked sense of loneliness

Risk factors

Sudden or violent death · Loss of a child · Low social support · Mental health history

Source: APA (2022); Szuhany et al. (2021); Komischke-Konnerup et al. (2021), cited in Daus, Whitney & Taddonio (2026).

PROLONGED GRIEF DISORDER IMPAIRS DAILY FUNCTION, WITH A BRAIN RESPONSE DISTINCT FROM DEPRESSION AND PTSD

Diagnostic picture (DSM-5-TR, ICD-11)

Grief reactions nearly every day for at least a month, with clinically significant impairment in social, occupational or other areas

- Loneliness and detachment
- Sense of meaninglessness and role confusion
- Reduced social engagement
- Erosion of self-identity

Prolonged intensity, rather than a path toward resolution, is what signals pathology.

fMRI evidence

PGD activates the brain differently from major depressive disorder.

When viewing sad faces, people with PGD showed greater activation than people with PTSD, suggesting hypervigilance against reminders of the loss.

Missing: an OT assessment of how grief affects participation in everyday roles and routines.

Source: World Health Organization (2020), ICD-11; American Psychological Association (2021); Wakefield (2013); Bryant, Andrew & Korgaonkar (2021).

RISK FACTORS & PREDISPOSING DETERMINANTS

Risk factors

lack of caregiver social support
history of drug/alcohol abuse
History of poor coping skills
history of mental illness
patient is a child
Quality of relationship

Determinants

female gender
low education
older age
low socioeconomic status
low social support both before and after the death

Foundation URI : http://id.who.int/icd/entity/1183832314

6B42 Prolonged grief disorder

Parent

Disorders specifically associated with stress

Show all ancestors

Description

Prolonged grief disorder is a disturbance in which, following the death of a partner, parent, child, or other person close to the bereaved, there is persistent and pervasive grief response characterised by longing for the deceased or persistent preoccupation with the deceased accompanied by intense emotional pain (e.g. sadness, guilt, anger, denial, blame, difficulty accepting the death, feeling one has lost a part of one's self, an inability to experience positive mood, emotional numbness, difficulty in engaging with social or other activities). The grief response has persisted for an atypically long period of time following the loss (more than 6 months at a minimum) and clearly exceeds expected social, cultural or religious norms for the individual's culture and context. Grief reactions that have persisted for longer periods that are within a normative period of grieving given the person's cultural and religious context are viewed as normal bereavement responses and are not assigned a diagnosis. The disturbance causes significant impairment in personal, family, social, educational, occupational or other important areas of functioning.



ACTIVITY & DISCUSSION

Making a list of meaningful and valued occupations

1. What I love (5)
2. What I love to do (Leisure activities I enjoy) (5)
3. Who I love to be/do things with (5)
4. What I find meaningful in my day-to-day life (5)

Consider the event of becoming a widow (or living after a traumatic loss) as a form of trauma resulting in occupational disruption

Journal activity:

Prompts

-- How would these losses impact your occupations?

-- How would you regain your occupational habits, routines, roles (Identity)

GRIEF IS A STRESSOR

AOTA'S SOCIETAL STATEMENT ON STRESS, TRAUMA, AND POSTTRAUMATIC STRESS DISORDER

Occupational therapy practitioners assist individuals in identifying areas of development and functional performance that may have been adversely affected by stressful and traumatic experiences and assist in determining ways to foster the developmental process to support safety, functional performance, and participation. Practitioners also emphasize that individuals' unique strengths and personal goals are central to supporting resiliency and the recovery process.

American Occupational Therapy Association. (2018). AOTA's societal statement on stress, trauma, and posttraumatic stress disorder. American Journal of Occupational Therapy, 72(Suppl. 2), 7212410080. https://doi.org/10.5014/ajot.2018.72S208

CONCERN

All treatment and literature, to date exclusively discuss the efficacy of different preventive and treatment approaches in the fields of psychopharmacological and psychotherapeutic interventions.

Stressors associated with widowhood

Clinically significant distress or impairment in social, occupational, or other important areas of functioning, including feelings of loneliness and detachment, a sense of meaningless and role confusion, reduced social engagement and erosion of self-identity (World Health Organization, 2020).

While these symptoms can occur normally during acute grief, the prolonged intensity rather than a trajectory of resolution suggests pathology (American Psychological Association, 2021; Wakefield, 2017).

Interventions provided in traditional family therapy group treatment models have failed to produce strong outcomes (Caserta et al., 2014; Caserta et al., 2004).

The widowhood effect

Prince Philip died on April 9, 2021

Queen Elizabeth II died on September 8, 2022

Photo of Queen Sitting Alone Becomes Enduring Image of Prince Philip's Funeral

BY DANIEL POLITI

APRIL 17, 2021 • 7:09 PM



Queen Elizabeth II takes her seat for the funeral service of Britain's Prince Philip, Duke of Edinburgh inside St George's Chapel in Windsor Castle in Windsor, west of London, on April 17, 2021. JONATHAN BRADY/Getty Images

Brady,J. (2021). https://slate.com/news-and-politics/2021/04/photo-queen-elizabeth-sitting-alone-philip-funeral.html



Carl Thomas Dean was born on July 20, 1942, in Nashville, Tennessee, and **passed away on March 3, 2025,** at the age of 82.

Dolly Parton passed away on **August 25, 2026**, at age 80.

1 year, 5 months, and 22 days after her husband passed



Carrie Fisher and her mother, Debbie Reynolds, passed away just one day apart in late December 2016.

Carrie Fisher: Date of Death: December 27, 2016

***Debbie Reynolds: Date of Death:** December 28, 2016

***Cause of Death:** Stroke (hemorrhagic stroke). Her reported final words were, "I want to be with Carrie."

GRIEF, MOURNING AND BEREAVEMENT EACH DISRUPT A WIDOW'S EVERYDAY OCCUPATIONS

Grief

The complex reaction to loss, affecting psychological, social, cultural and somatic health

Mourning

The active process of grieving

Bereavement

The condition of having experienced a traumatic loss

Occupational disruption: a temporary period when a person cannot take part in the daily activities that give life purpose and meaning. With the right intervention, a widow can adapt to her new occupational role.

Source: Devine & Nepo (2017); Molineux (2017); Nizzero, Cote & Cramm (2017); Whiteford (2000).

RESTORATION TASKS MEANT TO HELP WIDOWS COPE ARE THEIR MAIN SOURCE OF STRESS

Loss orientation

Grief work: attending to the loss itself

oscillate

Restoration orientation

Taking on new challenges and learning new skills for unfamiliar demands, such as household management and finances

Widows consistently report restoration tasks as a primary source of stress and disruption. These tasks are occupations, yet researchers have not framed them that way or named occupational therapy as a support.

Source: Stroebe & Schut (1999); Caserta et al. (2009), p. 464; Haase & Johnston (2012); Rosenwax et al. (2014); Jones et al. (2019); Karkar & Burke (2020).

TRAUMATIC STRESS ERODES THE FUNCTIONAL COGNITION THAT DAILY ROLES DEPEND ON

Traumatic loss

Death of a spouse

Stress response

Adrenocortical response acts on the hippocampus, amygdala and prefrontal cortex

Cognitive and physical change

Memory loss, confusion, short attention; insomnia, exhaustion, shifts in heart rate and hunger

Functional breakdown

Life roles, occupations, social participation and wellbeing suffer

For OT: evaluate executive function and functional cognition as part of the widow's role, assess in context, and use naturalistic interventions that prevent and reduce the effects of stress.

Source: Sapolsky (2021); AOTA (2018, 2019); Giles et al. (2020); Maeir & Rotenberg-Shpigelman (2015); SAMHSA (2014).

NARRATIVE MEDICINE ACTIVITY

1. We will deeply read the poem aloud, annotating as we go – where are you in the poem, when is this happening, what stands out to you [words, phrases, text], what are you wondering...

2. We will read it a second time, again annotating it

3. We will discuss the deep reading

4. I will provide you with a prompt and we will write together, and share

Poem 102: When Death Comes by Mary Oliver

AGENDA ACT II

Occupational lens



GRIEF DISRUPTS EVERY CORE AREA OF OCCUPATION IN THE OTPF-4

Areas of occupation disrupted

- **Basic ADL**
- **Instrumental ADL**
- **Leisure**
- **Social participation**

Client factors affected

- **Emotional functions** hopelessness, sorrow, guilt
- **Cognitive functions** difficulty concentrating
- **Sleep functions** insomnia, chronic fatigue
- **Nervous system** anxiety, panic symptoms

The result is a loss of purpose. These disruptions deepen emotional suffering and erode motivation to keep up routines, so grief care has to address both psychosocial and functional needs.

Source: AOTA (2020), OTPF-4, cited in Daus, Whitney & Taddonio (2026).

EACH CLIENT FACTOR THAT GRIEF AFFECTS HAS A MATCHING OT INTERVENTION

Client factor	How grief shows up	OT intervention
Values and spirituality	Loss of purpose; life feels meaningless	Life review, narrative therapy, legacy-building
Emotional	Sorrow, numbness, anger, guilt, loneliness	Mindfulness-based OT, guided journaling, art or music
Cognitive	Preoccupation with the deceased; poor attention and memory	Grief psychoeducation, reframing, memory strategies
Global mental	Disrupted sleep, fatigue, low motivation	Sleep hygiene, structured schedules, graded activity
Sensory and pain	Chest tightness, headaches, hypersensitivity	Body scan, sensory modulation, relaxation
Social and behavioral	Withdrawal, avoidance, relationship strain	Social skills, graded reengagement, bereavement groups
Belief and identity	Loss of role identity (spouse, parent)	Role exploration, identity mapping, rebuilding roles

Source: Daus, Whitney & Taddonio (2026), Table 1; client factor categories from AOTA (2020), OTPF-4.

GRIEF BREAKS HABITS, ROUTINES, ROLES, RITUALS AND THE SENSE OF TIME

Habits	Routines	Roles	Rituals	Temporal patterns
Impact Sleep, hygiene and meals slip; withdrawal or substance use	**Impact** Loss of structure, especially after losing a caregiving or work role	**Impact** Identity confusion: “I’m no longer a spouse”	**Impact** Avoiding holiday meals, funerals and family traditions	**Impact** Altered sense of time; lost seasonal and life-stage anchors
OT response Habit retraining with activity logs; behavioral activation; motivational interviewing	**OT response** Co-created weekly plan with visual planners; morning mindfulness; grief journaling	**OT response** Role exploration; life-story narrative work; meaningful occupations	**OT response** New rituals such as memory boxes and legacy projects	**OT response** Calendar and sensory anchors; visual life timelines

Source: Daus, Whitney & Taddonio (2026), Table 2; performance patterns from AOTA (2020), OTPF-4.

OT-LED GROUPS MAKE DOING THE CENTRAL ROUTE TO HEALING

Group activities let members process emotion through doing



Journaling



Art



Memory books



Gardening



Storytelling



Ritual creation

What OT adds

Occupational evaluation turned into an individualized plan for each member, delivered through meaningful occupation and therapeutic use of self

Billable as group therapy

In the US, OT-led bereavement groups can be billed under CPT-97150 when clients are seen in a group setting

Source: Auriemma & Daus (2025); Cole (2025), cited in Daus, Whitney & Taddonio (2026).

THE GROUP ITSELF VALIDATES GRIEF AND REDUCES ISOLATION

What members gain from each other

Validation Peers confirm that what they feel is real

Mutual support Peers share the work of grieving

Community An expanded sense of belonging

Normalized grief Less isolation and shame

How the OT runs the group

- Clinical reasoning to grade the protocol to the group's needs
- Intentional listening and therapeutic relationships
- A safe space for deeper exploration

Where OT-led groups fit

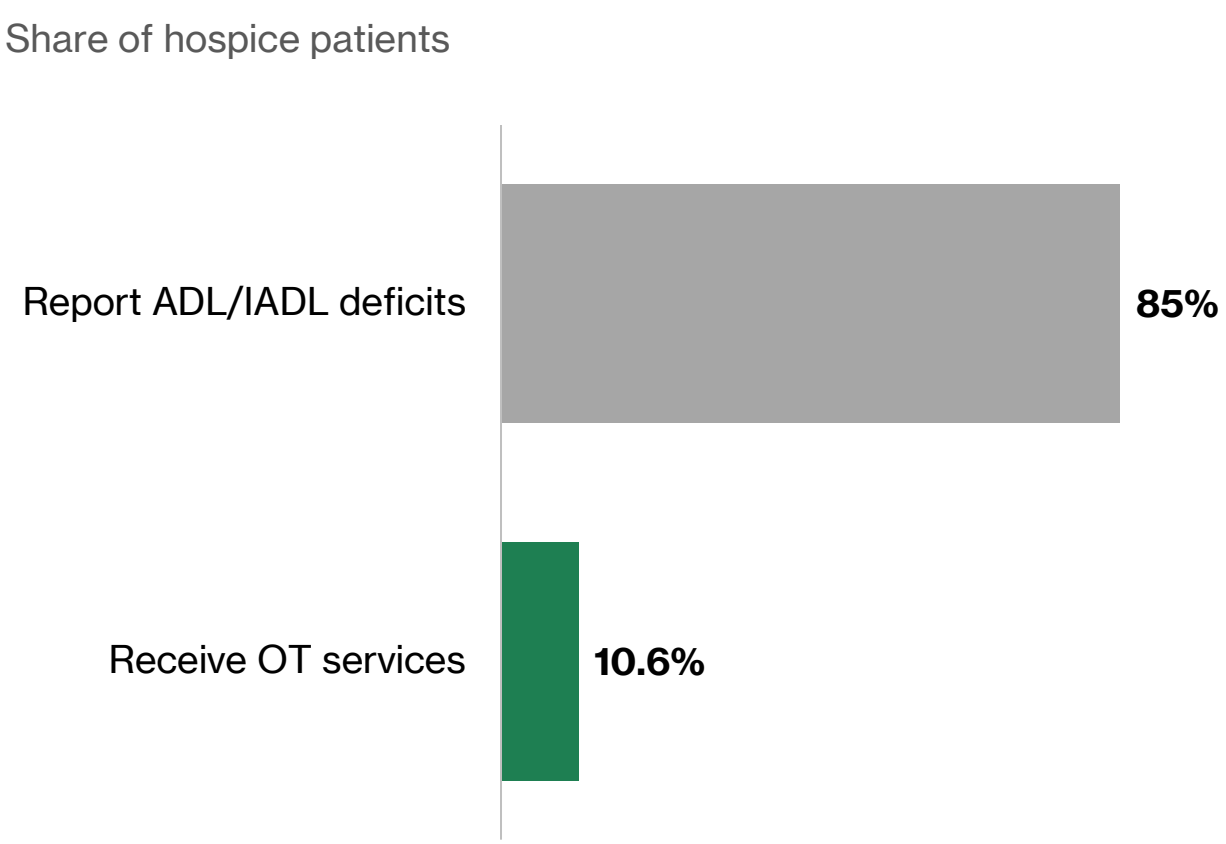
Hospice care

Primary care

Community mental health

Source: Cole (2025), cited in Daus, Whitney & Taddonio (2026).

ONLY 10.6% OF HOSPICE PATIENTS RECEIVE OT, YET OVER 85% HAVE ADL DEFICITS



Grief often starts before the death

Anticipatory grief: mourning planned futures during terminal illness; it can lead to PGD

Ambiguous grief: loss through dementia or estrangement that is hard to fully grieve

Geriatric OTs already meet these families but are rarely asked to serve them

Source: Mueller et al. (2021); Boss & Yeats (2014); Patinadan et al. (2020), cited in Daus, Whitney & Taddonio (2026).

WORKSHOP

SENSE OF COHERENCE

The sense of coherence has three components:

Comprehensibility: a belief that things happen in an orderly and predictable fashion and a sense that you can understand events in your life and reasonably predict what will happen in the future.
Manageability: a belief that you have the skills or ability, the support, the help, or the resources necessary to take care of things, and that things are manageable and within your control.
Meaningfulness: a belief that things in life are interesting and a source of satisfaction, that things are really worthwhile and that there is good reason or purpose to care about what happens.

Sense of coherence is thus a 'global orientation', a generalized view of the world as 'coherent' or 'incoherent', as the case may be, rather than a specific response to a given stressor.

Antonovsky, A. (1996). The salutogenic model as a theory to guide health promotion. *Health Promotion International, 11,* 11–18.
Antonovsky, A. (1993). The structure and properties of the sense of coherence scale. *Social Science and Medicine, 36*(6), 725–733

WIDOWS ADAPT BETTER WHEN THEIR STORY MAKES THE LOSS COHERENT AGAIN

Antonovsky's sense of coherence, and what widow narratives say about each part

Comprehensible

Widows need to understand what happened before they can understand who they are now.

Manageable

Widows struggle to find the resources they need to run their new lives.

Meaningful

Seeking meaning in the loss is a task widows return to again and again.

Narrative storytelling helps clients (re)create a coherent life story, and active engagement in meaningful occupations and social participation promoted adaptation after the loss of a spouse.

Source: Antonovsky (1987, 1996); Caserta & Lund (2007); Batista et al. (2019); Neimeyer et al. (2014); Hoppes & Segal (2010); McIntyre & Howie (2002).

GO FURTHER

The Sense of Coherence Scale aggregates into three variables that predict ones ability to generate wellness in the face of life's inevitable stressors:

1. Can one find meaning in their experience
2. Do they have the resources with which to manage their experience
3. Do they understand their experience.

SDOH are required teaching in our curriculum. However, exploring The Healthy People 2030 website (https://odphp.health.gov/healthypeople) One finds the social determinants of health for older people who have experience loss, bereavement and or end of life health care are absent from the data (no stated objectives).



LISTEN: WIDOW NARRATIVES

Describe the importance of understanding what has happened in order to help them understand their new identity (Caserta & Lund, 2007; Stroebe & Schut, 1999).

Struggle to access needed resources with which to manage their new lives and make meaning out of their loss (Batista et al 2019; Boerner et al., 2005; Jones et al., 2019) and the persistent task of seeking meaning in their circumstances (Karkar & Burke, 2020; McIntyre & Howie, 2002; Worden, 2002; Haase and Johnston, 2012).

Using the *Meaning of Loss Codebook*, Neimeyer et al. (2014) analyzed the ways women used self-narratives as ways of meaning-making to create a cognitive-affective-behavioral structure with which to organize their internal and external worlds.

Grief genre memoirs, written by those who have lost a loved one want to talk with others about their loss, use narrative as a form of social interaction to create a new narrative and construct a new meaning for their own lives (Didion, 2005; Oates, 2011; Lewis, 1961).

WHAT WOULD OCCUPATION BASED INTERVENTION LOOK LIKE?

1. Identify change in function within performance patterns (habits, routines, roles)

2. assess and monitor client factors and performance skills

3. create new habits that include social engagement

Caserta and colleagues have proposed a dual process of coping with grief that includes both loss-orientation (LO or grief-work) oscillating with restoration-orientation (RO) – the latter described as the process of “taking on new challenges, learning new skills to address unfamiliar demands as well as taking time away from grief itself ... to turn attention to a more pressing matter (e.g., household management or financial issues) at hand” (Caserta et al., 2009, p. 464).

While there are parallels between the RO process and engagement in occupations, the literature consistently shows widows report RO tasks to be a primary source of stress and disruption (Haase & Johnston, 2012; Jones et al., 2019; Karkar & Burke, 2020; Rosenwax et al., 2014) and

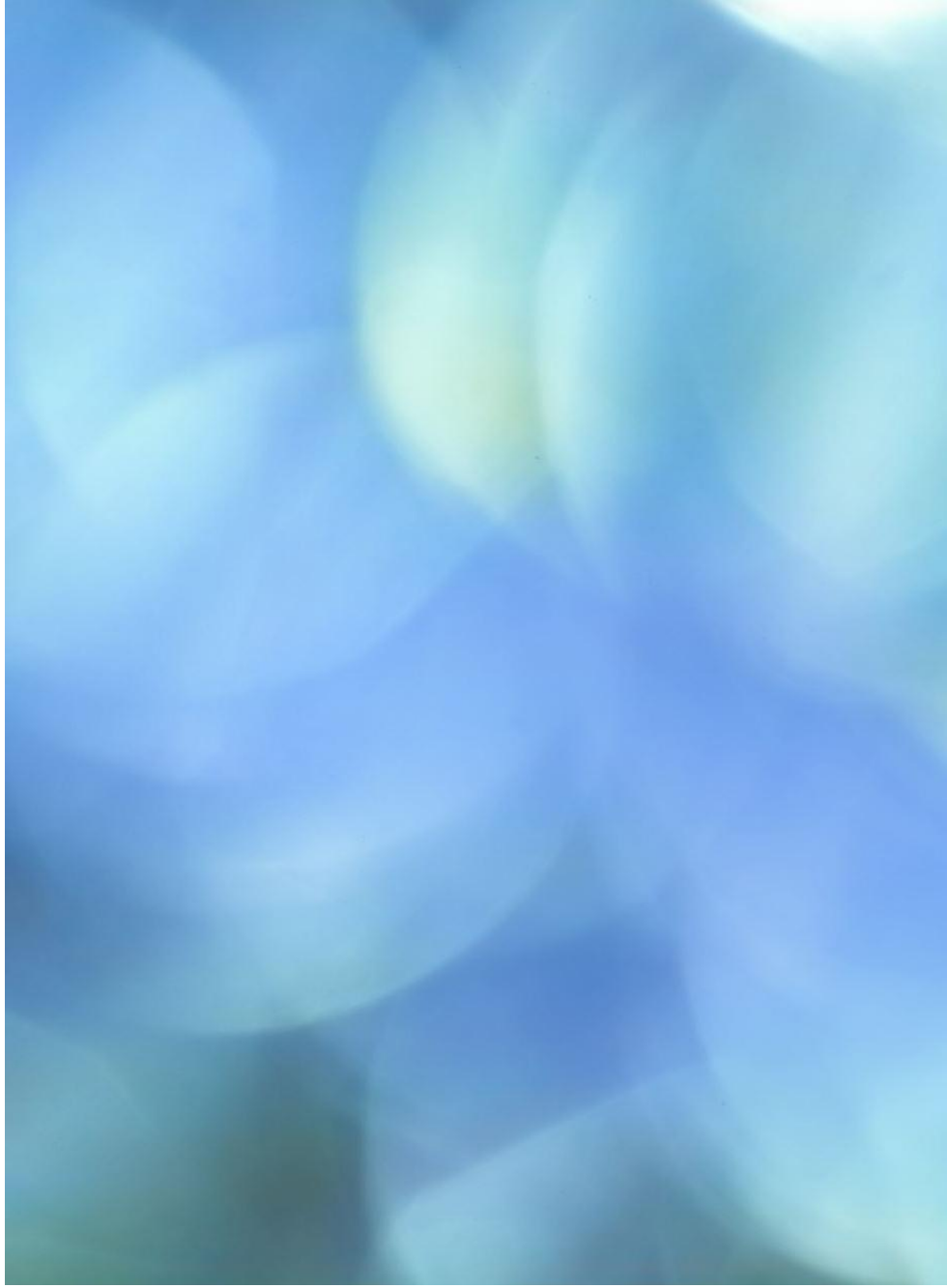
targeted interventions do not follow best practice outlined in occupational science and the profession of occupational therapy. i.e. researchers did not operationalize these pursuits as occupations and there is no mention of occupational therapy as facilitating this adaptation.

RECOMMENDED TREATMENT

1. Rx antidepressants improve depressive symptoms but not effective with PG {scarcity of trials}: Still, this is recommended as 'first line treatment'

2. CBT combining LO and RO most promising*

**Missing: Treatment for "RO" phase of CBT



*Wetherell, J.L. (2012)

DUAL PROCESS MODEL OF COPING*

Three steps (step 3 adapted for grief context):

1. ensure basic needs are met
2. ensure social support is in place
3. develop a self-care plan that helps

    a) work through loss and
    b) re-engage with valued and wellbeing enhancing activities

LOSS-ORIENTATION (LO) [GRIEF WORK]
PSYCHOTHERAPY FOR

PROBLEM: LIMITED POSITIVE OUTCOMES

Restoration-orientation (RO) [directly related to the level of self-care and daily living skills as well as personal growth]. Provides greater growth over time seen with RO

Problem: Underutilized role for OT

*Caserta & Lund, 2007

AGENDA ACT III

Plan for intervention

Activity:



OCCUPATIONAL PROFILE OF WIDOW

OCCUPATIONAL THERAPY PRACTICE FRAMEWORK - 4 (OTPF) TO GATHER INFORMATION FROM THE CLIENT IN ORDER TO FACILITATE ENGAGEMENT IN SATISFYING OCCUPATIONS.

THE INITIAL STEP: DEVELOPMENT OF AN OCCUPATIONAL PROFILE ANALYSIS OF OCCUPATIONAL PERFORMANCE INCLUDING THE EVALUATION OF A CLIENT'S PRIORITIES AND ROLE-COMPETENCY (AOTA, 2020; WHITNEY, 2019).

The **primary goal** of intervention: limit client risk of adverse events following a disruptive life event and assure that they stay well.

Plan of care : Assure the client that they can safely navigate their environment and engage in (instrumental and basic) ADLs

Successful intervention: health promotion, remediation, maintenance of current levels of function in the face of stressors, adaptation, and prevention of secondary and tertiary disabling factors.

Note: Lifestyle Redesign Intervention (Clark, 2015)

ADAPTATION

Participation in physical activities, greater attention to self-care, hobbies, expanded participation in leisure and social engagements have been shown to provide a sense of heightened wellbeing (Infurna & Luthar, 2017).

Scholars also identified that adaptation within the role of widow or widower included increased engagement in diversionary activities that offered meaning and gave a sense of purpose (Caserta & Lund, 2007).

OCCUPATION BASED INTERVENTION:

1 example:

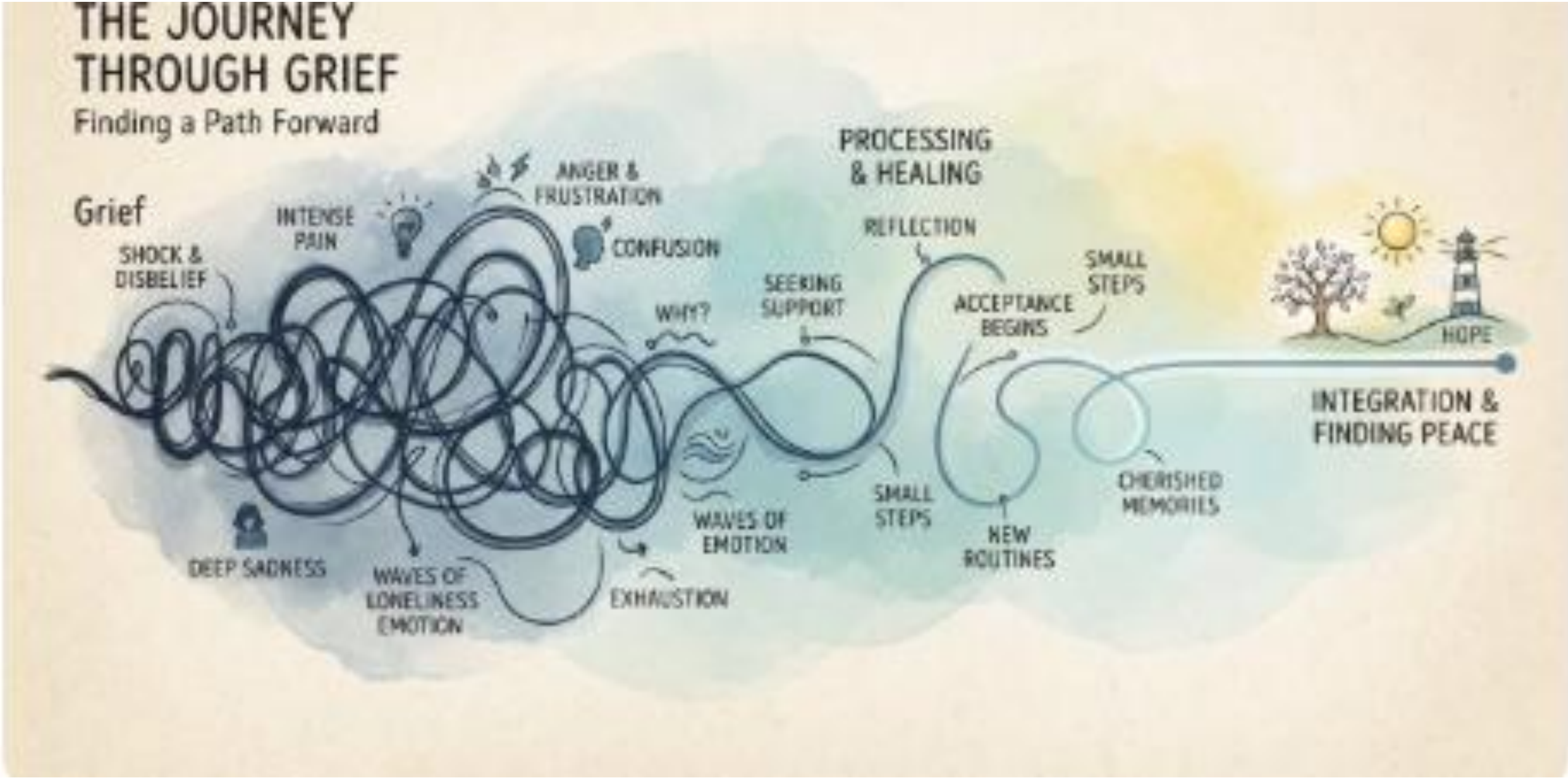
Assess how new role (i.e. widow) changes occupational pursuits

2 example:

assess and monitor changes in ADL/iADLs, functional cognition, nutrition, medication management, substance use, depressive symptoms, immune response, etc.

3 example:

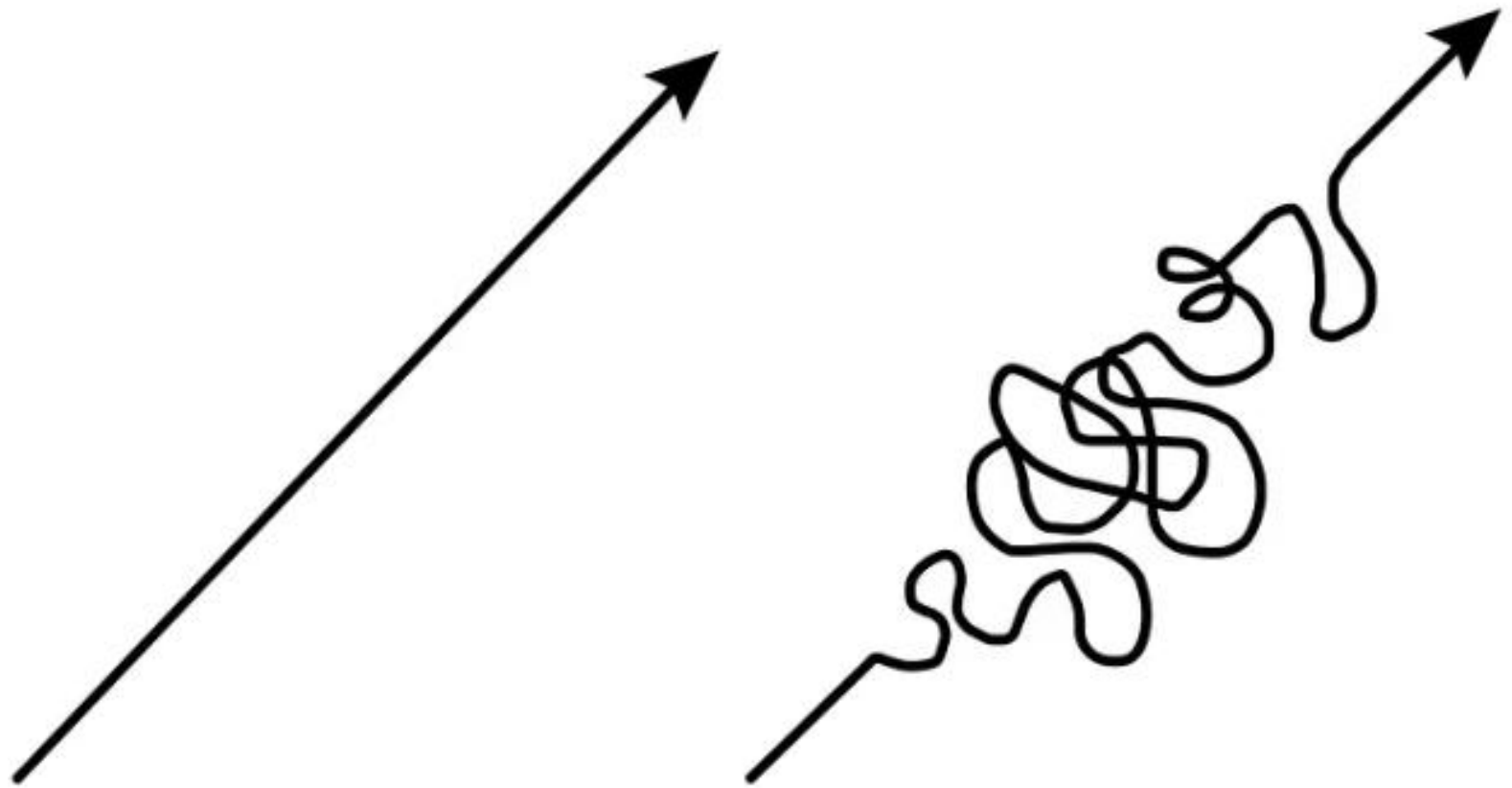
promote social engagement, establish new patterns of participation



How would you draw this? Could you use the Kawa model to make a similar drawing?

Is this how you would annotate this process? And the end?

1. Open eyes, apply drops
2. Will yourself to be perpendicular
3. Check calendar boxes – what is the day/year/time commitments
4. Eat something, drink water, drink coffee (repeat 3 times today)
5. Shower (if it's T/Th/S)
6. Apply moisturizer, apply undereye coverup, apply eye drops, apply mascara and redness reduction foundation
7. Nap
8. Follow unchecked boxes
9. Bed when alarm goes off


SUCCESS
SUCCESS
what people think
it looks like
what it really
looks like

ASSESSMENTS

ADL & iADL

(including sleep)

Functional cognition

Depression & anxiety

Performance patterns (Habits, routines, roles and rituals)

Inventory of Daily Widowed Life (IDWL)

Below is a list of activities, tasks, or issues that widows and widowers sometimes need to confront or do in their daily lives. For each item, please indicate how much time you have spent on it *during the past week.*

Death Studies, 31: 505–535, 2007 Copyright # Taylor & Francis Group, LLC ISSN: 0748-1187 print/1091-7683 online DOI: 10.1080/07481180701356761

Activity	Rarely or not at all	Once in a while	Fairly often	Almost always
1. Thinking about how much I miss my spouse.	1	2	3	4
2. Thinking about the circumstances or events associated with my spouse's death.	1	2	3	4
3. Yearning for my spouse.	1	2	3	4
4. Looking at old photographs and other reminders of my spouse.	1	2	3	4
5. Imagining how my spouse would react to my behavior.	1	2	3	4
6. Imagining how my spouse would react to the way I handled tasks or problems I faced.	1	2	3	4
7. Crying or feeling sad about the death of my spouse.	1	2	3	4
8. Being preoccupied with my situation.	1	2	3	4
9. Engaging in fond or happy memories about my spouse.	1	2	3	4
10. Feeling a bond with my spouse.	1	2	3	4
11. Feeling lonely.	1	2	3	4
12. Visiting or doing things with others.	1	2	3	4
13. Finding ways to keep busy or occupied.	1	2	3	4
14. Dealing with financial matters.	1	2	3	4
15. Engaging in leisure activities (hobbies, recreation, physical activity etc.).	1	2	3	4
16. Attending to my own health-related needs.	1	2	3	4
17. Engaging in employment or volunteer work.	1	2	3	4
18. Watching TV, listening to music, listening to the radio, reading.	1	2	3	4
19. Attending to legal, insurance or property matters.	1	2	3	4
20. Attending to the maintenance of my household or automobile.	1	2	3	4
21. Focusing less on my grief.	1	2	3	4
22. Learning to do new things.	1	2	3	4

Scoring Instructions:

LO Subscale Score = Sum of items 1 through 11 (Possible range = 11[Low] to 44[High].

RO Subscale Score = Sum of items 12 through 22 (Possible range = 11[Low] to 44[High].

Oscillation Balance = RO score minus LO score (Possible range = −33 [Exclusively Loss-oriented] to +33 [Exclusively Restoration-oriented]. A score equal to zero (0) indicates perfect oscillation balance.

Death Studies, 31: 505–535, 2007 Copyright # Taylor & Francis Group, LLC ISSN: 0748-1187 print/1091-7683 online DOI: 10.1080/07481180701356761

Part II. Lifestyle Redesign Treatment Modules

Introduction to Lifestyle Redesign Treatment Modules

Module 1. Occupation, Health, and Aging

Module 2. Community Mobility: Transportation and Occupation

Module 3. The Building Blocks of Longevity: Various Types of Activity

Module 4. Stress and Inflammation Management

Module 5. Dining and Nutrition

Module 6. Time and Occupation

Module 7. Home and Community Safety

Module 8. Relationships and Occupation

Module 9. Thriving

Module 10. Navigating Health Care

Module 11. Hormones, Aging, and Sexuality

Module 12. Ending a Group: Finalizing Personal Engagement Plans (PEPs)

example

	Over the past year: (place an X in the box)	Never	Seldom (1 × yr)	Sometimes (1–3 × mo)	Often (1–3 × wk)	Frequently (> 3 × wk)
1	In takes me 30 minutes or more to fall asleep.					
2	I am awake 30 minutes or more during the night.					
3	I am awake 30 minutes or more prior to my scheduled wake time or alarm.					
4	I am tired, fatigued or sleepy during the day.					
5	I sleep better if I go to bed before 9:00 pm and wake up before 5:30 am.					
6	I sleep better if I go to bed late (after 1:00 am) and wake up late (after 9:00 am).					
7	I fall asleep at inappropriate times or places.					
8	I have been told that I snore.					
9	I wake up during the night choking or gasping.					
10	I have been told I stop breathing when I sleep.					
11	I feel uncomfortable sensations in my legs, especially when sitting or lying down that are relieved by moving them.					
12	I have an urge to move my legs that is worse in the evenings and nights.					
13	I wake up frequently during the night for no reason.					
14	I have experienced sudden muscle weakness when laughing, joking, angry or during other intense emotions.					
15	I have been told that I walk, talk, eat or act strange or violent while sleeping.					
16	I have nightmares.					
17	For no reason, I awaken suddenly, startled, and feeling afraid.					

This is the SDS-CL-17 instrument that is printed on an 8.5 × 11" sheet of paper. The text below shows how to score each item, and the subscale score above which a positive screen is indicated. Cut-point score determination is described in the methods and results sections, but are included here for completeness.

Item choice	Item score	Subscale	Items to sum for subscale score	Subscale score range	Cut-point score
Never	0	Insomnia	1, 2, 3, 4	0–12	5
Seldom	0	Circadian rhythm	5, 6	0–6	-
Sometimes	1	Narcolepsy	7, 14	0–6	1
Often	2	Obstructive sleep apnea	4, 8, 9, 10	0–12	3
Frequently	3	Restless legs syndrome	11, 12, 13	0–9	3
		Parasomnias	15, 16, 17	0–9	-

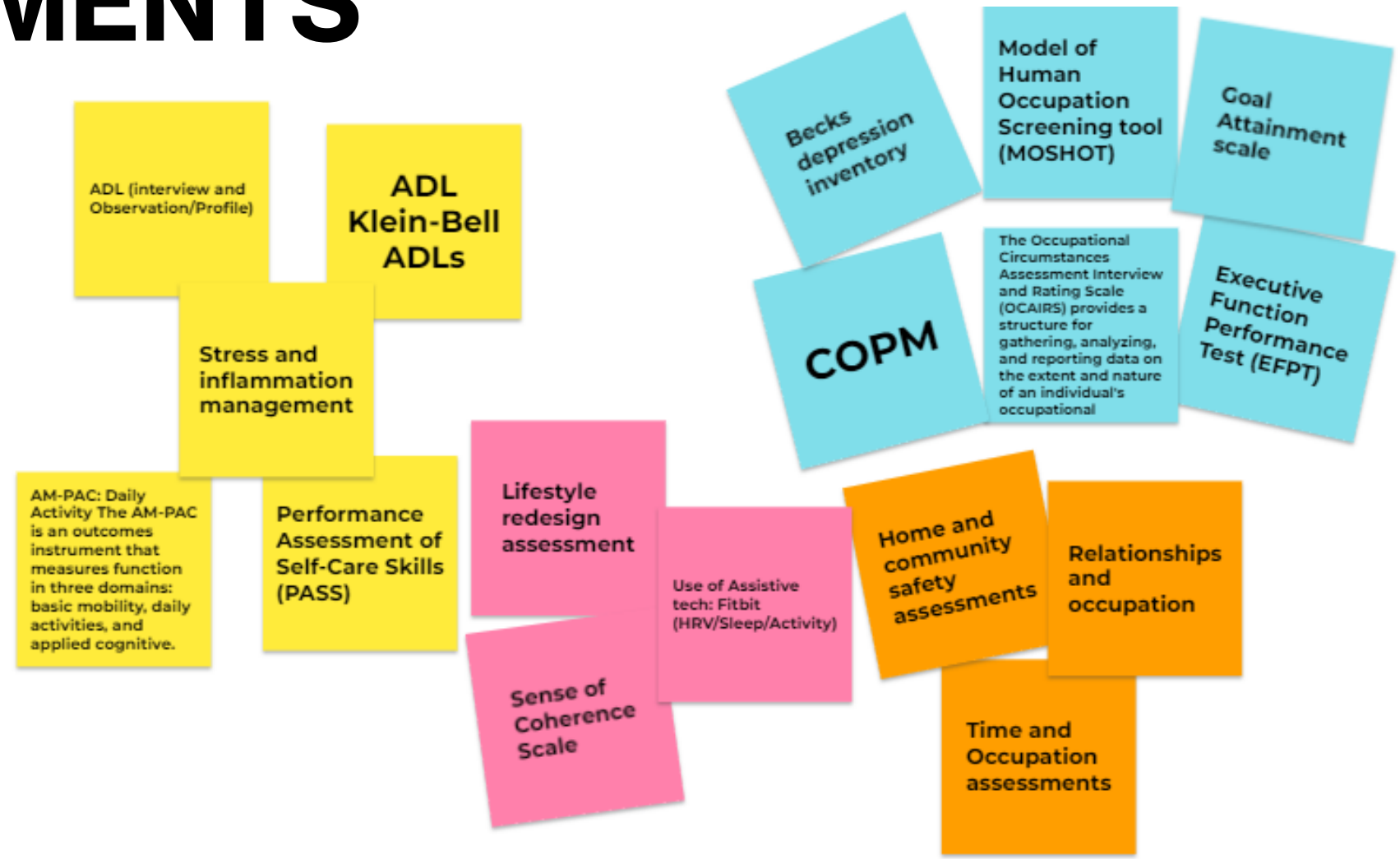
Fig. 1. The Sleep Disorders Symptom Checklist (SDS-CL)-17 instrument and scoring guide.

Klingman, Jungquist & Perlis, 2017

JAMBOARD: ASSESSMENTS

https://jamboard.google.com/d/1Q7xTCyO7yzYjyqH4FWokBgGRVQ_OVk7zsScFjQJTt1A/edit?usp=sharing

examples



CASE STUDY

ADAPTING TO WIDOWHOOD THROUGH MEANINGFUL OCCUPATIONS: A CASE STUDY

Active engagement in familiar, meaningful occupations particularly in the company of neighbors and friends, enabled older woman to live a fulfilling and vital lives in widowhood and facilitated adaption to the death of a spouse(s). ‘

*McIntyre G, Howie L. Adapting to widowhood through meaningful occupations: a case study. Scand J Occup Ther 2002; 9: 54–62.

EIGHT MONTHS AFTER HER HUSBAND'S SUDDEN DEATH, JOAN'S BASIC TASKS HAD BECOME UNSAFE

Case: Joan, 61

- Married 30 years; husband died of a heart attack at the dinner table
- Copy editor, now working half-time
- Mother of two; son in high school lives at home
- Executrix of the estate, handling finances her husband managed

"I'm not sure who I am now."

Cognition and safety

- Twice drove to work without shoes
- Burned pans after forgetting she was cooking
- Cut herself chopping; forgot to park the car at a gas pump

Sleep

- In bed at 9 PM, awake from 3 to 5 AM, up at 6
- Nightly whiskey to fall asleep

Social participation

- Irritable with friends and family
- Social life narrowed to her son and a few friends

Source: Whitney (2025), occupational profile case example.

FOUR OCCUPATION-BASED GOALS TARGETED JOAN'S SAFETY, MEALS, SOCIAL LIFE AND SLEEP

1

Home safety

Smart home supports: smoke alarms, cooking timers and evening reminders to lock the doors

2

Meals and memory

Smartphone apps that suggest healthy meals, build grocery lists and take voice notes and reminders

3

Social participation

Plan and carry out one community activity with her son every week

4

Restful sleep

Routines that build in activities promoting restful sleep

Interventions "are always directed toward minimizing the negative impact that cognitive challenges have on occupational performance."

Source: Whitney (2025); AOTA (2019), Cognition, cognitive rehabilitation, and occupational performance, p. 5.

AFTER TWO MONTHS, JOAN REPORTED BETTER MOOD, COGNITION AND CONFIDENCE

- **Parenting and work:** more confident as a parent and meeting expectations at work
- **Safety:** supports in place that prevent the “dangerous” lapses of earlier months
- **Sleep:** a sleep diary showed her nightcap disrupted sleep; she switched to herbal tea and no screens two hours before bed
- **Social life:** one self-care and one social activity each week, including a book reading and a pottery class

“The page is always willing to listen.”

Joan, on journaling daily

Next step for the profession: treat widowhood as an occupation and grief as occupational disruption, with interventions that rebuild cognition, roles and identity.

Source: Whitney (2025); McIntyre & Howie (2002).

NEXT STEPS FOR THE PROFESSION

01

Teach

Add grief literacy and occupation-based community mental health to OT curricula

02

Certify

Pursue continuing education and certification as a trauma professional or grief counselor (PESI, IATP, Evergreen)

03

Integrate

Make OT a core member of interdisciplinary bereavement teams

04

Research

Build evidence on the efficacy of OT-led bereavement groups

“Grief is not only an emotional journey but a time of occupational disruption.”

Source: Daus, Whitney & Taddonio (2026); Saciloti & Bombarda (2022); Hoppes & Segal (2010); Dahdah & Joaquim (2018).

ACTIVITIES – BREAK OUT GROUPS



AOTA OCCUPATIONAL PROFILE TEMPLATE

"The occupational profile is a summary of a client's occupational history and experiences, patterns of daily living, interests, values, and needs" (AOTA, 2014, p. S13). The information is obtained from the client's perspective through both formal interview techniques and casual conversation and leads to an individualized, client-centered approach to intervention.

Each item below should be addressed to complete the occupational profile. Page numbers are provided to reference a description in the *Occupational Therapy Practice Framework: Domain and Process, 3rd Edition* (AOTA, 2014).

Client Report	**Reason the client is seeking service and concerns related to engagement in occupations**	Why is the client seeking service, and what are the client's current concerns relative to engaging in occupations and in daily life activities? (This may include the client's general health status.)	
	Occupations in which the client is successful (p. S5)	In what occupations does the client feel successful, and what barriers are affecting his or her success?	
	Personal interests and values (p. S7)	What are the client's values and interests?	
	Occupational history (i.e., life experiences)	What is the client's occupational history (i.e., life experiences)?	
	Performance patterns (routines, roles, habits, & rituals) (p. S8)	What are the client's patterns of engagement in occupations, and how have they changed over time? What are the client's daily life roles? (Patterns can support or hinder occupational performance.)	
Environment	What aspects of the client's environments or contexts does he or she see as:	**Supports to Occupational Engagement**	**Barriers to Occupational Engagement**
	Physical (p. S28) (e.g., buildings, furniture, pets)		
	Social (p. S28) (e.g., spouse, friends, caregivers)		
Context	**Cultural (p. S28) (e.g., customs, beliefs)**		
	Personal (p. S28) (e.g., age, gender, SES, education)		
	Temporal (p. S28) (e.g., stage of life, time, year)		
	Virtual (p. S28) (e.g., chat, email, remote monitoring)		
Client Goals	**Client's priorities and desired targeted outcomes: (p. S34)**	Consider: occupational performance—improvement and enhancement, prevention, participation, role competence, health and wellness, quality of life, well-being, and/or occupational justice.	

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JOURNAL PROMPT:

Journal Writing as and evidence-based approach to promote a sense of occupational coherence



Time Study

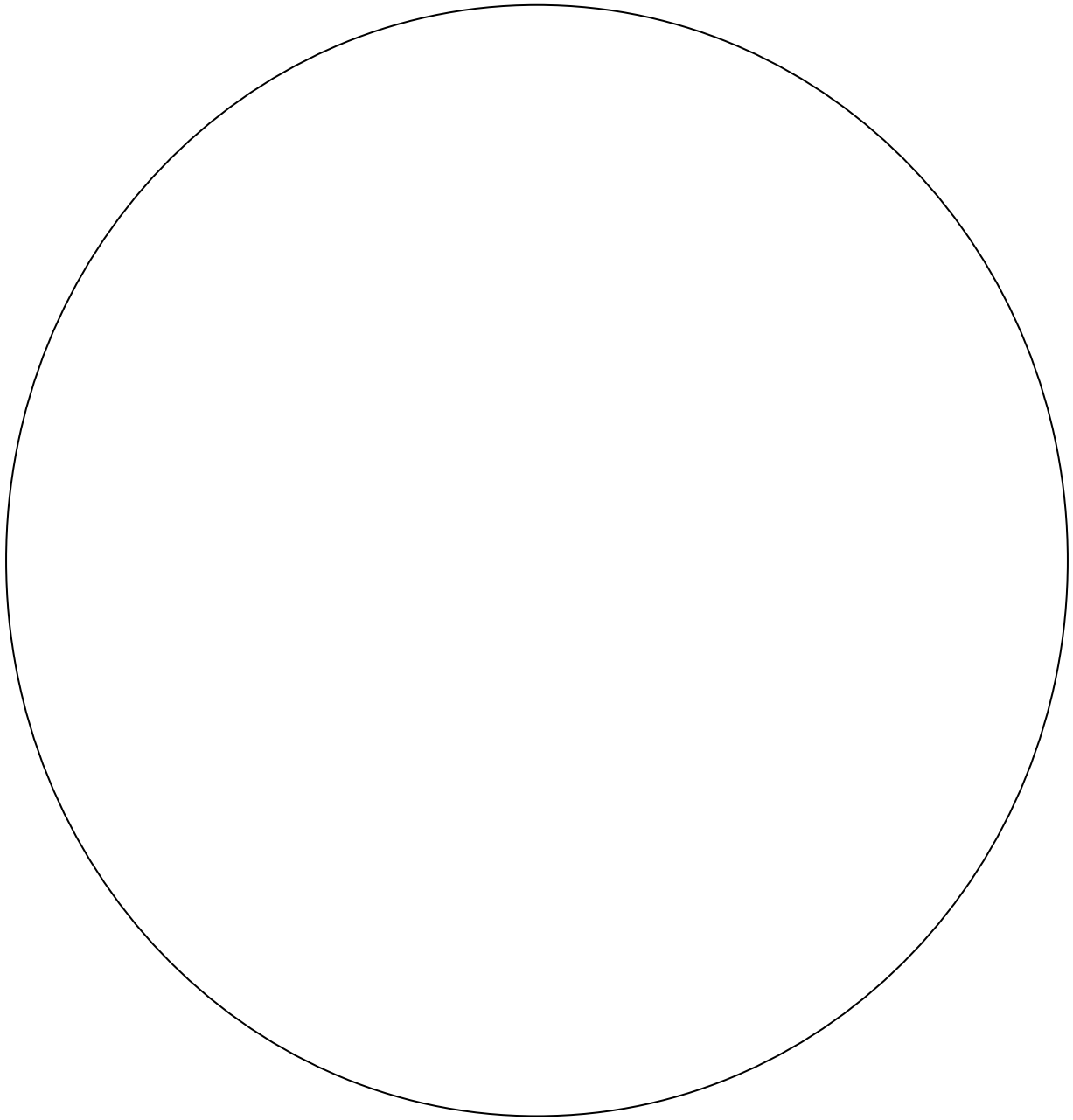
A time study is a method of analyzing time expense to understand how/if time spent aligns with one considers is meaningful and valuable. By documenting the time a person spends on tasks, we can help ourselves and others make changes. Data collection using The Activity Configuration/Clock

1. How many hours do you spend sleeping each night? _____
2. How many hours spent working, studying, going to school? _____
3. How many hours spent dressing, doing chores, and other activities that take care of your body? _____
4. How many hours do you spend eating and preparing meals? _____
5. How many hours do you socialize/play with friends each day? _____
6. How many hours do you just relax and play? _____
7. How many hours do you spend in the car? _____
8. How many hours do you spend with therapies? _____

Total: _____

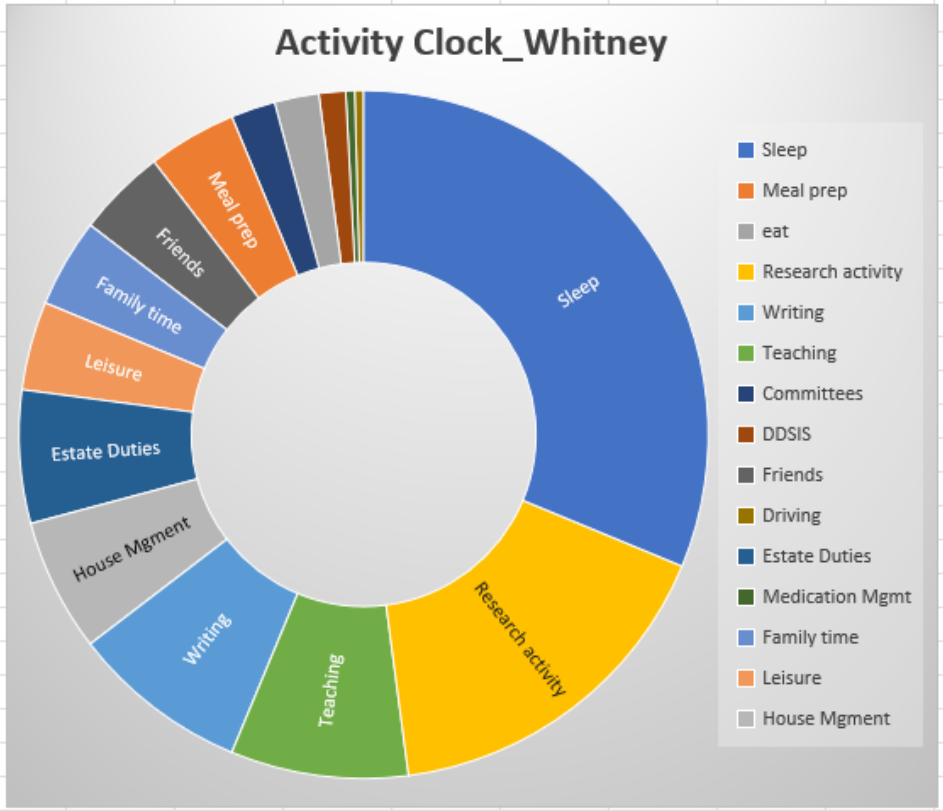
Draw your time expense on the following clock face, using a 24-hour clock and color in the hours (see examples). Half the clock would show 12 hours expended, a quarter would document 6 hours, and so on.

Color code: Rest – black Play – orange Self-care – blue Work/school – red Other - yellow



SAMPLE TIME AND MOTION STUDY

Sleep	7.5
Meal prep	1
eat	0.5
Research activity	4
Writing	2
Teaching	2
Committees	0.5
DDSIS	0.3
Friends	1
Driving	0.1
Estate Duties	1.5
Medication Mgmt	0.1
Family time	1
Leisure	1
House Mgment	1.5
total	24



To use Excel, list your activity in column 1, your time expens
Select 'insert' on the top menu, select a chart, the chart will

What's normal in grief?

© Megan Devine

Normal grief is so much more than sadness. If it's in the body or the mind - grief affects it. This list covers some of the most common experiences of grief, but it's definitely not everything. Whatever you're experiencing, chances are someone else has felt it too.

- trouble sleeping
- physical exhaustion
- forgetfulness
- inability to concentrate
- trouble reading
- irritation with others
- disbelief that it happened
- feeling numb
- mood swings
- sensory overload
- inability to cry
- restlessness
- dark humor
- deep sadness
- phantom pains
- hypersensitivity
- confusion
- trouble concentrating
- nightmares/dreams
- anxiety
- loss of appetite
- increased appetite
- short temper/frustration
- hating the grocery store
- headaches
- stomachaches
- forgetting words
- relationship stress
- loneliness
- feeling guilty
- time loss
- intrusive thoughts
- wanting to be left alone
- needing people nearby
- feeling misunderstood
- clumsiness

for more on what's normal inside grief visit @refugeingrief

Visit Healthy People 2030 website (https://odphp.health.gov/healthypeople) to explore the social determinants of health for older people who have experience loss, bereavement and or end of life health care. Using the site's navigational tools, identify the current level of health and stated objectives for the older adult experiencing loss, bereavement or other related end of life circumstances. Reflect on your findings.

RESOURCE ON TYPES OF GRIEF

https://www.carepatron.com/templates/types-of-grief-handout/#app-chapter-three



RESOURCE ON END OF LIFE PLANNING

ADVANCE PLANNING GUIDE / 03

Getting Started: What Matters Most to You? / 05

Putting Priorities on Paper: Your Advance Directive / 06

What I Want: Decisions About Life-Sustaining Measures / 08

What I Want: Other Documents That Spell Out Your Choices / 12

Who Will Speak for Me: Choosing Your Representative / 14

Putting Plans Into Practice: Ensuring Medical Providers Honor Your Wishes / 15

The Best Safeguard: A Continuing Conversation / 16

ADVANCE PLANNING TOOLKIT / 19

End-of-Life Planning Checklist / 20

Values Worksheet / 21

My Particular Wishes for Therapies That Could Sustain Life / 25

Dementia Values & Priorities Tool® / 27

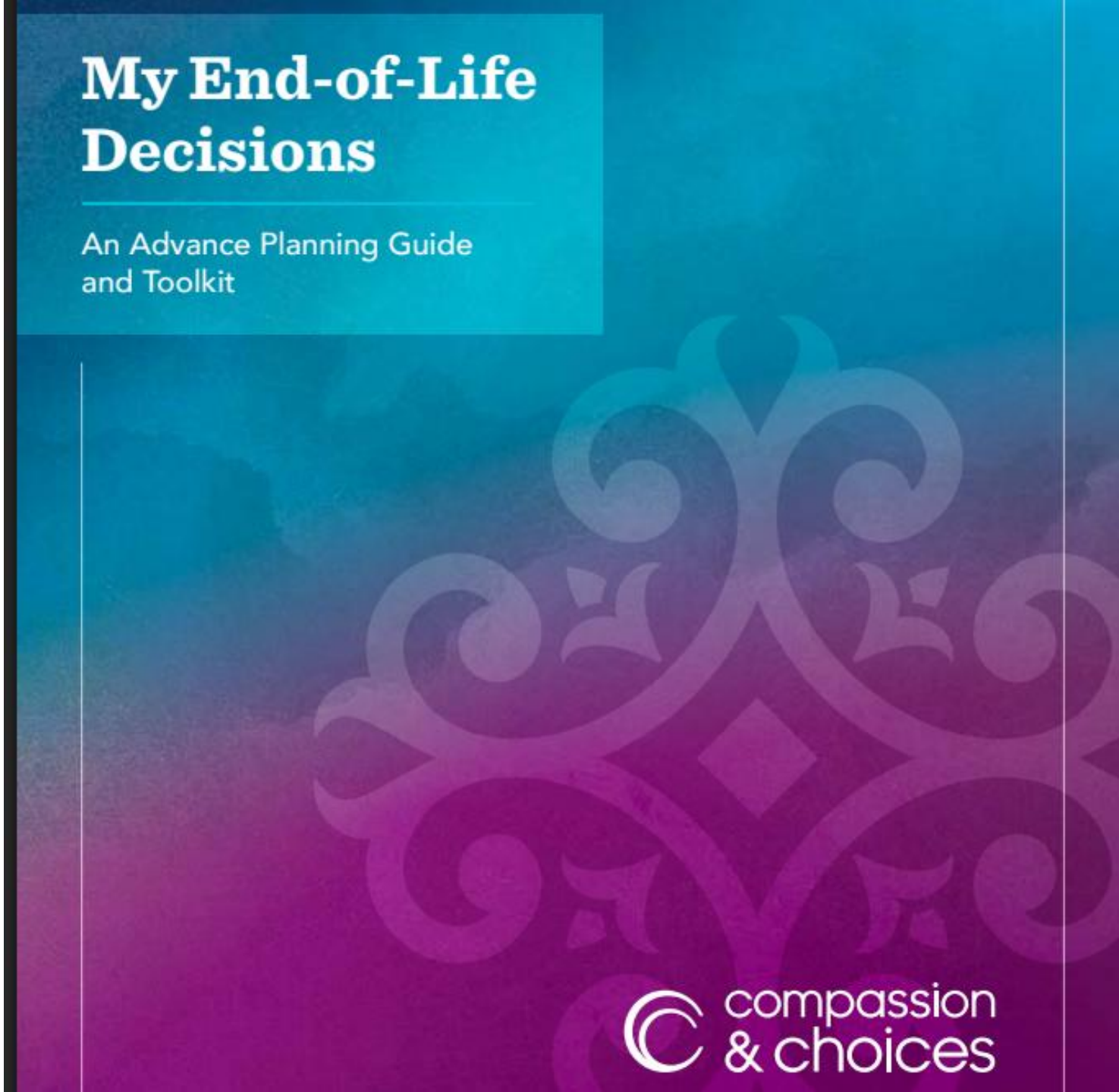
End-of-Life Wishes Letter to Medical Providers / 33

Sectarian Healthcare Directive / 35

Rider to Residential Agreement With Assisted-Living Facility / 37

Hospital Visitation Authorization / 39

This guide is available in English and Spanish online and in print format. To find and share this guide or get information on the full range of end-of-life options, please visit the online resource Compassion & Choices' *Tools to Finish Strong* at **CandC.org/tools**, or call 800.247.7421 to speak with one of our experienced end-of-life consultants.



AGENDA

Act I: The call

Activity:

Act II: the adventure

Activity:

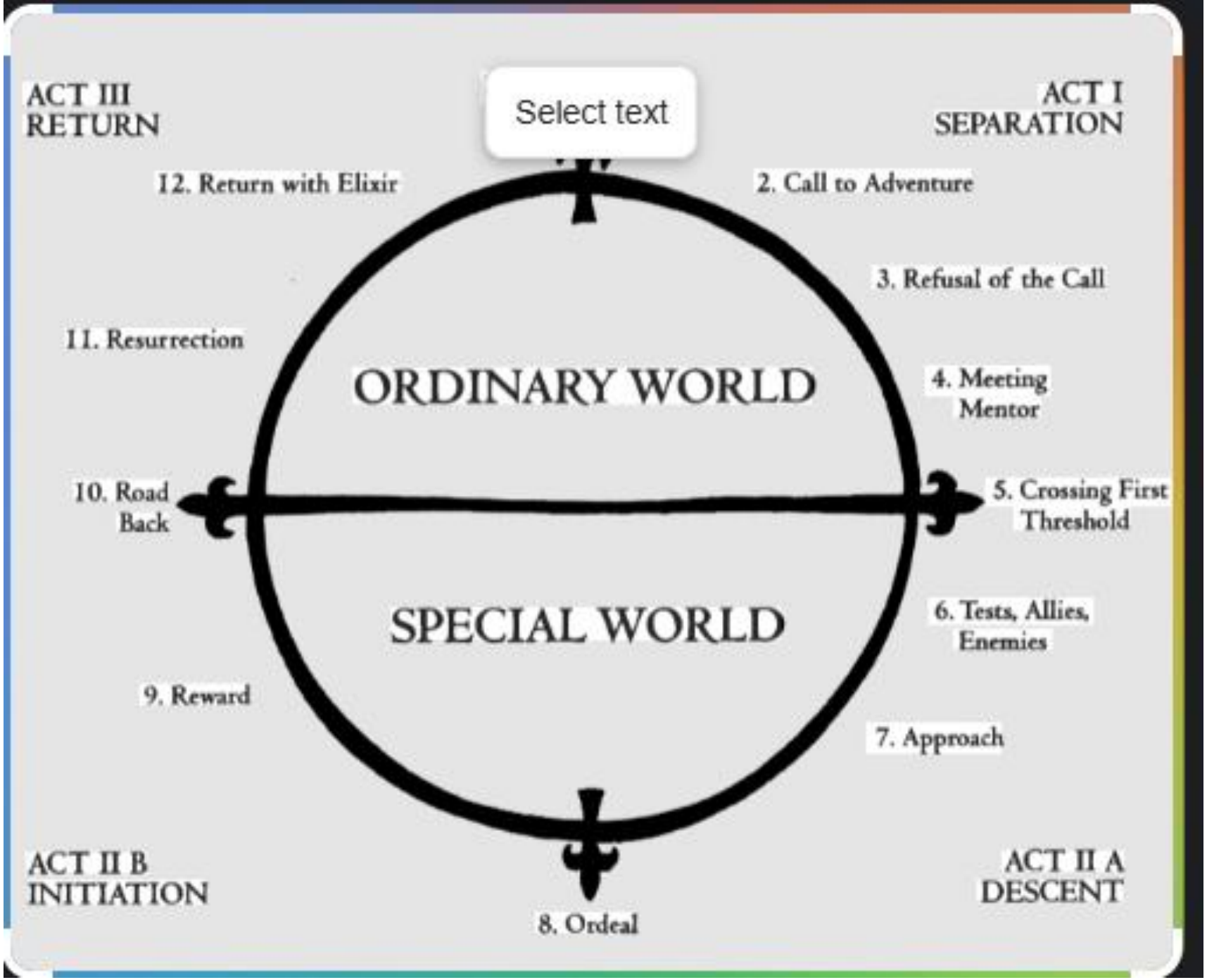
Act III: returning with the elixir

Activity: What have you to return to the ordinary world with?

Alex puts his arm around me and says,

Remember, Mom, in a three-act saga, at the end of Act II, that's the darkest hour.

Day 323, Habits of Widows



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Rondalyn Whitney

PhD, OTR/L, FAOTA

Dr. Whitney's clinical and academic research extensively investigates family quality of life, therapeutic journaling, maternal stress, and the neurobehavioral development of children. Transitioning her lifelong clinical lens to creative non-fiction, her writing acts as a deliberate act of defiant healing—shining a light in dark spaces so others can rediscover the world's awe-inspiring beauty. She is the author of over a dozen books, and her latest projects bridge the raw transition from wife to widow following the traumatic loss of her husband, Bill. This profound journey is captured in her highly acclaimed grief memoir, Habits of Widows, and the follow-up, unflinching look at living after the death of a loved one, Lies in the Afterlife. Now residing in Western Massachusetts, she balances her creative endeavors with intentional acts of personal rebellion—spending her time at the local gym, attending sound bathing sessions, tracking watchful Red-tailed hawks, and reading by her firepit.

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https://www.instagram.com/rondalynwhitney/

https://www.facebook.com/rondalyn.whitney.3

https://x.com/DrRDub_writes

https://www.youtube.com/@rondalynwhitney1695



whitneyrondalyn@gmail.com rondalynwhitney.com

SUMMARY BY CLAUDE

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