

Prolonged grief disorder

What is prolonged grief disorder?

Prolonged grief disorder (PGD) is when grief stays very intense for a long time and makes it hard to live day-to-day life. A person with PGD may feel a deep longing for the person who died or find themselves constantly thinking about them and their death.

For **children and teens**, this might show up as being stuck on the details or circumstances of how the person died.

People with PGD often feel:

- Shock or disbelief that the person is really gone
- Lost or unsure of who they are without that person
- Disconnected from their sense of belonging, purpose, or meaning in life

These feelings can make it hard to function at home, work, school, or in relationships. This kind of intense grief is *not* the same as typical grieving. It's *overwhelming and disruptive*, and it can affect nearly every part of daily life.

What are the symptoms of prolonged grief disorder?

A. Loss + Time Requirement

The death must have occurred:

- At least 12 months ago for adults
- At least 6 months ago for children and adolescents

B. Core Symptoms

The person experiences at least one of the *following almost every day* for at least the last month:

1. Intense longing or yearning for the person who died
2. Preoccupation with thoughts or memories of the deceased
(In youth, this may focus more on the death itself or how it happened.)

C. Additional Symptoms

- The person must have at least three (3) of the following, also occurring nearly every day for at least the last month:

Symptom	Description
Identity disruption	Feeling like a part of oneself has died; diminished sense of self
Marked disbelief	Struggle to accept the death as real
Avoidance	Avoiding reminders of the loss (places, people, conversations)
Intense emotional pain	For example: sadness, guilt, anger, or bitterness
Difficulty moving on	Feeling stuck, unable to re-engage with life
Emotional numbness	Feeling detached or “shut down”
Life feels meaningless	Loss of purpose, direction, or future orientation
Loneliness	Feeling isolated from others because of the loss

What are the main differences between normal grief and prolonged grief disorder?

Normal grief slowly softens and makes room for life again; prolonged grief stays intense, unrelenting, and *interferes with functioning* long after the loss.

Differential Diagnosis

What are the differences between traumatic grief and prolonged grief?

- **Prolonged Grief** = “I can’t live without them. I feel lost.”
- **Traumatic Grief** = “I can’t get the way they died out of my head.”

One can **have both**.

And they often **co-occur** in overdose, suicide, homicide, and sudden medical deaths.

Target Audience

- Counselors
- Therapists
- Social workers
- Psychologists
- Hospice & bereavement clinicians

Course Outcomes

By the end of this course, clinicians will be able to:

1. **Differentiate** Prolonged Grief Disorder (PGD) from normal adaptive grief and other conditions.
 2. **Assess** for PGD using DSM-5-TR criteria and validated measures.
 3. **Identify** risk factors and comorbidities impacting clinical presentation.
 4. **Apply** core treatment strategies from evidence-based PGD interventions.
 5. **Provide** informed psychoeducation and supportive clinical dialogue.
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MODULE 1 — Understanding Prolonged Grief Disorder

Slide Outline

- Definition of PGD

Prolonged grief disorder

- How grief becomes “stuck”
- Functional impairment as the diagnostic pivot
- PGD as an attachment disturbance construct (attachment system activation without resolution)

Prolonged Grief Disorder is characterized by *persistent and impairing grief* that does not naturally soften over time. The defining clinical feature is not simply sadness or yearning—it

is *functional interference* and a sense of being unable to integrate the loss into one's life context.

MODULE 2 — DSM-5-TR Diagnostic Criteria

- Time requirement (12+ months adults, 6+ months youth)
 - Core symptom: yearning OR preoccupation
 - Additional symptoms (identity disruption, disbelief, etc.)
 - Functional impairment
 - Cultural proportionality requirement
 - Diagnosis must **not** be made based solely on duration.
 - Clinicians must assess for **cultural mourning norms**.
 - Evaluate **identity impact**, not only mood.
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MODULE 3 — Differential Diagnosis

- PGD vs Major Depressive Disorder
- PGD vs PTSD
- PGD + PTSD comorbidity
- Suicidality considerations

Key Distinguishers

Condition Distinguishing Feature

PGD *Attachment pain* is dominant (longing).

PTSD *Fear/trauma reminders* are dominant (intrusions).

MDD *Global anhedonia + negative self-evaluation* predominate.

MODULE 4 — Traumatic Grief / Co-Occurrence

Slide Outline

- When the *death event* itself becomes the primary source of distress
- The trauma pathway blocks grief integration
- Why traumatic grief often requires *trauma-first stabilization*

Clinician Takeaway

PGD: “I can’t live without them.”

Traumatic grief: “I can’t stop reliving how they died.”

MODULE 5 — Risk Factors & Prevalence

Slide Topics

- Sudden/unexpected loss
 - Violent or stigmatized loss (e.g., suicide, overdose)
 - Pre-existing attachment vulnerability
 - Social isolation / unsupportive environment
 - Cultural suppression of grief expression
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MODULE 6 — Assessment in Clinical Practice

- Clinical interview guide
- Screening
- PG-13-R or PGD-13 checklist scoring
- IPGDS (Shevlin et al., 2023)

- Considerations for telehealth assessment

MODULE 7 — Treatment Approaches

Evidence-Based Treatment Paths

Model	Key Focus	Evidence Source
Prolonged Grief Treatment (PGT)	Meaning reconstruction & confrontation/avoidance work	Prigerson & Shear models
CBT-Grief Protocols	Cognitive restructuring of grief-linked beliefs	Bryant et al., 2024
Mindfulness-based Grief Therapy	Tolerance of emotion + identity reorientation	Confirmed in comparative trials

“Your grief is not the problem. The stuckness is.”

MODULE 8 — Supporting Meaning Reconstruction

- Narrative retelling work
- Identity reconstruction
- Re-engaging with life roles
- Re-establishing attachment security without the deceased

MODULE 9 — Ethical Considerations

- Avoid pathologizing normative grief
- Respect symbolic and spiritual mourning practices

- Pace exposure and emotional processing carefully

Clinical Application Checklist

Use this framework in practice:

- ☐ Confirm time + cultural context
 - ☐ Identify attachment vs trauma vs global affect theme
 - ☐ Assess function, not intensity
 - ☐ Use validated screening tools
 - ☐ Select intervention based on dominant *presentation*
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MODULE 10 — Closing + Case Consultation Practice

- Case-based clinical integration
- Optional peer reflection discussion forum
- Certificate of completion button

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