Group manual english CBTgrief

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COGNITIVE THERAPY FOR TRANSDIAGNOSTIC COMPLICATED GRIEF

Manual for group therapy

By

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Introduction to the CBT-grief group format

Dear reader,

This manual is intended for group-based treatment of Prolonged Grief Disorder and other forms of complicated grief disorders, meaning psychological disorders that arise after a loss and are linked to the loss by the bereaved. Prolonged grief disorder and loss-related depression or PTSD are the most common forms of complicated grief and there is often a high degree of comorbidity between these disorders (Komischke-Konnerup et al., 2021). Cognitive behavioral therapy has been shown to be effective in treating prolonged grief disorder (Boelen et al., 2007) as well as other forms of complicated grief reactions (Komischke-Konnerup et al., 2024). Screening for symptoms of prolonged grief disorder, as well as depression and PTSD, should be done before and ideally also after the CBT-grief treatment program. Treatment should generally only be offered to bereaved individuals with clinically relevant symptoms of one or more of these disorders. A certain amount of time should have passed since the loss – typically at least six months, although starting after three to four months may be an option if deemed clinically relevant. In English, The Traumatic Grief Inventory-Self Report Plus (TGI-SR+) can be used (Lenferink et al., 2022). In Danish, the Aarhus PGD Scale (A-PGDs) is recommended when screening for prolonged grief disorder (O'Connor et al., 2023). A-PGDs is freely available in short or long forms at https://psy.au.dk/forskning/forskningscentre-og-klinikker/enhed-for-sorgforskning/ressourcer-til-professionelle/spoergeskemaer-og-interviews

Relevant education, in-depth knowledge of and clinical experience with cognitive behavioral therapy, as well as clinical experience working with grieving individuals, are prerequisites for using this manual. Regardless of experience level, it is strongly recommended to receive ongoing supervision from a supervisor experienced in CBT-grief and to ensure opportunities for collegial consultation in daily practice.

The program outlined in this manual consists of 12 sessions, each lasting 2 hours with a short 5–10-minute break. For groups consisting of older bereaved individuals, it is encouraged to allow at least a 15-minute break, as this age group often requires a slightly longer pause. Ideally, there should be 1-2 therapists and 6-8 members in each group, although 4-10 members are also possible. However, for groups with more than 8 members, two therapists are recommended.

All potential clients begin with an individual intake interview, during which the presence and severity of symptoms related to the different types of complicated grief reactions (PGD, loss-related depression, PTSD, and possibly anxiety) are assessed, and the treatment plan is introduced (see below).

Issues that may be addressed during the preliminary interview:

- To what extent does the client feel able to confront the reality of the loss and allow the accompanying sadness and pain to be present?
- Does the client have difficulties regaining trust in themselves, in others within their surroundings, in life, or in the future?
- Is the client capable of engaging in helpful and potentially enjoyable activities that could assist them in adapting to the new situation without the person they have lost?

In addition, the content of the treatment is explained and linked to the three central tasks of CBT-grief:

1. To confront the loss and the accompanying pain
2. To regain trust in oneself, others, life, and the future
3. To engage in helpful activities that promote adaption to the new life situation

The term "Tasks" refers to the psychological work undertaken by the bereaved in therapy to manage their grief. These are ongoing tasks that the bereaved must repeatedly address and engage with throughout the treatment process (Boelen et al., 2006; Boelen & Eisma, 2022). These tasks can also be seen as a way of being in the grief that adaptively promote adjustment to the new daily life without the deceased.

Below is a suggestion for how the three tasks can be presented. Throughout the manual there will be suggestions on how the different elements of CBT-grief can be presented, but the therapist is always welcome to use their own words.

"In this treatment we will try to achieve your treatment goals by working with the three tasks I just mentioned. In the first part of the treatment (session 1-5), I will help you work on Task 1: to confront the loss and the associated pain. We will do this by using exposure. Exposure is another term for "being in contact with". We work with the first task by helping you expose yourselves to the reality and consequences of the loss as well as the emotions related to the loss. In session 6 to 10, we will work on Task 2. In this task, we use cognitive therapy. Cognition is another term for thoughts. We work with the second task by using cognitive therapy to help you identify and change negative thoughts about yourselves, others, life, and the future into more positive and realistic thoughts. In the thirds part of the treatment (session 11 and 12), we will work on Task 3. Here, we will explore activities you used to engage in before the loss occurred and examine which activities you could gradually reengage in to help you adjust to the loss and turn more toward the future".

For each of the three main parts of the therapy, there is a general introduction to that part. Following this, a suggested agenda for each individual session is provided. The therapist is encouraged to read the entire manual thoroughly before use and to then re-read the general introductions and often revisit them during the therapy as needed. At the end of the document, there is an appendix with attachments and handouts. These should also be read carefully at the beginning and revisited as necessary.

Print the manual here along with the attachments and use it directly to guide the individual sessions and as a reference during the therapy. It may also be a good idea to add your own notes and ideas throughout the sessions as you work with the manual multiple times.

Enjoy the reading and, most importantly, the work with clients dealing with complicated grief reactions.

Best regards,
Paul A. Boelen, Christina Buur, and Maja O'Connor

Introduction to Part 1: "To confront the loss and the associated pain"

SESSION 1 to 5: psychoeducation, group rules and exposure therapy

Introduction

The underlying principle of exposure therapy is that *avoidance* is central to the development and maintenance of various forms of complicated grief reactions. In most cases, avoidance is related to *the reality of the loss* and to *feelings associated with the loss.* People with complicated grief rationally know that the loss occurred, and that the separation is irreversible, but they tend to avoid this fact, and what it means for themselves, their lives, and their future. This avoidance behavior is often reinforced by fear: clients are in many cases afraid of the emotions they experience when they confront the consequences, the irreversibility, and the pain of the loss. Clients often fear that experiencing these emotions will 'drive them crazy' or that they will 'lose control'.

Avoidance of the loss can manifest itself in different types of behavior. For example, it may involve not visiting the gravesite, not talking about the deceased, actively suppressing or denying certain thoughts, feelings, or memories, as well as avoiding specific external or internal stimuli that remind them of the loss. On the other hand, clients may also tend to engage in behaviors with the purpose of maintaining a strong connection to the deceased. This can result in behaviors such as visiting the gravesite daily, talking about the deceased as if he/she is still alive, refusing to talk about the future, only talk about the past, or stop doing activities that are not associated with the deceased (work, hobbies, social relationships). All these types of behavior may share the same goal, namely to refrain from confronting and elaborating the reality of the fact that the person is dead and gone forever as well as the pain that accompanies this reality.

During the exposure sessions, different means and assignments are used to reduce the avoidance of the loss, and to help clients to gradually (but certainly) confront the fact that the deceased person truly will never return, and to reflect upon the implications of this reality for themselves, their lives, and their futures. The goal is that the clients learn and experience that they can handle their feelings associated with the loss (without going mad or losing control) and that confronting the loss helps them integrate the loss into their life and to orient toward the future without the lost person. In terms of the cognitive model, exposure is primarily concerned with Task 1: Confronting the loss and the pain that goes with it (see Boelen et al., 2006 for a detailed explanation of the cognitive model of prolonged grief disorder, previously referred to as 'complicated grief').

Steps in the exposure treatment

The exposure treatment comprises four steps:

Step 1: Explore the rationale of exposure

The treatment rationale explains that avoidance is a very common and understandable reaction.

However, when the avoidance continues and is driven by fear, the processing of the loss strands. Using a systematic approach, a reduction in the client's avoidance is promoted.

Step 2: Determining what the client is specifically avoiding

After explaining the treatment rationale, the therapist and client formulate hypotheses about the type of stimuli that are specifically avoided. Four categories of avoidance strategies can be distinguished.

1. **Avoidance of the reality the loss:** In many cases, clients have a general tendency to avoid internal and external stimuli that remind them of the fact that the separation from their loved one is irreversible. They suppress feelings and thoughts about the loss. For example because they are afraid of what will happen if they allow them - or because they simply find it too painful to take time to elaborate on what the loss means to them.

2. **Avoidance of specific stimuli, situations, objects, or people:** Some clients fear and avoid very specific stimuli, such as particular photos, film material showing the deceased, music (e.g., played at the funeral), or places (e.g., site of the death). This avoidance is similar to phobic avoidance behaviors (seen in simple and social phobias).

3. **Avoidance of memories:** It happens that people avoid or suppress memories or images of certain events surrounding the loss. For instance, when a loved one died because of a traffic accident, there are usually all kinds of very painful memories, which people would rather not consider. However, other memories can also be very sad or painful and tucked away. For example, some people would rather not think about the funeral because they would become intensely sad.

4. **Compulsive proximity seeking:** It can also happen that people try to maintain the connection to the deceased as if nothing had changed, spend inordinate amounts of time in imaginal company with the deceased person or engage in other activities to keep the memory of the deceased person alive. This behavior may serve to avoid the reality and pain of the loss.

Step 3: Selecting specific exposure interventions

Several exposure exercises are incorporated into the first six group sessions. These exercises fall under the category of 'general exposure.' This includes activities such as letter writing, bringing photos of the deceased, and frequent use of the stress thermometer (see appendix). The general exposure is combined with individual exposure exercises, where various types of interventions can be used to gradually expose clients to thoughts, memories, or emotions associated with the irrevocability of the loss. Examples of these are provided below. These exercises often serve as exemplary learning to demonstrate how clients can work with exposure on their own. As such, a couple of clients are selected for deeper work with an exposure exercise.

1. **Avoidance of specific situations, objects, or people. Intervention: Stimulus exposure:** In stimulus exposure, the client is helped to gradually confront feared stimuli (as in behavioral treatment of simple phobias). The purpose of this intervention is to show clients that they are able to confront their fears and that the intense emotions that may be felt when confronting the feared stimulus always diminish automatically because of "habituation" (a form of learning in which an instinctive response to a stimulus decreases after repeated or prolonged presentations of that stimulus).

2. **Avoidance of memories. Intervention: Imaginal exposure.** In imaginal exposure, the client is asked to repeatedly recall memories (or construct images) of specific situations (e.g., circumstances causing the death). The client has to imagine that he/she relives these moments, and describe what he/she perceives, thinks, feels etc. The procedure resembles "prolonged imaginal exposure" as applied in the treatment of posttraumatic stress disorder (PTSD).

3. **Avoidance of the reality of the loss. Intervention: General exposure.** With general exposure, the therapist uses different tools to encourage the client to realize what it means that the loss is irreversible. Different tools can be used: talking about the deceased (using his/her name and where relevant using the words "… when Peter died" or "….that Peter is dead"), reminisce, looking at photos, listening to music, bringing objects that are linked to the deceased (e.g. clothes), talking to others about the deceased and the loss.

4. **Compulsive proximity seeking. Intervention: reducing the 'compulsive grieving behavior':** In this intervention, clients are encouraged to decrease the time they spend on activities that are engaged in to maintain proximity to the deceased on the one hand, and to increase other activities that are not related to the loss on the other hand.

Step 4: Points of attention when applying the exposure interventions

During the actual exposure, therapists should consider several points:

Explain the rationale of exposure repeatedly: Because exposure may elicit strong emotions and encourages clients to confront stimuli that they prefer to avoid, it is useful to be clear about the rationale and to repeat it through the treatment sessions:

"I can understand that is it not easy to feel the pain and to focus on the painful reality of the loss. But, as I mentioned before, to integrate and process the loss, it is very important to gradually focus on what the loss means for you and how it feels that your loved one will never return. By doing this step by step, it will help you. I would like to invite one of you to talk with me about these difficult emotions in this way. Who would like to volunteer as the first?

Use principles from cognitive therapy during exposure: Exposure can be framed as a behavioral

experiment in which fearful cognitions about the consequences of confronting particular stimuli are tested. It is helpful to make these cognitions explicit before the actual exposure:

"You are afraid of going back to the place where your husband died. Can you tell me what you think might happen exactly when you go there? What do you expect will happen?"

It is also important to return to these cognitions after the exposure:

"In advance, you feared that going to the place where your husband died would elicit extremely painful and unbearable thoughts and feelings. Now that you went to the place, what have you learned? Did what you feared happen?"

Give the client control: Explain to clients that they can always give a sign when they feel that the therapist is too confrontational or feel that the distress level is going up too high.

"I know that focusing on the loss may be very painful. But of course I don't want to distress and trouble you too much. And you should never feel tormented. Whenever you think I am too confrontational or you don't feel like continuing to focus on a specific topic anymore, I trust that you will tell me."

TIP!
Use a stress thermometer (worksheet, p. 113), to give the client a sense of control. Ask the client to indicate his/her stress level on a 0 to 10 scale and repeat every few minutes. Take a step back if the client experiences the stress level to be too high (e.g., 7 or 8). Then, when the client has finished their exposure, ask about the overall group's experiences (thoughts, feelings, stress levels). The stress thermometer is an important tool for the individual to use in homework and for everyone in the group to observe what happens to the emotions over time, and to decenter a bit from the emotional intensity. Therefore, it is important to start using this tool in the first session.

Create an atmosphere of safety: The therapist is there to support the client and to create a safe environment where everything can be felt, said, and shared. To this end, the therapist should have an empathic and sensitive attitude all the time, and constantly monitor the client's responses and engagement in order to ensure that the interventions he/she applies are not too difficult, too exhausting, or too hard. In case the treatment appears to be too heavy, if the client doesn't understand the importance of the treatment anymore, or if the client thinks about quitting the treatment, the therapist should take a step back (e.g. by addressing a less 'dangerous' topic).

Monitor the therapeutic alliance: In cases where the therapeutic alliance is not fully established, the client may not want to do the things he/she fears. It is thus of great importance for the ther-

apist to monitor the therapeutic alliance. As soon as it becomes clear that the client is not motivated, cancels appointments, or refuses to do the assignments, this should be discussed explicitly. Part of the therapist task includes asking the client if there is anything *the therapist* could do differently or better to keep the client engaged and motivated in the therapy.

Encourage the client to do their homework assignments: During the exposure sessions (but not in the rest of the therapy) it is repeatedly emphasized that exposure treatment requires active participation of the client. A lot of work is done during the session with the therapist, but most the work is done by the clients themselves, in-between sessions.

TIP! Always discuss therapy related problems in your team and with your supervisors.

Part 1, session 1-6: session content

SESSION 1

Welcome and brief information about the process, framework, and introduction of the therapist
Mutual introductions in the group
Establishment of group rules
Break
Overview of the dual-process model
Presentation of the three grief tasks and exposure
Brief conclusion/how was it to be here today
Final reflection exercise
Homework is handed out:
Read about the three tasks in therapy
Fill out the form on different types of grief reactions by marking those they recognize

It is encouraged that the therapist writes the agenda for the session on the board before each group session begins. This provides a framework for the session and can support time management, overview, and alignment of expectations.

Welcome and brief information about the process, framework, and introduction of the therapist

"First, we would like to welcome you all. You are each in a difficult life situation, and it is both a brave and compassionate decision for all of you to be here today. (The therapist introduces themselves and the treatment center). I am very glad to have the opportunity to help you overcome some of the challenges you are experiencing. We will do this by meeting for 2 hours and 15 minutes once a week for the next three months."

TIP!
It may be a good idea for the therapist to encourage group members to only have contact with each during the weekly group sessions. This helps to create a safe and inclusive atmosphere where everyone feels like they are a part of the group. The rule helps prevent anyone from feeling left out, the formation of small cliques, or the development of romantic relationships during the course. Naturally, after the group program ends, it is up to the participants whether they wish to stay in contact or share personal information.

Mutual introduction

The therapist introduces the mutual introduction. To support the clients' mutual introduction, it can be helpful to write down the topics they need to address on the board. This provides visual support and ensures that everyone has a shared understanding of what is expected. It is particularly important that the framework is clear for this mutual introduction, so the clients do not get overwhelmed or focused on telling their loss story. A round where everyone introduces themselves.

TIP!

The following can be written on the board:

- Name
- Age
- Residence (area)
- Who have I lost, when, and to what (brief information)
- Special considerations (e.g., hearing, fragrance allergies, or other?)

"Today, it is a brief introduction, about 2 minutes each, where everyone takes turns introducing themselves to each other. Later in the process, we will get to know each of you and the person you have lost a little better and have more time to put words to the loss story. I have written down a few key points for the introduction, so you have something to lean on when introducing yourselves."

Establishment of group rules

Emphasis is placed on formulating a list of 5 to 10 group rules, which all group members commit to, to create a safe learning environment. The group rules also provide the therapist with a framework to address and explicitly discuss the therapeutic space later in the process, if the need arises. In this regard, the following exercise can be performed:

"Let's think about how we should treat each other to create a place where we can truly share our difficulties with one another. What would be helpful for you so that you feel safe and able to engage with what is difficult for you in the group? Let's take a moment to think about what is important to create a safe atmosphere in the group, where there is room for everyone. Think individually about these questions:

- What do you think would be helpful for the group to work well together?
- What can you contribute to support the well-being of the group?
- What would you like the others in the group to do, so that you can function well together?
- What do you need the therapist to do, so that you feel comfortable in the group?

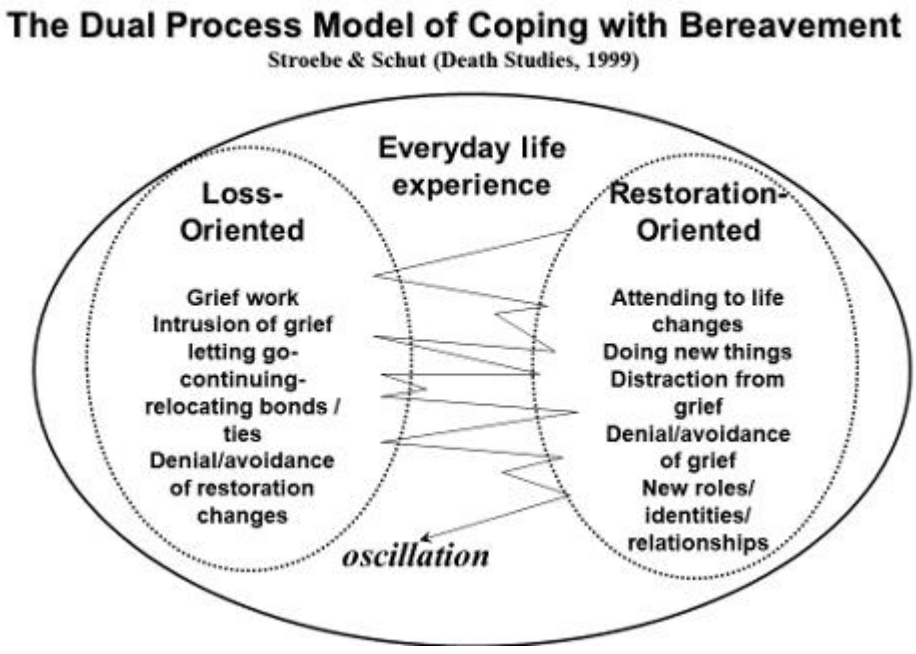
Let's write down these group rules."

TIP!
Although each group creates its own rules, it is important to include the following rules on the list:

- Confidentiality. All information shared in the group remains confidential; no identifiable information about group members is shared outside the group.
- Group members respect each other's feelings, opinions, and viewpoints (even if they do not always agree with them).
- Attention is equally distributed among all group members; everyone has equal opportunities to speak and share.
- Feedback is always given constructively.

A short break is taken

Psychoeducation on grief and grief reactions
In providing psychoeducation on grief, "The Dual Process Model of Coping with Loss" is used as an explanatory model (worksheet page 110). The therapist draws the model on the white-board so everyone can see. Everyone is also given a printed version. The group is involved in providing examples of the emotions of grief in the loss-oriented process and in giving examples of (practical) challenges in the restoration-oriented process.



"Grief is a natural human reaction to losing a loved one. Grief can be said to involve two sets of challenges. On one hand, it is about confronting the grief and adjusting to the fact that the person you have lost is gone forever. On the other hand, it is about figuring out how to live your life now without your love one as a living companion."

In the loss-oriented process, you deal with: "what happens inside me when I think of the person I have lost". You find a way to create a bond with the deceased that acknowledges that they are dead and no longer a living person, but a memory. In the loss-oriented process, you are often in close contact with the emotions of grief, and this can be draining in the long run. What emotions do you experience when you are in the loss-oriented process?

In the restoration-oriented process, you deal with the changes and challenges in your life that the loss has led to. It can be taking care of tasks the deceased used to do (e.g., paying bills, cooking, changing the oil in the car etc.) or dealing with changes that are a direct consequence of the loss (e.g. new financial situation, selling the house, living alone). It can also be doing new things you always dreamed of or acquiring new roles in life.
It can be difficult to deal with these challenges, but it can also give a much-needed break from the emotions of grief. What challenges do you experience/have you experienced in the restoration process?

Adaption to the loss happens through **oscillation** between the two processes. Sometimes you will be overwhelmed by grief, other times fully occupied by coping with daily life without the deceased. You rarely decide for yourself when you are involved in which of the two processes.

The oscillation is a kind of "dosage mechanism" that facilitates that you little-by-little in suitable doses, can come to terms with the meaning of the loss you have suffered, so the loss gradually becomes a part of your life story, and the person you are now.

Complicated grief reactions
Sometimes the grieving process becomes stuck or fixed in a way that leads to suffering and prevents you from living a satisfying life. It is this type of grief reaction we are working with here.

Presentation of the 3 tasks that are worked on in the group process
A brief presentation of the three tasks in therapy. The content of the treatment is explained and connected to these tasks. Some of this may have already been covered in a preliminary conversation. If so, it can be briefly summarized again.

1. Confronting the loss and the accompanying pain
2. Regaining trust in oneself, others, life, and the future
3. Engaging in helpful activities that promote adaption to the new life situation

After the presentation of the 3 tasks, allow the group participants to share what challenges they recognize within the 3 tasks.
"In this process, we focus on the 3 tasks. In the first part of the process, we work with Task 1 through exposure, meaning we support you in facing the reality of the loss, the consequences it has for you, and the emotions associated with losing your loved one. This part of therapy is often described by previous clients as the hardest. It is not uncommon to experience that the grief feels more intense, and in the beginning of the process, you may feel that your condition worsens. This is completely

normal and a sign that we are working with difficult but important emotions. During the process, you will experience improvement and hopefully feel that you are doing better than when you started.
In the middle part of the process, we work with Task 2. The method here is cognitive therapy. Cognition is about our thoughts, and in cognitive therapy, we work on recognizing how our ways of thinking about ourselves, others, and the future influence how we feel and how we react or act in different situations. Toward the end of the process, we focus more and more on Task 3, where we focus on what you were previously passionate about or found joy in doing before your loss, and what new activities can help you adapt to the new life situation and create renewed meaning or joy in the life that can still be lived.
Beginning to work on these three tasks will lead to a processing of the loss and an adaption to the new life situation you are all in, thereby reducing the various ways in which grief has invalidated your daily life and existence."

Present the homework for the next session
The group is instructed to read about the three tasks (worksheet pages 106-109) and to create an overview of the chart with different grief reactions, marking which reactions they recognize from the past month (worksheet page 133). The group may be encouraged to also rate the intensity of the reactions on a scale from 1 to 10 so that they can not only see whether some reactions diminish over time but also identify those that are still present but have decreased in intensity. Use the Stress Thermometer here (worksheet page 113). By this point, the group is often mentally tired, and it can be difficult to remember new information. Therefore, it might be a good idea to either have the group write down the instructions for the homework or provide them with a printed version of the instructions.

Instructions
Read about the three tasks in therapy.
Go through the chart of grief reactions and mark which reactions you recognize from the past month. If possible, assess the intensity/severity of the reactions you recognize and give them a number between 1 (low intensity) and 10 (high intensity). Use your Stress Thermometer for this.

Final thoughts
To ensure the group leaves feeling supported after the first session, a round is taken in the group where everyone says a few words about how it has been to be here today.

"To conclude the first session on a positive note, we will go around the group, and everyone will share a bit about how it has been to participate today."

Final reflection exercise

The therapist presents the short closing exercise, which is a regular element in all sessions.

"Finally, I would like to introduce a short reflection exercise, which we will use to close each session from now on. Take a moment to sit by yourself and reflect on the most important lesson or insight you have gained from today. Also, remember to praise yourself for the difficult work you've done by being present here."

SESSION 2

Optional short check-in exercise
Thoughts and reflections after the first session
Briefly revisit the group rules
Review of homework
- Read about the three tasks
- The chart of grief reactions

Today's theme: Avoidance
Presentation of the four types of avoidance
Break
Brief introduction to exposure and the thermometer
Exposure exercise: Describe a daily moment when you particularly miss your loved one
Homework given:
- Complete the avoidance chart
- Bring a picture of the deceased to the next session

Optional check-in exercise

The therapist begins with a short check-in exercise to help the group shift their mental focus from the outer world to the therapy room. The exercise is the same every time, so it becomes familiar and easy to engage with. The therapist chooses a short exercise that they have good personal experience with. It could be:

- A short grounding exercise where the therapist guides the group through a simple breathing exercise.
- Everyone sits down and greets each other with a nod.
- The group is guided to briefly reflect on how they are sitting in their chair today.

The purpose of these exercises is to create a familiar and calm transition into the therapeutic space and the start of the group work, without leading to extended dialogue.

Thoughts and reflections after the first session

To create continuity from the first session and give the group space to discuss how starting in the group has affected them, about 10 minutes are set aside for the group to share thoughts and reflections that have arisen after the first session.

"Welcome back to our second session. Many people feel particularly tired after a session, and often the grief-related thoughts and feelings can be more intense in the days following. Would any of you like to share how you've been feeling since the first session? It could be something that made an impression, feelings that have arisen, or something that has surprised you."

Briefly revisit the group rules

It is emphasized that the rules are entirely the group's own rules for how they want to interact during this process in a way that makes everyone feel safe to talk about the difficult aspects of loss and grief. We will continue to adjust the group rules so that they always serve the group in the best possible way. Discuss in the group: Should any new rules be added? Should any be removed or adjusted?

NOTE: the group rules must always be revisited in cases of disruption within the group or a dropout occurs.

Review of homework

The three tasks in therapy

The therapist briefly reviews the three tasks in therapy (preferably writing them on the board), as clients often find it challenging to remember what they have read. Afterward, the group is asked if they have any questions about the three tasks or the material they read for today.

The chart of grief reactions

The therapist instructs the group to take out the chart (see worksheet on page 133) and review it individually. The chart is then discussed with a partner.

"You were all asked to look at the chart of grief reactions at home and mark the reactions you have recognized in yourself over the past month. Take a minute to reflect on which reactions you **particularly** recognize in yourself**.** When I let you know, you can turn to your partner and share your reflections. I will let you know when half the time has passed so that both of you have a chance to share the reactions you **particularly** can relate to."

Today's theme: Avoidance

Presentation of the four types of avoidance

The therapist introduces the topic of avoidance and explains why it is significant in this process. The therapist also emphasizes that this information will be used to tailor the individual tasks for the clients in the group.

Introduction to avoidance

"In the process of coming to terms with the loss, it is crucial to confront the reality of the loss and the accompanying pain. In other words, it is important to mentally and emotionally accept that the loss has occurred. This is central to Task 1 of the three tasks in the cognitive model. However, it happens that some people struggle with this, and as a result, they **avoid** acknowledging the

feelings and thoughts related to the loss.
This is understandable. The emotions associated with a loss can be so intense that one becomes afraid of these feelings. The consequences of a loss can also be so painful that one prefers not to think about them. While such avoidance reactions are understandable, the avoidance can become more and more intense, and one may grow increasingly anxious about confronting the loss and allowing the feelings associated with it to be present. This can result in the processing getting stuck, which may lead to the pain of the loss continuing to be very distressing and disruptive to one's ability to function satisfactorily in various parts of life.

In the next few sessions, we will explore to what extent you tend to avoid thought, feelings, and memories related to the loss. We will then help you to confront the reality of the loss and reflect on what the loss means to you. Additionally, we will reflect on the emotions connected to this reality. We do all of this to help you adjust to the loss and, in line with the cognitive model, to achieve the first grief task. Does this explanation make sense to you?"

Identify what clients are avoiding
The therapist and the clients in the group will work together to identify avoidance behaviors and avoidance strategies that each person uses. The therapist will present the four types of avoidance on the board. After each form of avoidance is discussed, the therapist encourages the group to share their own examples. The handout with the four types of avoidance can be given to the group prior to the discussion so they can write down their examples as they go along. The group's examples will be written on the board under the corresponding types of avoidance.

"People who experience complicated grief reactions may avoid different things.

Avoidance of specific things, places, people, and situations: Some people may avoid specific places, such as the deceased's grave, or things, such as photographs of the deceased.
Are there any of you who avoid something specific in your daily life?

Avoidance of mental images and memories: Some people may suppress memories or images of particular events. For example, some people may avoid thinking about the funeral because it brings up intense feelings of sadness. After a traumatic loss, such as one caused by an accident, some people may avoid memories related to the traumatic circumstances of the loss.
Are there any memories that you avoid thinking about because they are too painful?

Avoidance of the reality of the loss and the associated feelings: Some may suppress feelings and thoughts about the loss, for example, because they are afraid of what might happen if they allow these thoughts and feelings to be present – or simply because they find it too painful to think about and reflect on what the loss means to them.
Are there any of you who recognize this type of avoidance?

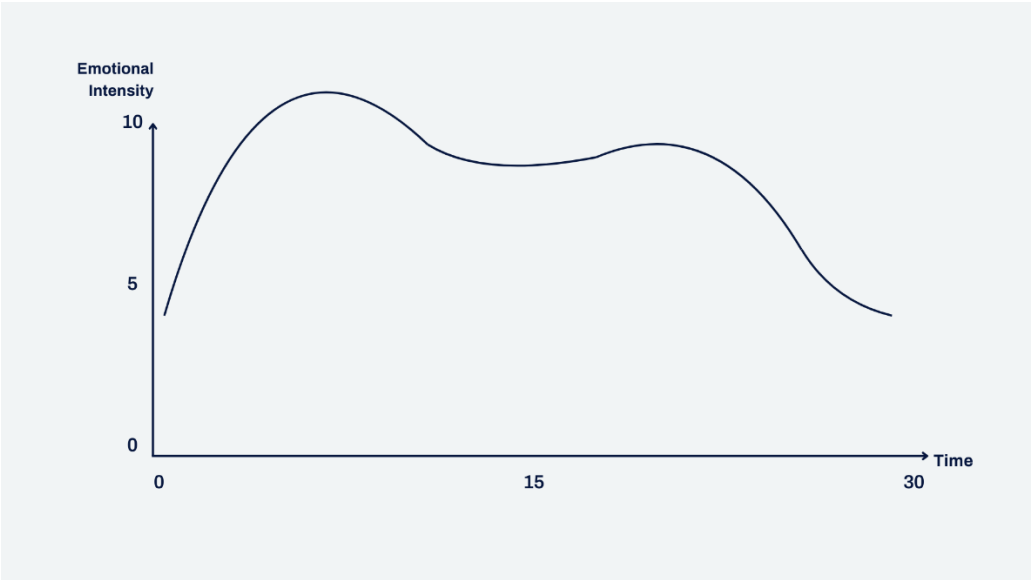
Inappropriate seeking of closeness: Some people can become so involved in the loss that they try to maintain a closeness to the deceased. For example, some people visit the grave every day

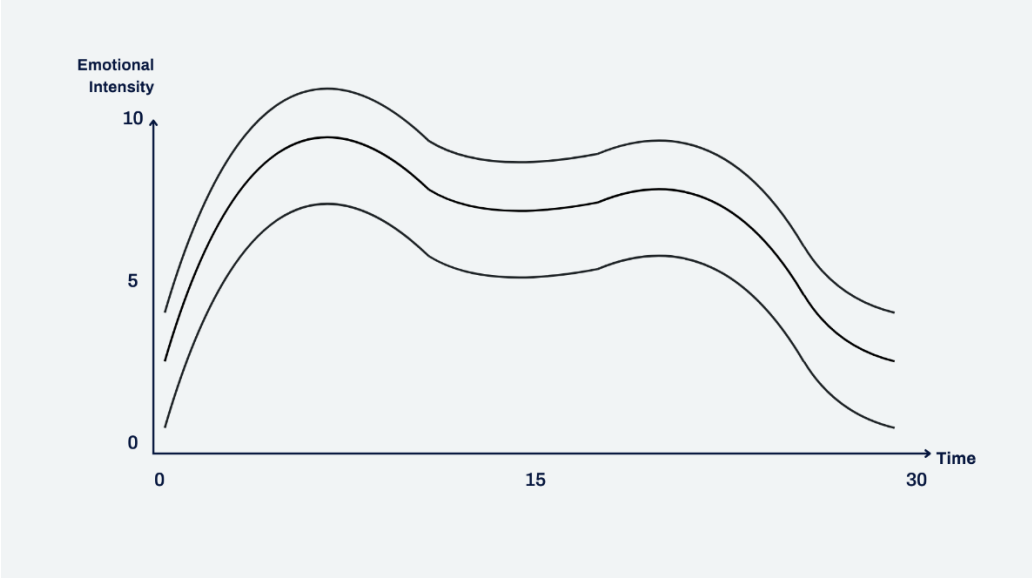
because they are afraid of distancing themselves from the deceased. People sometimes do this in an almost compulsive way – as if they cannot help but feel the need to seek proximity to the deceased.
Can you recognize this type of avoidance? Do you become aware that you have difficulty focusing on anything other than the deceased?

Short break

Brief introduction to exposure and the use of the thermometer
The therapist educates the group about the rationale for exposure in preparation for the first exposure exercise. During the psychoeducation, the therapist visualizes the rationale by drawing a curve on the board, where the vertical axis represents emotional intensity, and the horizontal axis represents time (see illustrations below).

"Exposure is about discovering and then reducing avoidance by facing situations that trigger discomfort or difficult emotions.
Here, the vertical axis represents emotional intensity (e.g., anxiety or discomfort), and the horizontal axis represents time. When doing something that one would typically avoid, emotional intensity will usually rise quickly. This can feel very physical – such as heart palpitations, dizziness, or sweaty palms.
Often, when the intensity peaks, many people choose to leave the situation. But that means the body never gets the chance to realize that the situation is actually not dangerous. If, instead, you stay in the situation, something important happens: After about 15-20 minutes, the intensity naturally begins to decrease because the body and brain realize there is no real danger.
This natural decrease in intensity only happens if you stay in the situation long enough (15-20 minutes). If you leave the situation before the intensity decreases, the body will continue to believe that the situation is dangerous, and next time, the emotional intensity can be even stronger.
With repeated exposure, the body and brain gradually get used to the situation, and the emotional intensity will no longer rise as high – or perhaps not rise at all. This process is a form of adaptation also called habituation, and it is a central part of the exposure work.
Exposure is not about avoiding difficult emotions, but about training the body and brain to handle them. Over time, the situations that previously seemed overwhelming will become easier to manage. This work requires repetition and patience."





The therapist then introduces the stress barometer, also called the thermometer (page 113). Use the stress barometer regularly throughout each session.

"In order to monitor how high your emotional intensity is during the exercises, you will receive this thermometer, which reflects the vertical axis in the model on the board. During the exercises, you should register your emotional intensity – both when you're doing the exercise yourself and when you're listening to others. I will ask you during the exercises how high you are on the thermometer. This is to track how your emotional intensity may fluctuate during the exercises, and it can also provide an indication of whether the difficulty level of the exercise should be adjusted."

Exposure exercise: Describe an everyday moment when you particularly miss your loved one

The therapist introduces the exercise. This introduction will also be written on the board so the group can refer to these instructions during the exercise.

The following is written on the board:

Describe an everyday moment that you particularly miss sharing with your loved one.
When was it?
Where was it?
Who was present and what happened?
Describe what you experienced (thoughts, feelings, bodily reactions)
How does it feel to talk about it now? (thoughts, feelings, bodily reactions)

"In this first exercise, we will work with grief and longing. Each of you is invited to think about an everyday moment that you particularly miss sharing with your loved one. Write down a few notes for yourself, considering some of the questions on the board. Afterward, one or two of you, with my help, will be asked to share an everyday moment. Meanwhile, the rest of you will sit with your thermometer, recording your emotional intensity as you listen to the other's story. Even if you're not sharing yourself, it's important to stay engaged, as this will serve as example learning; you'll have the opportunity to observe how to work with your thoughts and feelings while also reflecting on your own reactions."

When a client has shared their everyday moment, the therapist asks the group where their emotional intensity was on the thermometer.

TIP!

Always use the deceased's name and the term "that X is dead" whenever possible – this is considered, in itself, a small exposure to the pain and finality of the loss.

The exercise is carried out with 2-3 clients while the rest of the group monitors their own emotional intensity in their own Stress Thermometer.

Present the homework for the next session

The group is instructed to complete the avoidance chart for the next session. It can be difficult to become aware of one's avoidance, so it may be helpful to read through the chart in the coming days and then pay attention to one's own behavior over the next few days. The group is also told to bring a photo of the deceased to the next session. This photo will be used in an exercise.
At this point, the group is often mentally tired, and it can be difficult to remember new information. Therefore, it may be a good idea to have the group write down the homework instructions or provide them with a printed version of the instructions.

Instruction
Fill in the avoidance chart.

Find a photo of the deceased and bring it to the group. Ideally, choose a photo that holds special meaning for you and shows your loved one in a way you'd like to remember them. The photo should preferably be in paper format. If that's not possible, it's okay to bring a photo on your phone.

Final reflection exercise
The therapist presents the short closing exercise, which is a regular element in all sessions.

"Finally, I would like to introduce a short reflection exercise, which we will use to close each session from now on. Take a moment to sit by yourself and reflect on the most important lesson or insight you have gained from today. Also, remember to praise yourself for the difficult work you've done by being present here"

SESSION 3

Optional short check-in exercise
Since last time – anyone still affected by our last meeting when they got home?
Briefly revisit group rules
Review of homework
- Avoidance chart

Break
Today's theme: What do I miss the most?
Exercise with a photo of the deceased
Homework given:
- Start writing the letter to your deceased

Optional check-in exercise

The therapist begins with a short check-in exercise to help the group shift their mental focus from the outer world to the therapy room. The exercise is the same every time, so it becomes familiar and easy to engage with. The therapist chooses a short exercise that they have good personal experience with. It could be:

- A short grounding exercise where the therapist guides the group through a simple breathing exercise.
- Everyone sits down and greets each other with a nod.
- The group is guided to briefly reflect on how they are sitting in their chair today.

The purpose of these exercises is to create a familiar and calm transition into the therapeutic space and the start of the group work, without leading to extended dialogue.

Thoughts and reflections after the first session

To give the group space to discuss how the first exposure exercise affected them, a maximum of 10 minutes is allocated for this topic. If anyone in the group experienced that the exercise still affected them when they got home, they will be invited to elaborate on their experience.

"'Welcome back to our third session. Last session, we did our first exercise. Were any of you still affected by the exercise when you got home?"

Brief revisit of group rules

Brief discussion in the group on whether any new group rules should be added? Should any rules be removed or adjusted?

Review of homework

Complete the overview of the client's avoidance behaviors

The therapist writes the four forms of avoidance on the board and encourages the group to share their examples under each avoidance strategy. Each client in the group can use a different color so it becomes clear which types of avoidance each client is engaging in. This information is important for the therapist, as it will be used to plan individual exposure exercises.
The goal of this exercise is to help the clients become more aware of their own avoidance behaviors. As a therapist, it is important to check if the group members recognize the mentioned topics.

"Christian, it seems like you recognized what Laura just said, namely that she often goes to her daughter's grave to avoid thinking about the fact that she won't return. Is that correct? Is this something you've also written down in your worksheet?"

Share hypotheses about avoidance behavior
Usually, the therapist has some ideas about what clients are avoiding, based on the information the clients have shared so far. For some clients, it may be difficult to identify avoidance behavior, and in such cases, the therapist can help by presenting their observations/assumptions. Below are a couple of examples of this:

"I get the impression that you're not avoiding specific situations or thoughts about X, but that you in particular have difficulty confronting the actual reality of the death. The fact that the separation is permanent and cannot be changed. The truth hits you again every time you think about the fact that your son is no longer here. Is it true that you're struggling to face and acknowledge the reality of the loss?"

"I get the impression that you are very preoccupied with the loss. You told me that you find it difficult to let go of X. You think you should visit the grave every day. You also explained to me that you feel like you are abandoning X if you are less focused on him and continue with your own life. Is that understood correctly?"

"I remember you told me that the funeral was particularly distressing and that you would rather not think about it. At the same time, you tell me that you feel guilty about the funeral and that you have nightmares about it. Is it possible that you are avoiding these memories?"

TIP! As a therapist, it's important to have hypotheses about what clients are avoiding, but be cautious when presenting your ideas to them (e.g. 'Please correct me if I'm wrong, but I get the impression that you have particular difficulty thinking about what your son experienced in the final moments of his life after he was hit by the accident. It seems like you are trying to avoid these thoughts and images. Is that true?')

Based on this dialogue, the therapist and clients create a brief overview of what the clients are trying to avoid. The therapist should attempt to make the things being avoided as specific as possible in the written summary. This will make it easier to carry out the actual exposure later in the treatment.

Depending on the issues, this overview can be more or less detailed. For clients where the two main issues are 'experiencing doubt' or 'having difficulty accepting the loss' the overview might look as follows:

- **Avoidance of the reality of the loss and the associated emotions:** Acknowledging and expressing my sadness that x will never return again.

For clients who avoid many things, the overview could be more comprehensive:

- **Avoidance of specific things, places, people, and situations:** Looking at pictures of X, handling and sorting through their belongings
- **Avoidance of mental images and memories:** Memories from the funeral
- **Avoidance of the reality of the loss and associated emotions:** Acknowledging and expressing my sadness, understanding that X will never come back
- **Inappropriate seeking of closeness:** Visiting the grave every day

A short break is held. This break should ideally be taken after about 45 minutes so that there is more than an hour left for the exercise after the break.

Today's theme: What do I miss the most?

Exposure exercise: Describe who you have lost and what you miss the most
The therapist introduces the exercise and links it to Task 1. In this exercise, the picture of the deceased will be used, as the story is told based on the image. Everyone in the group will perform the exercise one by one, with a maximum of 5 to 10 minutes per person. The therapist will guide each client through the exercise. The client will have the Stress Thermometer and will observe their emotional intensity before, during, and after the exercise. The therapist may ask about emotional intensity during the exercise.
Introduction to the exercise:

"The exercise today is about each of you presenting the person you have lost to the group. The exercise helps you process the difficult emotions that can arise when thinking about the deceased and confronting the fact that the person is gone and will never return. You will take turns sitting with your picture and looking at it privately. Start by telling the group why you chose this particular picture. I will ask questions along the way to get a better understanding of who the deceased was and the relationship you had with them. Afterward, you can pass the picture around the group, so everyone has the chance to see it. You should all take out your Stress Thermometers as you will need to monitor your emotional intensity during the exercise. The exercise will take about 10 minutes per person. It is important that we keep to the time so that everyone in the group has the opportunity to participate."

TIP!
Here are some questions you can ask the client during the exercise:

- If you had to describe X in three words, which three words would you choose? Why these words?
- What characterized your relationship with X?
- What made an impression on you when you first met X? (relevant for the loss of a partner)
- What do you miss the most about X?
- What do you not miss about X?
- What emotions arise when you look at the picture and think about X?
- How does it feel to think about that you won't have any more experiences with X?

If there is time after everyone in the group has gone through the exercise, a group debrief can be held. The therapist can ask the group where they are on the Stress Thermometer. If some in the group are still experiencing high emotional intensity, the therapist can through psychoeducation explain that this will decrease over time.

Psychoeducation suggestion:
"Many of you are still experiencing high levels on the Stress Thermometer after the exercise. This is completely normal and not dangerous. This intensity will naturally decrease over the next period. There are several things you can do to help the intensity decrease more quickly. When you get home, consider activities that make you feel comfortable. It could be anything from taking a warm bath, drinking a cup of tea, or going for a walk. These activities often have a calming effect that helps reduce emotional intensity."

Present the homework for the next session
The group is instructed to begin writing a letter to the deceased. The homework task is an ongoing letter to the deceased. The client is instructed to work on the letter for 30 minutes, preferably four times a week. The worksheet (page 117) can be used for inspiration for this homework task.
"I would like to ask you to take time to write a letter to the person you have lost, some may call it a farewell letter. More specifically, I would like to ask you to dedicate four times a week, using a maximum of 30 minutes per session, to write a letter to the person you have lost. It is important that you address the following topics in your letters, which are outlined in the provided instructions (these can be read aloud):

1. How are you doing now, and how do you feel since X passed away?
2. What does your life look like now, and what are you doing since X passed away?
3. What are the most important changes in your daily life, from before X died to now?
4. How was it being you, what did you think and feel, during X's illness and death?

5. In which moments in the past few months have you missed X the most?
6. In which moments of your daily life do you miss X the most? What specifically do you miss?
7. What did the deceased mean to you? What have you learned from X?
8. What would you like to say to X? What do you want them to never forget?
9. What feelings and thoughts arise when you think about the fact that you will never see, hear, or feel X again?
10. What hopes and plans do you have for the future?

You can choose the order in which you address the questions, as long as you spend some time reflecting on all of them. Don't worry about spelling or form. The main purpose of this task is to reflect on these topics for a maximum of 30 minutes at a time. It is not meant to be perfectly written. I will invite one or two people to read an excerpt of their letter to the group in upcoming sessions, but this is not a requirement. The task for the next session is simply to start the letter and write about one or two of the topics. It is important that you don't finish the letter, as we will be working on it throughout the next sessions."

The clients are instructed to limit the time spent on the task to just half an hour at a time. This is to prevent the task from becoming too stressful and to encourage clients to take control of their emotions.

Instruction
Start the letter to your love done. Write about the first two topics. Read through the introduction to the letter before you begin writing.

TIP!

Writing a letter to the deceased is an exposure exercise that can be too challenging for some clients. Therefore, it may require a lot of motivation from the therapist to help the client begin the exercise.

If writing a letter to the deceased is too difficult, the therapist can alternatively encourage the client to write about the same topics but change the recipient to a trusted person in the client's network.

At this point, the group is often mentally tired, and it can be difficult to remember new information. Therefore, it may be a good idea to have the group write down the homework instructions or provide them with a printed version of the instructions.

Final reflection exercise
The therapist presents the short closing exercise, which is a regular element in all sessions.
"Finally, I would like to introduce a short reflection exercise, which we will use to close each session from now on. Take a moment to sit by yourself and reflect on the most important lesson or insight you have gained from today. Also, remember to praise yourself for the difficult work you've done by being present here."

SESSION 4

Optional short check-in exercise
Review homework
- The letter your deceased

Today's theme: The last moment with the deceased
Exposure exercise in plenary
A break during the exercise
Group debrief
Homework given:
- Continue the letter to your deceased

Optional check-in exercise
The therapist begins with a short check-in exercise to help the group shift their mental focus from the outer world to the therapy room. The exercise is the same every time, so it becomes familiar and easy to engage with. The therapist chooses a short exercise that they have good personal experience with. It could be:

- A short grounding exercise where the therapist guides the group through a simple breathing exercise.
- Everyone sits down and greets each other with a nod.
- The group is guided to briefly reflect on how they are sitting in their chair today.

The purpose of these exercises is to create a familiar and calm transition into the therapeutic space and the start of the group work, without leading to extended dialogue.

Review of homework

Letter to deceased
Practical questions related to the letter to the deceased are addressed: Has everyone managed to write something? For those who haven't, what where the obstacles? The therapist asks the group if one or two people are willing to read an excerpt from their letter. It is important to highlight to the group that reading aloud is an exposure exercise that can positively contribute to their work with the letter writing. Use the Stress Thermometer before, during, and after the reading. Be sure to praise the clients who are willing to read their letter in front of the group. Depending on the size of the group, the number of people reading their letter aloud can be adjusted to ensure enough time for the plenary exercise later in the session.

Today's theme: The last moment with the deceased

Exposure exercise in plenary
The therapist introduces the exercise and relates it to Task 1 and may also reintroduce the exposure

curve and the Stress Thermometer. It's helpful to write the exercise on the board so that the framework for the exercise is clear. Give everyone in the group a few minutes to reflect on the last moment with the deceased. Remember to emphasize that it is important to zoom in on the specific last moment with the deceased, and not to start recounting the entire illness trajectory. Each person in the group will perform the exercise one by one, with a maximum of 10 minutes per person, but preferably less. The therapist will guide each client through the exercise. The client will sit with the Stress Thermometer and observe their emotional intensity before, during, and after the exercise. The therapist may ask about emotional intensity during the exercise. Once a person has completed the exercise, the therapist can give space for one or two group members to say a kind word to the person.

Introduction to the exercise:

"Today we will do an exercise where each of you will share the last moment you had with your loved one. This exercise helps you process the difficult emotions that may arise when thinking about the deceased and confronting the fact that the person is gone and will never return.

You are therefore asked to reflect on the last moment when you spoke with or shared a moment with your loved one. Consider the following questions:

- When was it?
- Where was it?
- Who was present?
- What happened?
- What thoughts, feelings, and bodily reactions did you experience at that time?
- How is it to talk about it now? (thoughts, feelings, bodily reactions)

I will ask questions along the way to help us dive deeper into the experience of the moment. Please make sure to have your Stress Thermometer ready, as you will need to monitor your emotional intensity during the exercise. Each person's turn will take about 5-10 minutes. It's important that we stick to the time so everyone gets a chance to participate. Once someone has completed the exercise, one or two of you can offer a kind word, such as "Well done for sharing that," or "Your story really moved me, I can relate to it a lot," or simply "Thank you"."

A break will be held during the exercise

Depending on the number of group members, there may be time in the session for a shared debriefing on the exercise. The therapist can ask the group how it was to do the exercise. Additionally, the therapist can ask the group where they are on the Stress Thermometer. If some group members continue to experience high emotional intensity, the therapist can through psychoeducation explain that this will decrease over time.

Psychoeducation suggestion:
"Many of you are still experiencing high levels on the Stress Thermometer after the exercise. This is

completely normal, understandable, and not dangerous. This intensity will naturally decrease over the next period. There are several things you can do to help the intensity decrease more quickly. When you get home, consider activities that make you feel comfortable. It could be anything from taking a warm bath, drinking a cup of tea, or going for a walk. These activities often have a calming effect that helps reduce emotional intensity."

Present the homework for the next session

The group is instructed to continue the letter to the deceased. They are instructed to work on the letter for 30 minutes, preferably four times a week. They should write about the next two topics (see worksheet, points 3-4, p. 117)

The therapist informs the group that the focus of the next session will be on planning individual exposure exercises. Therefore, the therapist encourages the group to go through each client's avoidance chart and consider which avoidance behavior they want to work on first.

At this point, the group is often mentally tired, and it can be difficult to remember new information. Therefore, it may be a good idea to have the group write down the homework instructions or provide them with a printed version of the instructions.

Instruction

Continue the letter to your loved one. Write about the next two topics (points 3-4, see the introduction to the letter).

Review the schema on things you avoid in grief. Select an area you would like to work on.

Final reflection exercise

The therapist presents the short closing exercise, which is a regular element in all sessions.

"Finally, I would like to introduce a short reflection exercise, which we will use to close each session from now on. Take a moment to sit by yourself and reflect on the most important lesson or insight you have gained from today. Also, remember to praise yourself for the difficult work you've done by being present here."

SESSION 5

Optional check-in exercise
Review of homework
- The letter to your deceased

Today's theme: Avoidance behavior
Individual exposure exercises are planned
A break during the exercise
Homework given:
- Continue the letter to your deceased
- Individual exposure exercise

NOTE: Before this session, it is important for the therapist to gain an overview of the clients' avoidance strategies and prepare some relevant individual exercises. During the session, the therapist will support clients in formulating their exercises, but some clients may need more help and inspiration from the therapist than others. See the appendix for inspiration for the exercises.

TIP!
Discuss in supervision and team meetings if you are unsure which exercises to choose.

Optional check-in exercise
The therapist begins with a short check-in exercise to help the group shift their mental focus from the outer world to the therapy room. The exercise is the same every time, so it becomes familiar and easy to engage with. The therapist chooses a short exercise that they have good personal experience with. It could be:

- A short grounding exercise where the therapist guides the group through a simple breathing exercise.
- Everyone sits down and greets each other with a nod.
- The group is guided to briefly reflect on how they are sitting in their chair today.

The purpose of these exercises is to create a familiar and calm transition into the therapeutic space and the start of the group work, without leading to extended dialogue.

Review of homework

The letter to the deceased
In this session, the therapist allocates more time to follow up on the work with the letter. Multiple clients may have the opportunity to read an excerpt aloud. The therapist can ask about

challenges in writing the letter and guide/motivate clients who find it difficult to write about certain topics. Emphasize to the group that reading the letter aloud may be difficult, but it also has an important therapeutic effect: it helps to face the loss and the accompanying emotions more fully, which in turn aids the grieving process. Encourage the group to always use their Stress Thermometer when engaging in exposure exercises. Explicitly acknowledge the clients who are willing to read aloud from their letter in front of the group.

TIP!
The therapist can emphasize the importance of choosing a specific time of day to work on the task. Ideally, this time should not be late in the evening, as writing the letter may impact sleep. Participants are also reminded once again to limit the time to just half an hour. This is to prevent the task from becoming overwhelming and to encourage participants to maintain control over their emotions.

Today's theme: Avoidance behavior
The therapist informs the group that the remaining time today will be spent planning individual exposure exercises for each participant. The therapist explains that it is important for everyone to pay attention while each person has their exercise formulated, as they may find inspiration from one another. The therapist assists each group member in creating their exercise.

Deciding which avoidance reactions to be addressed first
The group has been assigned to review their avoidance schema at home. The therapist asks the group to bring out their schema. Each client in the group must first decide which avoidance response should be addressed first, after which the therapist helps formulate a suitable exercise.
"We established that there are several things you avoid (shortly mention the list). You will focus on these things, but first you will determine the order in which we will address them. What considerations have you made at home? Do you first want to focus on the avoidance of the grave, or on the avoidance of certain memories?"

If the client is not sure about the order, the therapist tries to find out what stimuli the client feels sufficiently comfortable with to address at this stage, and which stimuli are currently too distressing.

"Let's start with figuring out what is the most difficult for you. What is still too scary for you at the moment? And what aspect of your avoidance would you feel comfortable to work on now?"

The therapist summarizes the order in which the avoidance reactions will be addressed in the next sessions:
''In summary, we will first work on the avoidance of the grave, and after that we will work on the avoidance of the memories of the funeral.''

Select a form of exposure
The therapist can select one of four forms of exposure to target the avoidance of the client (see appendix).

Dominant avoidance of the client?	Form of exposure?	Submanual
Avoidance of the reality of the loss	Exposure to the reality of the loss	A (P. 89)
Avoidance of specific situations, objects and people	Stimulus exposure, in-vivo exposure exercise	B (P. 95)
Avoidance of memories	Imaginal exposure, conducted through letter writing	C (p. 97)
Compulsive proximity seeking	Reducing 'compulsive grieving behaviour'	D (p. 99)

TIP!
If the client has difficulties confronting the loss in general, without avoidance of specific places, object or memories, then Submanual A (General exposure) is used.

Exposure exercise is designed and planned
The therapist helps the clients create an exercise to (slowly but surely) face the situations or internal or external stimuli they avoid. Often, the therapist needs to motivate the client to carry out the exercise. The therapist can explore with the client what they imagine will happen if they carry out the exercise. The therapist might also ask what the client fears. And what could prevent them from performing the exercise?

The therapist can refer to the appendix for additional instructions on stimuli exposure, imaginal exposure, and reducing maladaptive proximity-seeking, and choose one of these instructions based on the type of avoidance the client decides to focus on.

Examples of individual exercises:
In-vivo exposure:
The exercise involves clients exposing themselves to the feared stimulus outside of the therapy sessions. This is naturally done gradually. The worksheet "monitoring of exposure" (page 120-121) is used for this task. The form is used to formulate the task and to identify the emotional intensity level experienced right before, during, and after the exercise using the Stress Thermometer (on a scale from 1-10) (page 113). The purpose of recording the emotional intensity level is to track the emotional response and to check whether the intensity decreases (as expected) during and after the exposure.

Imaginal exposure:
To further reduce the avoidance of painful thought and memories associated with specific circumstances of the loss, and to promote processing of the thoughts and memories, a writing assignment is given. In this task, the client is instructed to write a detailed account of the traumatic circumstances of the loss (or other highly distressing moments related to the death) within a fixed time frame of 30 minutes, at least four times a week. The amount of detail can be built up gradually. For example, the client may initially be asked to write an overview of the story and then gradually add more details as well as reflections on their own emotions, thoughts, and memories connected to the story of the loss. The client is encouraged, as usual, to use their Stress Thermometer before, during, and after each time the exercise is performed.

Unhelpful proximity-seeking:
The home task associated with this form of exposure involves reducing proximity-seeking according to the agreed-upon steps: "We agreed that you will not visit the grave every day this week but start by skipping two days. Which days should we choose?" The client is encouraged, as usual, to use their Stress Thermometer before, during, and after each time the exercise is performed. The worksheet "monitoring of exposure" (page 120-121) can be used to help clients prepare and monitor this home task.

A break is held after two to three clients have formulated their individual exercises.

Present the homework for the next session
The group is instructed to continue writing the letter to the deceased. They are instructed to work on the letter for 30 minutes, preferably four times per week. They should write about the next two topics (see worksheet, points 5-6, p. 117).

The therapist reminds the group to complete their individual exposure exercises.

At this point, the group is often mentally tired, and it can be difficult to remember new information. Therefore, it may be a good idea to have the group write down the homework instructions or provide them with a printed version of the instructions.

Instruction
Continue the letter to your deceased. Write about the next two topics (points 5-6, see the introduction to the letter).

Complete your individual exposure task.

Final reflection exercise
The therapist presents the short closing exercise, which is a regular element in all sessions.

"Finally, I would like to introduce a short reflection exercise, which we will use to close each session from now on. Take a moment to sit by yourself and reflect on the most important lesson or insight you have gained from today. Also, remember to praise yourself for the difficult work you've done by being present here."

SESSION 6

Optional check-in exercise
Review of homework
- The letter to your deceased
- Individual exposure exercises

Break
Today's theme: The future without the deceased
Exposure exercise: Visualization of your everyday life in a year
Homework given:
- Continue the letter to your deceased
- Individual exposure exercise

- Thought-hunt worksheet

Optional check-in exercise
The therapist begins with a short check-in exercise to help the group shift their mental focus from the outer world to the therapy room. The exercise is the same every time, so it becomes familiar and easy to engage with. The therapist chooses a short exercise that they have good personal experience with. It could be:

- A short grounding exercise where the therapist guides the group through a simple breathing exercise.
- Everyone sits down and greets each other with a nod.
- The group is guided to briefly reflect on how they are sitting in their chair today.

The purpose of these exercises is to create a familiar and calm transition into the therapeutic space and the start of the group work, without leading to extended dialogue.

Review of homework

The letter to the deceased
One to two clients read aloud from their letter. The therapist can ask about challenges in writing the letter and guide/motivate clients who have difficulty writing about certain themes. Emphasize to the group that reading aloud is an exposure exercise that can positively contribute to their work with letter writing. Use the Stress Thermometer before, during, and after each exposure. Acknowledge the clients who are willing to read aloud from their letter in front of the group.

Individual exposure exercises
The therapist asks the group about their experiences with starting their individual exercises. Everyone in the group shares whether they have completed their exercise and the insights they have gained from the exercise.

The therapist can ask the following questions:

- Have you started your individual exercise?

- How far have you gotten with the exercise?
- What prevented you from completing the exercise?
- What could help you begin the exercise next time?

TIP!
Be mindful that the therapy does not become too distressing for the client. If the client struggles to complete the homework assignments or if their condition appears to worsen, take a step back. Adjust the pace as needed to ensure the process remains manageable. Encourage the client to seek support from their social network.

The therapist agrees with each client on the next step in the exercise or a new exposure exercise, ensuring that clients continue to have an individual exposure exercise to work on at home. Remember to acknowledge the clients for their courage in confronting their avoidance.

Break

Today's theme: The future without the deceased

Exposure exercise: Visualization of your everyday life in a year
The therapist introduces today's theme, which focuses on looking ahead to a future without the deceased. Many bereaved individuals find it difficult to imagine a future without the deceased and therefore avoid confronting their own future. This exercise is designed to help the group start looking forward while also motivating them to begin addressing a future without the deceased.
Today's exercise is a visualization exercise, where the therapist guides the group in imagining what a day, similar to today, will look like in a year.

The exercise can proceed as follows:
"Make yourself comfortable, sitting in an upright but relaxed position. Close your eyes. Take a moment to feel your body in the room – the weight of your body – the stable floor beneath you. Focus on your breathing and take a few deep breaths.
Now, try to picture in your mind what your life will look like in a year. Try to imagine your everyday life. What are you doing on a regular Monday? Where are you, and who is around you? How are you feeling? Sit with yourself and try to create an internal image for yourself.
You may now return to the room and open your eyes. Is there anyone who would like to share what came to mind?"

When clients share their visualizations, the following question can be asked:
"If [x] could see you now, what do you think he/she would wish for you regarding how you cope with your grief and your future life?"
This question can help the client focus on the future and begin to imagine a pleasant, meaningful and fulfilling life without the deceased. If the client struggles to find their own motivation, reflections on what the deceased would have wanted for them can serve as a source of motivation.

The exercise can be concluded with a group discussion about the thoughts and reflections the exercise brought up.

Introduction to Task 2: Regaining trust in yourself, others, life, and the future.

Explain the rationale behind cognitive therapy

The cognitive therapy can be explained as follows (the explanation is adjusted to the clients' specific situation and difficulties):

"I will introduce task 2, 'regaining trust in yourself, others, life, and the future,' today. In the upcoming sessions, we will work on task 2, and you will therefore hear again what I will share today.

We will first identify the negative and unhelpful thoughts that block the adaptation process and that can cause depression, anxiety, anger, and other negative emotions. Identifying these negative and unhelpful thoughts is the most important task in this part of the therapy, as our thought patterns are often partially unconscious. Most of the time, simply becoming aware of and recognizing these thoughts is enough. Some particularly ingrained thoughts, which have almost become a habit to think, require a bit more processing. Here, we will discuss these thoughts, and we will try to transform them into more helpful thoughts. These are thoughts that involve less suffering, thoughts that can help you see yourself, others, life, and the future with trust, and that can further motivate you to engage in activities that can help you move forward in your grief process.

Your emotions form the starting point for this part of the therapy. It may be that you have felt very sad and anxious since the death. Although it may seem as though these emotions are entirely and directly caused by the loss, this is not the case. In fact, not everyone who has experienced a loss will feel the same emotions. Some people may feel more sadness, depression, anxiety, or anger than others. Emotions after a loss are largely determined by the thoughts you have, which are connected to the loss. Cognitions is a formal term for thoughts or beliefs. For example, some people may have negative thoughts/cognitions about guilt, such as "I could have, and therefore should have prevented his/her death." Such thoughts can lead to feelings of guilt. People may also think negatively about the future, such as "I will never be happy again." These thoughts can cause sadness and block the motivation to engage in activities that are otherwise associated with well-being. Therefore, we will refer to such thoughts as negative and unhelpful.

Although we cannot directly change emotions, we can try to change our thoughts. We can do this by first identifying unhelpful thoughts and then carefully reflecting on the extent to which these negative thoughts are truly accurate and whether they help you understand your loss. Therefore, in the next few sessions, we will take a closer look at the negative thoughts associated with the negative emotions that you are most often troubled by. Once we have identified these thoughts, we will explore them together. If we find that your negative thoughts are not accurate, we will try to change them to other, less negative thoughts that lead to less intense negative emotions and that can help you adapt to the loss."

TIP!
The goal of formulating alternative cognitions is not for the client to simply replace their negative cognitions with positive ones and expect everything to be fine. That, of course, is nonsense. It is more about adopting a different perspective on a situation that is less negative, less absolute, and less rigid. This is why we talk about changing unhelpful cognitions to more helpful ones, rather than changing negative cognitions to positive ones.

Introduction to the Cognitive Diamond
The cognitive diamond is a model (or analytical framework) used in all cognitive therapy sessions. The cognitive diamond is shown in the worksheets page 131-132. The model is drawn on the board and can be introduced as follows:
”The cognitive diamond is a tool used to identify, break down, and analyze situations or events where you have experienced intense feelings of sadness, anxiety, anger, or other emotions. It is also used in situations where you tend to engage in unhelpful behaviors, where thoughts play a central role.
When we are in a given situation, four types of reactions are activated: thoughts or cognitions, bodily reactions, emotions, and behavior. These reactions influence each other, as the arrows in the model show. This means that a change in one of the reactions can affect the others, thereby changing the overall experience of the situation.
In the first sessions, we have worked on being with the emotions associated with your grief. It is especially difficult to change our emotions – we cannot control or turn our emotions on/off, but we can learn to be with them, and over time, the intensity of these emotions will decrease. It is also difficult to change our bodily reactions. We can't tell ourselves, "I shouldn't have a headache" or "I need to stop sweating," as this will usually make our bodily reactions worse. However, we can influence our emotions and bodily reactions through our thoughts and behavior. We have some control over how we act in a given situation and what we think in that situation, that is: our cognitions.
First, we need to learn how to use the diamond. It will help you separate your thoughts, bodily reactions, emotions, and behavior from each other in a given situation, thereby discovering the influence your thoughts can have on the rest. I will explain more about how this model can be used in the next session. Today is just a brief introduction.”

Present the homework for the next session
The therapist introduce the homework following the introduction of task 2 and the cognitive diamond. The therapist presents the schema with examples of grief-related negative thoughts (see worksheet on pages 111-112).
“As a starting point for task 2, you will be on a 'thought hunt' for the next week. For inspiration, please read through the schema and fill it in by noting whether you can recognize any of these grief-related negative thoughts over the past month. At the end of the schema, there is space for you to formulate your own thoughts that you have discovered during the week, which are associated with emotional intensity or that have generally bothered you since the loss.”

The group is instructed to continue the letter to the deceased. They are told to work on the letter for 30 minutes, ideally four times a week. They should write about the next two topics (see worksheet, points 7-8, s. 117).

The therapist reminds the group to complete their Individual exposure exercises.

At this point, the group is often mentally tired, and it can be difficult to remember new information. Therefore, it may be a good idea to have the group write down the homework instructions or provide them with a printed version of the instructions.

Instruction
Fill out the schema of unhelpful grief-related thoughts and mark the ones you recognize from the past month. Be a detective of your own thought patterns throughout the week and add your own examples.

Continue the letter to your deceased. Write about the next two topics (points 5-6, see the introduction to the letter).

Complete your individual exposure task.

Final reflection exercise
The therapist presents the short closing exercise, which is a regular element in all sessions.

"Finally, I would like to introduce a short reflection exercise, which we will use to close each session from now on. Take a moment to sit by yourself and reflect on the most important lesson or insight you have gained from today. Also, remember to praise yourself for the difficult work you've done by being present here."

Introduction to Part 2: "Regaining trust in yourself, others, life, and the future"

SESSION 7 TO 10: Cognitive therapy

Introduction to the therapist

A central assumption of the cognitive-therapeutic approach to complicated grief is that negative, unhelpful (or dysfunctional) cognitions play a key role in maintaining the grieving problems. Accordingly, the goals of the cognitive therapy sessions are:

1. Identifying, challenging, and changing negative cognitions that maintain the grieving problems.
2. Teaching the client basic principles of cognitive therapy, so that the client can continue identifying, challenging and changing negative cognitions on his/her own even after the therapy has ended.

The specific negative cognitions underlying grieving problems differ among clients. Mostly, these cognitions are related to one or more of the themes shown in the table below.

Theme	***Examples of negative cognitions***
The self	Since _____ died, I think that I am worthless. I see myself as a weak person since _____ passed away. I can't handle the loss.
The future	My dreams will never be fulfilled. I will never be happy again.
Life	Life has nothing to offer me anymore. My life is over now that _____ is dead. My life is totally meaningless after _____'s death.
Other people	Other people do not really care about me. I have no confidence in other people. No one understands me. I will be abandoned by everyone.
Responsibility for the death	I am to blame for _____'s death. I should have prevented _____'s death.
Blame	Others are responsible for his/her death and should be punished. I cannot rest before the person responsible for _____ 's death is punished.

One's own grief reactions	I don't grieve in a normal way. If I fully understand what _____'s death means, I will go crazy. I will go insane if I think about the circumstances that led to _____'s death

The negative cognitions that are central to the client's problems can also be identified when considering what emotions are most prominent in the client's problems. Examples of particular feelings and associated cognitions are shown in the table below.

Trans-diagnostic complicated grief reactions	
Feelings	***Examples of negative cognitions***
Grief/yeaning	I cannot bear living while she/he is dead. My life is empty/meaningless without him/her. I betray X when I think about him/her less.
Depression	I am of no worth to other people. The future is hopeless. Life is meaningless.
Anxiety	The world is a dangerous place. My loved ones and I are not safe. If I do X (e.g., visit the site of the death), then catastrophe Y (e.g., me going insane) will happen.
Anger	That person (drunken driver, negligent doctor) is responsible for the death of _____, and therefore he/she deserves to be punished. The people around me should be much more supportive in this period.
Guilt	I am guilty of his death I should have prevented _____ 's death.
Shame	Other people think negatively of me, since _____ died

The four steps in cognitive therapy

Cognitive therapy globally consists of the following four steps:

Step 1: Explaining the treatment rationale

The main principles of cognitive therapy are:

1. Situations or events never directly lead to emotional or behavioural problems. Instead, the cognitions in and about these situations and events cause and maintain these problems.
2. When people have persistent distressing and disabling emotional or behavioural problems, this means that they have negative and unhelpful (also termed maladaptive or dysfunctional) cognitions.
3. Identifying and changing these negative cognitions improves one's mood, lessens the intensity of negative emotions and fosters helpful behaviours and activities.

These principles are repeatedly explained and emphasized in the sessions.

Step 2: Identifying negative, unhelpful cognitions

The second step includes the identification of important negative, unhelpful cognitions that are central to the client's problems. The starting point is specific "emotional episodes"; moments in which the experienced intense, negative, and disabling emotions.

TIP!
Note that "emotional episodes" and "hotspots" are not entirely similar. Emotional episodes refer to specific recent moments where the client felt intensely sad, depressed, anxious, or angry (or negative in another sense). These moments form the starting point for the cognitive therapy that is focused on identifying important negative cognitions. Hotspots are specific memories that are distressing.

The identification of cognitions is done using the cognitive diamond (worksheet pages 131-132). See the explanation below.

It is important to spend adequate time on step 2 in the group program. For many clients, this step will be the most important one, and it takes time to learn this part. Therefore, not all clients will reach step 3 or 4 during their process.

Step 2 can be broken down into several stages:

1. Discover negative, unhelpful thoughts
2. How do these thoughts affect me?
3. Verbalize thoughts as thoughts "life is meaningless" → I have a thought about that life I meaningless

Step 3: Challenging and modifying the negative cognitions

After key negative cognitions have been identified, these are challenged. This means that the therapist and the client together reflect on and discuss the validity (accuracy, rationality, truth, logic) of the negative cognitions. This is done using *Socratic dialogue*, through the identification of cognitive distortions, with behavioural experiments, and by using *additional challenging techniques* (addressed in detail below). The most important aim of challenging the central negative cognitions is raising doubt about the utility and validity of particular cognitions. Next, the negative, unhelpful cognitions are modified. This means that new, alternative cognitions are formulated that lead to less intense negative feelings and encourage and promote steps toward constructive actions (actions and behaviours that help one to feel better, and that foster adjustment).

It is often important to start with simpler challenge techniques that everyone in the group can understand and use.

The therapist can challenge the clients' negative cognition by having them consider the following questions. These questions can be used by their clients moving forward to help them challenge their thoughts:

- Is my thought true? (What evidence is there that the thought is true? What evidence is there that the thought is not true?)
- Is my thought helpful? (Does the thought help me to feel better? Does it motivate me to engage in activities that help me adjust to the loss?)
- If this thought dictates my life, what will happen?
- Is there a thought that could be more true and helpful?

Step 4: Identifying and challenging maladaptive basic schemas

Some clients suffer from generalized, deeply rooted maladaptive cognitive schemas. These are personality-related cognitions with strongly exaggerated or extreme judgments about oneself ("I am worthless", "I am a weak person'') or other people ("Everyone abandons me", "Other people can't be trusted"). When these more basic maladaptive cognitive schemas are involved in the current complicated grief problems, they can often be discovered during the cognitive work but they cannot be worked with in depth within the group format of CBT for grief. Here, the therapist can address and psychoeducate about maladaptive cognitive schemas and may encourage the client to seek individual therapy after the group program if they wish to work on these schemas.

Part 2, session 7-10: session content

SESSION 7

Optional short check-in exercise
Review of homework
- The letter to your deceased
- Individual exercises
- The schema of unhelpful grief-related thoughts

Break
Reintroduction to Task 2 and the Cognitive Diamond
Examples on the board with the cognitive diamond
Homework given:
- Finish the letter to your deceased
- Fill out the cognitive diamond
- Continue individual exposure exercises

Optional check-in exercise
The therapist begins with a short check-in exercise to help the group shift their mental focus from the outer world to the therapy room. The exercise is the same every time, so it becomes familiar and easy to engage with. The therapist chooses a short exercise that they have good personal experience with. It could be:

- A short grounding exercise where the therapist guides the group through a simple breathing exercise.
- Everyone sits down and greets each other with a nod.
- The group is guided to briefly reflect on how they are sitting in their chair today.

The purpose of these exercises is to create a familiar and calm transition into the therapeutic space and the start of the group work, without leading to extended dialogue.

Review of homework

The letter to the deceased
A client reads aloud from their letter. This review of the homework should be relatively brief, as the group should be fairly self-sufficient with the letter writing at this stage. The therapist informs the group that the letter must be completed by the next session. For many clients, this can be challenging as it may evokes a feeling of another farewell. The therapist explains to the group that completing the letter is important because it provides an opportunity to practice understanding the reality of the loss. Some clients may wish to continue writing the letter to the deceased, and in such cases, it is still important to finish this particular letter, but the therapist can emphasize that this does not prevent the client from starting a new letter at a later time.

Individual exposure exercises

The therapist briefly follows up with the group regarding their individual exposure exercises. Several clients may have completed their individual exercises, but for some, it will still be necessary to maintain a focus on the exposure between sessions. For these clients, the therapist can assist in planning the next steps and motivate them to continue their work. The therapist can also invite group members to give advice to fellow group members who experience difficulties engaging in their exposure homework. The therapist emphasizes that moving forward these exercises will only be followed up on briefly.

The schema of unhelpful grief-related thoughts

The therapist reviews each example in the schema and asks the group whether anyone recognizes the thought. It is important for the therapist to note which negative thoughts each client identifies with, as this information will be used in the subsequent cognitive sessions.

"Please take out the schema of unhelpful grief-related thoughts. I will go through each example, and those of you who recognize the thought (and have rated it as a 4 or 5 on the scale) are welcome to let me know. The first thought is, 'Since X's death, I think I am worthless.' Does anyone recognize this thought?"

Break

Reintroduction to Task 2 in therapy

Explain the rationale behind cognitive therapy

The therapist briefly recaps Task 2 in therapy and the rationale for cognitive therapy.

The explanation can be explained as follows:

"I would like to recap a little about task 2: "regaining confidence in yourself, other people, life, and the future" and the work we are about to begin. First, we need to identify the negative and unhelpful thoughts that block the adjustment process and can cause depression, anxiety, anger, and other emotions. Identifying these negative and unhelpful thoughts is the most important task in therapy, as our thought patterns are often partially unconscious. In most cases, simply becoming aware of these thoughts is enough. But some deeply ingrained thoughts, which have almost become habitual, require a bit more processing. We will discuss these thoughts and attempt to transform them into more helpful ones. These are thoughts that involve less suffering, thoughts that can help you regain trust in yourself, others, life, and the future, and that can further motivate you to engage in activities that will help you move forward in your grief process.

Your emotions form the starting point of cognitive therapy. You may have felt very sad and anxious since X died. Although it may seem that these emotions are completely and directly caused by the loss, this is not the case. Actually, not everyone who is confronted with a loss experiences the same emotions. Some people are more sad, depressed, anxious, or angry than others. The emotions after a loss are largely determined by the cognitions that you have connected with the loss. Cognitions is

a formal word to refer to thoughts or beliefs. For example, people may have negative thoughts/cognitions about guilt such as, "I could have, and should have prevented his/her death." Such a cognition could lead to feelings of guilt. People can also think negatively about the future, for example: "I will never be happy again." Such cognitions cause sadness and block the motivation to engage in activities. Therefore, we refer to such cognitions as negative, unhelpful cognitions.

Although we cannot directly alter feelings, we can in fact try to alter cognitions. We can do so by very carefully reflecting on the degree to which your negative cognitions are really true and help you in coming to terms with the loss. That is why in the next few sessions we will look at the negative cognitions connected with the negative feelings that you are tormented by most often. Once we have identified these cognitions, we will investigate them together. In case we find out that your negative cognitions are not correct, we will try to alter them into different, less negative cognitions, that lead to less intense negative feelings and that help you to do things that help you in adjusting to the loss.

Introduction to the Cognitive Diamond

The cognitive diamond is a schema (or analytic framework) that is used in all cognitive therapy sessions. The cognitive diamond is seen in the worksheets page 131-132. The model is drawn on the board and can be introduced as follows:

"The cognitive diamond is a tool for teasing apart and analysing situations or events where you experienced intense feelings of depression, anxiety, anger or other emotions, or where you tend to engage in behaviours that are not helpful, and where thoughts play a central role.

When we are in a given situation, four types of reactions are activated: thoughts or cognitions, bodily reactions, emotions, and behaviors. These reactions influence each other, as the arrows in the model show. This means that a change in one reaction can affect the others and thereby alter the overall experience of the situation.
In the initial sessions, we have worked on being present with the emotions connected to your grief. It is particularly challenging to change our emotions—we cannot control or turn our emotions on and off. However, we can learn to be with our emotions, and over time, this can reduce their intensity. Similarly, it is difficult to change our bodily reactions. We cannot simply tell ourselves to stop having a headache or to stop sweating—often, this will worsen the bodily reaction. However, we can influence our emotions and bodily reactions through our thoughts and behaviors. We have some control over how we act in a particular situation and what we think in a given situation, that is: our cognitions.

First, we need to learn how to use the model. It will help you distinguish your thoughts, bodily reactions, emotions, and behaviors from one another in a given situation, thereby uncovering the influence your thoughts can have."

Examples on the board using the cognitive diamond

The therapist demonstrates and explains a couple of examples on the board with the group's assistance to illustrate how to fill out the cognitive diamond. The following explanation can be incorporated with a specific example, where the therapist can either ask the group for input or use a pre-prepared example. It can be beneficial to begin with the prepared example and then invite a client to share a situation from the past week.

"Filling out the cognitive diamond involves the following steps:

Step 1) When filling in the cognitive diamond you always start with the question: On what occasion (situation, event) during the past couple of days did you feel depressed, anxious, angry, or otherwise miserable? Under "Situation" you give a short description of this situation/event. It should be a factual description (where were you, with whom, what happened).

A client's example in the group: Does anyone have a situation from the past week that we can use as a starting point?
The therapist's prepared example: Situation: I wake up in the morning and notice that the bed is empty beside me.

Step 2) You can start anywhere in the model, but for many it will be easiest to begin by noting the negative and distressing feelings you had in that situation. Were you mostly sad, scared, angry, depressed, anxious, or furious? Or were you feeling guilty? Or shameful? Write this down under "Emotions/feelings".

A client's example in the group: "What emotions arose in the situation?"

If the therapist is going through a prepared example, they begin with "thoughts" in the model and write the thought that arose in the situation on the board. This makes it easier for the group to help fill in the rest of the model.
Situation: I wake up in the morning and notice that the bed is empty beside me.
Thought: I will be lonely and alone forever.
Then, the therapist can ask the group the following question: *"What emotions do you think someone would experience in this situation with this thought?*

Step 3) In this step you have to describe what cognitions or thoughts you had in the specific situation/event that were associated with the mentioned emotions. What kinds of negative and unhelpful thoughts ran through your head? Was it one of those negative thoughts that we've talked about before? (see schema of negative grief-related thoughts). Describe your thoughts as accurately as possible under "negative thoughts" – preferably as clear statements. This is the most important part of the cognitive diamond, and therefore is has to be clear: "what thoughts made me experience sadness/fear/anger in the specific situation/event?"

A client's example in the group: "What thoughts led you to experience sadness/fear/anger in that specific situation?"

Step 4) Fill in the bodily reactions you experienced in the situation.

A client's example in the group: What bodily reactions did you experience? For example, did you start sweating, feel pain in your stomach, or experience a lack of energy?
The therapist's prepared example: What do you think someone would feel in their body if they had this thought?

Step 5) Finally, fill in what behavior you engaged in during the situation.

A client's example in the group: What did you do in the situation, or after the situation?
The therapist's prepared example: What do you think someone would do in this situation?

TIP!
Make sure that the clients understand the cognitive diamond. The format and terminology of the cognitive diamond is used in all cognitive sessions. The goal of these sessions is not to target and change all negative cognitions that the client has but, rather, to **teach clients how to analyze their own emotional episodes and to identify and alter negative cognitions.**

As an alternative to The Cognitive Diamond, a 4-column technique can be used for identifying and restructuring unhelpful thoughts. See the individual CBTgrief manual (session 6, pages 28-31) for examples and appendix page 122 at the end of this document for handouts.

Short exercise:

The therapist presents a brief exercise to help the group with their homework. The group will individually fill out 1-2 cognitive diamonds at home. The therapist can introduce the exercise as follows:

"We're going to do a brief exercise. I'm going to ask you to sit quietly for a minute and think about an example of a difficult situation from your everyday life that could be used in a cognitive diamond. When I give the signal, you can turn to your partner and share the situation you've thought of."

The exercise is followed by a short group discussion about possible examples of challenging situations that could be relevant to use in a cognitive diamond.

Present the homework for the next session
The therapist informs the group that each person should complete 1-2 cognitive diamonds at home, see worksheets on page 129-130. These models should either be based on an emotionally intense situation from the past or upcoming week, or the clients can find inspiration in the schema of examples of negative grief-related thoughts. Here, clients should try to recall the last time they had the specific thought and fill out the diamond based on that situation and thought.

The group is instructed to finish the letter to the deceased. They are instructed to work on the letter for 30 minutes, ideally four times a week. They should write about the last two topics (see worksheet, points 9-10, p. 117).

The therapist reminds the group to complete their individual exposure exercises.

At this point, the group is often mentally tired, and it can be difficult to remember new information. Therefore, it may be a good idea to have the group write down the homework instructions or provide them with a printed version of the instructions.

Instructions:
Complete 1-2 Cognitive Diamonds:
Find a situation where you experienced a strong or difficult emotion.
Reflect on what happened in that situation and begin filling out the cognitive diamond.
Start by writing the situation where the emotion and thought occurred (write this at the top of the page).
Then consider:
Thoughts: What thought crossed your mind that related to these emotions?
Body: How did it feel in your body? Where did you feel something?
Behavior: What did you do in the situation to deal with your emotions?

Complete the letter to your deceased. Write about the last two topics (points 9-10, as introduced in the letter).

Optional: Complete your individual exposure task.

Final reflection exercise
The therapist presents the short closing exercise, which is a regular element in all sessions.

"Finally, I would like to introduce a short reflection exercise, which we will use to close each session from now on. Take a moment to sit by yourself and reflect on the most important lesson or insight you have gained from today. Also, remember to praise yourself for the difficult work you've done by being present here."

SESSION 8

Optional check-in exercise
Review of homework
- The letter to your deceased
- Individual exercises
- Examples of using the cognitive diamond

Break
Introduction to the cognitive diamond with alternative helpful thoughts
Examples on the board: Creating alternative helpful thoughts
Homework given:
- Complete a cognitive model with helpful thoughts

Optional check-in exercise
The therapist begins with a short check-in exercise to help the group shift their mental focus from the outer world to the therapy room. The exercise is the same every time, so it becomes familiar and easy to engage with. The therapist chooses a short exercise that they have good personal experience with. It could be:

- A short grounding exercise where the therapist guides the group through a simple breathing exercise.
- Everyone sits down and greets each other with a nod.
- The group is guided to briefly reflect on how they are sitting in their chair today.

The purpose of these exercises is to create a familiar and calm transition into the therapeutic space and the start of the group work, without leading to extended dialogue.

Review of homework

The letter to the deceased
1-2 clients read the conclusion of their letter to the group. Often, a couple of clients may still have unfinished letters, which is usually because finishing the letter feels too difficult. Listening to the letters from those who have already completed theirs can provide help and inspiration to the other group members to finish their own letters. The therapist can also help motivate the client to finish their letter by exploring with them what makes the task challenging and why. The therapist may ask the group to reflect on what should happen with their letters once they have completed them? The therapist can share that some clients may choose to keep the letter in a special place, while others may want to burn it. Some might need to read it aloud at the gravesite or another meaningful place shared with the deceased. There is no right or wrong way to proceed, rather it's about listening to what feels right for oneself.

TIP!
Encourage the group to continue involving people from their social network in their grief process. For example, they can be encouraged to share (parts of) the letter with a close friend or ask a friend or family member to accompany them when they plan to visit the cemetery or another place connected to the loss.

Individual exposure exercises
The therapist may briefly follow up with clients who are still working on individual exposure exercises.

Cognitive diamonds
The therapist first asks the group about their experiences with using the cognitive diamond. The therapist can ask the following questions:

- How was it working with the diamond at home?
- Was there anything in the diamond that was more difficult than other parts? If so, what was particularly difficult?
- Did you notice anything in particular while working with the diamond?
- Did anyone have a good example of a situation in which you had a very negative feeling and were able to identify a clear negative cognition that fueled that feeling?
- Was there anything specific you became aware of about yourself?
- Is there anyone who hasn't done the homework – and why?

The therapist then goes through an example for each client on the board. If there isn't enough time to cover every client, a few models from clients can be reviewed as examples for learning. The focus during this part is to ensure that all clients have learned how to use the cognitive diamond. Often, clients may struggle with distinguishing between feelings and thoughts. Start by acknowledging that this can be a challenge, so no one feels wrong or inadequate. The therapist can then briefly psychoeducate about the difference between thoughts and feelings, for example, by using concrete examples or simple explanations.

A break is held after 1-2 clients have gone through their examples

After the break, the therapist will continue reviewing the clients' examples of their cognitive diamonds. However, the therapist will first introduce an extension of the cognitive diamond, where clients will work on finding an alternative, more helpful thought. The next examples will be reviewed, and the therapist will show the group how to work with alternative thoughts based on the example.
The introduction to working with alternative thoughts might sound like this:
"We are now going to build on the cognitive diamond, where we will challenge our thoughts and try to formulate an alternative, more helpful thought. In a little while, we will continue reviewing your homework, where we will work with this new element in your examples. When working with nega-

tive thoughts, it is important to first understand that thoughts are not facts. A thought is not necessarily the truth. Even if a thought feels very convincing, it doesn't mean it is a fact. Metaphorically, thoughts can be seen as a pair of glasses through which we view the world, and these glasses affect how we perceive things. Sometimes we wear glasses that make everything seem darker or more negative than it really is. That's why it's important to remember to pause and take off the glasses sometimes. Therefore, we don't have to identify with all our thoughts.
I will present some questions that you can ask yourself to help challenge negative thoughts and recognize more helpful, alternative thoughts.
The goal is not to eliminate a negative thought, as that can be difficult. Often, you've thought about these negative thoughts many times, and it can almost become a habit to think this way. Therefore, the goal is to learn to recognize negative thought patterns and see the thought as just a thought – not as an undeniable truth. This creates a distance from the thought, so we don't let it control us.
This work can also help you learn to park thoughts or let them pass, instead of engaging with negative thoughts or fighting against them. As mentioned, the goal is not necessarily to eliminate negative thoughts, but to reduce their significance or power over us - and to reduce their impact on how we feel and act. By working with alternative thoughts, we can practice seeing multiple perspectives and choosing more helpful and realistic thoughts that better support us in our lives."

The therapist writes the following statements on the board:

- Is my thought absolutely true? (What evidence is there that the thought is true? What evidence is there that the thought is not true?)
- Is my thought helpful? (Does the thought help me to feel better? Does it motivate me to engage in activities that help me adjust to the loss?)
- If this thought dictates my life, what will happen?
- Is there a thought that could be more true or more helpful?
- Is what I am doing when I have this thought helpful?

The therapist challenges the client's thoughts in the given example using these questions, and together with the client, an alternative, more helpful thought is formulated.

Example 1

T: You say 'I can never be happy without X.' It is understandable that you feel depressed if you are convinced that you will absolutely never be happy again. But is that thought actually true?
C: Yes. I cannot imagine that I will ever be happy again.
T: Ok, you currently cannot imagine that you will ever feel happy again. That is not surprising, considering that you feel sad about the death of your husband. But does that mean that you can make the prediction that you will never be happy again? […]
C: Hm, no, i probably can't know with 100% certainty that I will never be happy again.
T: Is the thought "I can never be happy without x" helpful for you?
C: No, it makes me sad and depressed.
T: If this thought dictates your life, what will happen?

C: Then I will never be happy, but will continue to be sad and depressed.

After the negative, unhelpful cognition of the client is challenged, an alternative, more valid, less negative, and more helpful cognition is formulated that does not lead to such intense, negative feelings, and that encourages rather than discourages helpful actions.

" "We have just seen that the thought, 'I will never be happy again' is not valid especially because it is a very absolute prediction that you actually don't have evidence for. You may not feel happy right now, but that does not mean that you will never be happy again at any time in the future. If you keep holding on to that negative thought about the future, there is a fair chance that you will continue to feel depressed. We will now try to formulate an alternative to this very negative thought; a different thought that fits better with reality and also makes you less depressed.''

T: Is there a thought that could be more true or more helpful?
K: I don't know. I find it difficult to see.
T: If you look at the wording of your negative thoughts. Is there something we could change that would make it a little more true?
K: We talked about how I probably don't know whether I'll *never* be happy again. Maybe I can change *never* to right now I'm not happy without x. That seems more true, right?
T: So how would the thought sound now?
K: Right now I'm not happy without x, but that could change.
T: Okay, that sounds like a good alternative: "I am not happy now, but that might change over time"; How does this thought feel for you?

When formulating alternative thoughts, it is important that clients are encouraged to come up with alternatives themselves.

Example 2

T: We have been looking at one of the central thoughts that you have been plagued by. That thought is "I really should have prevented X's death!". That thought has been making you restless and gives you a strong sense of guilt. We have carefully reviewed the thought and concluded that this is perhaps a bit too extreme. Now what could be an alternative thought?
C: Hm… I don't really know.
T: OK, let me try to help you. Imagine if I were in the same situation as you, but I would not feel guilty. How could I have gotten to that point?
C: Perhaps you would not be telling yourself that you should have prevented the death.
T: Exactly, but what do you think I might be saying to myself? What could be my thought that would not produce all these feelings of guilt?
C: Maybe something like 'I did what I could at that moment with the knowledge I had at the time…
T: Yes, that could be the thought I could have if I were in the same situation, not feeling

as guilty as you do. Now going back to you; your initial thought was, "I really should have prevented X's death!'. What would be a possible alternative to that thought?

C: Something like: "I wish I could have prevented the death; but that was impossible. I did what I could and there was no way to prevent it from happening with the knowledge I had at the time."

T: That sounds like a good alternative thought!

Remember to emphasize along the way that the goal of formulating alternative thoughts is not for the client to replace their negative thoughts with positive ones, and then everything will be fine. It's more about taking a different perspective on a situation, one that is less negative, less absolute, and less rigid. This is why we talk about changing unhelpful thoughts to more helpful ones, rather than changing negative thoughts to positive thoughts.

TIP!
During the session, it is a good idea for the therapist to emphasize that it is important for everyone in the group to listen actively and possibly take small notes when others are sharing their examples, as one can learn from each other

Alternatively, behavioral experiments can be designed to examine whether negative cognitions are true by performing a specific activity. The experiment should be designed in collaboration with the client. See the individual CBTgrief manual (session 9, pages 40-41) for examples and appendix page 123 at the end of this document for handouts.

Present the homework for the next session
The therapist informs the group that each person should complete 1-2 cognitive diamonds at home, see worksheets on page 127-128. These models should either be based on an emotionally intense situation from the past or upcoming week, or the clients can find inspiration in the schema of examples of negative grief-related thoughts. Here, clients should try to recall the last time they had the specific thought and fill out the diamond based on that situation and thought. The group should try to formulate a more helpful alternative thought using the questions the therapist presented on the board earlier in the session.

The therapist reminds the group to complete their individual exposure exercises.

At this point, the group is often mentally tired, and it can be difficult to remember new information. Therefore, it may be a good idea to have the group write down the homework instructions or provide them with a printed version of the instructions.

Instructions for the cognitive diamond with an alternative/more helpful thought
Complete 1-2 cognitive diamonds and find an alternative, more helpful thought. Find a situation where you experienced a strong or difficult feeling. Think about what happened in that situation and begin to fill out the cognitive diamond. Start by writing down the situation in which the feeling and thought occurred (write this at the top of the paper). Then consider:
Thoughts: What thought went through your mind?
Body: How did it feel in your body? Where did you notice something?
Behavior: What did you do in the situation?
Ask yourself the following questions to help form an alternative thought:

- Is my thought true? (What evidence is there that the thought is true? What evidence is there that the thought is not true?)
- Is my thought helpful? (Does the thought help me to feel better? Does it motivate me to engage in activities that help me adjust to the loss?)
- If this thought determines my life, what will happen?
- Is there a thought that could be more true or more helpful?
- Is what I am doing when I get the thought helpful?

Optionally, complete your individual exposure exercise

Final reflection exercise
The therapist presents the short closing exercise, which is a regular element in all sessions.

"Finally, I would like to introduce a short reflection exercise, which we will use to close each session from now on. Take a moment to sit by yourself and reflect on the most important lesson or insight you have gained from today. Also, remember to praise yourself for the difficult work you've done by being present here."

SESSION 9

Optional check-in exercise
Review of homework
- Optional individual exercises
- Cognitive diamond with alternative thoughts

Break
Examples on the board of grief-related negative thoughts that several clients may recognize
Group topic: Who am I without the deceased?
Homework given:
- Describe yourself as a person
- Complete 1-2 cognitive diamonds with an alternative thought

Optional check-in exercise
The therapist begins with a short check-in exercise to help the group shift their mental focus from the outer world to the therapy room. The exercise is the same every time, so it becomes familiar and easy to engage with. The therapist chooses a short exercise that they have good personal experience with. It could be:

- A short grounding exercise where the therapist guides the group through a simple breathing exercise.
- Everyone sits down and greets each other with a nod.
- The group is guided to briefly reflect on how they are sitting in their chair today.

The purpose of these exercises is to create a familiar and calm transition into the therapeutic space and the start of the group work, without leading to extended dialogue.

Review of homework

Optional individual exercises
The therapist may briefly follow up with the clients who are still working on individual exposure exercises. Clients should ideally be finished with their exposure exercises by this session or be able to continue on their own. Moving forward, no time will be spent in the sessions asking about these exercises.

Cognitive diamonds with alternative thought

The therapist first asks the group about their experiences with using the cognitive diamond and generating alternative thoughts. The therapist can ask the following questions:

- How was it to work with the diamond and alternative thoughts at home?
- Was there anything specific you noticed when working with the diamond?
- Did you become particularly aware of something about yourself?
- Is there anyone who didn’t complete the homework, and why?

The group often has questions about the work, needs clarification of possible misunderstandings or requires motivation to continue the cognitive work. Below are examples of possible misunderstandings that could affect motivation for the work, and how the therapist can address them.

Possible misunderstandings in completing the cognitive diamond schema

If the client has misunderstandings about cognitive behavioral therapy, try to correct them.
Examples of misunderstandings include: "Now you want me to think positively! But how is that possible when my husband is dead?" or "I think it's normal to feel really bad, it's something that will never change."
If the client hasn't completed a cognitive model, try to understand why. Explain the rationale behind the treatment again, especially if the client doesn't see the benefits of the cognitive approach.
As a therapist, it is important to emphasize that doing homework is a very crucial part of therapy.
"Because negative thoughts and emotions can be very persistent, it's important that we don't just talk about them in our sessions, but that you also actively work on identifying and challenging them between sessions."

TIP!
Clarify that cognitive therapy is not simply about positive thinking. The goal of cognitive therapy is not to formulate extremely positive cognitions ("Life is fantastic") but, instead, to formulate nuanced and functional thoughts ("Life seems less meaningful now, but as time goes by I will be able to retrieve a sense of meaning").

Then, 1-2 clients' homework will be reviewed on the board as an example of learning. During this review, it is important to explore any possible misunderstandings in working with alternative thoughts and address them.
Common mistakes/omissions in filling out the cognitive diamond are as follows:

a) **The client chose an 'appropriate' feeling as starting point:** Cognitive therapy focuses on exaggerated, 'out of control', very intense emotions. Normal feelings and grieving reactions should not be addressed in the schemas. Therefore, there is no use in trying to adjust 'appropriate' feelings such as missing the lost person, moments of crying and sadness (unless these feelings spiralled into severe distress and/or went on for a very long time).

b) **The description of the situation includes interpretations:** If the client writes down: "I saw a neighbour, and he deliberately ignored me!" as a situation, then that is not necessarily true. That is because "he deliberately ignored me" is an interpretation of what happened. A more objective description of the situation would be: "I saw a neighbour, and he did not clearly respond to me". The perception "he ignored me on purpose" will then be placed under thoughts and considered a negative automatic thought.

TIP!
Asking for an objective description of the situation helps the client to discover that they rather automatically tend to mix up interpretations and observations of a particular situations.

c) **The thoughts-box contains memories rather than negative thoughts/cognitions**: An example is a client who writes "I was thinking back to the day that X died'' in the thoughts-box and "guilt" in the emotions-box. The negative/unhelpful cognition is missing here. After all, the memory could have led to different feelings. Cognitions are the meanings or interpretations connected with the memory that led to the feeling of guilt. In this example the cognition might have been: "It is so crazy that I left the hospital. I should not have done that. Because I left, I was not with X when he died, and I had promised to be on his side when he died."

When memories are written down instead of cognitions, the therapist can ask: "What were the negative cognitions that went through your mind when you had these memories?"

d) **The client cannot mention any negative cognitions or thoughts**: If the client is able to report a situation and a feeling, but she/he is unsure about which cognitions lead to the feeling, the therapist can do several things:
   - The therapist can ask questions about the implicit meaning of the situation: "What did the situation mean to you? What does the situation tell you about yourself? What did the situation remind you of?"
   - The therapist can give suggestions about possible cognitions: "You say that you were feeling so angry again. You told me before that you feel that some of the people responsible for X's death seem to be getting away with what they did wrong. Did your negative cognitions in that situation have anything to do with that?"
   - The therapist could use visualization. Ask the client to remember the situation in which she/he had the negative feeling as if she/he is reliving it in the here and now.
   - Then ask questions such as: "What is going through your head right now? What are you thinking of? What cognitions make you feel so awful?"

e) **The dysfunctional cognition does not match the feeling:** If the cognition (e.g. ''I am guilty'') does not match the feeling (e.g. fear) the therapist should try to explore this and possibly nuance and find out other possible thoughts and feelings by asking questions such as: "There seem to be a little discrepancy here; you had the cognition that "I am guilty" but instead of that causing feelings of guilt or dysphoria you felt fear. Where there any other cognitions in the situation that could have caused the fear? Or did you have another feeling besides fear?"

Therapist can also use 'the downward arrow technique' to track down core cognitions. With this technique, the therapist asks questions to identify central cognitions that give rise to the cognitions that the client is plagued by frequently in his/her everyday life. Specific questions to ask include: "You have this negative cognition. What if that cognition was indeed true, what would that mean? What would be bad about that? What would that tell us about the kind of person you are?"

Example 1

T: I often hear you say, 'I don't want to think about John's death'. Can you tell me what would happen if you did do that?
C: ... then I would surely get very, very sad....
T: ... and if you get very, very sad, what would happen then...?
C: Then maybe I would start crying so intensely, that it would literally drive me crazy.
T: OK, and what would that look like if you indeed would get crazy?
C: Then I would not be able to function anymore.
T: And OK, let us imagine that that were true; what would happen then?
C: That is difficult. I would probably stay home in bed all day, and nobody would come to visit me anymore. I would probably end up alone.
T: I think this is important. You have told me that you do not want to think about what it means to you that John is really gone forever. If we dig a little deeper, it seems that you fear that you would get extremely emotional if you confronted the reality of his death. In fact, you predict that you would respond in such a way that, in the end, it would cause you to be alone at home, with nobody looking after you. It seems as if your cognition is: If I would really confront the consequences and pain of this loss that would undermine my ability to function in a way that would scare my friends and family so that they would eventually leave me."

Example 2

T: In various cognitive diamonds it appears that you often think ''I could have prevented the death''. What does that actually mean to you that – in your experience – you could have prevented the death?
C: That means that I am guilty of his death.
T: And could you give some more words to that statement. What does it mean that you are guilty?
C: Well that means that I am least partially responsible for the circumstances that lead to his death. I have not prevented all these things from happening…
T: OK let us dig a little deeper. Imagine that you really believed: I am partially responsible for his death because I was unable to prevent this death. What does that tell us about you?
C: Well, if feel like a bad person. I must have been a terrible spouse given that I was unable to prevent this death…
T: I think that this is an important issue we are talking about here. If we summarize, another cognition is lying underneath the cognition: ''I am guilty''. And that deeper cognition seems

to be: 'Because I was unable to prevent his death, I am a terribly bad spouse.' Is this a correct summary I am making here?

TIP!
As a therapist, you can use your own imagination to judge if the key negative and unhelpful cognitions have been identified. You can try to visualize yourself how you would react, if you were in the same situation as the client described (that is: the situation as written down in the cognitive diamond) and think whether or not you would have the same emotions and cognitions as the. If not, then all cognitions may not have been identified yet

A break is held after 1-2 clients have gone through their example.

Examples on the board of grief-related negative thoughts that multiple clients can recognize

The therapist may have noticed negative thoughts that are central to the clients' issues during the course of therapy and therefore has an overview of which negative thoughts may be relevant to work with in the group. If this is not the case, the therapist can review their notes from the chart of unhelpful grief-related thoughts (session 7) to see if any of these thoughts are ones that multiple clients in the group can identify with.
The therapist selects 1-2 examples to go through in depth on the board, where the therapist helps challenge negative thoughts and formulate an alternative thought. The group can collectively help fill out the cognitive diamond, but it's helpful to focus on a client who particularly recognizes the thought when it is challenged.

The therapist challenges the client's negative thought using these questions, which may be supplemented with other relevant techniques (see submanual E)

- Is the thought true? (What evidence is there that the thought is true? What evidence is there that the thought is not true?)
- Is the thought helpful? (Does the thought help me to feel better? Does it motivate me to engage in activities that help me adjust to the loss?)
- If this thought dictates your life, what will happen?
- Is there a thought that could be more true or more helpful?
- Is it helpful what you do when you have this thought?

The following are examples of negative thoughts that might be more challenging for the therapist to work with:

Example 1: When the client's thoughts are formulated as questions, they ask themselves. It's important to identify the negative thought behind the questions.

T: When you are sitting alone eating dinner, you feel a strong sense of unfairness and sadness.

C: Yes, and I keep thinking, "Why did this happen to me?" "Why should I have to go through this loss?"
T: So, you're asking yourself the question, "Why did this happen to me?" What do you think the answer is?
C: Hmm, I don't know. I just want to find an answer.
T: Try to formulate an answer that would give you a feeling of unfairness and sadness.
C: Hmm, maybe something like: "It's unfair that this happened to me because I didn't do anything to deserve it."
T: Okay, let's explore this thought together. What makes you believe that this thought is true – that it's unfair and that you didn't do anything to deserve it?
C: I've always tried to do what's right. I've never done anything wrong to anyone. So why should this happen to me?
T: That makes sense that you feel this way when you look at your situation. Let's try to look at it from another angle: Is there anything that might suggest that this isn't about fairness or about what you've done or not done?
C: I don't know... Maybe things just happen without us having control over them?
T: That's an important insight. Many things in life happen that we can't control – it's not about whether we've done something to 'deserve' them. If that's the case, how much sense does it make to spend energy on the question of fairness?
C: Not much... But it's still hard to accept.
T: If you continue having this thought, that it's unfair, how will it affect you?
C: I'll continue to feel unfairness and sadness.
T: If we were to find an alternative thought, one that is more helpful for you, what would it be?
C: I don't know... Maybe something like: "This has happened, and I can't change it, but I can try to focus on what I can do now to move forward?"
T: How does this thought feel?

Example 2: When the client's negative thoughts are related to anger. In this case, the focus is not on delving too much into the evidence for the assumption, but rather on the consequences that this thought may have for the client

C: The doctors are horrible at that hospital and they killed my wife.
T: What does it mean for you and for them that they are horrible and may have killed your wife?
C: It means that I should punish them. I should punish them for my wife's sake.
T: So, you have this thought that the doctors are horrible at the hospital and they killed your wife, and therefore you should punish them. Is this thought true?
C: Yes, they didn't do their job properly. I remember that one day when I passed by...
T: I'm going to stop you here, because I can hear that there are more reasons you believe this might be true. But is this thought helpful for you?
C: Hmm, I don't know. It makes me angry and sad.
T: If this thought controls your life, what will happen?

C: Hmm, I will continue to be angry and sad.
T: Could there be an alternative, more helpful thought for you?
C: The doctors are partly responsible for my wife's death, but thinking about punishing them doesn't help me. I'm just punishing myself instead.
T: How does this thought feel for you?
C: Right now, I mostly feel sadness.

Example 3: When the client's negative thoughts are related to guilt. Here, the focus is on finding the nuances, and even if the client may be partially guilty, it's important to help them find a more compassionate way to relate to themselves.

C: I could have prevented her death.
T: Okay, so you think you could have prevented her death. Is this thought true?
C: Yes, I could have done more to help her.
T: Does that mean you are responsible for her death?
C: Yes, I think so. Or at least partially responsible.
T: What does that say about you?
C: That I'm a bad person, that I'm guilty.
T: I can hear how heavy it feels to think that you're a bad person and responsible for what happened. May I ask: What evidence do you have that you could have prevented her death?
C: I knew she was struggling, and I could have done more. Maybe talked to her more often or gotten her to seek help.
T: It's clear that you cared about her and wanted to help. But let's try to look at this from another angle: Did you have full control over her choices and situation?
C: No... not really. I couldn't control what she did, but I still feel like I could have done more.
T: It's natural to feel that way when you wish things had turned out differently. But does that mean you're responsible for what happened? Or could it be that you did the best you could with what you knew at the time?
C: I did what I thought was right back then, but I should have known better.
T: I understand that it feels that way. If we go back to the question of what this thought – that you're a bad person and guilty – says about you, do you think it helps you cope with the grief and memories of her?
C: No, it actually makes it worse. I just keep beating myself up.
T: And if this thought is allowed to control how you see yourself and the situation, what do you think will happen going forward?
C: I'll keep feeling guilty and sad.
T: What do you think could be a thought that still acknowledges your grief and your wish you'd done more, but might be more helpful for you right now?
C: Maybe "I wanted to help, and even though I, theoretically, could have done some things differently, blaming myself for that won't bring her back."

Group topic: Lack of self-confidence
Many bereaved individuals who have lost a partner or a child can lose confidence in themselves and experience thoughts such as “I am less worth after x’s death”. This lack of self-confidence can stem from uncertainty about who they are as a person without the deceased. Many bereaved describe this as a feeling of going from being two people to becoming half a person. The search to find oneself and become whole again can be challenging and frightening.

Often, this topic helps the therapist identify automatic negative thoughts related to the client’s self-perception and identity. Negative thoughts such as “There is nothing left of me except a sad lonely widow” or “I was only something because of my partner” often become apparent through the homework. This exercise is designed to open up this topic, which the homework will relate to. The therapist introduces the topic based on the description above and asks the group if they can relate to it. If any clients have previously expressed concerns about this issue in earlier sessions, those examples can be incorporated.
The group shares their perspectives on the topic and the therapist invites clients to elaborate on any challenges they may be facing.

Present the homework for the next session
After the group discussion on the topic of "lack of self-confidence," the therapist introduces the homework that connects to this theme. The therapist encourages everyone in the group to describe themselves using adjectives. They should list the values, characteristics, and aspects that define who they are as a person. What are you beyond being the deceased’s wife/mother/partner? Write this on a list and bring it to the next session.
The therapist instructs that everyone should first try to create this list on their own. If they find it difficult, they can seek help from a close person in their network afterward.

The therapist informs the group that each person should complete 1-2 cognitive diamonds at home. These models should either be based on an emotionally intense situation from the past or a difficult situation in the near future that one is already very anxious about or experiencing other intense negative emotions over, or the clients can find inspiration in the schema of examples of negative grief-related thoughts. Here, clients should try to recall the last time they had the specific thought and fill out the diamond based on that situation and thought. The group should try to formulate a more helpful alternative thought using the questions the therapist presented on the board earlier in the session.

At this point, the group is often mentally tired, and it can be difficult to remember new information. Therefore, it may be a good idea to have the group write down the homework instructions or provide them with a printed version of the instructions.

Instructions for "The cognitive diamond with alternative thoughts"

Describe the values, characteristics, and aspects that define you as a person. Write this on a list and bring the list to the next session.

Complete 1-2 cognitive diamonds and find an alternative, more helpful thought.
Find a situation where you experienced a strong or difficult feeling.
Think about what happened in that situation and begin to fill out the cognitive diamond.
Start by writing down the situation in which the feeling and thought occurred (write this at the top of the paper).
Then consider:
Thoughts: What thought went through your mind?
Body: How did it feel in your body? Where did you notice something?
Behavior: What did you do in the situation?
Ask yourself the following questions to help form an alternative thought:

- Is my thought true? (What evidence is there that the thought is true? What evidence is there that the thought is not true?)
- Is my thought helpful? (Does the thought help me to feel better? Does it motivate me to engage in activities that help me adjust to the loss?)
- If this thought determines my life, what will happen?
- Is there a thought that could be more true or more helpful?
- Is what I am doing when I get the thought helpful?

Final reflection exercise
The therapist presents the short closing exercise, which is a regular element in all sessions.

"Finally, I would like to introduce a short reflection exercise, which we will use to close each session from now on. Take a moment to sit by yourself and reflect on the most important lesson or insight you have gained from today. Also, remember to praise yourself for the difficult work you've done by being present here."

SESSION 10

Optional check-in exercise
Review of homework
- Description of yourself as a person
- Cognitive diamond with alternative thoughts

Optional brief psychoeducation on maladaptive or dysfunctional core schemas
Break
Task 2 in therapy is concluded
Introduction to Task 3 in therapy
Homework given:
- Specify three goals or wishes and three meaningful experiences/things/situations/others in your everyday life

Optional check-in exercise
The therapist begins with a short check-in exercise to help the group shift their mental focus from the outer world to the therapy room. The exercise is the same every time, so it becomes familiar and easy to engage with. The therapist chooses a short exercise that they have good personal experience with. It could be:

- A short grounding exercise where the therapist guides the group through a simple breathing exercise.
- Everyone sits down and greets each other with a nod.
- The group is guided to briefly reflect on how they are sitting in their chair today.

The purpose of these exercises is to create a familiar and calm transition into the therapeutic space and the start of the group work, without leading to extended dialogue.

Review of homework

Common topic: Who am I without the deceased?
The therapist asks the group about their experience with the homework, after which each client reviews their description.
Some clients may struggle with the task, which often reflects in their descriptions. Possible examples where descriptions reflect negative thoughts:

The client describes themselves as: sad, lacking energy, sorrowful, negative, and lonely. In this case, the therapist can challenge the client's description by pointing out that the client is describing their grief, and that the client is more than their grief. Here, the therapist can verbalize the values and characteristics they have observed in the client. The therapist can also seek help from the group in this witnessing process.

If the client has not described themselves or has only written a few words: Here, the therapist can inquire why the client did not complete the task. What was particularly difficult about the task? Often, thoughts such as "I was only someone because of my partner" may arise. Here, the therapist can help the client explore whether this is true. The following questions can be asked:

- What do you think your partner valued about you?
- How would your friend/child/colleague describe you?
- What were you like before you met your partner? What interested you? Can you still recognize some of these values in yourself?
- What characteristics/values do you find difficult to recognize in yourself after your partner's death?

For clients who struggled with the task, it may be necessary to assign them the same task again. Here, the therapist can encourage the client to seek help from a close friend to complete the description.

Cognitive diamonds with alternative thoughts

The therapist explains that these examples will be the last ones reviewed together, and after the break, task 2 in therapy will be concluded. The therapist encourages the group to ask any remaining questions about task 2 that they need clarified. Subsequently, the clients who had difficulty with today's homework are encouraged to have their examples reviewed on the board.

1-2 clients' homework is reviewed on the board as a learning example. During this review, it is important to explore possible misunderstandings in working with alternative thoughts and address them.

TIP!
Do not attempt to challenge and change *all* negative thoughts. It is better to do it fully and properly with one cognition than to do it halfway with all thoughts

The problem: ''I know it, but it does not feel that way''

Clients sometimes say that they know that their cognitions are unhelpful and even not true, but that they, nonetheless, still feel negative (e.g., "I know that I am not responsible for her death, but I still feel guilty", or "I know that people will not treat me badly now that I am alone, but I still feel anxiety and tension when going to social events alone."). This discrepancy between cognitions and feelings is often caused by the fact that the client is not yet convinced of his/her alternative cognitions, and that the negative cognitions are still ''winners of the internal dialogue''. When the client makes such statements, the therapist explains that challenging and changing negative, unhelpful cognitions is an active process that takes time. Negative thinking has become a habit, and often happens so automatically that negative thoughts have to be challenged again and again. The following explanation often clarifies this:

"I envision that a dialogue takes place in your head: on the one hand you think 'I am guilty for X's

death'. On the other hand, you also think: 'With the knowledge I had at that time, there is no way I could have prevented his death'. Is that true? I always compare it to a dialogue between a shoulder angel, sitting on one shoulder, and a shoulder devil, sitting on the other shoulder. The devil keeps repeating the negative thoughts. The angel is more nuanced and is trying to convince you that your alternative, more helpful, and less negative cognitions are true. But the devil is strong and powerful. And this is not so strange, because he has had plenty of room lately to convince you of his negative statements. The other – more positive – angel is quite new, and his voice is rather soft. Because the devil is still so powerful, he often wins the dialogues. But you will notice that this changes as soon as you give more room to the voice of the angel. The more you let the angel speak, the stronger it becomes, and the more often it will win the dialogue. At one point, the voice of the angel will be so trained, so strong, and so convincing, that the devil fades away."

Optional psychoeducation on maladaptive core schemas

For some clients, cognitive work can reveal maladaptive core schemas. Such schemas are deeply rooted assumptions and beliefs, often characterized by exaggerated or extremely negative interpretations of oneself ("I am worthless," "I am a weak person") or in relation to others ("Everyone abandons me," "You cannot trust other people").

How can we determine if such core schemas are part of the client's problems? One indication may be that the client reports having experienced significant emotional and/or interpersonal, relational difficulties earlier in life. Another indication could be that current grief, traumatic stress, or depressive symptoms are disproportionately intense and impair functioning.

If maladaptive core schemas are present, they often become apparent when discussing emotional episodes and reviewing cognitive diamonds. If the therapist suspects that these core schemas play a role, they can address it as follows: "if we summarize what we have discussed so far, it seems that X's death has triggered a deeper belief in you, something like, 'I am not worth anything.' Does that resonate with you?"

If the client agrees with the therapist's hypothesis, the therapist can provide brief psychoeducation for the entire group about what core schemas are.

"Sometimes, our negative thoughts that occur in the here and now are influenced by core thinking patterns that we developed earlier in life, under the influence of meaningful experiences and relationships. Such core thinking patterns may be positive, such as when someone has had positive experiences that have taught them to have great confidence in themselves and others. It can also happen that someone has had negative early life experiences which have led to very negative core thinking patterns. For instance, someone who lacked love and attention in childhood or has faced situations of severe criticism and rejection might develop core convictions like ""I am not worthy as a person" or "Other people can never be trusted". Such negative core thinking patterns are likely to influence thoughts, feelings, and actions in the here and now. For instance, when faced with the death of a partner, a person with such negative core convictions might think "nobody wants to be around me, now that my partner died", which may intensify feelings of sadness and frustration and tendencies to avoid social situations.

You can think of it a bit like a tree. The core thinking patterns are the roots, hidden beneath the surface. Negative thoughts occurring in the here and now are the branches and leaves that grow

from the roots. When the roots are not functioning optimally, it can affect the entire tree's strength and health, making it harder for the tree to withstand challenges like wind and weather.
It is often more difficult to work on current negative thoughts if you have core thinking patterns or roots that are unhelpful. In such cases, it often requires working on your core patterns before you can experience the effect of your efforts. Working on these core patterns often requires longer-term therapeutic work, which we unfortunately cannot offer in this group. However, you have already taken a significant step by becoming aware of your core patterns."

Break

Task 2 in therapy is concluded
Task 2 in therapy should be concluded. The therapist begins a short reflective exercise with the group. The reflection questions can be written on the board for clarity.
" We are about to conclude task 2: Rebuilding trust in yourself, others, life, and the future. I would like you all to think about what you are taking away from this part of the therapy. What has been particularly important to you in task 2? And how can you continue to focus on this in your everyday life? When I say so, please turn to your neighbor and share your thoughts."

A group discussion follows where everyone shares their thoughts.

Introduction to Task 3 in therapy: Engaging in helpful activities that promote adaptation to the new life situation.
This introduction to Task 3 can benefit from drawing on the cognitive diamond, creating a clear connection between the tasks. Task 3 in therapy can be introduced as follows:
"In this part of the therapy process, we will work on Task 3: Engaging in helpful activities and promoting adaptation to the new situation. Let me try to explain this in more detail. In working with Task 2, we have focused particularly on thoughts in the last few sessions. We will now turn our attention to your behavior; we will examine which activities/behaviors you are already engaging in and should continue, as well as whether there are activities to be added that can positively affect your feelings, thoughts, and bodily reactions.

When we go through something difficult, such as a significant loss, it's entirely natural to feel sadness and a lack of energy. This can lead to us withdrawing and doing less than before. However, it's important to know that this passivity unfortunately often makes it harder to move forward and adapt.

When we are less active, we miss some important opportunities. First, if you don't do much, you don't have as many chances to experience pleasant moments. Even if you don't feel like doing something, you might find that you gain something positive from having done it. Second, not doing anything gives you a lot of time to ruminate and focus on negative thoughts. On the other hand, engaging in activities can help distract you from negative thinking. Third, as long as daily life stands still and doesn't move forward, you will not be able to adapt your routine to the fact that X is gone.

There may be various reasons why people discontinue particular activities that they used to engage in after the death of a loved one. One reason may be that people feel so bad that they are not motivated to do anything at all. A second reason may be that people think that they can no longer obtain pleasure or satisfaction from activities that were previously meaningful to them. A third reason may be that people think that they are totally unable to undertake certain activities now that their husbands, wives, or children have died. The result is that people are becoming increasingly passive.

It takes courage and persistence to act, even when you don't feel ready. Many people think, *"I'll start when I feel better."* But the truth is, we rarely feel better by waiting. In fact, it's the opposite: When we act and do something, we can start to feel better.

An example is a former client who loved to dance, but after the death of her husband, she lost the desire to do so. She decided to try anyway and went dancing, even though it felt heavy. After a few weeks, she began to feel the joy of dancing again. It took patience and perseverance, but her hard work led her to rediscover her love and joy for dancing.

Does this explanation make sense to you?

Together, we will figure out which activities might be beneficial for you. What small steps can you take right now?"

TIP!
Clients usually think that they can only become more active again if they are less sad about the loss. However, explain that the relationship between doing and feeling is often the other way around: being active anticipates an improvement in mood.

Present the homework for the next session
The therapist presents the homework for the next session. The presentation could sound like this:
"The homework for the next session will make it easier to begin working on Task 3, where we will look at activities and behaviors that can help you adapt to your new daily life. The homework is about gaining insight into two things:

- What are you already doing in your daily life that is meaningful and helpful to you?
- What could you add to your daily life that might make it more pleasant, meaningful, and fulfilling?

This homework will give you the opportunity to reflect on what is important and meaningful to you right now, and what you are dreaming of for the future."

You should therefore think about what you want for the next year. It could be something new,

something you would like to try, or something you want to be different.
Write down three goals or wishes (preferably as concrete as possible) (worksheet page 134)
Then, consider what are pleasant, meaningful, or fulfilling activities or experiences for you in your daily life as it is right now. Write down three such activities or experiences. It could be anything from a warm cup of coffee in the morning to going to gymnastics.

At this point, the group is often mentally tired, and it can be difficult to remember new information. Therefore, it may be a good idea to have the group write down the homework instructions or provide them with a printed version of the instructions.

Instruction

Think about what you wish for in the next year. It could be something new, something you want to try, or something you want to be different.
Write down three goals and wishes (preferably as concrete as possible):
-
-
-

Consider what are currently activities in your daily life that are pleasant, meaningful, and fulfilling. Write down three meaningful activities/experiences:
-
-
-

Final reflection exercise
The therapist presents the short closing exercise, which is a regular element in all sessions.

"Finally, I would like to introduce a short reflection exercise, which we will use to close each session from now on. Take a moment to sit by yourself and reflect on the most important lesson or insight you have gained from today. Also, remember to praise yourself for the difficult work you've done by being present here."

Introduction to Part 3 "Engaging in helpful activities that promote adaption to the new life situation"

SESSION 11 to 12: goal work, behavioral activation, and conclusion

Introduction to the therapist: Goals work and behavioral activation is specifically focused on the third task: Engaging in helpful activities that promote adaptation to the new situation. However, it is also useful for the other tasks, as it helps to face the consequences of the loss (Task 1) and strengthens confidence in oneself and other people (Task 2). The principle behind this part of the therapy is as follows: it is completely understandable and relatable that the death of a loved one leads to reduced activity. It is normal to feel less motivated to engage in social activities, sports, hobbies, work, or school after such a loss. At the same time, the more one avoids, withdraws, and refrains from potentially meaningful, enjoyable, and fulfilling activities, the harder it becomes to process the loss. Against this background, it is always good and helpful to gradually, step by step, engage in more activities, seek out situations that can create positive feelings, bring joy, provide a distraction from grief, and help adjust daily life to the reality that the loved one is gone forever.

Content of this part of treatment

This part of the treatment consists of four key components. First, psychoeducation is provided about Task 3 and why gradually increasing activity can be helpful. Second, the client is asked to formulate specific personal goals and wishes for the near future. The third step involves translating these goals and wishes into a concrete step-by-step plan, outlining exactly what the client needs to do to achieve them. Additionally, available resources (people in the client's environment) who can provide support are identified. Attention is also given to possible negative cognitions that might hinder the client from formulating and taking these steps. The fourth and final step focuses on concluding the therapy with a forward-looking perspective, a final writing assignment, and a summary of key lessons learned.

Personal goals

Personal goals are central to this part of treatment as the client is encouraged to think of several important personal goals for the near future. Personal goals can be defined as specific situations or circumstances that people want to achieve. Goals can be connected with different categories of activities including social activities, recreational or leisure activities, and educational and work-related activities. Social activities include all activities connected with friends, family, or other people. Going out for dinner with a friend, taking a walk with a few acquaintances, going to an evening at the book club, or drinking coffee with a nice colleague, are all examples of social activities you may want to engage in more. Recreational activities refer to all leisure activities and hobbies that were previously fun and relaxing. Going to the movies, reading a book, exercising, walking, meditating, and doing (other) spiritual activities; are all examples. Note: Recreational activities and social activities can overlap.

Educational and work activities include all activities where you are engaged in study or work. It

concerns activities related to your current or future working life and structural activities during the day. Housework and volunteer work are part of this category. Acquiring information about a specific course, spending a few hours at your workplace, registering for a new study program, start a well-organized job at work; are examples of educational and work activities.

Part 3, session 11-12: Session content

SESSION 11

Optional check-in exercise
Brief reintroduction to Task 3 in therapy
Review of homework
- List three goals or wishes and three meaningful experiences or activities in your everyday life

Break
Introduction to the Ladder Method
Group discussion on ending therapy
Homework given:
- Fill out the ladder for 1-2 goals
- Write a caring, supportive letter to yourself

Optional check-in exercise
The therapist begins with a short check-in exercise to help the group shift their mental focus from the outer world to the therapy room. The exercise is the same every time, so it becomes familiar and easy to engage with. The therapist chooses a short exercise that they have good personal experience with. It could be:

- A short grounding exercise where the therapist guides the group through a simple breathing exercise.
- Everyone sits down and greets each other with a nod.
- The group is guided to briefly reflect on how they are sitting in their chair today.

The purpose of these exercises is to create a familiar and calm transition into the therapeutic space and the start of the group work, without leading to extended dialogue.

Reintroduction to Task 3 in therapy: Engaging in helpful activities that promote adaptation to the new life situation.
This introduction to Task 3 can benefit from drawing on the cognitive diamond, creating a clear connection between the tasks. Task 3 in therapy can be introduced as follows:

”In this part of the therapy process, we will work on Task 3: Engaging in helpful activities and promoting adaptation to the new situation. Let me try to explain this in more detail. In working with Task 2, we have focused particularly on thoughts in the last few sessions. We will now turn our attention to your behavior; we will examine which activities/behaviors you are already engaging in and should continue, as well as whether there are activities to be added that can positively affect your feelings, thoughts, and bodily reactions.

When we go through something difficult, such as a significant loss, it’s entirely natural to feel

sadness and a lack of energy. This can lead to us withdrawing and doing less than before. However, it's important to know that this passivity unfortunately often makes it harder to move forward and adapt.

When we are less active, we miss some important opportunities. First, if you don't do much, you don't have as many chances to experience pleasant moments. Even if you don't feel like doing something, you might find that you gain something positive from having done it. Second, not doing anything gives you a lot of time to ruminate and focus on negative thoughts. On the other hand, engaging in activities can help distract you from negative thinking. Third, as long as daily life stands still and doesn't move forward, you will not be able to adapt your routine to the fact that X is gone.

There may be various reasons why people discontinue particular activities that they used to engage in after the death of a loved one. One reason may be that people feel so bad that they are not motivated to do anything at all. A second reason may be that people think that they can no longer obtain pleasure or satisfaction from activities that were previously meaningful to them. A third reason may be that people think that they are totally unable to undertake certain activities now that their husbands, wives, or children have died. The result is that people are becoming increasingly passive.

It takes courage and persistence to act, even when you don't feel ready. Many people think, *"I'll start when I feel better."* But the truth is, we rarely feel better by waiting. In fact, it's the opposite: When we act and do something, we can start to feel better.

An example is a former client who loved to dance, but after the death of her husband, she lost the desire to do so. She decided to try anyway and went dancing, even though it felt heavy. After a few weeks, she began to feel the joy of dancing again. It took patience and perseverance, but her hard work led her to rediscover her love and joy for dancing.

Does this explanation make sense to you?

Together, we will figure out which activities might be beneficial for you. What small steps can you take right now."

Review of homework with goal work

Three goals or wishes and three meaningful activities/experiences in your daily life.
Clients take turns reviewing their homework in front of the group. The therapist notes down the clients' goals during the process, as this information will be used later in the session. For clients who had difficulty with the homework, the therapist may suggest finding inspiration in the goals and wishes of others. Additionally, the therapist can assist clients who struggle with the homework by exploring some goals or wishes for the coming year. The following questions can be asked:

- What interested you before you met X?

- What did you do with X? What did you do separately?
- What goals did you have while X was still alive?
- What activities have you stopped engaging in or reduced?

(focus on social, leisure, and educational activities).
These questions can help the client recognize previous activities that brought joy, relaxation, or other positive experiences, and that could be relevant to resume.

Break

Introduction to the Ladder Method
The therapist introduces how the clients will work with goals using the ladder method. The therapist draws a ladder on the board (see worksheets on pages 125-126) and gives the following introduction

"Now we will work on your goals and wishes for the coming year. We will do this using a method I call the 'ladder method.' Often, our goals can feel big and demanding, but this method makes it easier to get started and also highlights your progress.
First, you will formulate a goal, which you will place at the top of the ladder. It is important that the goal is as concrete as possible. Then, we will work together to write down what can be done step by step to reach the goal. I will start by showing a general example to illustrate the method. After that, we will work on some of your own goals on the board."

One of the examples below can be used, or the therapist can come up with an example themselves:

Example 1
Goal (social activity): Organize a dinner party for my best friends, a, b, and c, within a month.
Steps on the way:
Step 1: Consider which dates would be eligible.
Step 2: Find out exactly who I want to invite
Step 3: Prepare the invitation: What do I say with the invitation? What do I mention as the reason for the dinner?
Step 4: Make practical preparations for the meal.
Step 5: Prepare what I want to say about the X's death

Example 2
Goal (recreational activity): Participate in the 10 km run in Copenhagen in 8 months.
Steps on the way:
Step 1: Look up and study information about training schedules.
Step 2: Purchase the required shoes and clothing.
Step 3: Check whether friends a, b, and/or c want to participate.
Step 4: Plan training schedule up to the day of the run and do the first training session.
Step 5: Ask if friends and family come to encourage me on the day of the 10 km run.

Use one sheet/diagram per goal.

The therapist selects a few of the clients' goals to review on the board and create a ladder for. If several clients have similar goals, for example, traveling alone, this goal will be chosen as an example. This way, as many group members as possible can be activated and participate in the process.

The therapist takes the following points into consideration

1. **Formulating positive goals:** It is important that the client is encouraged to formulate positive rather than negative goals. Positive goals refer to situations that a person wants to achieve, while negative goals refer to situations someone wants to avoid. Accordingly, a positive goal such as "I want to call my friend Albert again" is preferred over a negative goal such as "I no longer want to avoid social contacts".

2. **Formulate goals that are as "SMART" as possible:** SMART goals are goals that are Specific (simple, sensible, significant), Measurable (meaningful, motivating), Achievable (agreed, attainable), Relevant (reasonable, realistic and resourced, results-based), Time bound (time-based, time limited, time/cost limited, timely, time-sensitive). The client is encouraged to formulate goals that are as SMART as possible. A goal such as: "I want to feel distressed less often" is, for example, not Specific (What exactly is distressed?) and Not Measurable (How often is less often?). It is better to formulate this goal more precisely as: "I want to do something every other day that gives me a positive feeling for example feeling calm or happy"

3. **Prioritize the goals:** It is important that the client tries to formulate several goals in different domains. However, not all goals are equally important. The therapist therefore instructs the client to indicate with numbers (ascending from 1, 2, 3, 4 ... etc.) in what order she/he wants to work on the goals.

Formulating steps

The therapist and client try to formulate the different steps for each goal that should be taken to achieve the goal. Steps are concrete actions that bring you closer to the goal. Note that it is helpful if these steps, like the goals, are formulated in a SMART way. Here, the therapist can encourage the clients whose goals have been reviewed to start considering the first step and to perform the behavior required for step 1 before the next session.

"After all the preparations, it is the intention that you now get to work with the first steps of goal 1, goal 2 and possibly goal 3. Take the following points into consideration:

- Work on multiple goals. It is good to divide your attention between various meaningful activities.
- Take multiple (small) steps in a short time: Try to take multiple steps in a week.
- Do not consider the goals and steps as a straitjacket: The goals and steps formulated are not

intended as a mandatory scenario; they are intended to set a flexible course for your everyday life in the coming months and to give you a better view of valuable activities."

Group discussion on ending therapy

The therapist organizes a group discussion about the group's feelings and thoughts regarding the ending of therapy. This discussion is key to preparing the group for the upcoming farewell. The therapist can begin this conversation as follows:

"This is the second to last session, and our time together is coming to an end. Saying goodbye and leaving therapy and using what you learned here on your own can lead to many thoughts and worries. Maybe especially for someone who lost a loved one the way you did. It can therefore be experienced as very final and painful to say goodbye. What are your thoughts on having to end the therapy?"

Present the homework for the next session

The therapist informs the group that everyone needs to complete 1-2 ladders for the next session and take at least one step on at least one of the ladders. They can base this on the goals they have written down for this session. They should consider whether they can already start working on some of the first steps of their ladders in the coming week.

Additionally, the therapist asks the group to write a caring, supportive letter to themselves, which they can keep and read in the future when/if the grief over their loss resurfaces. This exercise helps prepare the group for the end of the process and provides an opportunity for reflection on what they will take with them moving forward. The therapist can present the homework as follows:

"I would like to ask you to write a caring, supportive letter to yourselves in the coming week, one that you can take out and read in the future when/if the grief flares up again. In this letter, you can offer some good advice to yourself. Use your experiences and what you've learned in therapy to remind yourself of what helps you cope with the emotions of grief, how to find hope in life, and how to start building a new daily routine. Finally, reflect on the goals you have for the future and how you have made progress with the first steps toward achieving them. Right now, it's easy for you to remember the process and what you've learned about yourself and your grief. This will become harder to recall in six months to a year. This letter will help you remember the most important things you take from the process and can be a source of support on difficult days in the future. I don't expect the letter to be finished by next time, but I encourage all of you to start working on it before the next session. It is your personal letter, and it will not be reviewed in the group. Next time, I will only ask if you've started writing the letter".

At this point, the group is often mentally tired, and it can be difficult to remember new information. Therefore, it may be a good idea to have the group write down the homework instructions or provide them with a printed version of the instructions.

Instruction

Fill out a ladder for 1-2 goals. This means finding a specific activity you would like to incorporate back into your life and writing down the steps you need to take to achieve your goal. Start with small, manageable steps that are realistic to complete.

Write a caring and supportive letter to yourself, which you can take out and read in the future if the grief over your loss flares up again.
In the letter, you can give yourself good advice based on your experiences and what you've learned in therapy. Remind yourself of what helps you cope with the emotions of grief, find hope in life, and start building a new daily routine.
End the letter by reflecting on the goals you have for the future and how you've handled the first steps toward achieving them

Final reflection exercise
The therapist presents the short closing exercise, which is a regular element in all sessions.

"Finally, I would like to introduce a short reflection exercise, which we will use to close each session from now on. Take a moment to sit by yourself and reflect on the most important lesson or insight you have gained from today. Also, remember to praise yourself for the difficult work you've done by being present here."

SESSION 12

Optional check-in exercise
Group discussion on ending therapy
Review of homework
- Supportive letter to oneself
- Ladders

Break
Closing exercise with glass ball
Reflection on the three tasks in therapy
Psychoeducation on grief moving forward
Saying goodbye

Optional check-in exercise
The therapist begins with a short check-in exercise to help the group shift their mental focus from the outer world to the therapy room. The exercise is the same every time, so it becomes familiar and easy to engage with. The therapist chooses a short exercise that they have good personal experience with. It could be:

- A short grounding exercise where the therapist guides the group through a simple breathing exercise.
- Everyone sits down and greets each other with a nod.
- The group is guided to briefly reflect on how they are sitting in their chair today.

The purpose of these exercises is to create a familiar and calm transition into the therapeutic space and the start of the group work, without leading to extended dialogue.

Group discussion on ending therapy
It can be particularly difficult to say goodbye and leave therapy for people who have experienced loss. This is briefly mentioned in the final session as a preparation for this more formal farewell.

"Last session, we briefly talked about how it felt for you to say goodbye to the group and the therapeutic space we've created together. You shared some of your thoughts and concerns, but I would like to hear from you today. How does it feel for you now? What are your thoughts about finishing therapy today?"

Review of homework

Supportive letter to oneself
The therapist asks the group if they have started on their supportive letter to themselves. If some members of the group haven't started, the therapist can ask about the reasons. The therapist can also mention that after the break, the remaining part of the session will be used to reflect and conclude, which may inspire the group on what will be important for them to write in their letter. Some clients may find it difficult to imagine writing a letter to their future selves. In such cases, the therapist can encourage them to write down some key points for themselves about what they have

learned or what they take with them from the process and use these later in their letter.

Steps and goal work
Have the group filled out ladders for their goals? Have they managed to complete some of the steps for one or two goals? What went well? What went less well? A couple of examples are reviewed on the board. If some clients have difficulty filling out a ladder, this work can be done together on the board.

Obstacles in achieving goals
Different obstacles may stand in the way of achieving one's goals. Two examples include "sabotaging cognitions" and "lack of resources".

Sabotaging cognitions: Sabotaging cognitions are negative, unhelpful cognitions that may undermine one's engagement in steps toward the achievement of valued goals. Three categories of cognitions are particularly important. The first is negative expectations (or pessimistic cognitions) about the effects and usefulness of becoming more active: "If I engage in sports again as I used to do, that will not bring me any joy". The second category is cognitions blocking constructive action toward goal pursuit and encompasses negative cognitions about one's own abilities and skills: "Although I would like to meet with friends, I don't know how to arrange it". The third category concerns the viewpoint that one would betray the deceased, if one would move on and engage in particular activities: "I can't have fun in life, now that Peter is dead," "I betray him, by continuing my life."

TIP!
If the client has the idea that she/he betrays the deceased person if she/he is no longer stuck in her/his grieving process and starts to feel better and engage in potentially enjoyable activities again, then ask the following question: "Imagine that we were able to ask about X's opinion. Do you think X would advise you to stay home all day feeling sad? Or do you think X would give you permission to go out of the house and meet with people again? What do you think X would say?"

As a therapist it is important to show empathy for these cognitions. It is entirely understandable that one is pessimistic about one's own skills or the joyfulness of doing things, especially in the first months after the loss. On the other hand, it can promote the adjustment process if one is active and focuses on activities that can give a sense of meaning and joy in life. As a therapist, you can try to motivate the client to try the activities anyway. Perhaps some of the experiences of others in the group with taking the first steps can also be used as motivation.

Lack of resources: For some activities, help from a friend or other people from one's environment is useful. If a client's goal is to return to the reading club she/he was a member of, it can be helpful to get support from a person from the reading club that she/he had a good connection with. Support

from other people is an important resource for increasing one's activity level. Information is also an important resource. If one has a goal to follow a painting course or to start a new education, it helps to know which painting courses are available and to know which courses are available that match the client's knowledge and time. Support and information are therefore important resources, and the lack of sufficient resources can be a major obstacle in the work towards achieving one's goals.

TIP!
People with complicated grief reactions are often bitter about the limited spontaneous support they receive from their environment, or that they are not supported at all. Show understanding of such feelings. Next, discuss what the client himself/herself could do to obtain the desired support.

Break

Closing exercise with glass ball
An exercise is done with the group, where each client receives a small object (a round stone, a bead, or a marble), which they can hold in their hand during the exercise and take home to place in a special spot as a reminder of what they have learned in therapy.

The exercise can proceed as follows:
"Find a comfortable seated position, sitting upright but comfortably. Close your eyes if that feels comfortable for you. Take a moment to feel your body in the room – the weight of your body, the floor that is stable beneath you. Focus on your breathing and take a few deep breaths.
While sitting and focusing on your breath, reach out one hand, and I will place a small item in your palm. Close your hand around the small object and think about the most important thing for your well-being that you have learned in therapy. What is the core motivation for you that keeps you using what you've learned? Find a word or phrase that describes this motivation or the thing you've learned.
Now, open your eyes and look at the object in your hand. Perhaps this object can serve as a reminder of what you have learned, something you want to take with you. If you like, you can place it somewhere in your home where you will often see it. Would anyone like to share the word or phrase that came to mind for you?"

Reflection on the three tasks in therapy
The therapist reviews what the group has worked on throughout the process. The therapist goes over the three tasks in therapy and their purpose. The following key points from the three tasks in therapy are written on the board:

- Task 1: Allow and express the emotions that are there instead of avoiding them or suppressing them.

-

- Task 2: Fill out cognitive diamonds to analyze the negative thoughts that may be present. Ask yourself the question: Is there an alternative thought to what I am thinking right now that would be more helpful for me?
- Task 3: Remember to plan several specific activities that are pleasant, meaningful, and fulfilling and help to adjust to the loss and practice looking ahead. Plan and carry out the activities in small steps.
- Seek support from friends and acquaintances and talk about the loss (this can be added)

Psychoeducation on grief moving forward

The therapist provides psychoeducation to the group about grief going forward. The therapist can cover the following points:

- Grief as a continuing condition that can intensify at different times, such as on anniversaries.
- Grief has not diminished, but the clients have grown and are therefore better able to contain their grief. Grief may feel less intense, but it is the client's personal development that gives this sense.
- Grief is a bit like the a sea. It comes in waves that wash over you and fill everything. While the wave is there, you are in the water—or the grief—up to your neck, and you might be afraid of drowning. Then the wave pulls back, and you can breathe again and maybe even look out over the horizon. When grief is complicated, it feels like the waves are always high, and you're always close to drowning. Here in this course, you've learned to stand in the sea of grief. You've learned that you can't escape the waves of grief—they follow when you've loved and lost—but you can learn to stand in them and know what to do when they come, and that is what you've learned. Well done, everyone.

Saying goodbye

The last quarter of the session is set aside for the group to say goodbye to each other. The therapist can begin the farewell and, depending on personal style, adjust it accordingly. The following can be said to the group.

"Our time together is coming to an end, and I would like to say thank you for now and thank you so much for sharing your stories with me. It has been an emotional and unique journey. Thank you for that."

Afterward, the therapist can give the group the opportunity to say something to each other and to the therapist.

TIP!
The therapist can mention to the group that, if they wish, they have the opportunity to share contact information with each other after today's session. At the same time, it is important to emphasize that it is perfectly fine if some do not wish to do this. The therapist can also explain that it is natural for not everyone in the group to have the same need to stay in touch going forward.

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Appendix: CBT-grief Manual for Group Therapy

SUBMANUAL A: EXPOSURE TO THE REALITY OF THE LOSS

The aim of this exposure is to face the fact that the loss is irreversible, to focus on the implications of this reality, and to work through the emotions connected with this realization. What clients fear most of all is that they cannot bear the pain connected with the reality of the loss. Therefore, one further aim of exposure to the reality of the loss is that clients experience that they can bear the pain better than they had expected and that confronting the reality and pain of the loss actually brings relief.

Most of the plenary exercises in the group will relate to this form of avoidance and connect to this submanual. Individual exercises based on this submanual can supplement the work for clients who particularly struggle to accept the reality of the loss.

Explanation

"Considering the painful reality of the loss and the feelings and thoughts associated with it is perhaps the most difficult aspect of a grieving process. It is not strange that you would rather avoid that. In the coming sessions, we will gradually bring you into contact with what you would rather avoid, namely reflecting on the irreversibility of this loss, and what this means for you and your life and future. We will also work with emotions associated with the loss. At this time, it may seem scary to talk about what the loss really means and to admit to and express the feelings associated with this reality. However, you will experience that it is less scary than you fear. It may not be easy to reflect in detail on what this loss means to your current life and your future and to face the pain that goes with that. In the end, however, you will find that you get more and more control over your thoughts, feelings, and memories. You will also find that you will be able to process your feelings of mourning better if you are working on them, instead of avoiding them."

TIP!
This protocol refers to 'the deceased' or X. Instead of using this word, the therapist uses the name of the deceased. Hereby, the therapist confronts the client to the reality of the loss through the words he/she uses.

During the exposure
The therapist uses the following techniques to foster exposure to the reality of the loss:

1. Zooming in on the circumstances of the loss
2. Retelling the last moment with the deceased person
3. Talking about what is missed the most
4. Working with objects and photos
5. Creating a Timeline

Points 1-3 often cannot be explored in depth during group sessions. Instead, clients can be encouraged to work on these themes in their letters to their deceased. The therapist can support the client by guiding them to write about some of these specific themes or reflections.

1. Zooming in on the circumstances of the loss

'Zooming in on the circumstances of the loss' is a powerful tool to confront avoided feelings and thoughts.

"You have already told me several things about when X died. But can you tell me again what happened? What happened the days before his death? How (at what time, on what day) did he die exactly? How did you hear about it? What happened afterwards?"

While listening, the therapist tries to figure out what the most painful elements of the death of X and the circumstances surrounding the death are. That is, the elements that are most meaningful and elicit most intense feelings. The therapist should formulate hypotheses about these painful elements, check these hypotheses with the client, and make sure to confront the client with these elements.

"'You told me that you didn't arrive in time at the hospital when X was lying there, and that you weren't there when he died. This seems to be the most painful element of your story. Am I right? Can you tell more about 'arriving too late at the hospital?' How did you hear that he was death? How did you feel at that moment? How are you feeling about that now?''

Clients are often inclined to avoid specific emotions connected with circumstances of the loss (sadness, anxiety, anger, feelings of guilt, etc.). It is important that the therapist tries to clarify these specific emotions and to encourage the client to reflect upon these:

"It looks to me like you get angry when you think about the days after the death. Is that correctly observed? Tell me something more about that while you try to hold on to that anger."

The therapist focuses on and responds to the client's (non-verbal) emotional reactions:

"I notice that you suddenly became extremely sad. What makes you so sad? Try to hold on to that sadness."

TIP!
As a therapist it is important to formulate hypotheses about the most painful elements of the loss, that is, the elements that are most meaningful and elicit the most intense feelings. It is these elements that the therapist should (gradually) confront the client with.

2. Talking about the last moment with the deceased person

Memories of moments surrounding the death can be particularly emotional and confrontational:

"Think back to the moment where you last spoke with (the deceased)… Describe how that was… How do feel when you look back on that moment?''

The client is tasked with writing about the last moment with the deceased. The therapist should also inquire about memories associated with painful feelings or thoughts, which may be relevant for the client to write about:

"You told me that you miss talking to her. Could you describe the last moment that you talked with her? How do you feel about not being able to talk to her again?''

"The fact that you had these conflicts in the days before your husband died is still bothering you. At the same time, it is difficult to think back to these moments. Can you describe one particular example of a conflict you had, in the final days of his life?'

The recall of memories encourages the client to reflect upon the painful aspects of the loss. In doing so, the client will learn and experience that:
(I) She/he doesn't have to be afraid of her/his feelings.
(II) Even though feelings and memories can be painful, the client can handle them.
(III) She/he can control his feelings instead of her/his feelings controlling her/him.

3. Writing about what is missed the most

Writing about what is missed the most now that the one's loved one is dead is something that clients generally find difficult. That is because this most strongly confronts them with the irreversibility and implications of the loss, but also because this will elicit the most intense yearning and longing. 'Writing about what is missed' is, however, the most important and powerful component of the exposure treatment.
'Writing about what is missed the most' includes two elements:

(A) Retrieving positive thoughts, feelings, and (gentle, tender, fond) memories connected with specific characteristics of the lost person, meaningful everyday moments with him/her, and meaningful life events experienced together.
(B) Confronting the fact that one will never be able to enjoy these characteristics and everyday moments again, and that one will never be able to share what was experienced together now that X is gone.

Examples with a focus on characteristics of the deceased person:

"Could you give a description of X; what did he look like? What clothes did he used to wear? What did he do? What did he love? What did he hate? What are his specific characteristics…?"

The client is tasked with writing about these characteristics in their letter. The client may read their letter aloud to the group, where the therapist can ask the following questions:

"When considering all this, can you tell me how it feels to think of all these typical characteristics of your husband?"
"And when thinking of all this, how does it make you feel when you are confronted with the fact that you will never be able to enjoy all these characteristics again?"
"In what moments during the day or the week do you particularly miss these characteristics?"

Examples with a focus on everyday moments with the deceased person:

"Can you give some examples of typical, normal everyday moments that you shared with X? What did you do when you were having a meal together (what did you usually talk about, what did you eat, what did he/she like to eat?). What was it like when you went out for a walk together? You told me that you frequently telephoned. How did a normal telephone conversation usually go?"

The client is tasked with writing about these moments in their letter. The client may read their letter aloud to the group, where the therapist can ask the following questions:

"And when thinking of all this, how does it make you feel when you stand still with the fact that you will never be able to enjoy all these tender, loving, typical everyday moments again?"

Examples with a focus on unique loving exchanges with the deceased person:
"Can you give a description of a typical loving and tender exchange between you and X. What were your ways of expressing affection toward each other? Did you have very specific words that only you two understood or particular jokes you made between each other? Give an example of something, an exchange, a way of making contact that was specific to your relationship. Please describe that in as many details as possible."

The client is tasked with writing about these loving exchanges in their letter. The client may read their letter aloud to the group, where the therapist can ask the following questions:

"And when thinking of all this, how does it make you feel when you recognize the fact that you will never be able to enjoy these moments again, these moments that were so special to the relationship you had with X?"
"In what moments during the day or the week do you particularly miss these tender exchanges?"

4. Working with objects and photos

Many clients have particular objects that symbolize their relationship with the deceased (e.g. a piece of clothing, a letter, a piece of jewellery, music, or photos). The therapist asks whether the client has such symbols or objects that he either avoids or cherishes:

"People who have lost a loved one often have specific objects that have a special sentimental value to them, and which symbolize their relationship to the deceased. For some people, it can be a photo, for others a piece of clothing or a specific piece of music. Do you have examples of objects, music, or photos that have special sentimental value to you?"

The therapist then asks the clients to bring the object (or piece of music) with them to the next session. They will take a look at the object (or play the piece of music), and in detail, they will discuss the value it has for the client and the feelings it triggers:

"Why does this photo have such a special meaning to you? What does this photo remind you of? What feelings are triggered?"

If the client has difficulties looking at the object, the therapist encourages the client to do so anyway:

"It's not easy to look at that picture, because you don't know what will happen. Try to take a look and allow the feelings that may emerge."

TIP!
If the client has great trouble to confront photos immediately, this can be done in a graded fashion. First, for instance, by covering up the item and letting the client control the speed with which it is uncovered again. For further tips on graded exposure, see submanual C about stimulus exposure (p. 97).

Besides avoiding objects, some people cherish core symbols. If the symbol is cherished, the therapist can ask the client what it would be like to distance themselves from it.

"You always keep that particular photo of X in your pocket. What would it be like if I asked you to give me that picture for the rest of the week? What would you think of that? […]. What makes it

so difficult for you?"
"You always wear that piece of clothing, because it makes you feel like you're still close to. At the same time, you know that X is dead and will never come back, and you want to process that. Try to put that piece of clothing away… Try to take a step back from it. I know that it is very difficult for you, but if you want to move on in your grieving process and thrive again in your life as it is now, you have to accept that X is dead. She will always be with you, but not in the same way as before…"

5. Creating a Timeline

For clients who have been caregivers during a prolonged illness before the death of their loved one, creating a timeline of the illness can be helpful. A timeline can serve multiple purposes in therapeutic work. It is a tool that can:

- Provide structure and an overview of a specific period.
- Help create a coherent story/narrative.
- Link situations with thoughts, feelings, bodily sensations, and behaviors.
- Assist in separating thoughts, feelings, and events to create clarity and new understanding.
- Facilitate processing of traumas and particularly difficult events ("hotspots").
- Separate the person from the problem (externalization).
- Enhance visibility, focus, and understanding.

The therapist can assist the client in identifying the starting and ending points of the timeline. The client can then work on the timeline at home and present it to the group. During the discussion, the therapist can ask questions to encourage reflection on the exercise, such as:

- Was there anything that surprised you while creating the timeline?
- When you look at this timeline, what are your thoughts? What do you feel?
- Which experiences were particularly difficult to recall?
- Are there any points on your timeline that require further attention?

See the worksheet on page 116.

SUBMANUAL B: IMAGINAL EXPOSURE

The objective of imaginal exposure (IE) is to process memories of specific traumatizing circumstances of the loss, or other very distressing moments associated with the death. This is done by repeatedly recalling and working through memories of that event. This is especially relevant when symptoms of posttraumatic stress are a prominent part of the symptom picture. Here, the timeline (point 5 in submanual A) can possibly be included.

It is not recommended to conduct imaginal exposure in the group setting, as this often takes too much time and may be too sensitive to address at the group level. In the group, imaginal exposure will instead be carried out through writing exercises.

Explanation

The explanation is tailored to the clients' situation and can be as follows:

"You have witnessed the accident in which X died. That moment was so overwhelming that you still have vivid memories of it. Although you prefer not to be reminded of the accident, those memories keep coming back. Although this may be distressing, it is also very natural. When people experience such a traumatizing, devastating event, all of the feelings, images, and thoughts associated with that event are stored separately in your memory, without forming a coherent whole. As long as there is no coherent narrative of these memories, these images and feelings will keep coming back.

We will use the following sessions to process the traumatic memories about the events surrounding X's death and to turn the distinct fragments into one integrated story. In order to do this, we will zoom in on the details of what happened, and your thoughts and feelings connected with those details. We will do that gradually, first focusing on the general outline of what happened, gradually moving towards the moment and the painful details of this moment. We will monitor your level of distress continuously, and we will take a break if it gets too intense for you.

Why is it important to zoom in on your loss? To begin with, you will experience that the recollection of the event is not as scary as you thought. You'll also notice that you gradually get used to the fear and anxiety associated with these memories. However, the most important thing is that you will experience that retrieving these memories will help you to form a coherent narrative of the circumstances that has a clear beginning and also a clearer ending. This ending was obviously not a positive ending, because it left you with the painful challenge of moving on with life without X. But eventually, you will experience that the bits and pieces of the painful memories no longer intrude into your awareness but that you get some control over these thoughts and memories. Does this make sense to you?''

In this task, the client is instructed to write a detailed narrative about the traumatic circumstances of the loss (or other deeply painful moments associated with the death) within a specific timeframe

of 30 minutes, at least four times over the course of a week. The level of detail is gradually increased. For example, the client is initially asked to write a general narrative and then gradually add more details and reflections on their own feelings, thoughts, and memories associated with the story of the loss.

Global reconstruction of the moment that needs to be processed.

Before the IE starts, the client is asked to give an overall description of the event.

"You told me that you suffer from images of the moment when X died. Before I ask you to recall this moment as vividly as possible, I first want you to give an overall description of the event. Can you give me a global description of the moments right before the accident until the moments after the accident? You don't have to be very detailed, but it is important that I have a general understanding of what happened."

A detailed description of the situation to be processed
The following instruction is given for the writing task:
Encourage the client to use present tense to describe what she/he sees, feels, and thinks. The client has to 're-experience' the event in a step-by-step manner.
Ask for a detailed description of the situation and the sensory experiences: "What do you see? What do you feel? What do you hear? What do you smell?"
Ask the client to use the stress thermometer (worksheet on page 113) to monitor their stress level.

Depending on the nature of the trauma, the client may read their description aloud to the group. If it is a traumatic story with many intense elements, it may be overwhelming for the other group members to listen to. Therefore, the therapist should know a bit about the content of the trauma to make this assessment.

SUBMANUAL C: STIMULUS EXPOSURE

The aim of stimulus exposure is to reduce (phobic) avoidance of specific external stimuli (e.g., objects, places) by encouraging the client to gradually confront these stimuli.

Explanation

"We have determined that you fear visiting X's grave because you are afraid that you are driven crazy by the sadness you experience if you go there. In the next sessions, we will try to reduce that fear, and gradually work towards you having the courage to visit the grave.''

TIP!
Stimulus exposure can be combined with other forms of exposure if it turns out that the client has a phobic fear of a specific stimulus.

Create an exposure hierarchy

Exposure is done gradually. A hierarchy is created using the following instructions:

"The goal is that eventually, you feel sufficiently comfortable to visit the grave soon. Right now, that seems like a very scary thing to do. However, fear is an emotion that is subject to what we call habituation. That means that when you visit the grave, you will notice that you might be quite anxious, but this fear reduces naturally after a while. You will somehow get used to the fear. Of course, you do not have to go to the grave on your own immediately, but we will take it step by step. For example, you could first imagine that you visit the grave. The next step could be to visit the grave with a friend. The final step would be to visit the grave alone. It may sound a bit weird, but this is similar to the treatment of spider phobia. To treat people with spider phobia, a spider is first placed in a jar 50 meters away from them, and then the spider is brought closer step by step. But we only do that after people get used to the fear, we never force people to approach the spider immediately. Can you tell me which steps you could take to reach the final step: visiting the grave on your own?''

The therapist writes down all steps and places them in the right order, together with the client. The hierarchy does not have to be extensive.

Below is an example of a brief exposure hierarchy for a client who does not dare to visit the grave of his/her deceased partner:

Step 1: Imagine that you visit the grave (imaginal exposure).
Step 2: Visit the grave together with a friend (exposure in vivo).
Step 3: Visit the grave together with a friend who will wait for you at the cemetery entrance.
Step 4: Visit the grave alone.

Perform the stimulus exposure
A good way to start the exposure is through 'imaginal exposure' to the feared stimulus. The therapist asks the client to close his eyes and to imagine, as vividly as possible, that she/he is exposed to the feared stimulus:

"Close your eyes and imagine that you walk to the cemetery. What do you hear, smell, and see? […] Describe the grave; what does it look like […]. What do you feel? What emotions emerge? What memories emerge? Would you like to say something to [the deceased]?"

A good second step is exposure in vivo to the feared stimulus with help from a friend or relative. During stimulus exposure, the therapist repeatedly explains why it is helpful to confront stimuli that one tends to fear, and how exposure works.

"Two things happen when you confront yourself with things that you are afraid of. First, you will experience that your fearful expectations are not entirely correct. You have told me that you avoid visiting the graveyard because you feel that you will get to feel so sad, that you will go crazy or lose control. By gradually approaching the graveyard, you will get a chance to experience that this expectation is not correct. That is, going to the grave will elicit emotions, but will most likely not lead to craziness or loss of control. Secondly, you will experience what we call habituation. Habituation is another term for an automatic decrease in the intensity of emotions. When we people experience an emotion such as fear or sadness, this emotion decreases automatically, when we get used to being in touch with the emotion. You can compare it with what happens when you go into a room where there is bad smell; you pay attention to the smell in the beginning, but after a few minutes, the smell seems to decrease."

Homework

The homework consists of the client exposing himself/herself to the feared stimulus outside the treatment sessions. This is of course done gradually. The worksheet "monitoring exposure" (pages 120-121) is used for this assignment. The worksheet is used to formulate the assignment and note the experienced level of distress right before, during and after the assignment (on a scale of 0-10) (page 113). The aim of registering the level of distress is to investigate whether the level of distress decreases (as expected) during and after the exposure.

Duration
Stimulus exposure can take 1 session but can also last up to 4 sessions. The aim is that the client feels sufficiently confident to expose himself/herself to the feared stimulus and eventually to be able to do this without experiencing intense fear.

SUBMANUAL D: REDUCING COMPULSIVE GRIEVING BEHAVIOR

Reducing compulsive grieving behaviour is useful when the client engages in compulsive proximity-seeking behaviour with the goal of keeping the deceased person alive and avoiding the reality of his/her death.

Explanation

''I have noticed that you are intensely absorbed by the thoughts about X's death. You spend a long time at his grave every day and look at photos of him for several hours. It is understandable that you have an urge to spend a lot of time thinking about X and doing things to continue to feel connected with X. But I think that your strong engagement in activities that make you feel close to X might also be a way to distance yourself from the reality of the loss. As long as you keep yourself engaged with X, you do not have to think about the fact that he is dead. It is as if you have a thought like 'If I do not spend time thinking of him every day, I will really lose him''. Is that right, or am I wrong?"

"In the following sessions, we will try to find out if there are other ways you can maintain your bond with X and, at the same time, leave room to orient toward the future. This does not mean that you can no longer visit the grave or look at photos. But in order for you to adjust to the fact that X is gone and will never return, it is also important to acknowledge the fact that he is actually dead, to discuss what that means for you and your life and future, and to work through the grief and the pain associated with this reality. You might think: ''I have to visit the grave daily and look at photos of him every day, or else I will forget him, or betray him, or I may be confronted with the pain". It can be scary to do these things less often than you are used to. We are going to do this step by step and you'll notice that it is not so scary to skip a day every now and then. You will also notice that you will not forget or abandon him by doing less proximity-seeking behaviour, as we call it. In fact, it may actually help you to integrate the loss into your life story, to gradually start making some new plans for the near future or gradually pick up activities that you used to enjoy."

Preparation

The client is, obviously, not asked to give up on the grieving behaviour completely, but the aim is to reduce the grieving behaviour step by step. The following questions can be used to determine how this can be done:

1. **What is the current grieving behaviour?**

"Can you tell me what you usually do in a week, with regard to the death of X?"

"Okay, so you visit his grave every day and spend approximately 2 hours there. And every evening, you look at his photos for an hour. Are there any other things you do?"

2. **What is the grieving behaviour the client wants to engage in eventually?**

"There are different things you do to keep a strong connection to X. How many of these things would you like to do in the long run? For example, how often would you like to visit the grave or look at his photos in six months' time?"
[…]
"Okay, if I understand correctly, you would like to visit the grave once a week, and no longer look at his photos every evening, but also only once a week."

3. **What are the appropriate steps in reducing the grieving behaviour?**

The therapist and client then go on to discuss what could be the steps in diminishing the behaviour. The therapist can also suggest the following steps:

"My suggestion is that instead of visiting the grave every day next week, you will skip 2 days and that you choose 3 days where you will look at his photos. What do you think of that…?"

Here, the worksheet on pages 120-121, which is used in submanual C, can also be used to formulate steps.

TIP!
The therapist 'aims high' because it is important that the client 'faces' the reality of the loss as soon as possible.

The actual reduction of the compulsive grieving behaviour

After it has been determined what steps are needed to reduce the grieving behaviour, treatment basically consists of gradually following these steps.

This intervention resembles exposure and response prevention as applied in the treatment of obsessive-compulsive disorder (OCD). For instance, people with the fear of contamination tend to wash their hands over and over again with the intention that they may reduce the potential risk of becoming infected but also their fear associated with it. In treatment, these people are helped to confront the feared stimulus (e.g., dirty things), without performing their compulsive behaviour (washing hands). This is done so that they expose themselves to their anxiety and thereby experience that their anxiety gradually, but certainly, decreases. People with complicated grief reactions are sometimes 'compulsively' occupied with the deceased in an attempt to keep the grief away. During treatment, clients are encouraged to give up this compulsive grieving behaviour but also to expose themselves to the reality of the loss and the associated emotions. This is done in order to discover that these emotions are tolerable and will become less intense, painful, and distressing.

When the client starts reducing his/her compulsive grieving behaviour he/she will automatically be confronted more with thoughts about the meaning and implications of the loss and with the pain connected with that reality.

Homework

The homework is to reduce grief-related behavior according to the agreed steps: "We agreed that you wouldn't visit the gravesite every day this week and that you would start by skipping two days. Which days should we choose?"

Duration

Reducing compulsive grieving behaviour may take 1 session but can also last more than 4 sessions. The aim is not for the clients to give up all their activities and behaviours that provide a sense of continued connection with the deceased person. Instead, the aim is that these activities and behaviours take up less space and that the clients feel sufficiently confident and empowered to think about the reality and implications of the loss and to work through the pain and grief connected with this reality.

SUBMANUAL E – techniques for task 2

Examples of challenging techniques
The therapist can use various challenging techniques. We make a global distinction between three types of challenging techniques: (I) Socratic questioning; (II) Identifying cognitive distortions, and (III) Additional challenging techniques. These challenging techniques are explained below.

Socratic questioning
Asking questions about the negative, unhelpful cognitions in a Socratic way is a powerful means to encourage clients to start reflecting on the degree to which these cognitions are true and helpful. The therapist applies genuine curiosity and guides the client in finding out whether his/her cognitions are logical and accord with reality.

Examples of questions for the Socratic dialogue:

a) Asking for evidence supporting the negative, unhelpful cognition:
"What exactly makes you believe that you will never be happy again?"
"You seem to convinced that your life is no longer useful, but is that cognitions really true and correct?"

b) Asking for evidence against the negative, unhelpful cognition:
"You seem so convinced that the doctor's in the hospital did not do everything they could to save X's life, but can you also say what evidence there is pleading against this assumption?"

c) Questions about the logic of the reasoning:
"Is it logical to think that no one wants to socialize with you anymore now that your husband has died?''
"You husband died of cancer, but still you think that you are partly responsible for his/her death. This is not entirely logical to me. Can you explain it a bit?"

d) Questions about the consequences, the adaptiveness, the helpfulness of the negative cognitions:
"What are the consequences if you keep telling yourself that you could have prevented the death in any way?'', "Does this negative thought help you?"

TIP!
Make sure always to address both the validity of negative, unhelpful cognitions (Are the cognitions really true?), as well as the utility of these cognitions (Do the cognitions help me in coming to terms with this loss?)

[II] Identifying cognitive distortions
Cognitive distortions are recurring ways of thinking that seem correct and logical but are not correct and logical. The therapist can point out the mistakes in the clients' reasoning and then challenge these mistakes (in a Socratic dialogue). Examples of cognitive distortions are listed below.

Overgeneralization: forming a general conclusion based on a single situation or event (''I will never be able to overcome the grief and be happy again'', ''Life has nothing left to offer me'').
Jumping to conclusions: Forming conclusions without evidence (''That I don't cry much, means that I am not normal", 'I could have done more for the deceased, that means that I am guilty of his death'').
Personalization: Attributing events to personal shortcomings or failure (''It is my fault that he is dead'', ''My kids are unhappy because I cannot handle the loss properly'').
Mind reading thoughts: Thinking to know what other people think ("Others think that I am guilty for the death", "People find me uninteresting now that I'm alone").
Predicting disasters: Predicting an extremely negative outcome of an event or situation (''If I really let the loss sink in, that would drive me crazy'', "If I think less about her/have less sorrow, then I will forget her'', "Now that I am alone I will languish and never be happy again'').
Catastrophizing: An extremely negative evaluation of nasty situations ("It is terrible that I am still not over the loss", "That I am alone now is terrible, I cannot bear that").
Demandingness: Translating wishes and desires in demands ("I should be able to handle the loss well", "People must understand how I feel", "The world should be fair and just").

[III] Additional challenging techniques
The therapist can also use several additional challenging techniques. We will discuss a few examples.

The two-column technique

1. Identify the negative, unhelpful cognition and write it down on a white board with two columns underneath.
2. Use one column to write down evidence for, and the other column to write down evidence against the cognition.
3. Ask the client to list all possible evidence, arguments and indications that he can think of, for and against the negative, unhelpful cognition.
4. Only write down the evidence that actually pleads for or against the truth of the cognition. The statement ''I just feel that it is true'', is no evidence.
5. If the client cannot think of anything else, ask questions such as ''Have you perhaps read somewhere that this is true?'', ''If not you but someone else would have this thought, what kind of arguments would you give to show that the thought is not true?''. Give some suggestions of possible evidence.
6. Discuss whether the evidence actually argues for or against the cognition and if the evidence is actually real, true, valid evidence.
7. Reconsider the negative, unhelpful cognition in view of the gathered evidence and let the client think of an alternative cognition.

The pie-chart technique

This technique is especially useful when the client attributes the responsibility for a certain event fully to himself.

1. Identify the dysfunctional thought (E.g.: "It is my fault that he died ")
2. Ask the client to list all possible causes that may underlie the event (''List all possible factors that contributed to his death.'')
3. Ask the client to assign percentages to all of these causes that represent the share in the total cause. In this example the client can come up with the following 'causes': ''his illness'' (60%), ''negligence of the doctors'' (10%), ''poor self-care during his life'' (20%), ''I took him to the hospital to late'' (10%).
4. Display the percentages in a pie-chart diagram.
5. Reconsider the original thought and formulate an alternative thought.

Gathering information

This technique is useful if a client has particular negative unhelpful cognitions that can be challenged with specific information. If the client has rigid ideas about the course of a normal grieving process (''A normal grieving process lasts for one year, that I am still very sad means that I am not normal''), then the therapist can refer to accessible literature in which is written about the duration and the content of 'normal' grieving processed. If the client fears that he suffers from a serious disease (e.g. the same disease that the loved one died of), then the therapist can ask the client to find out more about this disease to find out if it is hereditary, or about risk factors for this disease.

Imagining the worst

This technique is useful when clients fear that a particular situation may have a catastrophic outcome. This technique gives the client insight into the probability that the catastrophe will happen, insight into how bad the catastrophe truly would be if it would happen, and insight into his/her skills to deal with the possible disaster.

[1] Make the catastrophe explicit, for example:
"Other people blame me for his death and that is terrible",
"If I really let the loss sink in, It will drive me crazy ",
"If I don't let go of [the deceased] quickly, I will be alone forever".

[2] Assume that the catastrophic idea is true and ask what that means.
"What if other people indeed think that you are to blame for his death, then what?"
"What if you indeed will be alone forever, what is so bad about that for you?"
"What is the worst thing that can happen if you let the loss really sink in?"

[3] Discuss solution- and coping skills asking questions such as:
"How could you deal with it if what you fear actually happened?"
"How could you solve that?"
"What would you still have to learn to be able to properly handle what you fear?'"

Appendix – Schemas and Exercises for Homework

The three tasks in therapy

The three grief tasks worked on in therapy are described below.
Read about the three tasks and assess whether you can recognize yourself in any of the descriptions.

Adapting to life after the loss of a love one: Three tasks

Adapting to life after a loss is a difficult process. In this treatment, we assume that processing a loss encompasses three important tasks:

I. Confronting the loss and the pain that goes with it.
II. Regaining confidence in yourself, other people, life, and the future.
III. Engaging in helpful activities that promote adjustment to the new life situation.

These three tasks help us to understand what good, adaptive loss processing involves, but also what types of feelings, thoughts, and behaviours that may block the process of coming to terms with a loss and, as such, contribute to the development and maintenance of complicated grief reactions.

Task I: Confronting the loss and the pain that goes with it
Task I is perhaps the most important task. Confronting the loss and the pain that goes with it is a necessary condition (or prerequisite) for adjustment to a loss. By "confronting the loss" we mean that it is important to reflect on the fact that the loss really happened, that the loss is irreversible, and that the deceased will never come back. Confronting the loss is also about being aware of the consequences of the loss; the consequences for yourself (your self-image and the roles you fulfil), the consequences for your future (plans and expectations for the coming months and years) and the consequences for the relationship with your loved one (which will never be supplemented with new events and forever consists of memories). By "confronting the pain" we mean that it is important to become aware of the feelings you may have about the loss, but also to allow those feelings to be there and work with them. The aim is not to forget the person you have lost, but to understand and accept the fact, that he or she is dead, and to find new ways to live a full life without the one, you have lost, by your side.

Some bereaved people find it very difficult to understand and process the reality of the loss, the fact that their loved one truly never comes back. People indicate this with words like “I cannot believe he/she is dead”, “I cannot accept this loss”, or "It feels totally unreal that he/she will never come back."

Some bereaved people tend to avoid the reality of their loved one’s death. That can be done in different ways. Some people reminisce all the time about moments with the deceased and at the same time avoid thinking about the future and the fact that those moments will never come back. Other people completely refrain from thinking that their loved one really never comes back because they fear that they will not be able to cope with the pain this will bring about, and they might even

think that they will go “crazy” or “lose control” if they face the loss and the pain. There are still other people who avoid photos of their deceased or other objects or places associated with him/her, because it is strongly associated with pain and sorrow.

We can refer to this behaviour (avoiding internal and external stimuli connected with the reality and pain of the loss) as “anxious avoidance behaviour”. In the short term, turning attention away from the loss can bring some relief and help to focus attention on other issues. But when avoidance behaviour persists, and when it is driven by fear about the consequences of confronting and elaborating the reality of the loss, then the adjustment process may get blocked. For proper processing, it is important to face the loss. Only then can you properly consider and process the consequences of the loss. And only then can you think of ways to deal with those consequences as good as possible.

Task I is also about working through one’s emotions. Every person experiences different emotions after loss. Some people are particularly sad, others are struck by gloom, fear, or guilt and again there are others who are especially angry. There are no rules that prescribe which emotions are good, and which are not. It is useful to give space to the emotions you experience; to feel these emotions, express them, and reflect upon them. It is only when you allow these feelings and give them space that they can gradually decrease. Confronting the pain associated with the loss is therefore essential in processing the loss. Anxious avoidance behaviour can stand in the way of confronting and working through the pain. In this treatment, we will help you to face the loss and the emotions associated with it.

Task II: Regaining confidence in yourself, others, life, and the future

It is entirely normal that the death of a loved one shatters views of yourself and the future and causes your self-image, worldview, and view on the future to be negative for some time. But to move forward in adjusting to the loss, it is important that you have and maintain a sense of confidence and trust in yourself, other people, life, and the future. That is what Task II is about. What do we mean by that? It is only when you have self-confidence that you can continue your usual roles and activities. Likewise, it is only when you have confidence in other people, that you can ask them for help when you need it and you will be able to relate to them in a positive manner. And it is only when you can still believe that life is meaningful that you will be able to orient toward social, recreational, and work and education activities that were fulfilling before the loss occurred.

For some people, trust in themselves, others, life, the future has been seriously damaged following the loss of a loved one, and it can remain so for a long time after the loss. Sometimes people think very negatively about themselves; for example, they think they cannot do anything for others, or they are convinced that they are unable to handle the loss and deal with all the consequences of the loss. It can also happen that all trust in other people is gone. It is not strange that you think very negatively about medical doctors if you hold them responsible for the death, or think negatively of family members and friends who suddenly seem much less supportive of you than you would have expected. People can also get stuck in the conviction that life is totally meaningless after losing their loved one. Likewise, the future may seem bleak when plans that were connected with the loved one’s presence can no longer continue.

It is understandable if you do not have that much faith and confidence in yourself, others, life, and the future in the first months after the loss. There has just been a major event in your life that has disrupted everything. That makes it difficult, if not impossible, to see yourself in a more or less positive view. When others can be blamed for the death, it is difficult to maintain a positive view of these people. When the person, who was the most important source of meaning and maybe also support during difficult periods is no longer there, it may seem impossible to believe that life has meaning. When the person who was part of all possible plans for the future suddenly dies, it can be difficult, if not impossible, to have faith that positive plans for the future will come true.

But for proper processing of the loss, it is important that confidence in yourself, others, life and the future returns. That confidence is essential for the integration of the loss you're your life. In the treatment, we will look for ways to regain and maintain this confidence.

Task III: Engaging in helpful activities that promote adjustment to the new situation
Task III is about the activities that you undertake in everyday life. The principle of this task is simple: adjustment to a loss goes more easily when you are better able to undertake activities that distract you from the grief for a shorter period, and the longer term help you to adjust your life to the reality that you have to move one without the deceased.

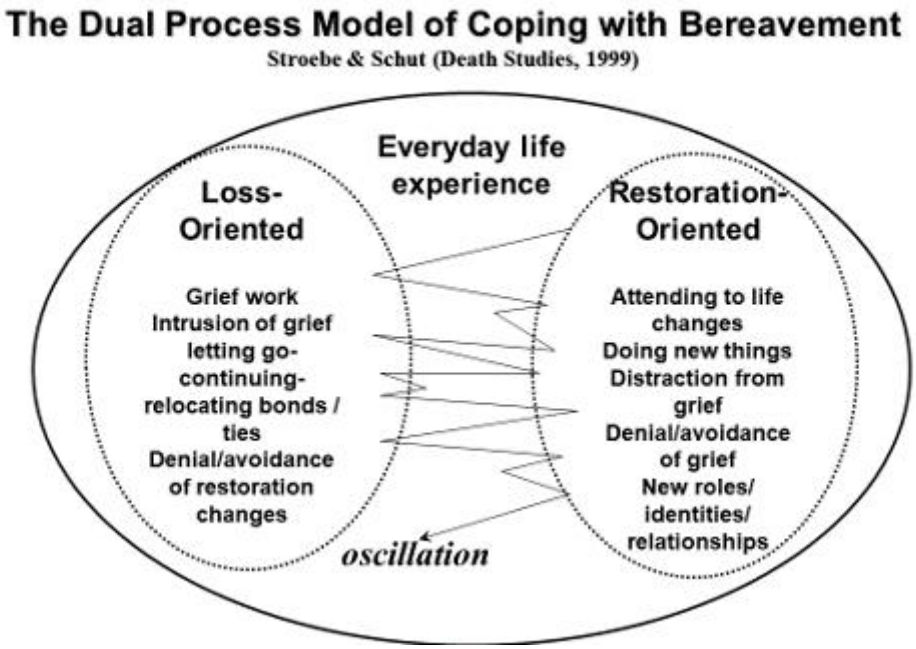
Which activities do we refer to specifically? Firstly, they include social activities such as contact with people you feel comfortable with (friends, family). Secondly, they include activities such as (voluntary) work and education. Finally, it is also about recreational or relaxing activities such as your usual sporting activities, contacts at clubs or associations, or reading, listening to music and other activities that previously helped you to relax. The more you undertake such activities, the more you will be distracted from the grief, and you will be helped to deal with the loss.

There can be all sorts of reasons and obstacles that stand in the way of engaging in helpful activities. You may lack the resources needed for this; if something has changed in your financial situation, you may have fewer opportunities to undertake relaxing activities. If your deceased partner usually arranged appointments with friends, it can be difficult to engage in social activities. Perhaps you lack the confidence to undertake activities, or you have a pessimistic belief about the usefulness of doing so. In order to progress further in the process of adapting to your new life situation after the loss, you will have to get rid of these obstacles in one way or another. You will have to search for resources; people who can help you to gain opportunities and resources to do things again. In addition, it is important to try to increase your self-confidence (who says that you are not able to find friends and gradually get back to work?) and try to have a "solution focused" attitude. What exactly do you want to do? What do you need to do to make this possible? Finally, it is important to turn pessimism into optimism. You must avoid thinking: First, I must feel good, and then I will be able to do something again. No, it is often the other way around: when you are sad and listless and yet start doing something (no matter how small), you notice that you subsequently feel better.

So just as "confronting the loss and pain that goes with it" (Task I) and "regaining confidence in yourself, others, life and the future" (Task II), "engaging in helpful activities" (Task III) is important in the process towards learning to live with a loss. It takes a great deal of effort to focus on other

things after a major loss — things that sometimes seem so futile and useless in the light of the loss. Yet if you do it gradually, you will find that it helps: it distracts you from the sadness and helps to integrate the loss into your life. In the treatment, we will explore and find ways to gradually resume and increase activities that were previously meaningful to you.

The Dual Process Model – Understanding Grief Processing



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Homework – thought hunt

A list of unhelpful thoughts that may arise in connection with a loss. Look at the list and mark whether you can recognize any of these thoughts.
Take the list to the next session. It will be reviewed with your therapist.

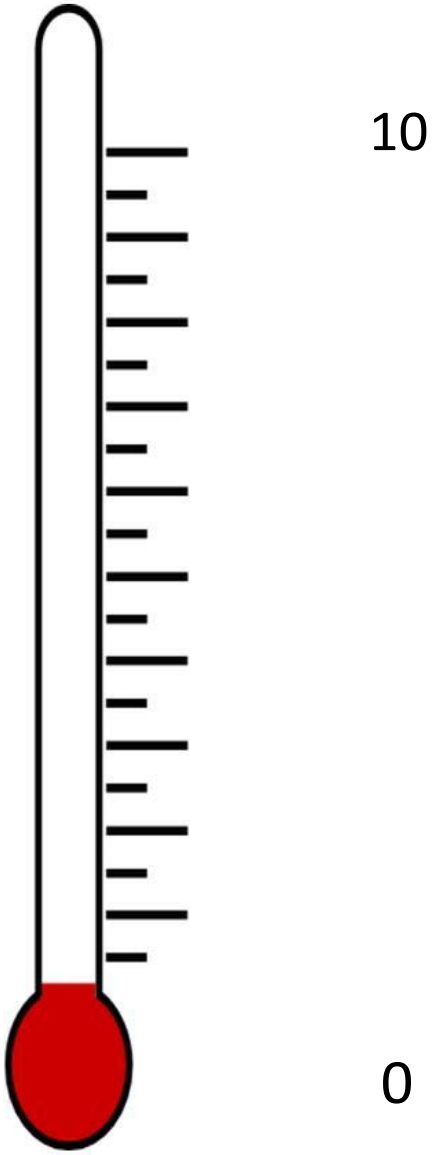
Below you find different negative beliefs. Please indicate the degree to which you agree with each belief?

		Strongly disagree					Strongly agree
1.	Since _____ is dead, I think I am worthless.	0	1	2	3	4	5
2.	I am partially responsible for _____'s death.	0	1	2	3	4	5
3.	Since _____ died, I have realized that the world is a bad place.	0	1	2	3	4	5
4.	The people around me should give me more support.	0	1	2	3	4	5
5.	I don't expect that I will feel better in the future.	0	1	2	3	4	5
6.	I have to mourn, otherwise I will forget _____.	0	1	2	3	4	5
7.	I see myself as a weak person since _____ passed away.	0	1	2	3	4	5
8.	If I let go of my emotions, I will go crazy.	0	1	2	3	4	5
9.	I am ashamed of myself, since _____ died.	0	1	2	3	4	5
10.	The death of _____ has made me realise that we live in an awful world.	0	1	2	3	4	5
11.	My grief reactions are abnormal.	0	1	2	3	4	5
12.	Life has got nothing to offer me anymore.	0	1	2	3	4	5
13.	I have no confidence in the future.	0	1	2	3	4	5
14.	As long as I mourn, I maintain the bond with _____.	0	1	2	3	4	5
15.	My life is useless since _____ died.	0	1	2	3	4	5
16.	I don't mourn the way I should do.	0	1	2	3	4	5
17.	I should have prevented the death of _____.	0	1	2	3	4	5
18.	Many people have let me down after _____ 's death. ?	0	1	2	3	4	5
19.	The death of _____ has taught me that the world is unjust.	0	1	2	3	4	5
20.	My life is meaningless since _____ died.	0	1	2	3	4	5
21.	My wishes for the future will never be fulfilled.	0	1	2	3	4	5
22.	Since _____ is dead, I feel less worthy.	0	1	2	3	4	5
23.	If I would fully realise what the death of _____ means, I would go crazy.	0	1	2	3	4	5

24.	If I would have done things differently, _____ would still be alive.	0	1	2	3	4	5
25.	Ever since _____ died, I think negatively about myself.	0	1	2	3	4	5
26.	I do not react normally to this loss.	0	1	2	3	4	5
27.	In the future I will never become really happy again.	0	1	2	3	4	5
28.	As long as I mourn I do not really have to let _____ go.	0	1	2	3	4	5
29.	People around me should show much more interest in me.	0	1	2	3	4	5
30.	I will never be able to forgive myself for the things I did wrong in my relationship with _____.	0	1	2	3	4	5
31.	There is something wrong with my feelings.	0	1	2	3	4	5
32.	My life has no purpose anymore, since _____ died.	0	1	2	3	4	5
33.	I blame myself for not having cared better for _____.	0	1	2	3	4	5
34.	The death of _____ has taught me that the world is a worthless place.	0	1	2	3	4	5
35.	Since _____ is no longer here, I have a negative view on the future.	0	1	2	3	4	5
36.	If I allow my feelings to be there, I will lose control.	0	1	2	3	4	5
37.	Since _____ is dead, I am of no importance to anybody anymore.	0	1	2	3	4	5
38.	If I start crying, I will lose control.	0	1	2	3	4	5

Some thoughts related to your loss that are on your mind and not listed above:

Stress Thermometer



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THINGS I PREFER TO AVOID

Fill out the empty lines below with examples of different things related to your loss that you prefer to avoid.

[1] Avoidance of the reality of the loss

Example: Babette lost her husband to cancer 1 ½ years ago. She finds it literally unbearable to dwell on the fact that her husband is really dead and is not coming back. She dwells with sadness on the small and big moments she has shared with her husband, and then becomes overwhelmed by intense disbelief and bewilderment when she realizes that those moments will never be there again. Then she becomes overwhelmed by grief and immediately tries to distract herself.

Are there any thoughts or feelings that you would rather avoid?

[2] Stimulus avoidance of specific situations, objects, people

Example: Albert's son died in a unilateral accident on a provincial road near a nearby village. Since the accident, now 2 years ago, Albert has avoided that road. His avoidance has gradually expanded; he would also rather not come to the village in question. Every route in the direction of the accident causes too much pain, he says.

Are there places or objects that you would rather avoid?

[3] Avoidance of images and memories of circumstances surrounding the loss

Example: Peter witnessed his wife having a brain haemorrhage of which she died a few hours later. He still clearly sees the images of it. His wife wobbling and then falling down. The thump when she hit the floor. The image of his wife, motionless on the floor, regularly comes to his mind. Peter doesn't want to think about it. He tries to suppress the memories, because they hurt too much.

Are there memories, images, or parts of the loss story that you would rather avoid?

[4] Compulsive proximity seeking

Example: Stefanie goes to her husband's grave every day. Her husband died of cancer three years earlier. Stefanie spends many hours at the grave, talking to her deceased husband and caring for the grave. "Then I feel close to him," she says. The idea of skipping a day cannot be discussed.

Are there certain activities that you constantly undertake to feel close to your loved one?

Timeline

A timeline can be used in the therapeutic work for several different purposes. It is a therapeutic tool that in the therapeutic work can promote:

- Structure and overview of a given period
- Creating a coherent story/narrative
- Connecting situations with thoughts, feelings, bodily sensations and behaviors
- Separation of thoughts, feelings and events in order to create an overview and a new understanding
- Processing of traumas and particularly difficult events ("hotspots")
- Separation of person and problem (externalization)
- Visibility, focus and understanding

Timeline:
Situations/events/incidents: (What happened to me?)

_____
_____
_____

Beginning End

Thoughts/feelings/body/action: (How was it for me in that situation?)

_____
_____
_____

Above the timeline, you write briefly and pointwise (we call it points of impact) about the events that have had a great impact on you, and that you remember particularly clearly. It can be both important positive or negative memories.
Below the timeline, you describe how you remember it was to be you in the specific situation that you have described above the timeline. Maybe you can remember your thoughts, feelings, bodily sensations or your actions/behaviors.
You begin the timeline with the events that are the furthest back in time, and then move forward in time to the present day.
Your therapist will guide you further in the execution of the timeline, and you can work with it together in therapy.
It is your timeline, and there are no special requirements for how it should be made. It can't be right or wrong.

LETTER TO YOUR DECEASED

As part of your grief work, write a consecutive letter to your deceased loved one. You must address the letter to your deceased partner and can, for example, begin it with: "Dear...", or whatever you see fit.

Good themes to get into in a letter can be:

1. How is it going, and how are you feeling now that X is dead?
2. What does your life look like, and what are you doing now that X is dead?
3. What are the most important changes in your everyday life, from before X died until now?
4. What was it like to be you, what did you think and feel in connection with X's illness and death? Feel free to describe specific episodes that were particularly difficult.
5. In what moments in the last couple of months have you missed X particularly much?
6. In what moments of your everyday life do you miss X particularly much? What exactly is it that you miss?
7. What did the deceased mean to you? What have you learned from the deceased?
8. What would you like to say to X? What do you want that person to never forget?
9. Which feelings and thoughts enter your mind when you think about the fact that you will never see, hear or feel X again?
10. What wishes and plans do you have about the future?

You can choose for yourself in what order you address these questions. You don't have to worry about spelling or format. The main purpose of this task is to reflect on these themes, feel your emotions connected to them and make room for them. If you're not comfortable writing, you can talk to X about the various questions and maybe record memos on a phone.

Many people find it helpful to write four times a week at the same time of day for a maximum of 30 minutes. This is an exercise in moving in and out of grief. Many also enjoy purchasing a special notebook for this letter. It can also be a good idea to look at photos of the person you've lost while writing the letter.

The letter is your personal message to your deceased loved one, and you are free to write whatever you wish. You will only be asked to share something from the letter in therapy if you feel comfortable doing so. However, feel free to bring the letter to therapy, where we will discuss whatever is particularly significant for you in your process.

LETTER TO YOUR DECEASED

As part of your grief work, write a consecutive letter to your deceased loved one. You must address the letter to your deceased partner and can, for example, begin it with: "Dear...", or whatever you see fit.

Good themes to get into in a letter can be:

1. How is it going, and how are you feeling now that X is dead?
2. What does your life look like, and what are you doing now that X is dead?
3. What are the most important changes in your everyday life, from before X died until now?
4. What was it like to be you, what did you think and feel in connection with X's illness and death? Feel free to describe specific episodes that were particularly difficult.
5. In what moments in the last couple of months have you missed X particularly much?
6. In what moments of your everyday life do you miss X particularly much? What exactly is it that you miss?
7. What did the deceased mean to you? What have you learned from the deceased?
8. What would you like to say to X? What do you want that person to never forget?
9. Which feelings and thoughts enter your mind when you think about the fact that you will never see, hear or feel X again?
10. What wishes and plans do you have about the future?

You can choose for yourself in what order you address these questions. You don't have to worry about spelling or format. The main purpose of this task is to reflect on these themes, feel your emotions connected to them and make room for them. If you are not comfortable writing, you can talk to X about the various questions and maybe record memos on a phone.

Many people find it helpful to write four times a week at the same time of day for a maximum of 30 minutes. This is an exercise in moving in and out of grief. Many also enjoy purchasing a special notebook for this letter. It can also be a good idea to look at photos of the person you've lost while writing the letter.

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MONITORERING EXPOSURE

Describe the exposure assignment you and your therapist have agreed that you are going to do. What exactly are you going to exposure yourself to? Write this in the box below.

Are you going to do so step-by-step? If so, briefly write down these steps.

Step 1
Step 2
Step 3
Step 4
Step 5

Register the following points in the table below:

- Date of the exposure assignment
- Level of distress before doing the assignment (on a scale of 0 to 10; see the stress thermometer, if necessary)
- Highest level of distress during the assignment (on a scale of 0 to 10)
- Level of distress after the assignment (on a scale of 0 to 10)
- Tools you used during the assignment (e.g. support from others, relaxation).

Date	Level of distress before (1-10)	Highest level of distress during (1-10)	Level of dis tress after (1-10)	Tools I used to help me to do the exposure (if any)

Write down all positive and negative aspects of the assignment: What went well, and what did not go so well, what did you find difficult etc.

4-column schema for identifying negative automatic thoughts			
Situation What? Where? Who? When?	**Emotions/feelings** What did you feel? How strong was that feeling? (1-10)	**Negative (automatic) thought** What thoughts went through your head just before/when you felt like that? Which of these thoughts is most closely related to the feeling? How much do you believe that this thought is true? (0-100%)	**Alternative more helpful thought** What could be an alternative and more helpful and realistic thought? How much do you believe that this thought is true? (0-100%)

BEHAVIOURAL EXPERIMENT

Step 1: What is the negative cognition that you are going to test?
Step 2: Reformulate the cognition into a negative prediction.
If……, then …..
Step 3: Reformulate the cognition into an alternative (more helpful) prediction.
If……, then……
Step 4: Decide what action you can undertake to test the prediction.
Step 5: After the action: What happened? What did you learn? Which prediction turned out to apply: the negative one or the alternative (more positive) one?

Activity form

Date	Part of the day	What did I do?	Write an **N** by activities that are nurturing, and write a **D** by activities that are depleting/draining
	Morning		
	Afternoon		
	Evening		
	Morning		
	Afternoon		
	Evening		
	Morning		
	Afternoon		
	Evening		

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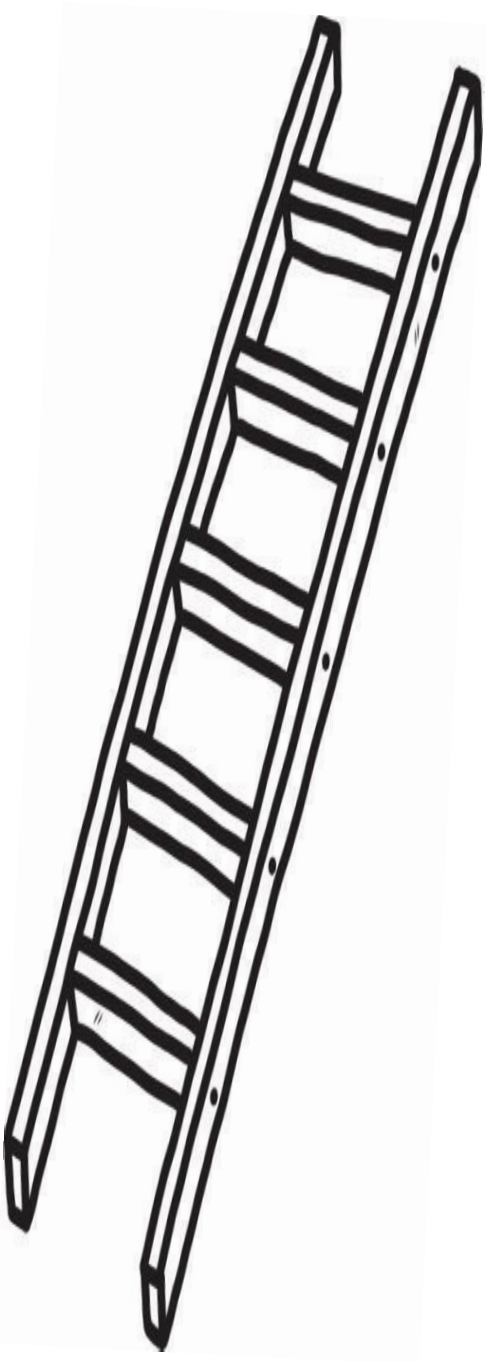
GOALS AND STEPS

Each step brings you closer to your goal.

Goal:_____



Step 5:

Step 4:

Step 3:

Step 2:

Step 1:

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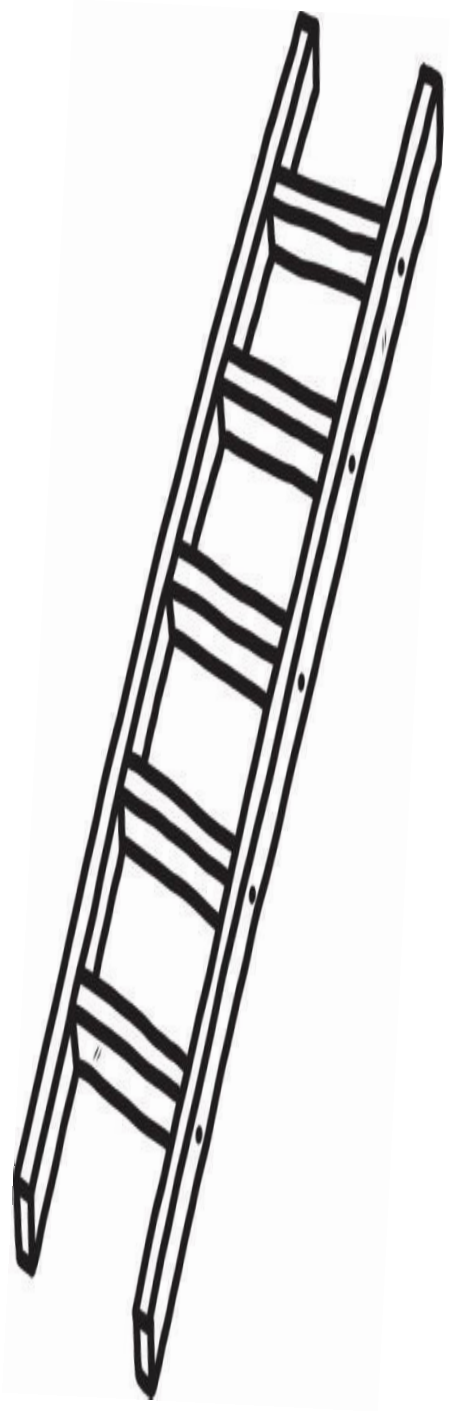
GOALS AND STEPS

Each step brings you closer to your goal.

Goal: organize a meal for your best friends within a month



Step 5: Prepare what I want to say about X's death
Step 4: Make practical preparations for the meal
Step 3: Prepare the invitation: What should I write in the invitation? What should I mention as the reason for the gathering?
Step 2: Identify exactly who I want to invite.
Step 1: Consider which dates might work

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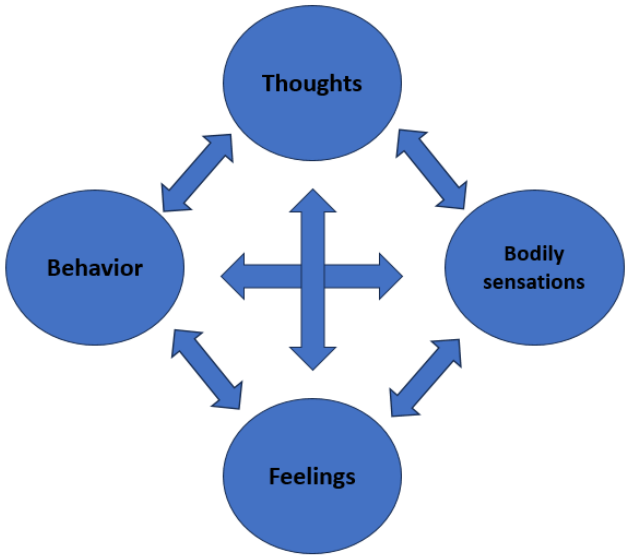
The Cognitive Diamond

Situation



Negative automatic thought: _____

Helpful alternative thought: _____

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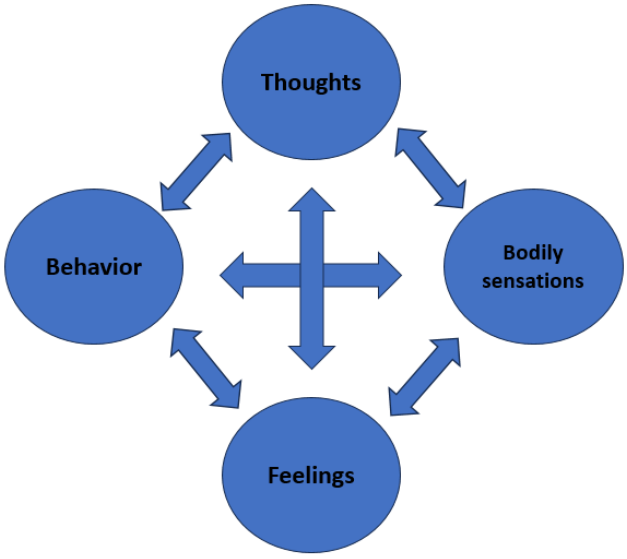
The Cognitive Diamond

Situation

I come home to the empty house after spending time with a couple of friends. It's evening, it's dark, it's quiet, and there's no one to share it with

I'll never be happy again

Gets stuck, becomes passive,
stays in the sofa.
Cancels all plans the next day



Body feels heavy
Lump in the throat

Resigned, sad
Powerlessness, Loneliness
Helplessness

Negative automatic thought: I'll never be happy again

Helpful alternative thought: I'm sad right now, but I believe that tomorrow will be better

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The Cognitive Diamond

Situation

I come home to the empty house after spending time with a couple of friends. It's evening, it's dark, it's quiet, and there's no one to share it with

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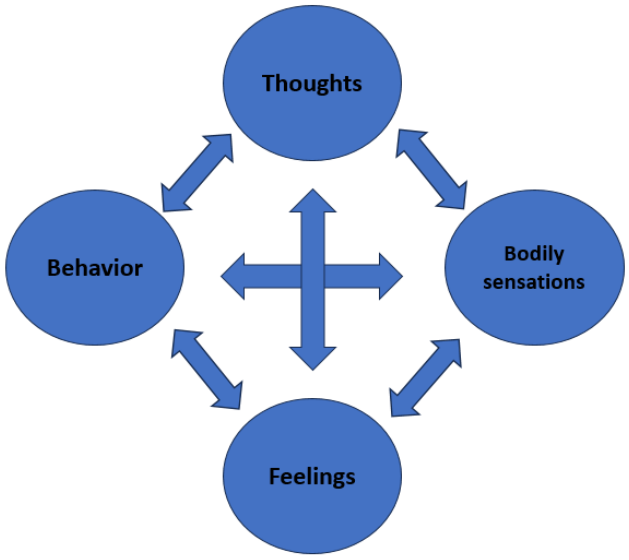


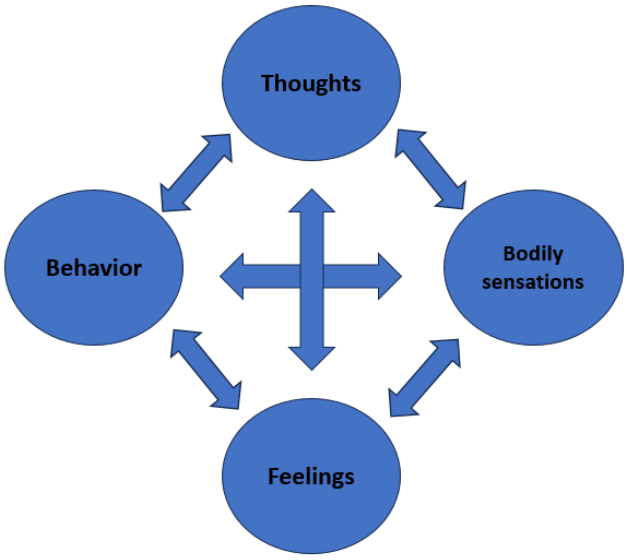
Gets stuck, becomes passive,
stays in the sofa, cancels
Cancels all plans the next day

Body feels heavy
Lump in the throat

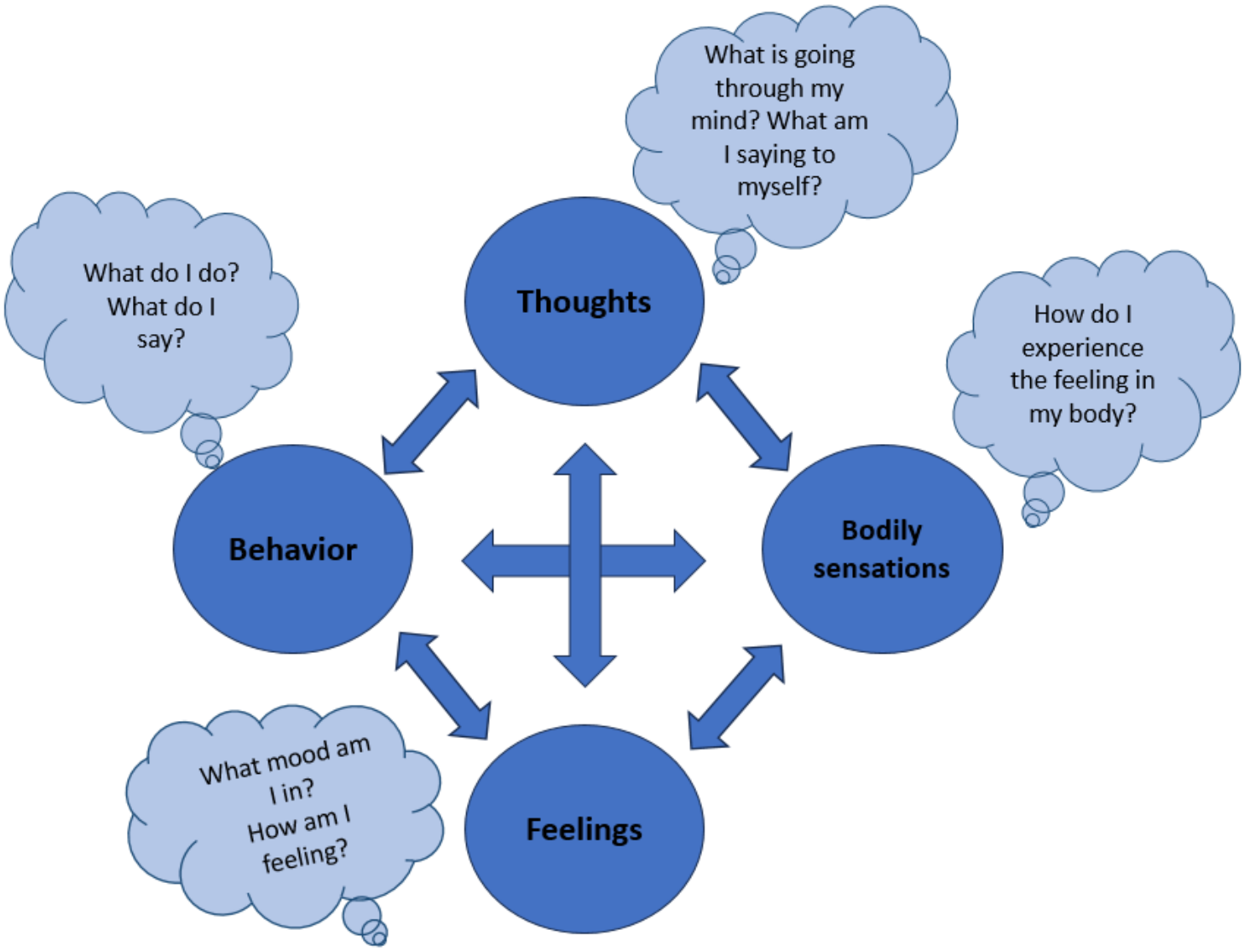
Resigned, sad
Powerlessness, Loneliness
Helplessness

The Cognitive Diamond

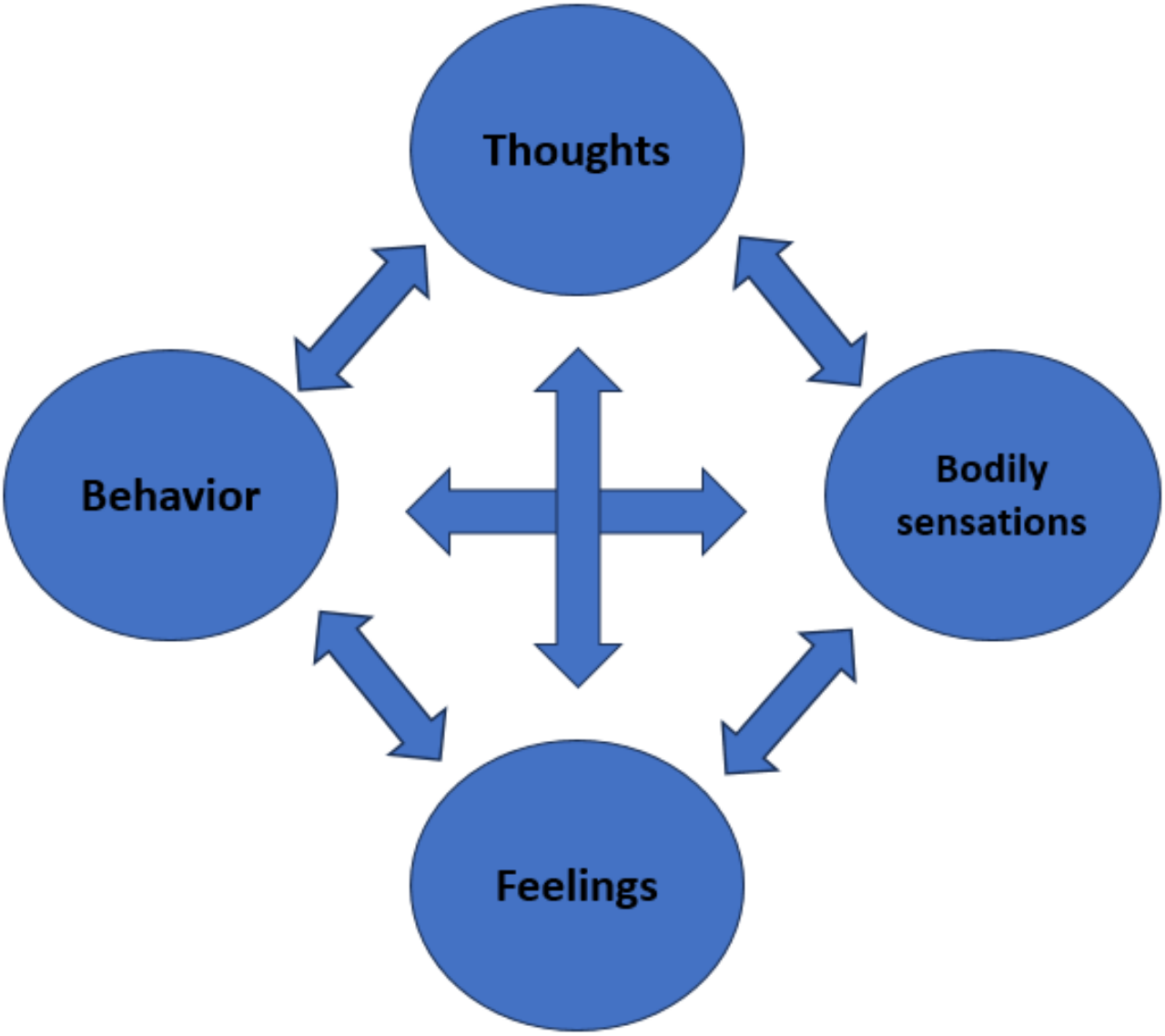
Situation



The Cognitive Diamond



The Cognitive Diamond



Grief reactions

Emotional

- ☐ Shock
- ☐ Grief, longing
- ☐ Irritability, anger
- ☐ Self-blame
- ☐ Hopelessness, discouragement, helplessness
- ☐ Loneliness, abandonment
- ☐ Emptiness
- ☐ Sadness/feeling down
- ☐ Anxiety/unease
- ☐ Guilt, shame
- ☐ Reduced desire, interest
- ☐
- ☐

Physical

- ☐ Changes in appetite/sleep/sex drive
- ☐ Reduced energy
- ☐ Headache
- ☐ Palpitations, chest pain
- ☐ Shortness of breath, altered breathing
- ☐ Dizziness, nausea
- ☐ Stomach pain
- ☐ Tension
- ☐ Diffuse pain
- ☐
- ☐
- ☐
- ☐

Cognitive

- ☐ Memory difficulties
- ☐ Concentration problems
- ☐ Sensory and perception disturbances
- ☐ Rumination, brooding, worry about the future
- ☐ Suppression and denial
- ☐ Suicidal thoughts
- ☐ Confusion
- ☐ Sense of unreality
- ☐ Thoughts of not being good enough
- ☐
- ☐

Behavioural

- ☐ Social isolation, withdrawal
- ☐ Crying
- ☐ Irritability
- ☐ Unease
- ☐ Substance abuse behavior
- ☐ Avoidance
- ☐ Feeling misunderstood
- ☐ Restlessness, hyperactivity
- ☐ Ritualization
- ☐ Need for recognition
- ☐ Increased need for support, contact, conversation
- ☐
- ☐

Existential

- ☐ Meaninglessness
- ☐ Loss of identity
- ☐ Confusion regarding role in life
- ☐ Experience of injustice
- ☐ Changed beliefs
- ☐ Loneliness
- ☐ Thoughts about death, faith, freedom, choices
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

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Homework

Think about what you wish for in the next year. It could be something new, something you want to try, or something you want to be different.
Write down three goals and wishes (preferably as concrete as possible):

-

-

-

Consider what are currently activities in your daily life that are pleasant, meaningful, and fulfilling. Write down three meaningful activities/experiences:

-

-

-