Mindful Continuing Education

Understanding Grief and Loss: Assessment, Intervention, and Professional Resilience

1. A 52-year-old client describes profound sadness after being laid off from a long-term job, saying, "I don't know who I am without my role there." Which type of non-death loss from the course best captures this presentation?

A. Loss of autonomy due to dependence on others for basic care
B. Loss of safety resulting from chronic exposure to violence
C. Loss related to identity, role, or affiliation
D. Loss of hope, dreams, and expectations related to infertility

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2. Six months after her father's expected death from a long illness, a client still cries at times but reports being able to work, enjoy some activities, and feel close to her father when she visits places they loved together. She says that intense waves of grief are now shorter and mostly occur around anniversaries. According to the course, this pattern is most consistent with which process?

A. Disenfranchised grief, because the loss has not been publicly acknowledged
B. Prolonged grief disorder, because any grief persisting beyond six months is pathological
C. Complicated grief, because maintaining a connection to the deceased indicates an inability to move on
D. Integration and successful adaptation in normal grief, with grief intensity that waxes and wanes over time

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3. Which feature most clearly distinguishes prolonged grief disorder from typical grief responses, according to the DSM-5-TR criteria summarized in the course?

A. Persistent intense yearning or preoccupation with the deceased lasting at least 12 months in adults (six months in children), accompanied by significant functional impairment beyond expected cultural norms
B. Presence of sadness and crying during the first month after a death, even when functioning is intact
C. Any visual or auditory hallucination of the deceased during early bereavement
D. Experiencing relief after the death of a loved one who had a long, painful illness

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4. Which bereaved client should a clinician be especially vigilant about for developing complicated grief based on the listed risk factors?

A. A 68-year-old woman with a history of depression whose adult son was killed in a violent car accident and who reports limited social support

B. A 30-year-old man with no prior mental health history whose grandfather died peacefully at age 95 after a brief illness and whose extended family is very involved
C. A 45-year-old woman whose close friend died after a long anticipated illness and who has strong community and spiritual support
D. A 55-year-old man whose coworker died; he describes mild sadness but no functional changes

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5. An individual is grieving the death of a long-term partner from an extramarital relationship. They feel ashamed, report that others dismiss their loss, and avoid talking about it. According to the course, what mental health consequence is this person at elevated risk for due to disenfranchised grief?

A. Reduced loneliness because secrecy prevents social comparison
B. Faster emotional resolution of grief because the relationship was socially disapproved
C. Prolonged grief disorder, depression, and post-traumatic stress disorder
D. Lower likelihood of guilt and shame since the loss is expected to be private

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6. A client's spouse is physically present at home but has advanced dementia and no longer recognizes family members. The client says, "It feels like my partner is both here and gone, and I don't know how to move forward." Which core challenge of ambiguous loss described in the course is most relevant here?

A. Ongoing uncertainty and lack of closure that keep the person feeling stuck between hope and grief, making it hard to construct a new narrative
B. Excessive public recognition and ritualization of the loss, leading to social burnout
C. A clear sense of finality that allows rapid completion of mourning tasks
D. Immediate access to meaning through traditional mourning rituals and community validation

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7. A widower spends some days looking through photos, crying, and talking to friends about his late wife. On other days he focuses on learning to manage household finances and occasionally takes a full day off to go hiking with friends. He reports feeling increasingly exhausted when legal and financial tasks pile up and he has no time for rest. Using the Dual Process Model of Coping with Bereavement, how should a clinician conceptualize this pattern?

A. Generally adaptive oscillation between loss-oriented and restoration-oriented coping, with emerging risk of "overload" when loss-related stressors exceed his coping resources
B. Maladaptive avoidance of grief, because any engagement in non-bereavement activities blocks mourning
C. Evidence that he has completed grief work, since restoration-oriented coping replaces loss-oriented coping permanently
D. A fixed linear stage of "acceptance" that should not include returning to intense grief on some days

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8. A bereaved client reports throwing themself into work, avoiding conversations about the deceased, and saying, "If I stay busy enough, I don't have to feel anything." Which attachment pattern does the course suggest this grief response most closely reflects?

A. Disorganized attachment, characterized by coherent and predictable engagement with caregivers
B. Secure attachment, characterized by comfort with expressing grief-related emotions
C. Insecure-ambivalent/resistant attachment, characterized by being preoccupied and helpless in the face of loss
D. Insecure-avoidant attachment, characterized by distancing from thoughts and emotions related to grief

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9. A woman whose sister died two years ago reports that she still talks to her sister when visiting favorite hiking trails and uses her sister as a role model when making decisions, while also developing new friendships and hobbies. Which theoretical perspective from the course best normalizes this pattern?

A. Growing Around Grief, which requires grief to shrink before life can expand
B. Traditional detachment models, which define healthy grief as fully severing the relationship with the deceased
C. Assumptive World Theory, which focuses solely on bodily changes such as amputation
D. Continuing Bonds Theory, which views an ongoing inner relationship with the deceased as a typical and often helpful part of adaptation

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10. At an initial session with a recently bereaved client, which approach best reflects evidence-informed and trauma-sensitive assessment practices described in the course?

A. Focus the interview on teaching coping strategies, postponing questions about the loss itself to avoid "re-traumatizing" the client
B. Begin by administering multiple standardized grief scales while taking extensive notes, then ask the client to summarize their answers in five minutes
C. Invite the client to tell the story of the loss with warm, undivided attention; listen for the nature of the loss, symptom patterns, impairment, coping, and cultural/spiritual context before selecting any screening tools
D. Limit questions to diagnostic criteria for depression and anxiety, because grief reactions are assumed to resolve without exploration

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11. A client meets full DSM-5-TR criteria for prolonged grief disorder one year after the death of a romantic partner. Which treatment approach does the course identify as the recommended first-line intervention?

A. Acceptance and commitment therapy (ACT) as the standard first-line treatment for all bereaved clients
B. Eye movement desensitization and reprocessing (EMDR) as the sole intervention, regardless of trauma symptoms

C. Complicated grief therapy (CGT), which integrates interpersonal and cognitive-behavioral elements with grief-specific techniques
D. Support groups alone, because structured individual treatment can interfere with natural grieving

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12. As a clinician, you notice intense anxiety whenever you work with parents whose child has died, recalling your own unresolved loss. According to the course, which response best reflects ethical, self-aware practice?

A. Deliberately explore your own loss history and seek supervision or personal counseling to process it, recognizing your limitations and considering whether you can continue this work safely
B. Continue seeing these clients without discussing your reactions in supervision, trusting that clinical training will override personal responses
C. Frequently disclose details of your own loss in early sessions so clients know you "truly understand," using their time to work through your grief
D. Permanently avoid all grief-related work without reflection, assuming that discomfort automatically means incompetence

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