Prolonged Grief Disorder DSM 5 Criteria

Client Name:			
Age:			
Gender:	Male	Female	Other:
Date:			
Checklist			
• A. The death, at least 12 months ago , of a person who was close to the bereaved individual (for children and adolescents, at least 6 months ago).			
 B. Since the death, the development of a persistent grief response characterized by one or both of the following symptoms, which have been present most days to a clinically significant degree. In addition, the symptom(s) has occurred nearly every day for at least the last month: Intense yearning/longing for the deceased person. Preoccupation with thoughts or memories of the deceased person (in children and adolescents, preoccupation may focus on the circumstances of the death). 			
 C. Since the death, at least three of the following symptoms have been present most days to a clinically significant degree. In addition, the symptoms have occurred nearly every day for at least the last month: Identity disruption (e.g., feeling as though part of oneself has died) since the death. Marked sense of disbelief about the death. Avoidance of reminders that the person is dead (in children and adolescents, may be characterized by efforts to avoid reminders). Intense emotional pain (e.g., anger, bitterness, sorrow) related to the death. Difficulty reintegrating into one's relationships and activities after the death (e.g., problems engaging with friends, pursuing interests, or planning for the future). Emotional numbness (absence or marked reduction of emotional experience) as a result of the death. Feeling that life is meaningless as a result of death. 			

- D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- E. The duration and severity of the bereavement reaction clearly exceed expected social, cultural, or religious norms for the individual's culture and context.
- F. The symptoms are not better explained by another mental disorder, such as major depressive disorder or posttraumatic stress disorder, and are not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

Additional Notes

References

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <u>https://doi.org/10.1176/appi.books.9780890425787</u>