Instructions for the Structured Clinical Interview: The Aarhus Prolonged Grief Disorder-Interview for ICD-11 and DSM-5-TR (A-PGDi)

General instruction

The Arhus Prolonged Grief Disorder Interview (A-PGDi) is a structured clinical interview designed to enable the diagnosis of prolonged grief disorder (PGD). The interview can be used to diagnose PGD according to both ICD-11 and DSM-5-TR (APA, 2022; WHO, 2023). PGD is a recently recognized diagnostic category, which was first introduced in the ICD-11 in 2018 (WHO, 2023). However, the allocation of resources for PGD within healthcare systems around the world is currently uncertain, and the PGD diagnosis is young and susceptible to future adaptions. Thus, the present version of the A-PGDi should be regarded as preliminary.

The A-PGDi was developed by experienced grief researchers at the Unit for Bereavement Research, Department of Psychology, Aarhus University, Denmark, in collaboration with clinical practitioners and bereaved individuals. The interview was tested on a sample of 124 adult bereaved individuals (O'Connor et al., submitted). Unit for Bereavement Research is currently preparing a manuscript that describes the development and validation of the interview, which is expected to be published in 2024.

As previously mentioned, the A-PGDi allows for a diagnostic assessment of the presence of prolonged grief disorder using both ICD-11 and DSM-5-TR criteria. Notably, one of the main differences between the two diagnostic systems lies in the time period since the loss required for diagnosis. In accordance with ICD-11 criteria, prolonged grief disorder can be diagnosed no earlier than six months after bereavement as a duration criterion of six months is specified for the grief reaction. DSM-5-TR criteria stipulate that the disorder can be diagnosed no earlier than 12 months after the loss with a duration criterion of one month for the presence of symptoms. A-PGDi typically includes the last month as the time frame for investigating each symptom. Classification-specific symptom criteria below are color-coded (ICD-11, DSM-5-TR), while symptoms that are identical in both diagnostic systems are marked with an "*" and are not color-coded. Please refer to the 'Key to scoring ICD-11 and DSM-5-TR criteria' section at the end of this document for a detailed specification of differences between the two diagnostic systems.

It is important to adhere to the instructions below for the administration and scoring of A-PGDi to enable the diagnosis of prolonged grief disorder. In order to use the A-PGDi, the interviewer must be qualified for performing diagnostic interviews in their respective countries (i.e. in Denmark only a clinical psychologist or physician are qualified for this). In addition, the interviewer must have received clinical training in the use of A-PGDi (see https://www.pgdinterview.com/how-to-videos-2/ for training pathways and materials). The client's complete symptomatology must be assessed for the purpose of differential diagnosis. Common differential diagnoses for PGD include depression, anxiety, and PTSD.

Administration of the A-PGDi

1. Read the questions in the order in which they are written.

EXCEPTIONS:

- a. Text written in bold and/or italics should NOT be read out loud but is intended as a support for the interviewer.
- b. "(Interviewer's assessment)" indicates when the interviewer assesses the presence of the symptom based on the interview such items should NOT be read out loud.

2.	Insert the name of the deceased on the blank lines: for example, "Have you longed for
	every day or almost every day?"

- 3. If the client has difficulty understanding the questions, you have the option of reading the associated examples marked in the parentheses in italics: for example "(i.e. felt a great sense of loss after_____)".
- 4. For each question, ask if the client has experienced the symptom "every day or almost every day". This refers to > 4 days a week. If the client is unsure about how much "every day or almost every day" counts, clarify this. It is always an estimate, so the above is only indicative.
- 5. Ask enough questions to feel sufficiently informed to evaluate each item. The clinical assessment carries the greatest weight, so it is up to the interviewer to determine whether the symptom is present. The client's dichotomous yes/no response may not be sufficient for this evaluation. Ask for examples or how a given symptom manifests for the individual. For example, you could say, "Regarding yearning, how have you experienced yearning?" In cases where the symptom cannot be clearly endorsed or described by the client then the item should be scored, the item should be scored conservatively meaning that the symptom cannot be assessed and should be marked with a "9".
- 6. If a symptom is deemed present, its intensity must also be evaluated. Intensity refers to the extent to which the symptom is present and distresses the client. To support this evaluation, it is recommended to use the "GRADUATION SCALE FOR PROLONGED GRIEF DISORDER-INTER-VIEW (A-PGDi)". Show the client the visual aid for the scale (see appendix) before starting the interview. If the client responds affirmatively to a given symptom, ask, "How much does this distress you?" If the client does not understand "distress", ask alternatively, "How painful is it?" or "How much does it bother you?" If the interview is conducted online, explain to the client that they can respond from not at all (0) to "To a very high extent" (4) and show the scale on paper via the video camera if necessary. If the client clearly says "no" to a question/presence of a symptom and you assess the answer to be reliable, and therefore the symptom is not present, do NOT ask about the severity of the symptom.
 - Information about the intensity of the symptom is intended as a help to the interviewer in assessing the extent to which the client is overall affected by each symptom.
- 7. If a question with an arrow after "NO →" is answered "no", the interview ends, as the client then does not meet the core criteria for prolonged grief disorder. (In research projects, ALL A-PGDi questions are ALWAYS asked).

8. After completing the A-PGDi, there is an opportunity to ask the four additional open-ended questions that can provide a better understanding of the client and their motivation for seeking help. (This MUST be done in research projects after the A-PGDi, and possibly structured interviews for other mental disorders, have been completed).

Scoring and diagnostic status assessment for prolonged grief disorder:

Each question is scored categorically (yes/no) to determine whether the symptom is present and to what extent (i.e., every day or almost every day).

If the symptom is present (answer = yes), the intensity of the symptom is scored continuously (not at all, to a lesser extent, to some extent, to a high extent, to a very high extent). This grading is used to support an assessment of the intensity. Intensity refers to the extent to which the client experiences a given symptom as distressing and feels bothered or disturbed by it. This is intended to help the interviewer assess whether the client is overall characterized by intense emotional pain. A-PGDi, including intensity, can be repeated at the end of treatment to determine whether the disorder has been treated (no longer diagnosable), while intensity measurement can be used to assess whether the overall psychological pain associated with the loss has been reduced.

To assess the diagnostic status of prolonged grief disorder, use the "Key to Scoring with ICD-11 and DSM-5-TR Criteria," which can be found after the interview.

Diagnostic criteria for Prolonged Grief Disorder in ICD-11 and DSM-5-TR (English version)

ICD-11 diagnostic criteria (WHO, 2023)

Prolonged grief disorder is a disturbance in which, following the death of a partner, parent, child, or other person close to the bereaved, there is a persistent and pervasive grief response characterized by yearning for the deceased or persistent preoccupation with the deceased accompanied by intense emotional pain (e.g. sadness, guilt, anger, denial, blame, difficulty accepting the death, feeling one has lost a part of one's self, an inability to experience positive mood, emotional numbness, difficulty in engaging with social or other activities).

The grief response has persisted for an atypically long period of time following the loss (more than 6 months at a minimum) and clearly exceeds expected social, cultural or religious norms for the individual's culture and context. Grief reactions that have persisted for longer periods that are within a normative period of grieving given the person's cultural and religious context are viewed as normal bereavement responses and are not assigned a diagnosis.

The disturbance causes significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

DSM-5-TR diagnostic criteria (APA, 2022)

- A. The death, at least 12 months ago, of a person who was close to the bereaved (for children and adolescents, at least 6 months ago).
- B. Since the death, there has been a grief response characterized by one or both of the following, to a clinically significant extent, nearly every day or more often for at least the last month:
 - 1. Intense yearning/longing for the deceased person
 - 2. Preoccupation with thoughts or memories of the deceased person (in children and adolescents, preoccupation may focus on the circumstances of the death)
- C. As a result of the death, at least 3 of the following 8 symptoms have been experienced to a clinically significant extent since the death, including nearly every day or more often for at least the last month:
 - 1. Identity disruption (e.g., feeling as though part of oneself has died)
 - 2. Marked sense of disbelief about the death
 - 3. Avoidance of reminders that the person is dead (in children and adolescents, may be characterized by efforts to avoid reminders)
 - 4. Intense emotional pain (e.g., anger, bitterness, sorrow) related to the death
 - 5. Difficulty with reintegration into life after the death (e.g., problems engaging with friends, pursuing interests, planning the future)
 - 6. Emotional numbness (i.e., absence or marked reduction in the intensity of emotion, feeling stunned) as a result of the death
 - 7. Feeling that life is meaningless as a result of the death
 - 8. Intense loneliness (i.e., feeling alone or detached from others) as a result of the 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 exceeds expected social, cultural, or religious norms for the individual's culture and context.
- F. The symptoms are not better explained by major depressive disorder, posttraumatic stress disorder, or another mental disorder, or attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

Symptom differentiation in Prolonged Grief Disorder:

In psychiatric diagnoses, some symptoms will correlate relatively highly. This is expected since the symptoms together constitute a syndrome and therefore are internally related to each other. However, it is important conceptually to be able to differentiate the symptoms from each other. For diagnoses such as PTSD and depression, which have been recognized diagnoses for decades, this conceptual differentiation is less ambiguous. For Prolonged Grief Disorder, which is a new diagnosis, there are still challenges in clearly distinguishing between some of the symptoms. This is particularly true for ICD-11 PGD, where the symptoms of emotional pain/distress are listed as a series of words without further explanation. Therefore, we are continuously working to differentiate the symptoms where there are particularly conceptual challenges in separating them. The considerations made so far are shown below.

Anger versus Bitterness	Anger (item D4)	Bitterness (item D14)
	This refers to a general state of irritability and frustration that can be directed towards minor and major source of irritations that may arise in daily life. The anger is often related to something happening in the present. The anger does not necessarily have to be related to the loss, but it can be. It is possible that a prolonged state of anger can lead to bitterness over time, but this has not been documented. (e.g., being angry for a long time, having a short fuse or being extremely irritated.)	This refers to an experience of life and its circumstances as being wrong or unfair. One may feel disappointed with how life has turned out or perceive others who have not experienced loss as ungrateful for their "easy" lives. Bitterness is often related to the past, particularly to the loss for example, by experiencing that the loss and its consequences are unfair. Bitterness is often less specific than anger and is often directed towards other people. Bitterness can result from long-term unresolved anger. (e.g., feeling wronged, resentful, or disappointed with life as it currently is for you.)
	(Brodbeck et al., 2019; O'Connor et al., 2023; Z	
Guilt versus Self-blame	Guilt (item D2) Guilt can be understood as an umbrella term that encompasses several cognitive and emotional components. Guilt can be described as a remorseful emotional reaction, where one feels, for example, that they have not lived up to their own standards or expectations in relation to the death, to the deceased, or to other people. Guilt involves both feelings of regret for things one did not experience with the deceased or others, guilt over still being alive and able to enjoy life without the deceased, etc. (survivors' guilt). (e.g., felt guilty about living on or enjoying life without, felt guilty about not being able to give everything they gave me, or I feel like I should have been the one who died instead.)	Self-blame (item D3) Self-blame can be said to be part of guilt but specifically involves critically attributing oneself with blame for things one could have done differently and blaming oneself for it. It is a kind of an inner critic. (e.g., blamed yourself for the loss, felt you didn't do enough, thought you should have acted or said something differently, or are very critical of yourself.)
	(Li et al., 2019)	(Stroebe et al., 2014)

Lack of acceptance of the loss versus denial/disbelief

Lack of acceptance of the loss (item D6)

This is about the failure to accept the loss. This refers to that the fact that the loss has occurred is unacceptable to the person. They know that it has happened, but they cannot accept that this is how it is.

(e.g., having trouble coming to terms with the fact that _____ is actually dead or knowing that _____ is dead, but refusing to accept it.)

It has not been possible to find sources for the difference between lack of acceptance and denial in grief literature. Therefore, the above description is tentative

Denial/Disbelief (item D5)

This is about the feeling of disbelief that arises when one cannot accept the reality of a loss. One knows it to be true, but it feels as if the person should still be there or ought to be there, making it seem entirely unreal that they are dead.

(e.g., even though you know rationally that _____ is dead, it is difficult to fully believe it; it feels unreal that _____ is gone forever.)

Short introduction to the client before the A-PGDinterview begins

"You are now going to be interviewed about a range of ways people can feel after they have lost a loved one. It is natural to be affected by this and to grieve when a close family member or a friend dies. For some people, the grief lasts a long time and is so painful and disabling that it may require psychological or professional help. This is called 'prolonged grief disorder.' The purpose of this interview is to investigate whether you have symptoms of prolonged grief disorder.

For most of the following questions, I will ask you to answer based on how you have felt in the past month.

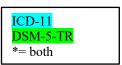
For each question I ask, I will also be interested in how OFTEN you have experienced the symptom and how MUCH it bothers you. Regarding how much it bothers you, I will ask you to indicate on a scale of 0 to 4, depending on how strongly or intensely you have experienced it as painful [Show the client: GRADUATION SCALE FOR USE IN THE PROLONGED GRIEF DISORDER INTERVIEW (A-PGDi)].

I may stop you a few times during the interview. This is not because I am not interested in what you are saying, but because I need to focus on the questions, I need to ask you in the short time we have together. I hope that's okay with you.

If there are any questions you do not understand, or if you become upset by the questions, please let me know so we can slow down and talk about it or take a break if needed.

Do you have any questions before we begin?"

Structured Clinical Interview for Prolonged Grief Disorder (A-PGDi)



Criterion A: Left as a bereaved relative after the death of a l	oved one.	
A. Has one of your loved ones died? *	Yes	NO →
What was your relationship to the person who passed away? (e.g., partner, parent, sibling, child, or another close person) Write you answer here: What was his/her name? Write you answer here: (Say the name at the lines below)		

Criterion B: Time criteria.		
B. How many months have passed since the loss?		
Write your answer here:	Yes	NO →
B1. \geq 6 months? B2. \geq 12 months?	Yes	NO →
$B2. \ge 12$ months?		

iterion C: Asses	sment of the pre		more of the follo wing the death.	wing intrusive syn	nptoms that	have emer	ged
	<u>In</u>	<u>iquiring about e</u>	xperiences in the	past month	_		
C1. Have you f	elt yearning for _	every day	y or almost every	day? *	VEC	NO	9
(i.e., ien a great	t sense of pining of	or longing for	:)		YES	NO)
If Yes: How mu	ach does this distr	ess you?					
0	1	2	3	4			
Not at all	To a lesser	To some ex-	To a high ex-	•			
	extent	tent	tent	high extent			
-	thoughts involun	tarily revolved ar	ound every	day or almost			
every day? *							
	1	l	1	-i i4 i i1 1 -	VEC	NO	
(For example, to think of anyth	hing else even wh	en you wanted to	d everything, mak ; that the thought u were "trapped"	s came at inap-	YES	NO	ç
(For example, t to think of anyti propriate times	hing else even wh (e.g., at work, at	en you wanted to a party); that you	; that the thought	s came at inap-	YES	NO	Ğ
(For example, t to think of anyti propriate times	hing else even wh	en you wanted to a party); that you	; that the thought u were "trapped"	s came at inap- by the thoughts)	YES	NO	Ģ
(For example, to think of anythe propriate times If YES: How m	hing else even wh (e.g., at work, at nuch does this dis	en you wanted to a party); that you tress you? 2	; that the thought	s came at inap- by the thoughts) 4	YES	NO	-

HAS A YES BEEN ANSWERED FOR ONE OR BOTH ITEMS IN C? * YES NO →	HAS A YES BEEN ANSWERED FOR ONE OR BOTH ITEMS IN C? *	YES	NO →	
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Criterion D: Neg	ative changes in	cognition, moo	d and/or behavio death?	or that appeared	or became wo	rse after tl	16
	<u>In</u>	quiring about ex	xperiences in the	past month			
	elt sad or grief-st eeling depressed		or almost every da	ay? *	YES	NO	•
If YES: How m	uch does this dis	tress you?					
0 Not at all	1 To a lesser extent	2 To some extent	3 To a high extent	4 To at very high extent			
D2 . Have you f	elt guilt every da	y or almost every	day?		YES	NO	9
1 . 0		continuing to live hould have been t	or be happy with	out, a			
sense of regret	n ininking you si	nouia nave been i	ne one to diej				
If YES: How m	uch does this dis	tress you?					
0	1	2	3	4			
Not at all	To a lesser extent	To some ex- tent	To a high ex- tent	To at very high extent			
		ery day or almost			YES	NO	
			ing you should ha rself related to the				
ceased?)	emiy, being mgr	uy criticat of you	rsey retuted to the	e death or de-			
If VES. How m	uch does this dis	tress vou?					
0	1	2	3	<u>4</u>			
Not at all	To a lesser extent	To some ex- tent	To a high ex- tent	To at very high extent			
D4 Have you f		ay or almost ever		mgn extent	YES	NO	
			pered, or highly ir	rritable)		1,0	
(For example, f	eeting extremely	1 6 7, 1 1 1					
, , , , ,							
If YES: How m	uch does this dis		3	4			
If YES: How m	uch does this dis 1 To a lesser	tress you? 2 To some ex-	3 To a high ex-	To at very			
If YES: How m	nuch does this dis	tress you?	3				

*				YES	NO	9
			a, ii is aijjicuii io			
uch does this dis	tress you?	3	4			
To a lesser extent	To some extent	To a high ex- tent	To a very high extent			
			day or almost	YES	NO	
			has actually			
<u>1</u>	2	3	<u>4</u>			
To a lesser extent	To some ex- tent	To a high ex- tent	To at very high extent			
elt every day or a	lmost every day	that you have lost	a part of your-	YES	NO	ç
		died or feeling lik	te you are no			
uch does this dis	tress you?	2	4			
To a lesser extent	To some extent	_	To at very high extent			
·	•			YES	NO	Ş
uch does this dis	tress you?	_				
	<u> </u>	3	<mark>4</mark>			
To a lesser extent	To some ex- tent	To a high ex- tent	To at very high extent			
extent een unable to fee	tent el anything every motions as intense		high extent ry day? *	YES	NO	
extent een unable to fee difficult to feel en	tent el anything every notions as intense away)	tent day or almost eve	high extent ry day? *	YES	NO	Š
	wen though you kend it feels unreal uch does this district ad difficulty according it hard to one of the condition of the con	wen though you know rationally the rad it feels unreal that is go uch does this distress you? 1	wen though you know rationally that has die and it feels unreal that is gone forever) uch does this distress you? 1	wen though you know rationally that has died, it is difficult to mod it feels unreal that is gone forever) uch does this distress you? 1	wen though you know rationally that has died, it is difficult to and it feels unreal that is gone forever) uch does this distress you? 1	ven though you know rationally that has died, it is difficult to mid it feels unreal that is gone forever) uch does this distress you? 1 2 3 4 To a lesser To some ex- To a high ex- To a very extent tent high extent ad difficulty accepting that has died every day or almost which is distress you? 1 2 3 4 To a lesser To some ex- To a high ex- To at very high extent uch does this distress you? 1 2 3 4 To a lesser To some ex- To a high ex- To at very high extent elt every day or almost every day that you have lost a part of your-vertent tent high extent elt every day or almost every day that you have lost a part of your-vertent gine omplete) uch does this distress you? 1 2 3 4 To a lesser To some ex- To a high ex- To at very high extent elt every day or almost every day that you have lost a part of your-vertent delt extent ent high extent elt every day or almost every day that you have lost a part of your-vertent felling incomplete) uch does this distress you? 1 2 3 4 To a lesser To some ex- To a high ex- To at very extent tent high extent een unable to experience positive emotions every day or almost every day or almost every day or unable to laugh at something that you used to find

(e.g., naving di <u>f</u> future)	? * ficulty meeting fr	iends, maintainii	ng interests, or mo	aking plans for the		
If YES: How m	uch does this dist	ress you?	3	1		
Not at all	To a lesser extent	To some extent	To a high ex- tent	To at very high extent		
	felt loneliness evare with others, h			, feeling alone	YES	NO
If YES: How m 0 Not at all	To a lesser extent	ress you? 2 To some ex- tent	3 To a high ex- tent	4 To at very high extent		
	tried to avoid any	thing that could	remind you that	is dead	YES	NO
every day or alm						
(e.g. avoiding consequence)	ertain thoughts, for factorial for the factorial factorial for the factorial factorial for the factorial f		nusic, topics of co	onversation, etc. or	ł	
(e.g. avoiding control (e.g. avoiding control) (e.g. avoiding yoursel)	ertain thoughts, f		3 To a high extent	A To at very high extent		
(e.g. avoiding continuous (e.g. avoidinuous (e.g.	ertain thoughts, for factorial through the factorial through through the factorial through the factorial throu	ress you? 2 To some extent caningless after	3 To a high ex- tent	4 To at very	YES	NO
(e.g. avoiding content of the learning yourself of the learning yourself of the learning the lea	ertain thoughts, for forces of the following forces of the force of th	ress you? 2 To some extent eaningless after ess and empty)	3 To a high ex- tent	4 To at very high extent		NO

D14. Have you felt bitter every day or almost every day? (e.g., feeling resentful, outraged, or disappointed about life as it is for you right now)	YES	NO	9
If YES: How much does this distress you? 0 1 2 3 4 Not at all To a lesser To some ex- extent tent tent tent high extent			
The total number of 'YES' in D:			
YES ≥ 1? YES ≥ 3?	YES YES	NO→ NO→	
Based on the mentioned symptoms overall, is the client assessed to be suffering from intense emotional pain? (Interviewer's assessment)	YES	NO	9

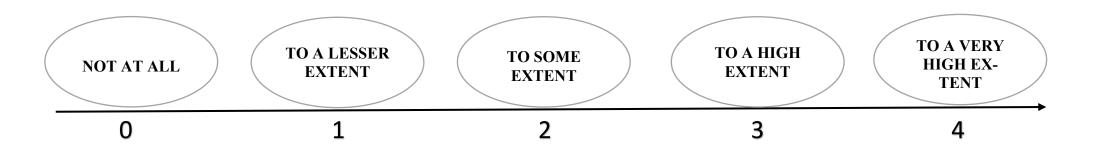
Criterion E: The loss results in clinically significant impairment or reduction in	the ability t	to function soc	ially,
occupational, or in other important areas			
E. In the past month, overall have these difficulties affected your daily functioning? (i.e., have they led to a decline in your ability to do the things you would normally do?)	YES	NO→	9
If YES:			
E1. Does this apply to your work/studies/daily activities outside the home?	YES	NO	9
E2. Does this apply to your social life?	YES	NO	9
E3. Does this apply to your family life/domestic responsibilities?	YES	NO	9
E4 . Does this apply to other areas not mentioned?	YES	NO	9
NOTE! Is the functional impairment due to physical/somatic conditions? (Interviewer's assessment)	NO	YES→	9
Follow-up question : Is your physical health responsible for the decline in your ability to function?			

Criterion F: The grief reaction clearly exceeds social, cultural, or religious nor	Criterion F: The grief reaction clearly exceeds social, cultural, or religious norms within the individual's cul-					
ture and context.						
F. Does the grief reaction clearly exceed social, cultural, or religious norms within the individual's culture and context? *						
F1. Has anyone in your social network expressed concern about your grief reaction?	YES	NO	9			
(For example, that they experience it as exceeding what they find normal in relation to your social, cultural, or religious norms)						
F2 . Are you concerned about your grief reaction, including that it exceeds what you expected?	YES	NO	9			
(For example, in relation to the people you surround yourself with or what you think is normal, for example, more intense, or longer duration than for others of your community or culture?)						
F3. (Interviewer's assessment)	YES	No→	9			

Criterion G: Duration			
G1. If you think back over the last 6 months, would you say that you have overall been feeling this way during that period? (i.e., Have you been experiencing these symptoms for the past 6 months or more?)	YES	NO→	9

Key to scoring ICD-11 and DSM-5-TR criteria for PGD							
Diagnostic criteria	Symptoms	Symptom Present = 1 Not present = 0	ICD-11 criteria	DSM-5-TR criteria			
Criterion A: Experienced the death of a loved one.	A. A close relative died or a person?		Present	Present			
Criterion B: Time criterion.	B1. \geq 6 months B2. \geq 12 months		≥ 6 months	≥ 12 months			
Criterion C: The presence of one or more of the following intrusive symptoms which emerged following the death.	C1. Yearning *		≥ 1 symptom	≥ 1 symptom			
	C2. Preoccupation*						
Criterion D: Negative changes in cognition, mood and/or behavior that appeared or got worse after the death	D1. Sadness* D2. Sense of guilt		≥ 1 symptom	≥3 symptoms			
	D3. Self-blame D4. Anger*						
	D5. Disbelief/denial * D6. Lack of acceptance						
	D7. Loss of identity/part of self died*						
	D8. Absence of positive emotions/mood D9. Emotional numbness						
	D10. Reduced social activity * D11. Loneliness						
	D12. Avoidance D13. Meaninglessness						
	D14. Bitterness Total score in Criterion D						
	(ICD-11) Total score in Criterion D						
	(DSM-5-TR) Clinical assessment of if the client is overall afflicted by intense emotional pain		Present	Present			
Criterion E: The loss results in clinically significant impairment or reduction in the ability to function socially, occupational, or in other important areas	E. Functional impairment (general)		Present	Present			
	E1. Work/studies/Daily activities						
	E2. Social E3. Family/home life						
Criterion F: The grief reaction clearly exceeds social, cultural, or religious norms within the individual's culture and context. Criterion G: Symptom duration	E4. other areas F1. The social network		Present	Present			
	F2. One's own perspective						
	F3. Interviewer's assessment Symptom duration		Duration: ≥6 months	Duration: ≥1 months			
The symptoms are not better accoun	nted for by another diagnosis, pi	hysiological reacti					
Identified Prolonged Grief Disord criteria?	er according to ICD-11 and/or	r DSM-5-TR					
If yes, mark a cross in the appropri	ate column for ICD-11 and/or L	OSM-5-TR.					

GRADING SCALE FOR USE IN THE AARHUS PROLONGED GRIEF DISORDER INTERVIEW (A-PGDi)



SUMMARY BASED ON THE INTERVIEW: Based on the things you have told me, it seems that....

Summarize the symptoms that may be present, what do the client's difficulties overall appear to be characterized by?

Additional questions:

Now we have talked about all these different experiences that can occur after a loss. Regarding how you experience your situation:

1. What causes you the most distress/emotional pain in your current situation?				
2. Regarding your current situation is there anything you in particularly would like hel	p with?			
3. Has anything in particular helped you after's death? If yes, what?				
4. Is there anything concerning your situation that I have not asked about, but that you important?	feel is			
	_			

END THE INTERVIEW

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