



Grief Counseling

Treating Complicated Grief

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Objectives

- Describe and utilize guidelines for the differential diagnosis of grief reactions
- Describe complicated grief and the variety of ways in which it presents in clinical practice to enhance practitioner skill in assessing complicated grief in everyday practice
- Describe and utilize guidelines for treatments specifically targeted to address complicated grief reactions to enhance patient health status through appropriate referrals and practice

Bereavement Grief Mourning

- **Bereavement:** the experience of losing a loved one to death. The time spent in bereavement depends on how attached the person was to the person who died, and how much time was spent anticipating the loss
- **Grief:** the normal and natural psychological, emotional, physiological, social and cultural reactions to losing a loved one (or other kinds of loss and change)
- **Mourning:** showing grief in public, affected by personal and family beliefs, religious practices, and cultural customs and rituals.

Types of Grief

Normal: the normal and natural psychological, emotional, physiological, social and cultural reactions to losing a loved one (or other kinds of loss & change)

Anticipatory: may occur when a death is expected but before it happens; may help bereaved but not help the dying person; does not always occur

Disenfranchised: grief not acknowledged by society:

loss of stigmatized/hidden/discounted relationship, pregnancy (abortion, miscarriage), pet, job, home, etc.

Complicated/Prolonged

[briefly named Traumatic Grief, but renamed because of confusion with Traumatic Bereavement - loss due to violent causes- and PTSD]

Normal Grief

- **Physical** expressions of grief often include crying and sighing, headaches, loss of appetite, difficulty sleeping, weakness, fatigue, feelings of heaviness, aches, pains, and other stress-related ailments.
- **Emotional** expressions of grief may include feelings of sadness & yearning, worry, anxiety, frustration, anger, or guilt.
- **Social** expressions of grief may include feeling detached or disconnected from others & isolating from social contact
- **Spiritual** expressions of grief may include questioning the reason for your loss, the purpose of pain and suffering, the purpose of life, and the meaning of death.

Little Evidence Grief Counseling Needed in Normal Grief

- “...many bereaved individuals will exhibit little or no grief...these individuals are not cold and unfeeling or lacking in attachment but, rather, are capable of genuine resilience in the face of loss. Almost half of the participants in this study (46% of the sample) had low levels of depression, both prior to the loss and through 18 months of bereavement, and had relatively few grief symptoms (e.g., intense yearning for the spouse) during bereavement. An examination of the prebereavement functioning of this group revealed no signs of maladjustment... They did, however, have relatively high scores on several prebereavement measures suggestive of the ability to adapt well to loss (e.g., acceptance of death, belief in a just world, instrumental support).”
- “How many of the bereaved individuals who do not exhibit overt grief reactions will eventually develop delayed grief reactions? The evidence is unequivocal on this point: No empirical study has ever clearly demonstrated the existence of delayed grief.”

Bonanno, G. A. (2004). Loss, trauma, and human resilience: have we underestimated the human capacity to thrive after extremely aversive events?. *American psychologist*, 59(1), 20.

Little Evidence Grief Counseling Helpful in Normal Grief

“Grief interventions are further complicated by the belief held by most service providers that their interventions are efficacious...However, research has demonstrated that grief interventions for those with “normal” grief show little to no effect, and in a high proportion of cases, the bereaved participants would have been better off without the intervention.”

Breen, L. J., & O'Connor, M. (2007). The fundamental paradox in the grief literature: A critical reflection. *OMEGA-Journal of Death and Dying*, 55(3), 199-218.

Who Needs Grief Counseling?

- Gamino et al. : 3 clusters of non-clinical griever whose loved ones died between 12-40 months prior to the study.
- **High Growth (largest group)**
- **Low Impact Grievers (2nd largest group)**
- **High Grief: (smallest group)**

Who Needs Grief Counseling?

High Grief: (smallest group)

- Highest levels of distress
- Least adaptive (pessimistic, less social support, didn't find mourning rituals comforting)
- More likely to have lost loved one through suicide or homicide
- Most often sought grief counseling

Diagnosing Complicated Grief

Unusually severe and prolonged grief that significantly impairs function that is more likely

- after the loss of a child or life partner
- after a sudden death by violent means
- after discovering the body of the deceased
- if high levels of pre-loss insecure attachment and dependency and/or low levels of social support
- if pre-existing anxiety, stress and/or depressive disorders pre-loss

Complicated Grief

Clinical Features

Acute grief symptoms that persist for more than six months following the death of a loved one, including:

- Feelings of intense yearning or longing for the person who died – missing the person so much it's hard to care about anything else
- Preoccupying memories, thoughts or images of the deceased person, that may be wanted or unwanted, that interfere with the ability to engage in meaningful activities or relationships with significant others; may include compulsively seeking proximity to the deceased person through pictures, keepsakes, possessions or other items associated with the loved one
- Recurrent painful emotions related to the death, such as deep relentless sadness, guilt, envy, bitterness or anger, that are difficult to control
- Avoidance of situations, people or places that trigger painful emotions or preoccupying thoughts related to the death
- Difficulty restoring the capacity for meaningful positive emotions through a sense of purpose in life or through satisfaction, joy or happiness in activities or relationships with others

Complicated Grief Depression & PTSD

Comparing rates in elderly grieverers,

- only 7.4% suffered from complicated grief (Maercker et al. 2005)
- 16% to 24% from major depression (Shuchter & Zisook 1993)
- and 20% to 31% from PTSD (Schut et al. 1991)

Complicated Grief vs. Depression

- **Sadness related to missing deceased vs. pervasive sadness**
- **Interest in memories of deceased, longing and yearning for contact, pleasurable reveries vs. pervasive anhedonia**
- **Guilt focused on interactions with deceased vs. pervasive guilt**
- **Preoccupation with positive thoughts of deceased vs. rumination about past failures or misdeeds**
- **Intrusive images of person dying & avoidance of reminders of loss (situations & people) vs. not prominent in depression**

Complicated Grief vs. PTSD

- **Triggered by loss vs. physical threat/trauma**
- **Primary emotion is sadness vs. fear**
- **Nightmares rare vs. common**
- **Painful reminders more pervasive and unexpected vs. most often linked/specific to traumatic event**
- **Yearning & longing for deceased and pleasurable reveries not prominent in PTSD**

Why It's Important to Diagnose Complicated Grief

- Randomized, controlled trials provide support for the efficacy of a targeted psychotherapy for complicated grief that provides an explanation of this condition, along with strategies for accepting the loss and for restoring a sense of the possibility of future happiness.

Complicated Grief Treatment

- Complicated Grief Treatment developed by Shears et al. is currently the only evidence-based model specifically designed to ameliorate the symptoms of Complicated Grief.
- Integrates strategies from Interpersonal Psychotherapy, Cognitive Behavioral Treatment for PTSD, and Motivational Interviewing to include both loss-related and restoration-related strategies
- Typically as 16 sessions over a 4 month period
- Restoration-related activities continue in parallel with loss-focused interventions.

Complicated Grief Treatment Format

- Each session is structured, with an agenda that includes reviewing the previous week's activities, doing work in session, and assigning tasks for the coming week.
- Sessions 1-3: establish a strong therapeutic alliance, obtain a history of the client's interpersonal relationships, provide psychoeducation about the model of complicated grief, and describe the elements of treatment. A supportive person usually attends the third session.
- Sessions 4 to 9, bereaved performs exercises inside and outside of the session to come to terms with the loss and address restoration of the capacity for joy and satisfaction in life.
- Final sessions 10 to 16, the therapist and bereaved review progress and collaboratively decide how best to complete the work and consolidate treatment gains. This part of treatment may resemble Interpersonal Psychotherapy.

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Therapeutic Targets of Complicated Grief Treatment

- Most bereaved balance grief-related thoughts (separation anxiety, bitter protest, sadness, self-blame) with greater acceptance of & optimism for the new reality. Those with complicated grief have trouble doing so.
- People with Complicated Grief often excessively avoid painful situations or compulsively seek proximity with and dependency on others.
- People with Complicated Grief experience loss-focused attention that's intensely painful and infused with deep longing, while their restoration-focused attention is associated with a sense of disbelief & protest with little sense of purpose, joy or satisfaction.

Overall Framework of Complicated Grief Treatment

- Information about grief, CG and CGT
- Use of a grief monitoring diary
- Involvement of a significant other
- Facilitation of optimal interpersonal functioning
- Work on personal goals and self care
- Revisiting the story of the death, its implications and consequences
- Revisiting places and activities that are avoided
- Working with memories, pictures, and
- Imaginal conversation with the deceased.
- Psychological impediments to grief progress are identified and targeted, including thoughts, feelings and behaviors that activate the attachment system and/or impede its deactivation.

Imaginal Revisiting

- Bereaved verbally recounts story of death to face aspects of the event that prevent acceptance.
- A brief exercise intended to facilitate ability both to think about the death and to set it aside. This is done to facilitate the establishment of an effective rhythm of oscillating attention toward and away from the painful reality of the death.
- Extensive debriefing of the revisiting exercise with focus on identifying problematic beliefs that are sticking points in processing the loss.
- Bereaved person both reporter and observer in retelling the story of the death.
- Visual exercise at end of debriefing period to help the person imagine how they might 'put the story away'.

Imaginal Conversation between griever & deceased to address issues such as guilt, ambivalence, etc.

Restoration-Related Activities

- Personal Goals Work via Motivational Interviewing
- Re-envision future by identifying practical, long-term goals that create a sense of interest, excitement & possibility of personal fulfillment
- Invite bereaved to consider what she or he would want to do if grief was at a level where it no longer interfered with their life
- Enhance Self Care
- Involvement of significant other
- Optimize relationship functioning: Interpersonal Psychotherapy strategies to
 - Support the bereaved person's current close relationships
 - Encourage pleasurable and satisfying social relationships
 - Help problem solve any relationship difficulties.

Grief Monitoring Diary

- The *grief monitoring diary* includes daily ratings of the person's highest and lowest level of grief, with a brief note indicating the situation in which this occurred and a rating of the average level of grief for the day.
- These ratings are used to help the person see that grief fluctuates naturally.
- Help bereaved recognize situations associated with high and low levels of grief so they feel less out of control.
- The average levels provide a rough estimate of reduction in overall grief intensity in response to treatment.

Summary of CGT Strategies

Loss Focus

- *Imaginal revisiting & debriefing*
- *Imaginal conversation with the deceased*
- Working with memories & pictures



Summary of CGT Strategies

Restoration Focus

- Restoration Focus
- Personal goals & self-care
- Involvement of significant other
- Optimize relationship functioning

Summary of CGT Strategies Both Loss & Restoration Focus

- Provide information on complicated grief & complicated grief treatment
- Instill hope
- *Grief monitoring diary*
- *Situational revisiting*: counselor challenges behaviors & cognitions that reinforce bereaved's avoidance of people, places, situations, & activities that were once enjoyed but now trigger bereavement-related distress following the loss.

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