

# When Grief Derails: How to Help Clients Get Back on Track

San Diego Psychological Association  
2017 Fall Conference 10/28/2017

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# Grief Is *The Response To Loss*



Bereavement is a special kind of loss –  
loss when someone we love dies

Grief after bereavement is permanent

**Grief** is the form love takes  
when someone we love dies



Kathy Shear, personal communication

# Everyone Grieves In Their Own Way

Different people grieve differently

Grief is different for different losses

Grief changes over time



*Still... there are important commonalities*

# Acute Grief: The Initial Response to Bereavement

A range of emotions, thoughts and behaviors, physiological changes, social and spiritual perturbations



- A sense of disbelief
- Frequent strong feelings of yearning and sorrow
- A mixture of other feelings (positive and negative)
- Feelings of insecurity, emptiness, loss
- Thinking focused on the deceased
- Loss of interest in ongoing life

Acute grief is usually time-limited

# Key Emotional, Behavioral and Cognitive Responses

- Disbelief
- Numb
- Sense of loss
- Yearning and longing
- Loneliness
- Emotional and physical pain
- Anger
- Guilt
- Regrets
- Anxiety and fear
- Feeling overwhelmed
- Intrusive images
- Preoccupation with loss
- Avoidance and withdrawal
- Mental disorganization
- Positive feelings (e.g., relief, joy, humor, comfort, pride, warmth, competence, freedom)

No circumscribed stages

Bursts/waves

Positive feelings intermixed

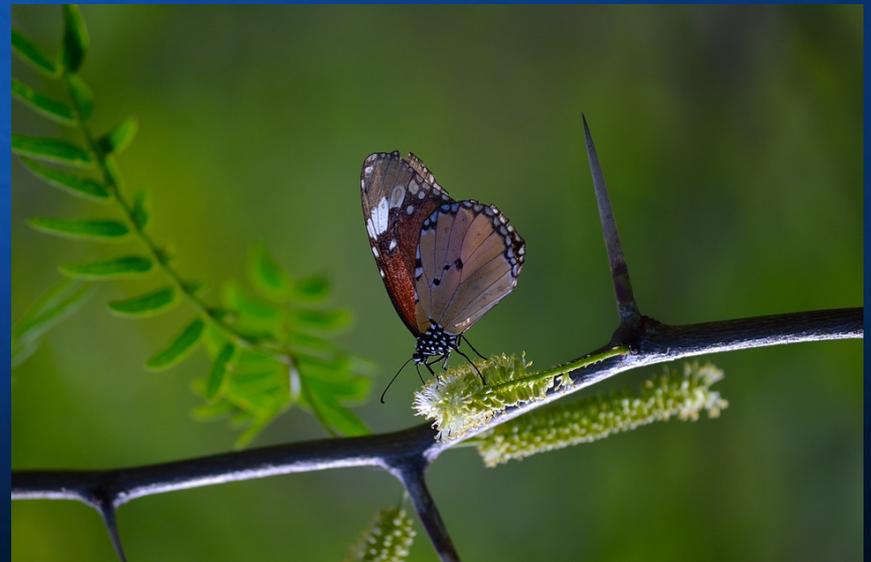
Intensity peaks in days, weeks to months

But doesn't totally go away

# Acute Grief Evolves Over Time

- Intense emotionality subsides
- Thoughts and memories recede into the background
- Sense of disbelief lessened
- Wellbeing restored

Acute Grief evolves  
into Integrative Grief



# Integrated Grief

The person who died rests peacefully in the heart



Along with a renewed sense of  
purpose and meaning and  
connection to others



Adaptation to loss  
transforms acute to  
integrated grief



**HOWEVER:**



**SOMETIMES, “ORDINARY GRIEF” GETS  
DERAILED.....**

**COMPLICATED GRIEF**

**TREATMENT?**

# Complicated Grief is

- Intense
- Prolonged
- Out of keeping with cultural norms or expectations
- Interferes with ongoing life and function

The natural progression of acute grief is derailed  
Acute grief does not evolve into a more integrative form

*“I am stuck”*

# Model of Complicated Grief

BEREAVEMENT

ACUTE GRIEF

ADAPTATION

INTEGRATED GRIEF

## COMPLICATIONS

- ❖ Maladaptive thoughts
- ❖ Dysfunctional behaviors
- ❖ Managing intense emotions ineffectively
- ❖ Severe social/environmental problems

## COMPLICATED GRIEF

- ❖ Complicating cognitive, emotional and behavioral symptoms
- ❖ Persistence of acute grief symptoms
- ❖ Intense yearning, longing and sorrow
- ❖ Frequent insistent thoughts and memories of the deceased
- ❖ Difficulty accepting the painful reality or imagining a future with purpose and meaning.

# Persistent Complex Bereavement Disorder: A New Condition

Based on compelling data that complicated (aka, traumatic, unresolved, persistent, pathological, etc) grief occurs and is:

Painful

Disruptive

Differentiated  
from its  
neighbors

Chronic

Morbid

Associated  
with SI

Treatable



**Persistent Complex Bereavement Disorder** was added to Trauma- and Stressor-Related Disorders as 'Other Specified' Disorder and In Section III as a 'Condition Requiring Further Study'

# Getting Grief Back on Track: Treatments for Complicated Grief

The background of the slide features two stylized silhouettes of people. On the left is a dark teal silhouette of a man standing and gesturing with his hands. On the right is a brown silhouette of a woman sitting and gesturing with her hands. The silhouettes are set against a dark blue background.

## ■ Psychotherapy

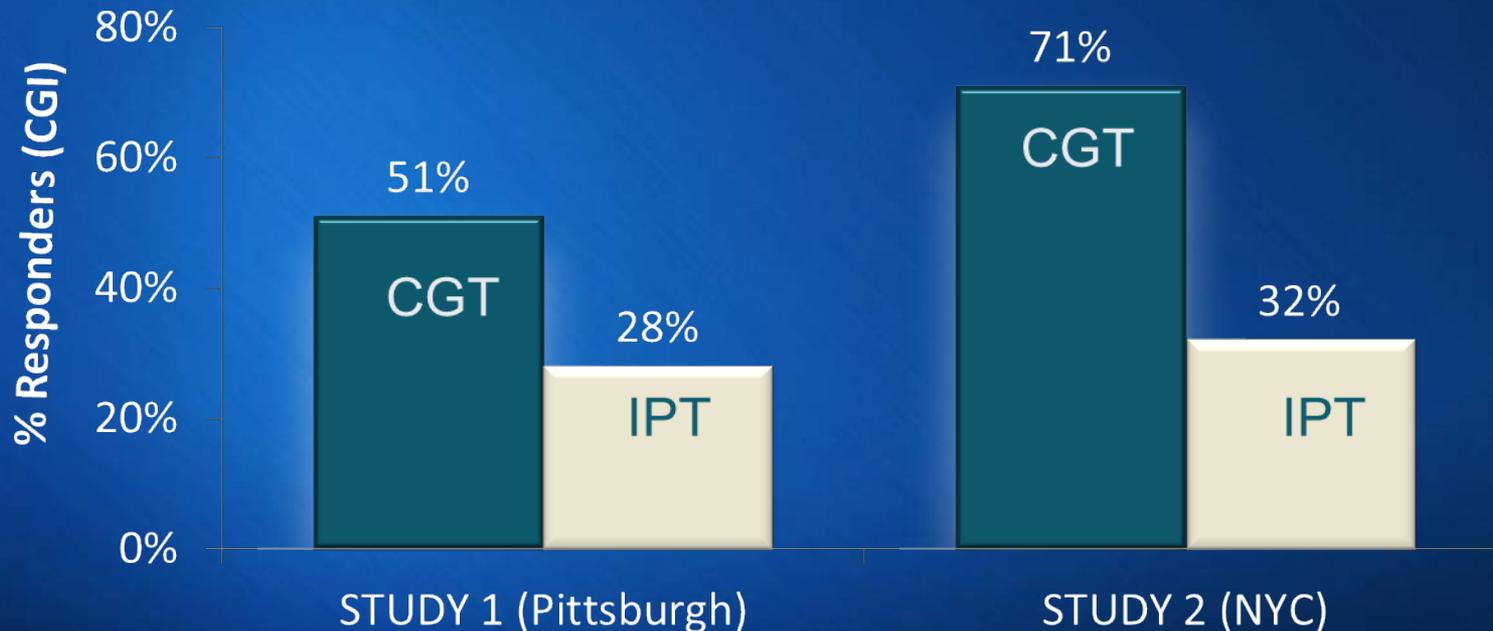
- Complicated Grief Therapy (Shear et al 2005, 2014)
- Guided Imaginal Conversation (Jordan 2012)
- Attachment Informed Psychotherapy (Schore 2011)
- Restorative Retelling (Rynearson 2001)
- Others

## ■ Potential Role of Pharmacotherapy

- For CG?
- For co-occurring conditions?

# Two NIMH-funded RCT's Compared CGT to a Rigorous Well-Balanced Psychotherapy Control

CGT produced better response than IPT in both studies



Treatment response maintained at 6 month follow-up

# Next Step: HEAL (Healing Emotions After Loss)

What is the role of antidepressant medication, if any, in treating CG?

## AIMS

- 1) Determine antidepressant efficacy for treating CG by comparing CIT v PBO at 12 weeks
- 2) Determine relative effectiveness of antidepressants plus psychotherapy for treating CG by comparing CGT + CIT v CGT + PBO at 20 weeks

STUDY SITES: Columbia (Coordinating Center)

MGH

University of Pittsburgh

UCSD

# Study Design



All participants received CG-informed clinical management

CGT = Complicated Grief Therapy

Also, an AFSP pilot study of 70  
Suicide bereaved individuals  
Added to the NIMH study

Goal: To obtain preliminary data regarding  
feasibility, acceptability and effectiveness of  
CGT among survivors of suicide with CG

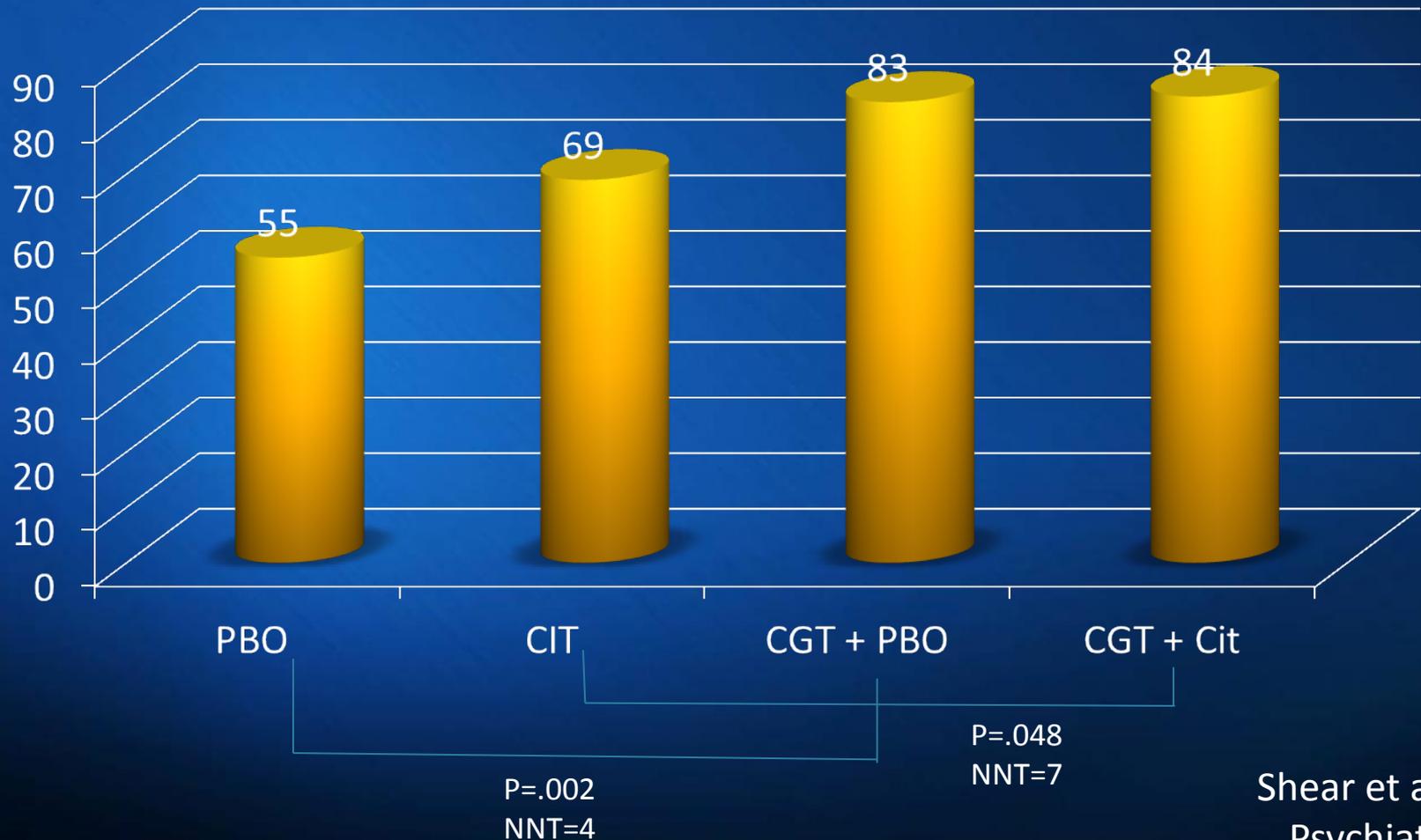
# CG-Informed Clinical Management

- ❖ Psychoeducation
- ❖ Empathic listening
- ❖ Symptom monitoring
- ❖ Support for a return to enjoyable activities without the deceased



# HEAL Study: Overall Results at 20 Weeks

% Responders (CG-CGI-I 1 or 2)



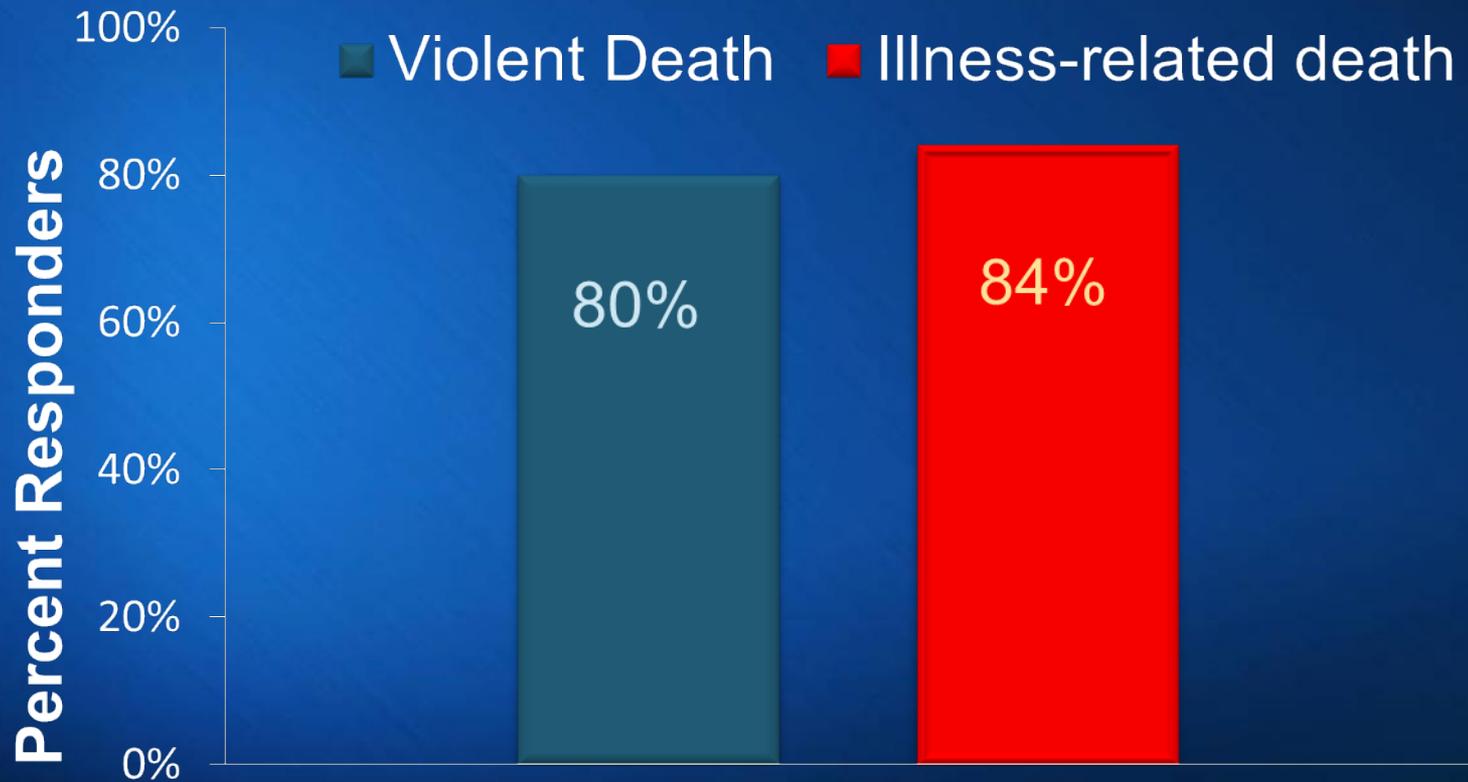
# 33% Of Our Study Participants Were Bereaved By Violent Death (Suicide, Homicide, Accident)

<b>** p &lt; .01    *** p &lt; .001</b>	<b>Non-violent death n=263</b>	<b>Violent death N=132</b>
Mean age**	55 ± 14	40 ± 15
Years since the loss	4 ± 7	5 ± 8
Person who died***		
Partner	43%	24%
Parent	37%	13%
Child	10%	40%
Other	10%	23%

# Co-occurring Depression, PTSD and Suicidal Thinking

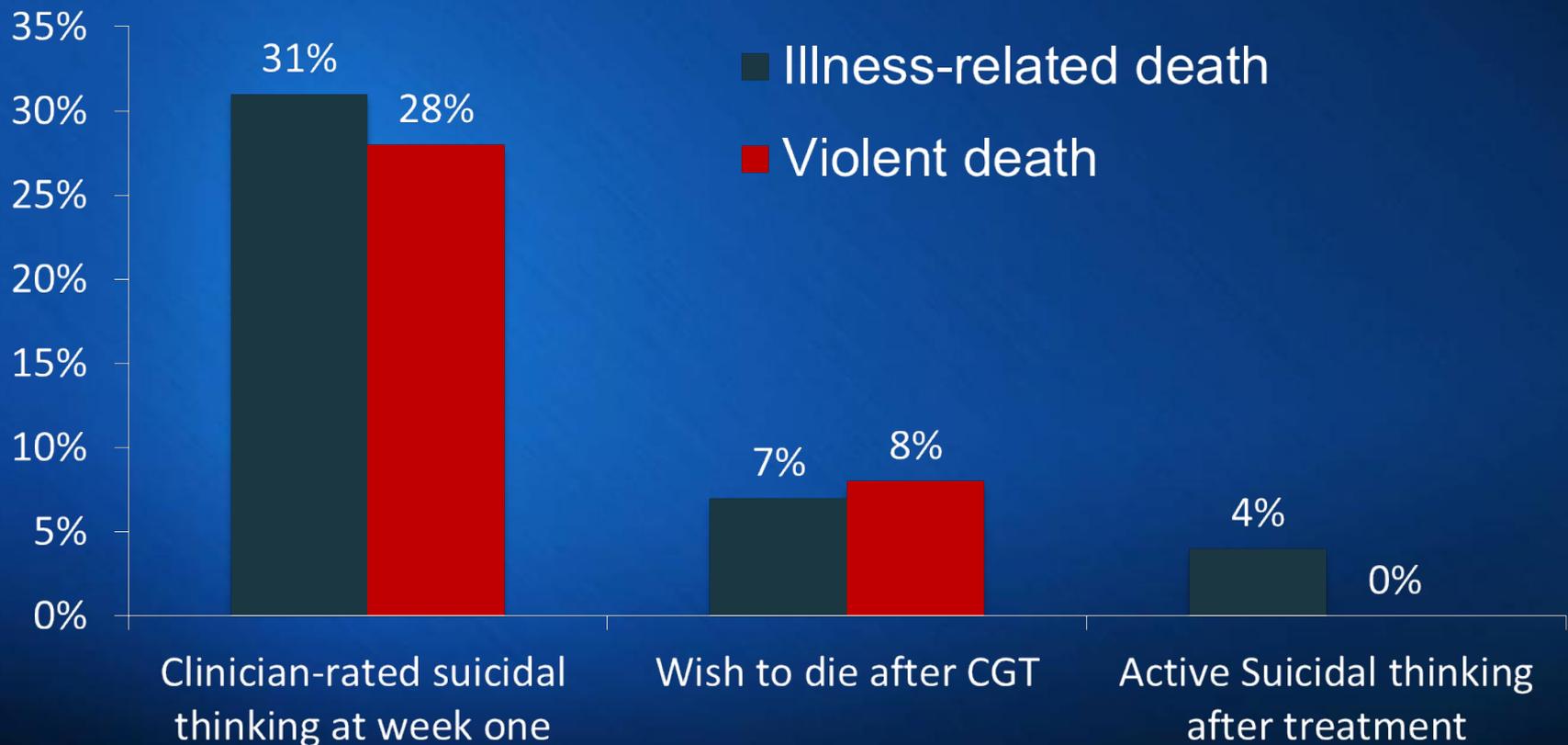
** p < .01 *** p < .001	Non-violent death	Violent death
Lifetime MDD**	78%	89%
Current MDD	66%	67%
Lifetime PTSD***	38%	56%
Current PTSD**	35%	48%
Before the death wish to die (active thoughts)	32% (19%)	36% (17%)
After the death wish to die (active thoughts**)	53% (22%)	62% (35%)

# Rates Of Response To CGT Clinical Global Impression Ratings Violent Vs Illness-related Death



Boston, New York, Pittsburgh, San Diego

# Change in wish to die and active suicidal thinking after treatment with CGT



# Conclusions of HEAL Study

HEAL confirmed efficacy of CGT

- CGT markedly reduced symptoms of CG and SI in severely ill and highly comorbid individuals with or without concomitant antidepressant medications

Contrary to our hypotheses, antidepressant medication had no main effect on CG and did not enhance treatment with CG

- CGT is the treatment of choice for this condition
- Medications may have a role in reducing depressive symptoms, but only in those receiving CGT

Complicated grief after a violent death was very similar to CG after an illness-related death and there was no difference in response to CGT.

CGT is learnable; psychiatrists might want to include it as a part of their therapeutic armamentarium

In the absence of the availability of CGT (or other evidence-based psychotherapies) , CG-informed clinical management may be helpful

# Complicated Grief Treatment (CGT)

- A 16-session psychotherapy model targeting CG symptoms
- Can be considered a form of CBT
- Uses strategies and techniques from PET, IPT, MI and others
- Get grief back on track
  - Resolve complications
  - Facilitate adaptation



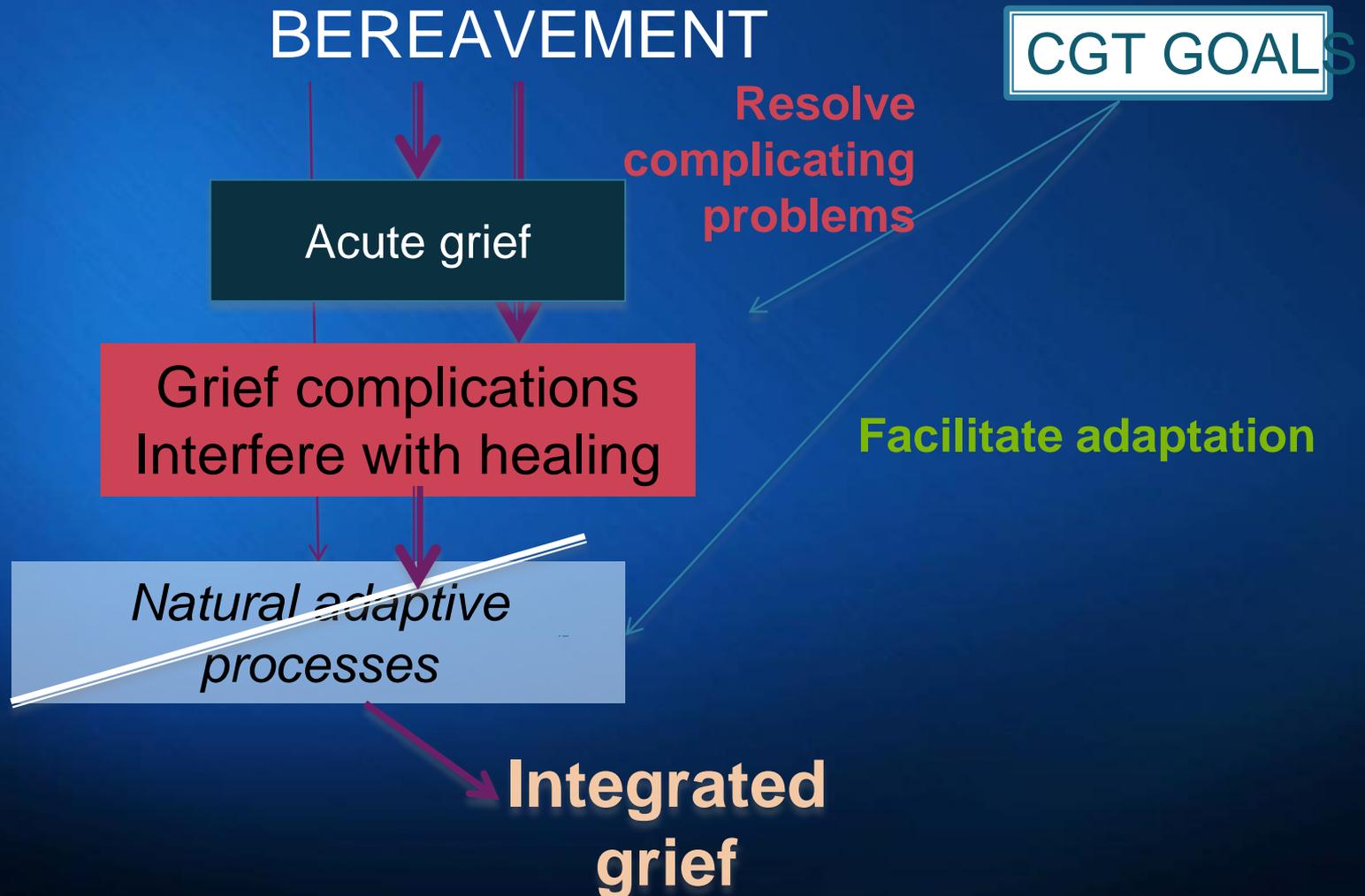
# Core Principles Used in CGT

1. Everyone has a natural inborn capacity to adapt to loss
2. We adapt best by dealing with loss and restoration in tandem: Acceptance of the loss; Restoration of meaningful engagement in ongoing life
3. Adaptation does not mean grief is gone. Grief needs to find a place in our lives, softened by a sense of continuing bonds and feelings of self-compassion

# CGT Approach

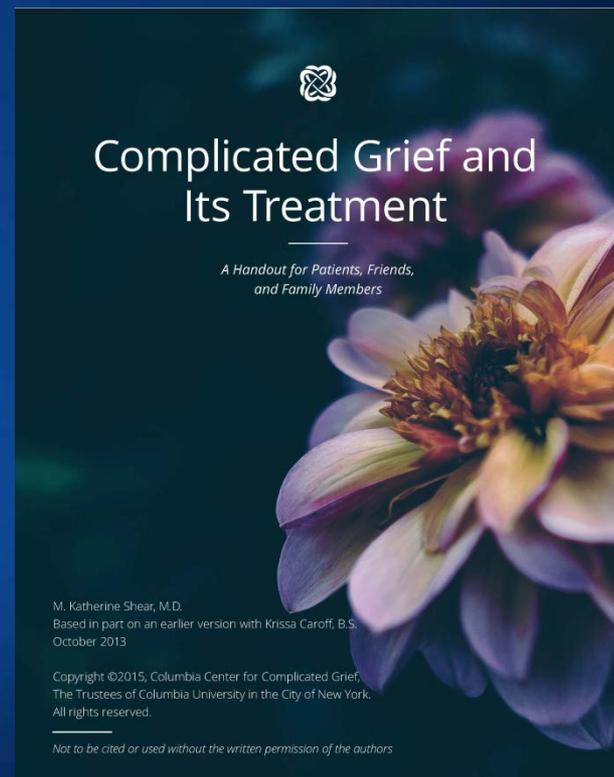
- Find and address complications
  - Review story of the death
  - Foster self observation and reflection
  - Imaginal conversation with the deceased
- Facilitate healing processes
  - Provide optimal healing environment
    - Strong treatment alliance
    - Promote rewarding activities and relationships in the natural environment
  - Focus on both loss and restoration
  - Balance shift of attention to and from pain and positive emotions
  - Use imagery and behavioral exercises to foster acknowledgment of the loss and renewed interest in ongoing life

# CGT: Treatment Map



# In a 16-Week Protocol

- Getting started (Sessions 1-3)
  - Psychoeducation
  - Self-regulation
  - Aspirational goals
  - Building support
- Revisiting Sequence (Sessions 4-9)
  - Story of the death
  - Revisiting the world
  - Memories and pictures
- Midcourse review (Session 10)
- Closing Sequence (Sessions 11-16)
  - Imaginal conversation



# Facilitate Adaptation To Loss



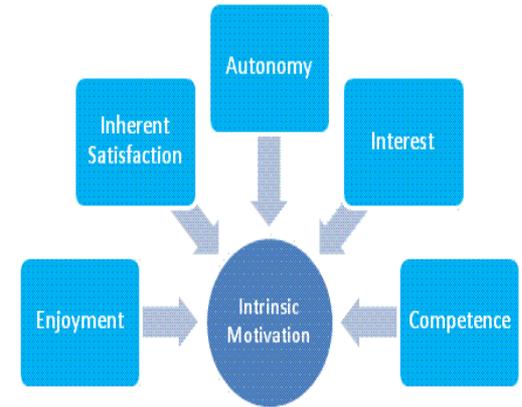
## Accept the reality of the loss

- Revisiting the story of the death
- Situational revisiting



## Establish continuing bond

- Memories and pictures
- Imaginal conversation



## Re-envision the future

- Aspirational goals
- Revisiting the world
- Rebuilding connections



# Interview

