EXPERT PANELISTS

Kenneth J. Doka, PhD, MDiv
Dr. Doka is a professor of gerontology at the Graduate School of The College of New Rochelle and senior bereavement consultant to Hospice Foundation of America. Dr. Doka is past president of the Association for Death Education and Counseling, a licensed mental health counselor, and an ordained Lutheran minister. He serves as editor of HFA’s Journeys: A Newsletter to Help in Bereavement, OMEGA – Journal of Death and Dying, and has co-edited and served on 22 Living with Grief® programs. Dr. Doka recently authored Grief is a Journey: Finding Your Own Path Through Loss (Atria Books) and lectures nationally and internationally.

Robert A. Neimeyer, PhD
Dr. Neimeyer is a Professor of Psychology at the University of Memphis, where he also maintains an active clinical practice. Dr. Neimeyer has published 30 books, including Techniques of Grief Therapy: Creative Practices for Counseling the Bereaved and Grief (Routledge) and serves as editor of the journal Death Studies. He has served as President of the Association for Death Education and Counseling and Chair of the International Work Group for Death, Dying, and Bereavement. He is currently working to advance a more adequate theory of grieving as a meaning-making process, both in his published work and through his frequent professional workshops.

Therese A. Rando, PhD, BCETS, BCBT
Dr. Rando is a clinical psychologist, thanatologist, and traumatologist. She is clinical director of The Institute for the Study and Treatment of Loss in Warwick, Rhode Island, which provides mental health services through psychotherapy, training, supervision, and consultation. Dr. Rando also consults, lectures, and serves on the editorial boards of OMEGA – Journal of Death and Dying, and Death Studies. Her many publications include Treatment of Complicated Mourning (Research Press) and a forthcoming book, Coping With the Sudden Death of Your Loved One: A Self-Help Handbook for Traumatic Bereavement (Dog Ear Publishing).

MODERATED BY
Frank Sesno, Director, School of Media and Public Affairs, The George Washington University

LEARNING OBJECTIVES
➢ Describe typical grief patterns and differentiate typical grief from more complicated forms;
➢ List and describe two typologies of complicated grief;
➢ List and describe six danger signs of complicated grief;
➢ Describe the ways that the DSM-5 acknowledges complications of grief;
➢ Describe and discuss different approaches to treating complicated forms of grief and note resources that might be utilized in such treatment.

WHEN GRIEF IS COMPLICATED BOOK
Companion books are available at 15% off retail price to program attendees. Visit www.hospicefoundation.org to order your copy today. Use the discount code CPG at checkout.

CONTINUING EDUCATION
2.5 credit hours are available until April 26, 2018 through Hospice Foundation of America. Certificate fees are $18 until May 11, 2017 and $21 thereafter. Your program organizer will provide you with the CE Code and Site ID needed to obtain your certificate. If your CEs have been pre-paid by the host organization, your organizer will also provide you with a discount code. See the instructions at the end of this guide to obtain your certificate.
### Segment 1: Introduction

1. Effective grief support can be offered in many settings by many individuals, but when grief reactions become more complicated, referrals to trained professionals are necessary.

2. Most grievers can cope with loss in ways defined by their culture as appropriate and fulfill, after brief impairment, their social and occupational roles. But research shows that between 7 and 20 percent of individuals who experience loss will have more disabling reactions, including complicated grief, PTSD, Major Depressive Disorder, Adjustment disorder, or Separation Anxiety Disorder. Some will become physically ill or abuse substances.

3. Complicated grief can be defined as a clinically significant deviation from the norm in either time or intensity of general or specific grief symptoms; it can also be defined as a compromise, failure or distortion of an individual’s successful undertaking of one or more of the processes necessary to accommodate the loss.

### Segment 2: The Nature of Complicated Grief

1. There are a number of factors that can generate complicated grief reactions: relational factors, including dependent or highly ambivalent relationships, circumstantial factors, including traumatic and sudden loss and perceptions of preventability; and personal factors, including previous mental illness, past history of loss, and an absence of social support. Some factors, such as loss of a child, can be inherently complicating.

2. Complicated grief and mourning can be revealed in a number of ways, including syndromes such as Worden and Rando’s typologies, and those put forth in recent years by Shear et al. and Prigerson et al., or a diagnosable mental disorder, including depression and other anxiety disorders, and physical illness. Death, through suicide or unintended consequences of bereavement or mourning, can also occur.

3. The DSM-5 acknowledges grief in a number of places, including Major Depressive Disorder, Adjustment Disorder, and Separation Anxiety Disorder. The removal of the bereavement exclusion from Major Depressive Disorder caused controversy that has since largely abated, but the DSM-5 also included Persistent Complex Grief Disorder as a “candidate disorder” in lieu of other proposals such as Prolonged Grief Disorder or Complicated Grief Disorder.

### Segment 3: Treating Complicated Grief

1. Grief assessment and intervention should be embedded in board psychotherapeutic assessment that includes behavioral, medical, physical, social, existential and psychological domains.

2. Clinicians treating complicated grief should be trained to fully screen for and assess complicated grief reactions. Signs of complicated grief include, months after a loss, intense grief reactions about the deceased or about minor losses, inability to remove items of the deceased, self-destructive behaviors or prior mental illness. Individuals who have experienced traumatic loss or the loss of a child are varied risk and clinicians should be familiar with assessment instruments.

3. A variety of therapeutic approaches can be used with complicated grief, and there is evidence that the Complicated Grief Treatment developed by Shear and associates is more effective in treatment than Interpersonal therapy. Shear’s treatment protocol emphasizes psychoeducation about grief, retelling and meaning making strategies with traumatic loss, and a dual process approach to grief with attention to life goals.

4. As more syndromes of complicated grief and mourning are developed, there will be a need to continue evidence-based approaches for additional therapies.

5. Working with clients experiencing complicated grief reactions requires systems of supervision, support and self-care to minimize reactions, including secondary traumatization.
Complicated Grief

- Narrowly defined as a suggested syndrome – or perhaps as a series of distinct syndromes.
- Broadly defined as a clinically significant deviation from the cultural norm in either (a) the time or intensity of specific or general symptoms of grief and/or (b) the level of impairment in social, occupational, or other important areas of functioning. (Stroebe, Hansson, Schut, & Stroebe, 2008).

Complications of Grief May Include (Parks & Prigerson, 2010):

- Adjustment Disorder related to bereavement
- Separation Anxiety Disorder
- Major Depressive Disorder (Note: the DSM-5 attempts to carefully differentiate grief from MDD)
- Persistent Complex Grief Disorder (as a condition of further study)
- PTSD (Post Traumatic Stress Disorder)
- Increase in physical mortality – including suicide
- Increase in physical and mental morbidity

Percentage of Bereaved Affected by Complicated Grief

- An estimated 7-10% have a complicated grief syndrome – currently called Persistent Complex Grief Disorder.
- More broadly, an estimated 10-20% have some form of complicated response to loss, which includes a full range of mental and/or physical reactions or illnesses.
- Taken together, approximately 7-20% of grievers face complications.

Tools for Assessment of Complicated Grief

A number of tools are available for assessing complicated grief reactions, including:

- Complicated Grief Assessment (Prigerson et al.)
- Inventory of Complicated Grief (Shear et al.)
- Grief and Mourning Status Interview and Inventory (Rando)

Key Risk Factors for Complicated Grief

- Loss of a child
- Loss of a co-dependent or highly ambivalent relationship
- Prior history of mental illness (such as depression, anxiety disorders, etc.)
- Multiple losses within short period of time
- Unanticipated, traumatic or violent loss
- Disenfranchised grief and loss

Danger Signs: Complicated Grief

- Intense reactions such as intrusive thoughts of extreme affect – such as sadness, guilt, or anger—unceasing yearning or feelings of meaninglessness
- Inability to fulfill key roles—familial, social, occupational, etc.
- Symptoms of physical illness—particularly symptoms experienced by the deceased
- Self-destructive behaviors—suicidal thoughts, alcohol or substance abuse, or actions destructive to others
- Cannot speak of the deceased, minor events trigger intense grief reactions, or themes of loss predominate
- Radical changes in lifestyle or failure to give away possessions of the deceased – keeping the environment exactly as it was prior to the death

Danger Signs of Complicated Grief – Cautions

- Reactions that persist over time and become disabling—that is, they inhibit the individual’s ability to function
- Certain actions, such as self-destructive actions or actions destructive to others
- Behaviors always should be viewed with a cultural lens. Certain actions/reactions may be considered normative for one’s culture.

Typologies of Complicated Grief

<table>
<thead>
<tr>
<th>Rando</th>
<th>Worden</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Problem in Expression</td>
<td>1. Chronic</td>
</tr>
<tr>
<td>- Absent Mourning</td>
<td>2. Exaggerated</td>
</tr>
<tr>
<td>- Delayed Mourning</td>
<td>3. Masked</td>
</tr>
<tr>
<td>- Inhibited Mourning</td>
<td>4. Delayed</td>
</tr>
<tr>
<td>2. Skewed Aspects</td>
<td></td>
</tr>
<tr>
<td>- Distorted Mourning</td>
<td></td>
</tr>
<tr>
<td>- Conflicted Mourning</td>
<td></td>
</tr>
<tr>
<td>- Unanticipated Mourning</td>
<td></td>
</tr>
<tr>
<td>3. Problems with Closure</td>
<td></td>
</tr>
<tr>
<td>- Chronic Mourning</td>
<td></td>
</tr>
</tbody>
</table>
How Grief is Addressed in the DSM-5

- **Adjustment Disorder Related to Bereavement** [General inclusion of grief as a subtype of an Adjustment Disorder]
- **Separation Anxiety Disorder** is a fear of separation from other attachment figures. **Separation Anxiety Disorder** can be diagnosed in adults—and children.
- Rather than **Prolonged Grief Disorder** or **Complicated Grief**, **Persistent Complex Bereavement-Related Disorder** is included as a candidate disorder as a condition that merits further study in order to be included as a possible future disorder.
- Removal of the "Bereavement Exclusion," allowing the diagnosis of **Major Depressive Disorder** in individuals showing symptoms of depression following a death

**Persistent Complex Grief Disorder (as a condition of further study)**

An attempt to reach a consensus between two other proposals:

- **Complicated Grief Disorder** (Shear et al.)
- **Prolonged Grief Disorder** (Prigerson et al.)

**Selected Treatments/Resources for Complicated Grief**

- Complicated Grief Therapy (Shear)
- Guided Imaginal Conversation (Jordan)
- Meaning Reconstruction in Loss (Neimeyer)
- Restorative Retelling (Ryearerson)
- Behavioral Activation (Papa)
- Attachment Informed Psychotherapy (Sonkin)
- Treatment of Complicated Mourning (Rando)

**Treatment of Complicated Grief**

A 2005 study in *JAMA* (Shear, Frank, Houck, & Reynolds) found that **Complicated Grief Treatment** – a method that emphasized psycho-education about grief, retelling and meaning-making strategies with traumatic loss, and a dual process approach to grief (with attention to life goals) was even more effective in treatment than **Interpersonal Psychotherapy** (standard treatment).

**Complicated Grief Treatment (CGT)**

*M. Katherine Shear, MD, and Associates. The Center for Complicated Grief, Columbia School of Social Work*

- Introductory Phase (Sessions 1-3) Laying the Foundation
  - Establish a sense of companionship
  - Explain complicated grief and the complicated grief treatment
  - Begin grief monitoring and discussion of personal aspirations
  - Include support person
- Middle Phase (Sessions 4-10) The Heart of Treatment
  - **Loss Focus** – imaginal revisiting of the death, situational revisiting, memories and pictures, imaginal conversation
  - **Restoration focus** – aspirations and plans, self-care, re-engaging with others
- Termination Phase (Sessions 11-16) Transition to Ongoing Life
  - Summarize gains and plans for the future
  - Process termination

**Complicated Grief Treatment - Shear and Associates. The Center for Complicated Grief, Columbia School of Social Work**

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Address complicating thoughts, feelings, and behaviors</td>
<td>• Psycho – education</td>
</tr>
<tr>
<td>• Establish a rhythm of oscillation between confrontation and comfort</td>
<td>• Retelling</td>
</tr>
<tr>
<td>• Attend to dual processes of reflection upon the death (loss–focus) and re-envisioning the future (restoration–focus)</td>
<td>• Involving significant other</td>
</tr>
<tr>
<td></td>
<td>• Grief monitoring</td>
</tr>
<tr>
<td></td>
<td>• Imaginal and situational revisiting exercises</td>
</tr>
<tr>
<td></td>
<td>• Memories and pictures</td>
</tr>
<tr>
<td></td>
<td>• Imaginal conversations with the person who died</td>
</tr>
<tr>
<td></td>
<td>• Attention to self-care, core values, and meaningful future plans</td>
</tr>
</tbody>
</table>

**Obtain Your CE’s**

Go to: [https://educate.hospicefoundation.org](https://educate.hospicefoundation.org) and log in or click “Register Now” to create a new account.

**Enter CE Code & Site ID** (provided by event organizer)

**Choose board, complete brief evaluation, complete exam** (must be completed at 80% or above; can be retaken to pass)

**Enter Payment Information - CE Fees:** $18 until 5/11/17; $21 after (VISA/MC/AMEX or discount code if pre-paid)

Print or email your certificate to yourself

Call HFA at 202-457-5811 or email educate@hospicefoundation.org with any questions.