March 4, 2015 NCHPP - Bereavement Professional Chat

Complicated Grief - Daniel Speis, LICSW, Facilitator; Diane Snyder Cowan – Co-facilitator

Daniel introduced himself and his program which has a center for grief support. They are go-to resource in the community for grief and loss.

This is not a formal didactic presentation on complicated grief. Key concepts and points will be described and then a discussion phase that uses the strength of community of callers will ensue.

Initial concepts –

Complicated grief is a concept that is difficult and complex to understand. The language around complicated grief is confusing. Sometimes, difficult, complex and intense acute grief reactions are described is as complicated. Some people talk about it from a researched based perspective use and those definitions. Still others use the proposed definitions form ICD-11 for prolonged grief discorded or persistent complex bereavement disorder from DSMV.

There is not a unified, agreed up definition in the field. It is vague and ambiguous. As clinicians, we have to broaden our understanding of what we are talking about and have the bereft clarify what they mean.

Definitions

Acute grief – yearning, sadness, withdrawal, avoidance, role confusion. As people adapt there can anxiety, depression and other common grief reactions. They are the intense reactions after death. Folks are often more overwhelmed and confused.

Integrated grief - As a person progresses through the grief to a phase of adaptation and accommodation, they move to an integrated phase of grief reaction.

Complicated grief – when an individual does not enter a period of integrated grief. They have really arrested in their initial phase of grief or have regressed. To use a train analogy – in the move from acute to integrated, the train derails and lands in complicated grief. How do we help to get that grief back on track?

There are some consistencies and reoccurring themes in what clients are experiencing.

1. Prolonged intense painful emotions tend to be more omnipresent than intermittent
2. Rumination around themes of self-blame , guilt and recrimination – highly correlated with incident of mental health illness – dealing with depression, association with poor behavioral outcomes
3. Maladaptive behaviors – avoidance of triggers, of reminders, or perseveration on painful negative reminders. Daily behaviors are interrupted or go on but are extremely painful.

Other things seen in complicated grief – The sense of longing and yearning does not ease substantially with time. There is a difficulty managing a life without the person who died. They have difficulty recalling positive, comforting memories.

Often bereft report "feeling stuck." This is a flag.

There is a question of time. There is no consistency with definition of time. How long must a person experience these things? That is not clearly defined and some of these symptoms sound like acute grief. The period of time is one that exceeds culturally, religious, society norms. However, we do not have clear guidelines. This is part of the challenge.

CBT, EMDR – How do we resolve loss and pain of loss that is so deep within the client?

What screening tools are people using?

- Holly Priegerson's screening after 6 months – helpful as a guide to what to focus one
- Brief Grief Questionnaire – Katherine Shear's tool – 6 questions – has some reliability
- Self-assessment tool – how are they functioning since the death occurred? Identify what experiences they have and the frequency. Leads to a deeper conversation. Informs the conversation.

The issue of time was brought up again.

Listening for when the death occurred and what their grief experience has been up is helpful. There are a number of clients who are experiencing acute grief that have been working to avoid or distract themselves from the grief. Now its 8 months and it's coming out. Now they are seeking help. Others have been working years to work through their grief and then are really stuck. Why haven't they seen any improvement? Daniel has seen lots of different peoples with lots of different losses over time which allows him to compare experiences.

Caller uses risk assessment – low, medium, high risk. Medium risk has several variables. They may look like medium on paper, but they function really well. Medium includes - history of mental illness, multiple loss, ambivalence, children at home, if patient is a child, concurrent losses, hostile/aggressive behavior, severe isolation. There is a lot of literature around risk factors for complicated grief. How someone looks on paper doesn't always capture the full picture. Many risk tools don't take into account protective factors such as strong social supports, spirituality, financial resources, a willingness to seek help, etc.

Psychotherapies have been shown to have a good effect with clients when they help clients more towards behavior activation and reducing avoidance behaviors.

- Caller gave the example of going to church alone. She helps clients to reframe it and think through their support system as well as validate their feelings of grief. That it can be a healing if that is their practice.

- Caller talked about bringing people to empowerment. This can be complicated due mostly to back to back losses or life changing circumstances, when someone is so stuck, reframe their losses. It is important to separate out the losses and work on resolving each one.

Work on reducing avoidance behavior. Daniel shared what a friend shared with him – that all good psychotherapy is exposure therapy. Exposing and confronting the things that are troubling us the most is consistent with research on complicated grief. It is important to work on stress tolerance and to decrease avoidance behaviors.

What is it about remembering that is so difficult/troubling to you? Let's talk about feelings you have been avoiding. The first thing is to make sure client can tolerate the feelings. The risk is that will they become emotional flooded. If so, can they self-regulate? We do not want to do more harm than good.

There was some discussion related to hospice bereavement. Many programs provide supportive services, but not grief psychotherapy. There may be a limit to how many sessions can be offered. Hospices can provide education to people about grief – what it is – what it looks like and it's important to seek treatment. Have resources to give to clients. Identify certain individuals in your community that you can refer to. Know the resources in community if you cannot meet that need in house. Consider partnering with another agency.