When Grief Is Complicated

Getting to Know Our Audience

Who are you and in what Social Work settings do you practice?

A very special thanks to our Video and Live Panelists

- Kenneth J. Doka, PhD, MDiv – is a Professor of Gerontology at the The College of New Rochelle and senior bereavement consultant to the HFA. He is a licensed mental health counselor and an ordained Lutheran minister.
- Robert A. Neimeyer, PhD – is a Professor of Psychology at the University of Memphis, where he maintains an active clinical practice.
- Therese A. Rando, PhD, BCETS, BCBT – 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.
- Frank Sensno – Video Panel Moderator and Director of the School of Media and Public Affair, The George Washington University
- Kelly Geib-Eckenroth - Kelly started with the Children's Grief Center in 2008 as a support group facilitator. She became the Program Director in 2009. Children's Grief Center of NM provides free peer-support groups for kids and their caregivers who are grieving the death of a loved one. Kelly has 19 years experience as an Early Childhood Educator & Administrator, focusing on multicultural and environmental education. Kelly is also CGC's Camp Corazon director, a children's grief camp program.
- Marilou Hatton, MDiv – is the senior Hospice Chaplain with Alliance Homehealth and Hospice. Marilou has extensive knowledge working individuals and families experiencing grief and trauma in local hospital emergency departments, trauma units and in-home Hospice settings.

Learning Objectives

Participants will be able to:

- Describe typical grief patterns and differentiate typical grief from more complicated forms;
- List and describe 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

Complicated Grief

- Can be **narrowly defined** as a suggested syndrome – or perhaps as a series of distinct syndromes.

- Can be **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).

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Complications of Grief may include:

- *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

Parkes & Prigerson, 2010

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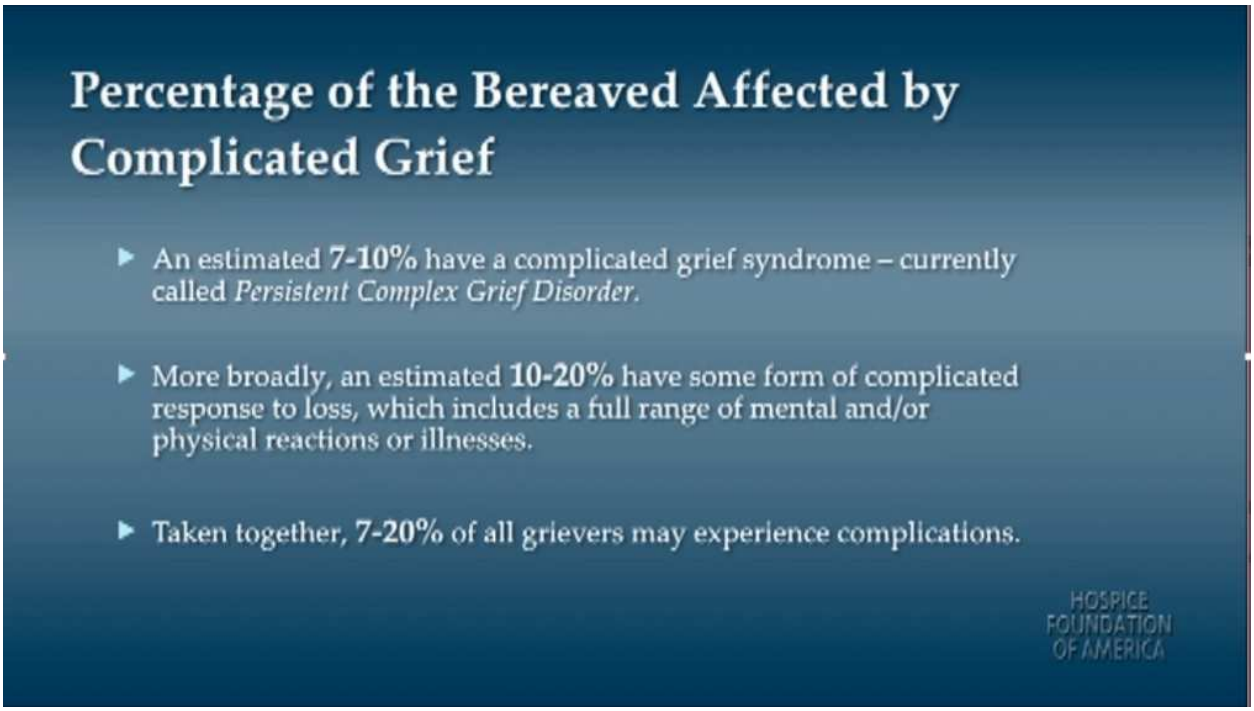
Percentage of the Bereaved Affected by Complicated Grief
An estimated 7-10% have a complicated grief syndrome – currently called Persistent Complex Grief Disorder.
More broadly, an estimated 10-20% have some form of complicated response to loss, which includes a full range of mental and/or physical reactions or illnesses.
Taken together, 7-20% of all grievers may experience complications.
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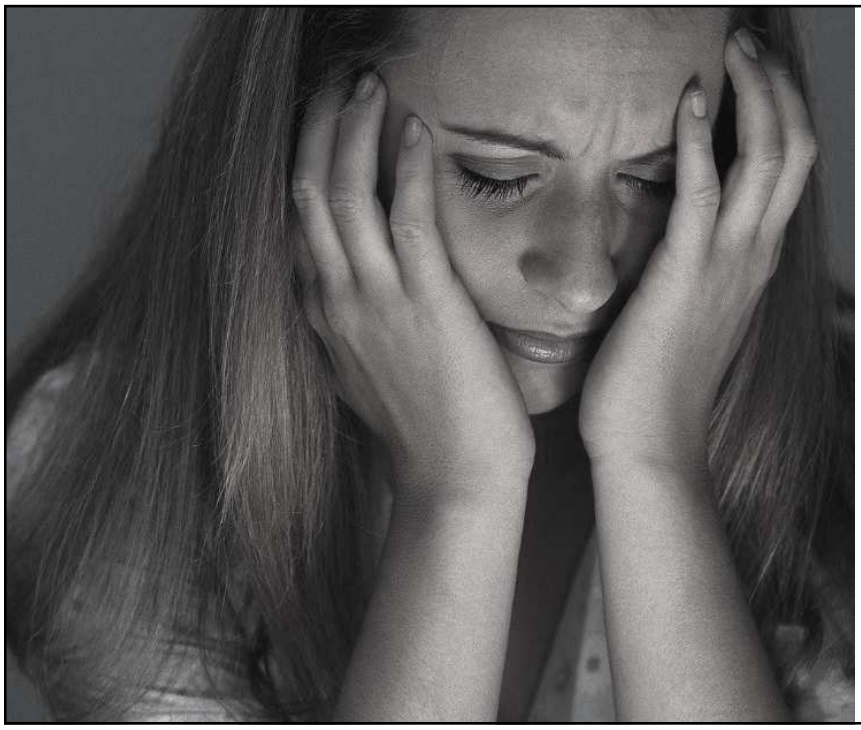
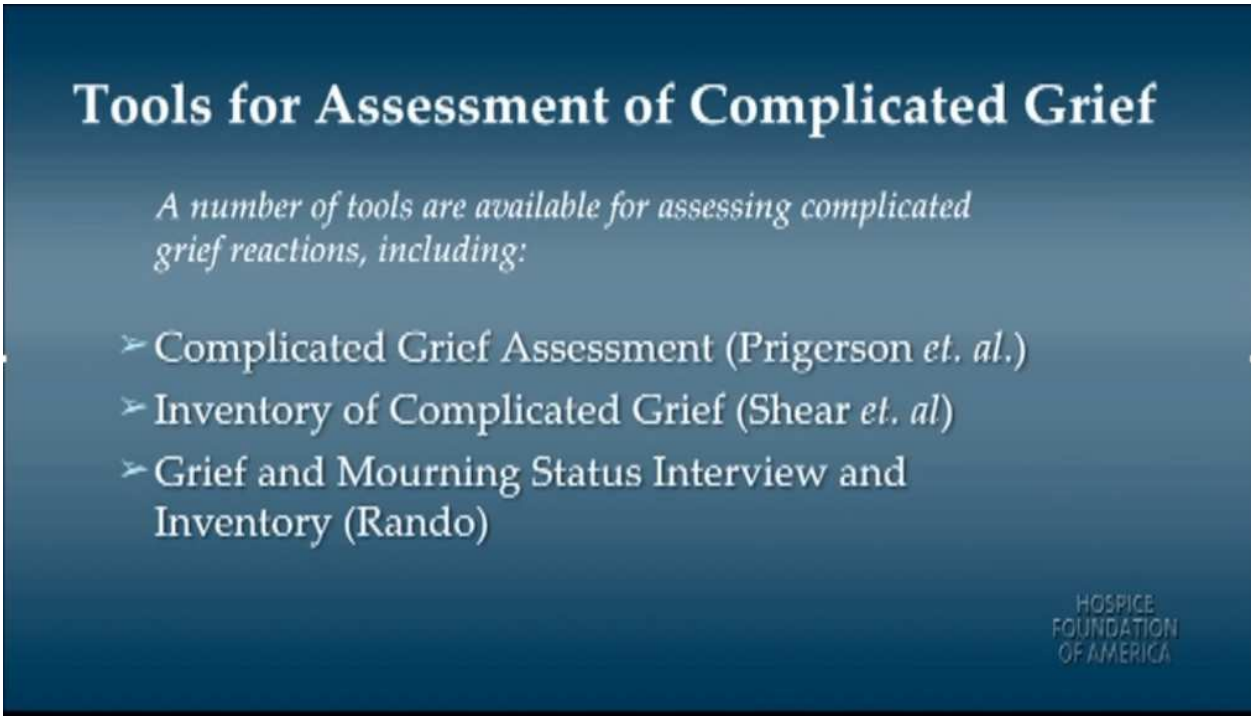
Topic of Discussion:

What are some risk factors for Complicated Grief that you have identified in your practice?



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 a short period of time
- Unanticipated, traumatic or violent loss
- Disenfranchised grief and loss


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)
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Topic of Discussion:

What are some of the signs that would suggest a client may have a more complicated reaction to a loss that might require more intensive help?

Danger Signs: Complicated Grief

- **Intense reactions** such as intrusive thoughts of extreme affect – such as sadness, guilt, or anger – unceasing yearning or feelings of meaningless
- **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 theme 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

Cautionary Signs of Complicated Grief

- 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.

"I found a good job for the summer. I'm a grief counselor in a swimsuit store."

Beginning with the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.; *DSM-III*), depressive episodes following the loss of a loved one were considered to represent normal grief if they did not include certain severe symptoms or if they lasted less than 2 months. This was called the bereavement exclusion rule.

A debate about whether to eliminate the bereavement exclusion became a hotly contested issue during the *DSM-5* revision process. The debate involved disagreements about which research studies were most relevant to assessing the validity of the bereavement exclusion rule, different value commitments regarding the distinction between normal and abnormal, and contrasting philosophical assumptions about the nature of psychiatric disorder.


Topic of Discussion:
Do you agree with the APA's decision to remove the bereavement exclusion from the diagnosis of Major Depressive Disorder?