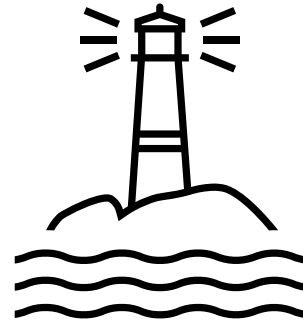


Using Evidence-Based Practices to Support Bereaved Adults



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Overview of Goals for Clinicians

Be present, offer support, and help tolerate intense emotions

Provide a sense of predictability

Be aware of risk factors for poor bereavement outcomes

Recognize the multiple presentations of grief in adults

Be able to manage such expressions of grief with clinical interventions or make appropriate referrals

Validate and respond to one's own reactions to loss

Some Key Tenets in Supporting Adult Grievers

Adopt a non-pathologizing stance, even when symptoms are present

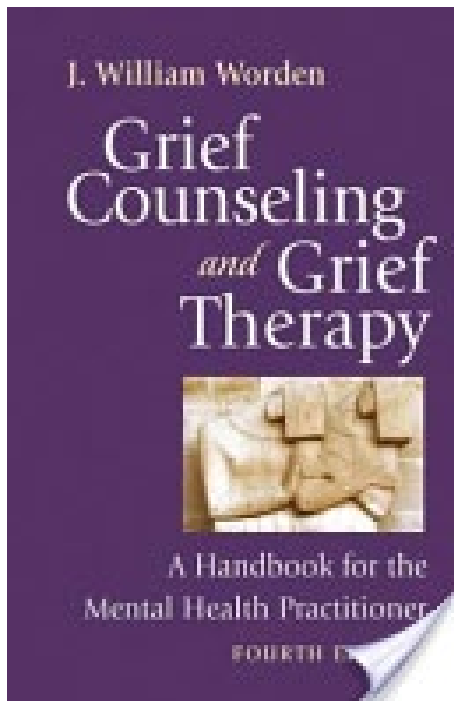
Offer an empathic, validating presence, bearing witness and holding space

Provide psychoeducation about grief

For some, the goal is to provide scaffolding as the griever naturally adapts to their loss

Others may need more targeted therapeutic techniques to address impairing psychological symptoms, such as anxiety, depression, or prolonged grief disorder (PGD)

Grief Counseling vs. Grief Therapy



Grief Counseling helps facilitate uncomplicated, or 'normative' grief to a healthy adaptation over time

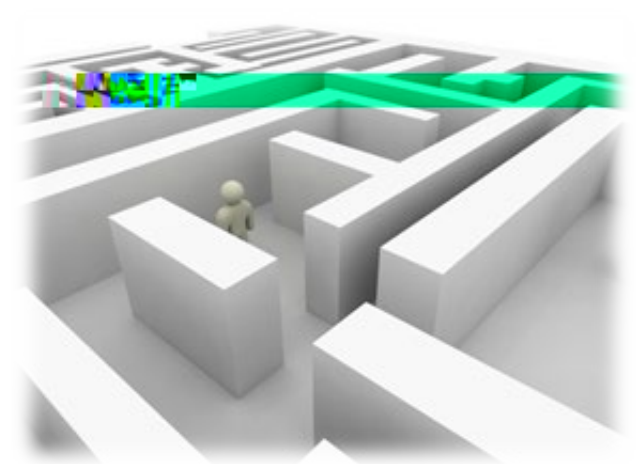
Grief therapy involves the use of specialized techniques and interventions to help people with challenging grief reactions, focusing on identifying and addressing issues that interfere with the individual's natural adaptation processes

The Power of Psychoeducation

Normalize and validate reactions

Provide a sense of predictability and roadmap

Offer information about models of coping
(Attachment Theory, Dual Process Model, Task Model)



Contemporary views of grief

Stages of grief overlap and do not occur in a universal set sequence

Intense emotions may wax and wane, especially in the early phases of bereavement

Bonds to the deceased are likely to continue

Grief may be experienced throughout one's life

No firm timelines for adaptation have been established, but cultural sanctions may influence the duration of expressions of grief

Attachment Theory

Is this child scared or angry?



Internal working models of attachment (insecure vs. secure) developed in early parent-child relationships shape individuals' responses to separation and loss

Remember: fear and anger are often two sides of the same coin...

Dual Process Model of Coping

Loss-oriented mode involves confrontation with grief and loss

Restoration-oriented mode involves reengagement in life

Natural way of adapting to loss involves oscillation between these two modes



Task Model

To accept the reality of the loss

To work through the pain of grief

To adjust to the environment without the deceased

To emotionally relocate the deceased and move forward with life



Pre-death Grief Interventions

Family-Focused Grief Therapy (FFGT)

Goal is to optimize family functioning (The 3 “C”’s: Cohesiveness, Communication, Conflict Management) in order to promote adaptive grieving and help families share grief from palliative care through bereavement

Key processes include

- Establishing a collaborative therapeutic alliance

- Affirming family’s strengths & active coping

- Making patterns of family functioning explicit

- Encouraging family to take responsibility for change

FFGT Evidence Base

Trials have examined 4 to 10 sessions lasting 90 minutes each

Targeted at-risk families exhibiting dysfunction in the domains of communication, conflict, or cohesion

For families with a mild to intermediate level of dysfunction, FFGT has shown significant effect in reducing depression and distress

In a trial comparing 6 or 10 sessions of FFGT to standard care, those who received standard care in low-communicating and high-conflict families had higher levels of PGD symptoms and those in standard care were more likely to develop PGD than those who received 10 sessions of FFGT (15.5% vs 3.3%)

Post-death Grief Interventions

No “one size fits all” approach and should tailor to kinship type, cause of death, geographical location, cultural background, and level of need

Can include groups or individual counseling or psychotherapy

May be delivered via telehealth to increase accessibility

There are few extensively studied grief interventions

Meta-analyses have shown that one-on-one treatments targeting high-risk or symptomatic individuals, particularly those who are at least six-months post-loss, yield the strongest effects

Systematic Reviews and Meta-Analyses of Bereavement Interventions for Adults (2003-2019)

adapted from Lichtenthal, Roberts, Prigerson, & Kissane, 2021

Authors	No. of Studies	Study Selection	Effect Size Magnitude	Possible Conclusions
Wittouck, Van Autreve, De Jaegere, Portzky, and van Heeringen (2011)	14	Randomized controlled trials for prevention or treatment of complicated grief (prolonged grief)	Treatment interventions: 0.53 ^a Prevention interventions: 0.03 ^a	<ul style="list-style-type: none">Interventions for complicated grief appear effective and gains increase over timeLimited support for preventive interventions for complicated grief but may be due to variation in assessment tools
Currier, Neimeyer and Berman (2008)	61	Randomized and non-randomized studies No-intervention control group	0.16 ^b	<ul style="list-style-type: none">Both intervention and control participants improved over timeClinical and self-referrals associated with better outcomes (differences diminished at follow-up)
Schut, Stroebe, van den Bout, and Terheggen (2001)	16 primary; 7 secondary; 7 tertiary	Organized help that was focused on treating grief Methodologically sound	Low to modest effects	<ul style="list-style-type: none">Strongest effects observed in studies with individuals exhibiting psychopathology/ pathological griefGreater effects among those self-referred
Jordan and Neimeyer (2003)	4	Reviews and meta-analyses	N/A	<ul style="list-style-type: none">Intervention had generally low efficacyIntervention may not be necessary for the majority of bereaved individualsThere is a need to develop new intervention approachesThere is a need to improve the methodological rigor of studies
Johannsen, Damholdt, Zachariae, Lundorff, Farver-Vestergaard and O'Connor (2019)	31	Meta-analysis of randomized controlled trials of grief interventions	Pooled effects post-intervention: g=0.41, p>.001, K=31 Follow-up: g=0.45, p>.001, K=18	<ul style="list-style-type: none">Larger effect sizes were found for individual interventions, studies that screened for grief, and studies that included only individuals ≥6 months post-lossMethodological rigor needs improvementLarge pooled effect sizes may have been due to publication bias
Nseir & Larkey (2013)	7	Evidence review of grief intervention studies for older adults published between 1993-2013	N/A	<ul style="list-style-type: none">Only 3 intervention types (emotional expression/support, psychoeducation, and mind-body) demonstrated preliminary efficacy in improving grief outcomes in older adultsThe mind-body approach was the only type to demonstrate statistically significant efficacy
Roberts, Walsh, Saracino, Fogarty, Coats, Goldberg, Prigerson, and Lichtenthal (2019)	24	Systematic review of grief intervention studies for older adults published between 2013-2019	N/A	<ul style="list-style-type: none">Grief interventions for older adults generally had small effects on grief outcomesInterventions using behavioral activation and restoration-oriented coping may be most beneficial
Waller, Turon, Mansfield, Clark, Hobden & Sanson-Fisher (2016)	76 intervention studies	Systematic review of grief counseling studies Evaluated based on Cochrane Effective Practice and Organisation of Care (EPOC) methodological criteria	59% of studies met EPOC design criteria No overall effect sizes reported	<ul style="list-style-type: none">Studies have numerous methodological limitationsMany interventions lack of theoretical rationaleComplicated Grief Treatment and Family-Focused Grief Therapy trials were highest quality studies and demonstrated efficacy

^a Effect size absolute values presented. There was a standardized mean difference of −0.53 for treatment interventions post-intervention and -1.38 at follow-up. Preventive interventions had an effect size of −0.03 at post-intervention and 0.13 at follow-up. ^b An effect size of $d = 0.16$ for randomized studies at post-intervention and $d = 0.51$ for non-randomized studies ($n = 12$). Tests of both effect size estimates were statistically significant. ^c Primary preventive interventions were offered to all bereaved individuals, secondary to high-risk individuals, and tertiary to individuals with prolonged grief or other psychopathology.

Grief Intervention Evidence Base Overview

Interventions that have been subject to rigorous study include:

- Family-Focused Grief Therapy
- Prolonged Grief Disorder Therapy
- Cognitive-Behavioral Therapy

Investigation of Meaning-Centered Grief Therapy is currently underway

Common elements include:

- Psychoeducation (e.g., dual process model)
- Enhancing social support
- Stress reduction/emotional regulation
- Cognitive reframing/meaning-making
- Expressive writing
- Exposure
- Support for continuing bonds

Prolonged Grief Disorder Treatment (PGDT)

16-session, manualized treatment informed by the dual process model of coping and exposure-based approaches (formerly referred to as complicated grief treatment [CGT])

Demonstrated superior efficacy in response rate comparing PGDT to Interpersonal Psychotherapy (54 vs. 24) and rate of PG symptom and impairment improvement

7 “healing milestones”

- Understanding grief

- Managing emotions

- Seeing a promising future

- Strengthening relationships

- Narrative the story of the death

- Learning to live with reminders

- Connecting with memories of the deceased

Prolonged Grief Disorder Treatment: Loss-Focused Procedures

Use revisiting to help comprehend reality, to think of the death at will, to identify “hot spots” or impasses, to reduce emotional intensity, and to create a coherent story

- Begin at terminal event

- Rate subjective units of distress (SUDS)

- Keep brief so there is sufficient time to process in session

- Identify maladaptive beliefs and difficult images with repetition, processing, imaginal rehearsal with new scenarios, and restructuring can result in a cognitive shift

- Review memories and pictures

- Imaginal conversations after some progress has been made

Prolonged Grief Disorder Treatment: Restoration-Focused Procedures

Work on aspirational goals including dreams, relationships, and self-care to enhance autonomy and foster positive emotions

Use motivational interviewing to explore what individual would do if grief severity were reduced

Daily Activities Exercises

Meet with significant other for additional perspective, to educate, and to enlist support

Cognitive-Behavioral Therapy for PGD

Numerous trials have been conducted with in-person and internet-delivered CBT (some self-guided, some therapist-assisted) with varied number of sessions

Group format (CBGT, based on Shear et al. PGDT model) has demonstrated efficacy in reducing grief, depression, and hopelessness as well compared to a psychoeducational and emotional expression intervention group

Group + individual sessions combined have also demonstrated efficacy, reducing PG symptom severity as far as 2 years out

Some protocols have integrated other therapeutic approaches, including Gestalt, family systems, and psychodrama

Cognitive-Behavioral Therapy for PGD

Address core processes believed to underlie symptoms

Conceptually process and integrate loss into existing autobiographical knowledge

Restructure maladaptive beliefs and interpretations

Reduce and replace avoidance strategies

Address common cognitive errors, metacognitions, and use cognitive restructuring

Rebuild previously held assumptions to incorporate the loss

Behavioral activation

Exposure exercises appear to have value added over and above cognitive and behavioral activation approaches

Meaning-Centered Grief Therapy (MCGT)

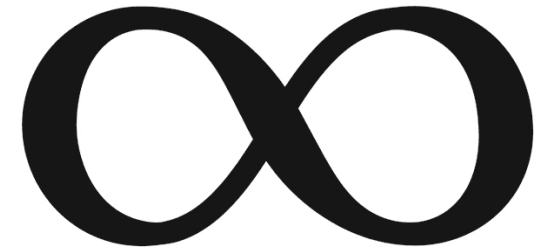
Overview

Adaptation of Breitbart and colleagues' Meaning-Centered Psychotherapy (MCP) for patients with advanced cancer

Incorporates Viktor Frankl's key concepts, focusing on the ability to choose one's attitude toward suffering

Assists with connection or reconnection to valued sources of meaning that can become resources

Designed to reduce intensity of debilitating grief symptoms by (paradoxically) helping patients to co-exist with their grief



Sources of Meaning as Lighthouses

“He who has a why to live for can bear with almost any how.”

~Friedrich Nietzsche

Your Story as a Source of Meaning

Connections between the past, present, and future

Attitude as a Source of Meaning

Choosing the attitude one takes toward life’s challenges (e.g., loss, mortality)

Creating as a Source of Meaning

Actively engaging in life through roles, work, deeds, accomplishments

The importance of courage, commitment, and responsibility

Experiencing as a Source of Meaning

Connecting to life through relationships, beauty, nature, humor

Meaning-Centered Grief Therapy (MCGT)

Overview (cont'd)



Applies Neimeyer's meaning reconstruction to facilitate meaning-making through examination of cognitive schemas

Incorporates attachment theory and cognitive-behavioral/schema therapy approaches

Assists with legacy building and development of the griever's story as well as the deceased's story

Helps maintain connection to the deceased

Meaning-Centered Grief Therapy (MCGT)

Approach



Uses didactics, written responses to reflection questions, discussion, and experiential exercises

Structure allows systematic uncovering of important meaning-related content while also creating a sense of predictability and a roadmap to assist in navigating intense emotional terrain

Principle-driven, flexible, and involves substantial provision of support and witness significance to the individual's suffering, respecting that the griever is truly the “expert” in their grief

MCGT Session Overview

Session 1	Introductions and Overview of MCGT
Session 2	Managing Challenging Emotions through Meaning: Permission to Grieve
Session 3	Your Child's Living Legacy: Continuing Bonds
Session 4	Creating Your Story: Choosing One's Life Narrative
Session 5	Loss and Identity: Identity Before and After Loss
Session 6	Your Story as a Source of Meaning: The Past
Session 7	Your Story as a Source of Meaning: The Present
Session 8	Your Story as a Source of Meaning: The Future

MCGT Session Overview

- Session 9 Meaningful Connections: Identifying Support and Meaningful Relationships
- Session 10 Attitude as a Source of Meaning: Encountering Life's Limitations
- Session 11 Creating as a Source of Meaning: Creativity, Courage, and Responsibility
- Session 12 Experiencing as a Source of Meaning: Experiencing & Connecting with Life
- Session 13 Revising Your Story: Recalling Emotion-Evoking Events
- Session 14 Creating Significance: Reactions to Moving Forward
- Session 15 Living Legacies: Presentation of the Living Legacy Project
- Session 16 Reflections: Hopes for the Future

Core Meaning-Centered Concepts

- 1) Ability to choose one's attitude in the face of suffering
- 2) Ability to use sources of meaning as “lighthouses” in the distance to transcend suffering
- 3) Ability to construct meaning—of our lives, of events, of circumstances, and of our emotional reactions—and to author our own story and deceased's story
- 4) Ability to maintain a meaningful connection to the deceased

Highlighted throughout Each Session...

Existing sources of meaning whenever heard

Parent's ability to tolerate (and thus co-exist with) great pain

Importance of self-compassion

Child's specialness and unique way they have touched the world

Strategies for maintaining sense of meaning beyond the end of the intervention, and during difficult times

Incorporating Evidence-Based Approaches in Practice

Consider the value of completing the entire intervention by the books – the power of a deadline

Can utilize clinical challenges as a prompt to bring in elements of a given intervention

- Unfinished business/dissatisfactory goodbye

- Regret

- Difficulty connecting with the deceased

- Identity challenges

- Encouragement for reengagement in life

- Traumatic stress symptoms

Get on the mailing lists for training centers and programs to stay informed

Acknowledgements

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Thank you!

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