

# Sheppard Pratt & Professional Education

Registration is open on ETHOS for:

## **Social Work Lecture Series: Clinical Supervision: The Tool for Enhancing the Ethical Practice of Those You Supervise**

Friday, November 13, 2020, 9:00 am – 12:15 pm,  
Online Broadcast, Presented by: Gisele Ferretto,  
MSW, LCSW-C

## **Psychology Workshop: Clinical Work with African Americans: Moving Beyond Cultural Competence**

Friday, November 6, 2020, 10:00 am – 11:00 am,  
Online Broadcast, Presented by: Danice Brown,  
PhD

Log into your Ethos account to register to attend  
this event for credit.

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1. Remember to take the pretest when you get the reminder email for the lecture on Monday.
2. Set a reminder for the lecture using the reminder email. Save the reminder email in your calendar or copy and paste it into your calendar. Set the reminder 10 minutes early to download and/or print the slides before the lecture.
3. Download the slides anytime from the day before to right at the beginning of the lecture. (The link to download the slides is in Venue in the activity page on Ethos. You don't have to be logged in to access it.)
4. Click on the link to watch the online broadcast. (The link is in Venue in the activity page on Ethos. You don't have to be logged in to access it.)
5. Email the code word to [cme@sheppardpratt.org](mailto:cme@sheppardpratt.org)
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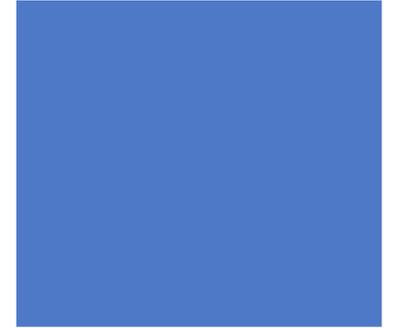
## Learning Objectives

After attending this program, participants will be able to:

1. Define key characteristics of uncomplicated (acute and integrative) grief.
2. Describe features and consequences of complicated grief.
3. Recognize and explain key components and effectiveness of a treatment for complicated grief.

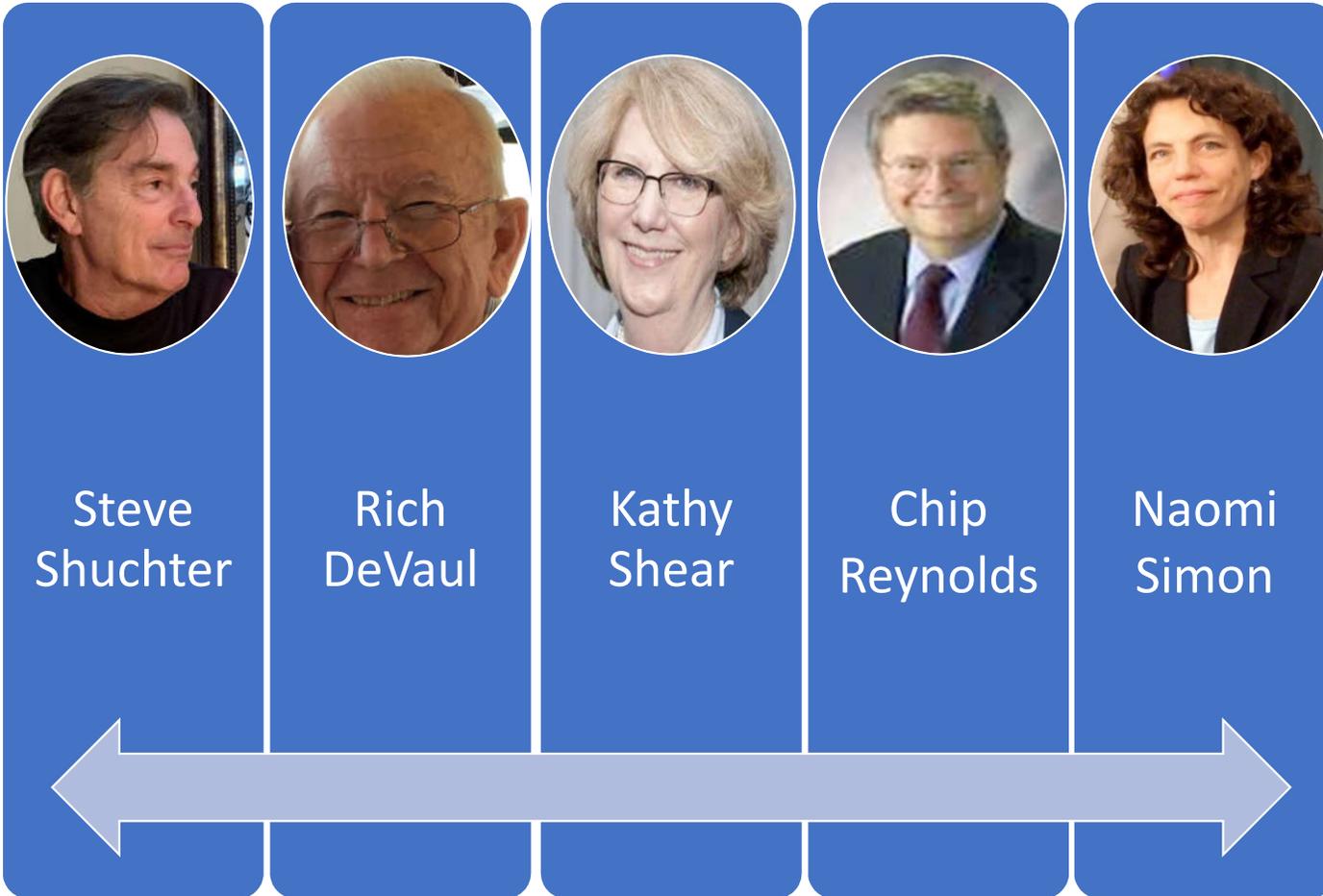


# What Every Psychiatric Clinician Should Know About Complicated Grief



Shepard Pratt, October 28, 2020

# Many Thanks to Career-Long Collaborators





A couple from New York decided to come to San Diego for a long weekend to thaw out during one particularly icy winter. They planned to stay at the very same hotel where they spent their honeymoon 20 years ago. Because both had jobs, they found it difficult coordinating their travel schedules. It was decided that the husband would fly to San Diego on a Thursday, and his wife would follow him the next day. Upon arriving as planned, the husband checked into the hotel.

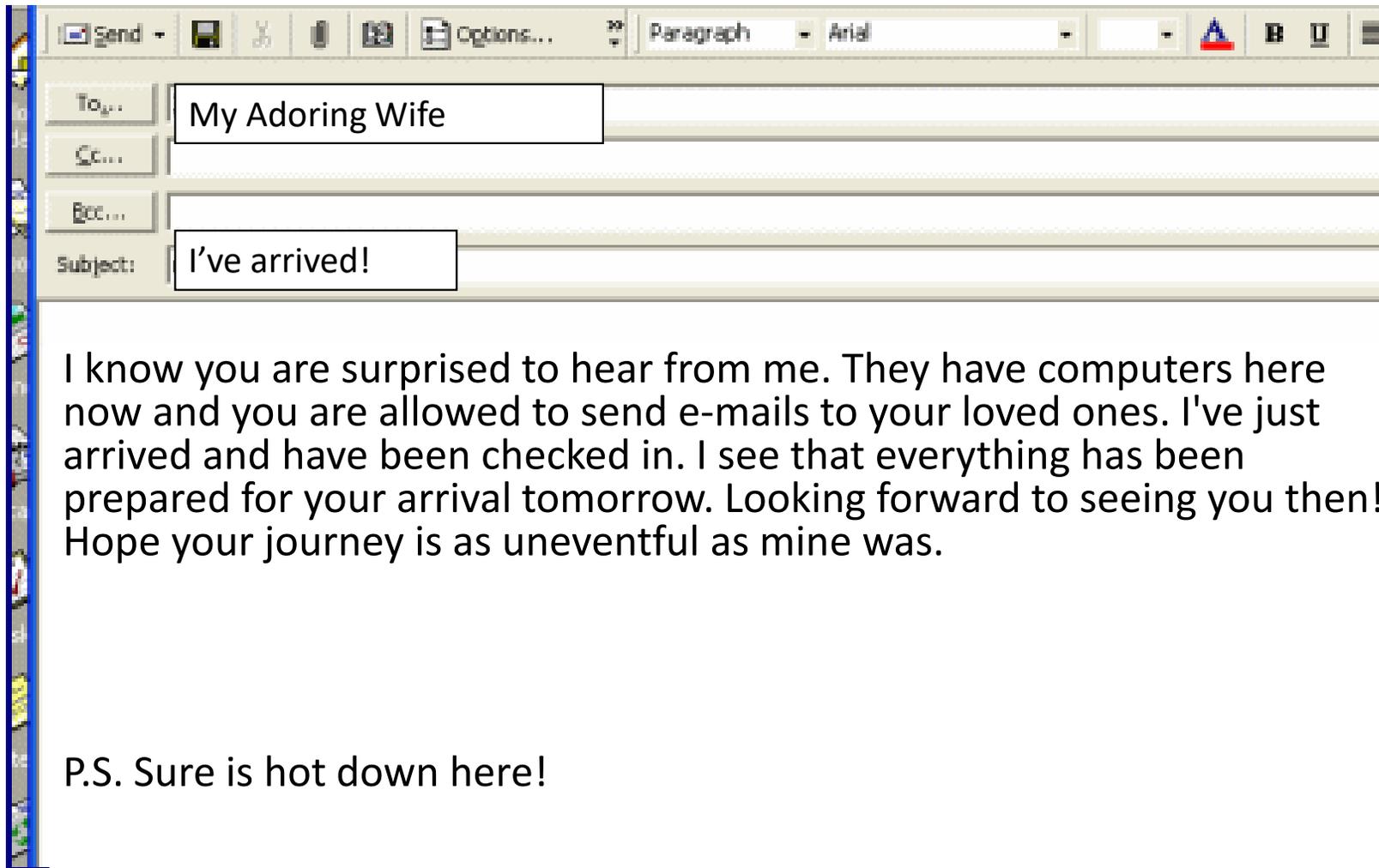
In his room there was a computer, so he decided to send his wife an e-mail back in New York. However, he accidentally left out one letter in her address, and sent the e-mail without realizing his error.



In another city, a widow had just returned from her husband's funeral. The dearly departed was a minister of many years who had been called home to glory following a heart attack. The widow checked her e-mail, expecting messages from relatives and friends. Upon reading the first message, she fainted.



The widow's son rushed into the room, found his mother on the floor, and saw the computer screen which read:



# Goals and Objectives

At the end of the presentation, participants will be able to:

- Define key characteristics of uncomplicated (acute and integrative) grief
- Describe features and consequences of complicated (aka “prolonged”) grief
- Recognize and explain the key components and effectiveness of a treatment for complicated grief

# 1. Uncomplicated Grief

Acute Grief

Adaptation

Integrated Grief

Treatment?



*Grief never  
ends. But it  
changes. It's  
a passage,  
not a place  
to stay. Grief  
is not a sign  
of weakness,  
nor a lack of  
faith. It is the  
price of love.*

*— Author Unknown*

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



Kathy Shear, personal communication

# Acute Grief is the Initial Response to Loss

Highly variable, but often includes

- A sense of disbelief
- Strong emotions – negative and positive
- Intrusive thoughts
- Feelings of insecurity, emptiness, confusion
- Feelings, thoughts, behaviors focused on the deceased
- Physical symptoms
- Loss of interest in ongoing life



# Feelings, Thoughts and Behaviors



No circumscribed stages

Bursts/waves

Positive feelings intermixed

Intensity peaks in days, weeks  
to months

But it doesn't totally go away

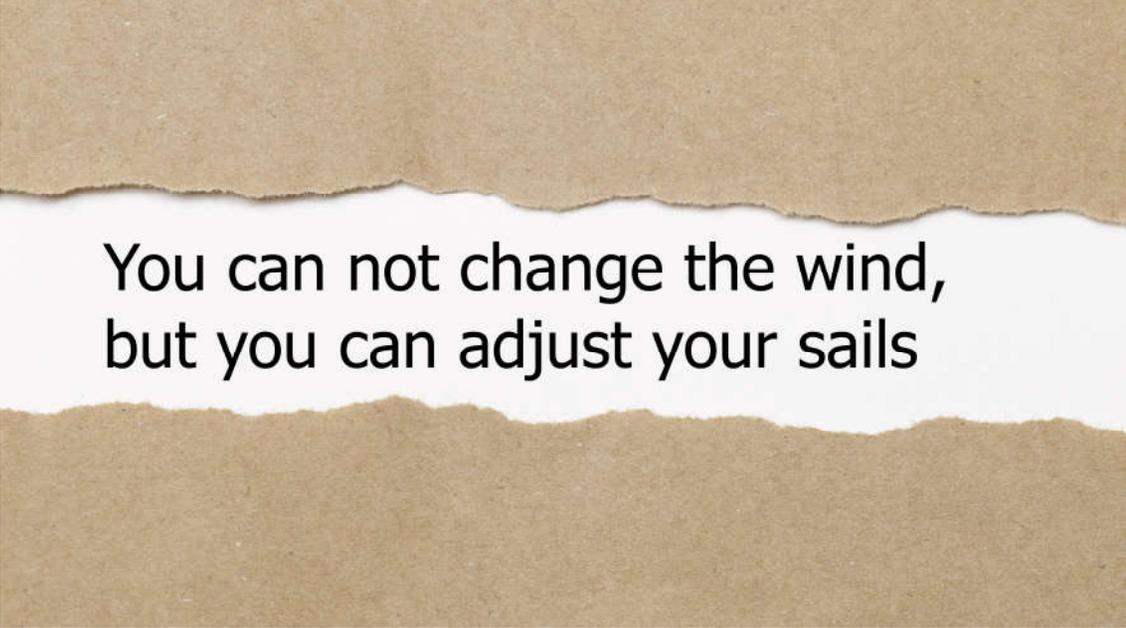
## Acute Grief Evolves Into Integrated Grief Over Time

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





## Adapting To Loss

A piece of brown cardboard with a white strip in the middle. The text is written on the white strip.

You can not change the wind,  
but you can adjust your sails

A dynamic, ongoing, life-sustaining process by which we adjust to a world changed by absence of our loved one

# Adaptation To Loss: 2 Components

- To the loss itself
  - Accept the reality of the death
  - Establish a changed relationship to the deceased
- To life without the deceased person (restoration)
  - Move forward with a life-sustaining sense of purpose and meaning, and possibilities for happiness

## We Remember Them by Sylvan Kamens & Rabbi Jack Riemer

At the rising sun and at its going down; We remember them.

At the blowing of the wind and in the chill of winter; We remember them.

At the opening of the buds and in the rebirth of spring; We remember them.

At the blueness of the skies and in the warmth of summer; We remember them.

At the rustling of the leaves and in the beauty of the autumn; We remember them.

At the beginning of the year and when it ends; We remember them.

As long as we live, they too will live, for they are now a part of us as We remember them.

When we are weary and in need of strength; We remember them.

When we are lost and sick at heart; We remember them.

When we have decisions that are difficult to make; We remember them.

When we have joy we crave to share; We remember them.

When we have achievements that are based on theirs; We remember them.

For as long as we live, they too will live, for they are now a part of us as, We remember them.

## In Integrated Grief

The person who died rests peacefully in the heart





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

# Summary: Ordinary Grief



Bereavement



Acute Grief



Integrated Grief

**Grief often is painful; adaptation proceeds naturally and most bereaved individuals do not require treatment, though they benefit from the love and support of loved ones and friends**



## 2. Complicated Grief



# What Happens When Thoughts, Behaviors, Feelings or Problems Impede Adaptation?

When adaptation is  
impeded grief is intensified  
and prolonged



## Maladaptive **thoughts**

*Second-guessing; grief-judging, self-blaming, catastrophizing*



## Dysfunctional **behaviors**

*Excessive avoidance, social withdrawal, substance use; negative health behaviors*



## Problems regulating **feelings**

*Overly intense negative emotions, low positive emotions, low self-compassion*



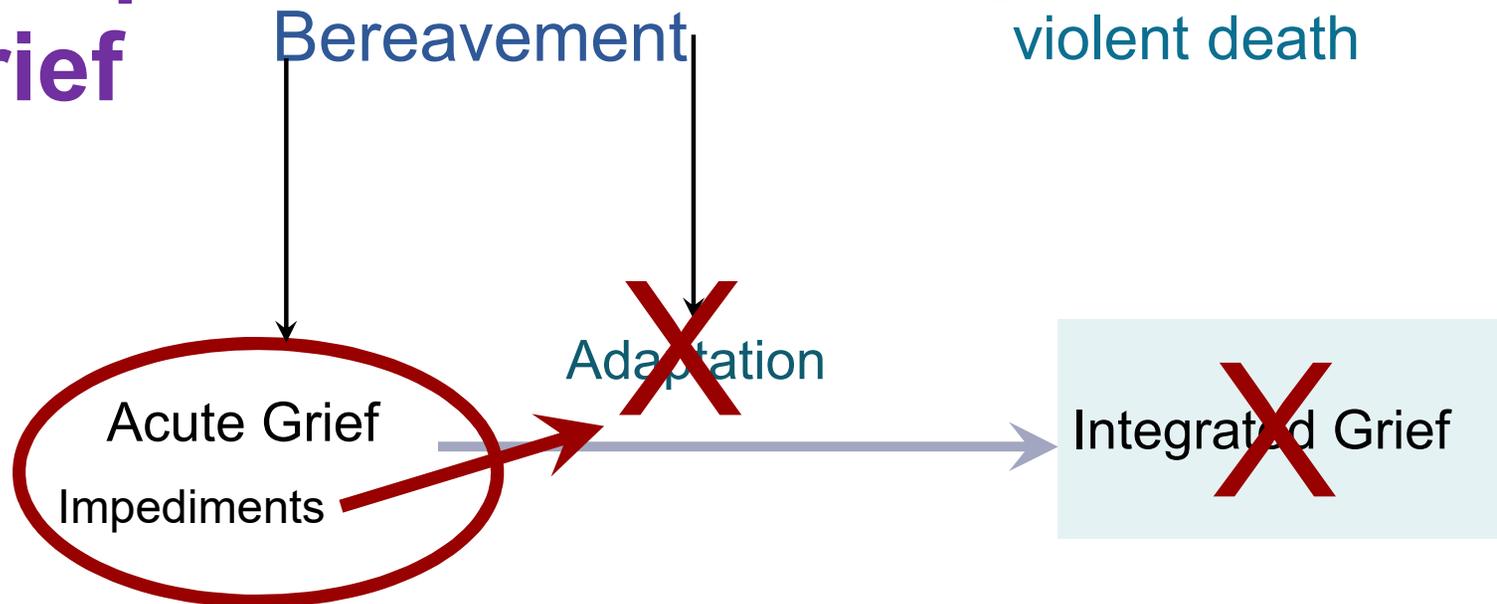
## Severe social/environmental **problems**

*Lack of any supportive companion; blamed by others; homeless, in poverty, loss of employment, missing in action*

# Creating A Condition We Call Complicated Grief

Estimated population  
prevalence is about 7%  
of bereaved people

Higher (about 20%)  
among those bereaved by  
violent death



# The ICD-11 Calls It Prolonged Grief Disorder

- Persistent, pervasive yearning, longing or preoccupation causing significant impairment in important areas of functioning
- At least one additional indicator of intense emotional pain, such as sadness, guilt, anger, denial, blame, difficulty accepting the death, feeling one has lost a part of one's self, emotional numbness
- Persists at least 6 months and clearly exceeds expected social, cultural or religious norms for the individual's culture and context.

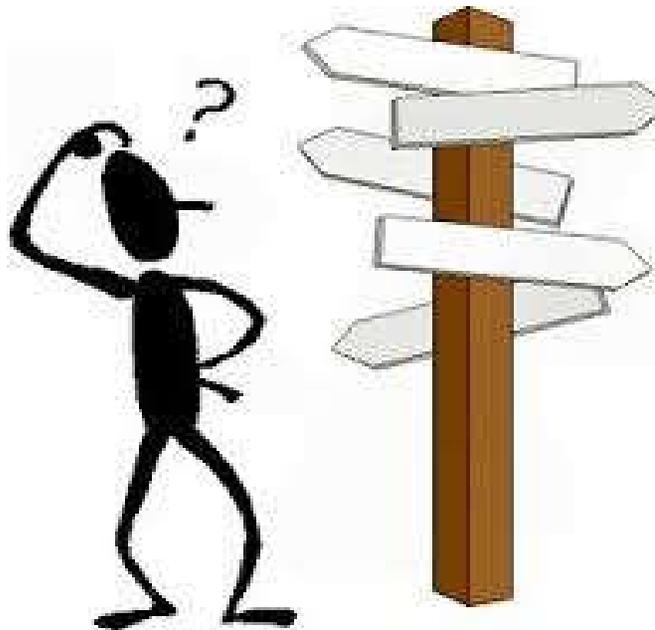


# We Call This Complicated Grief

Pathological Grief

Traumatic Grief

Unresolved Grief

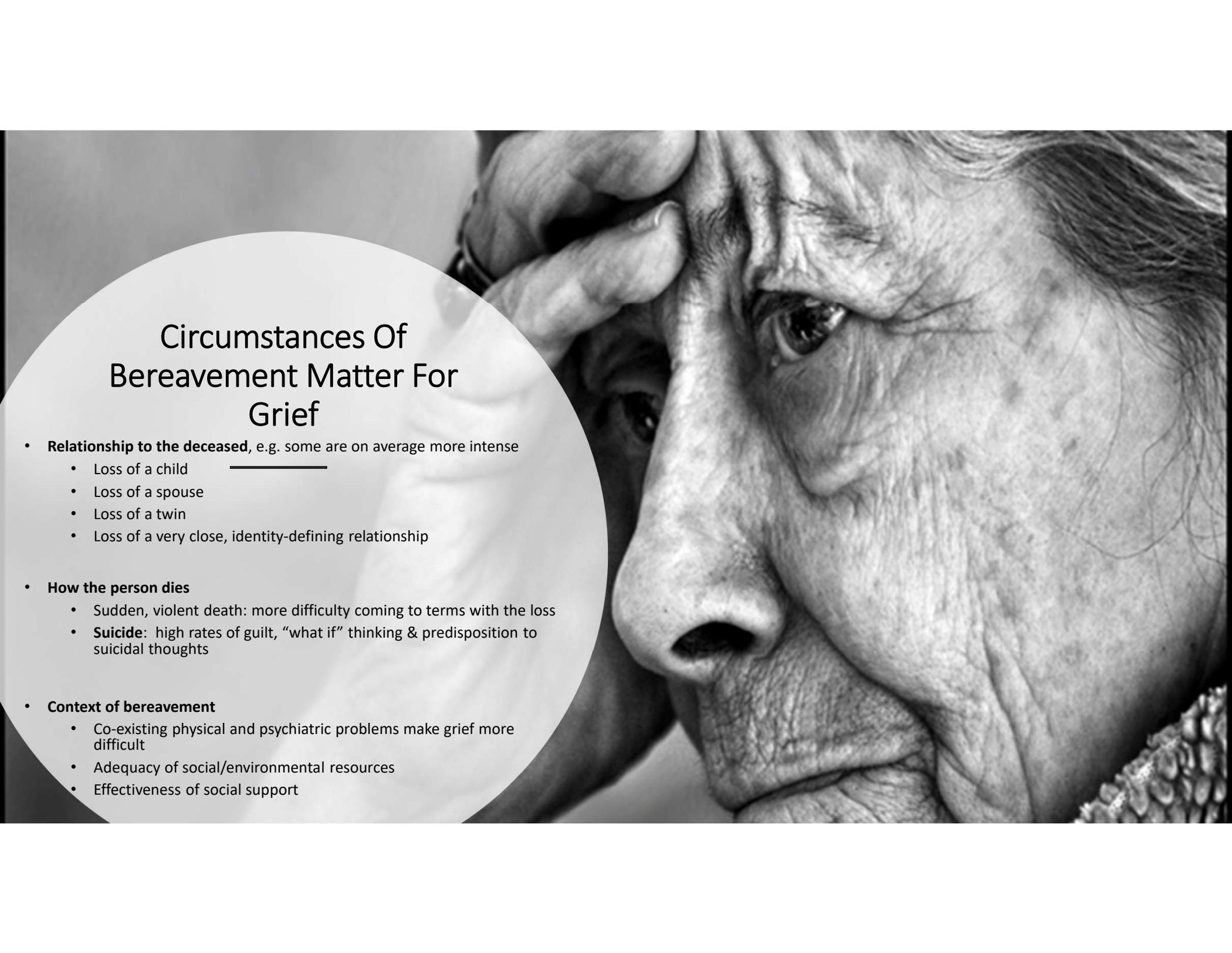


DSM 5 – Persistent  
Complex Bereavement  
Disorder

ICD-11– Prolonged Grief  
Disorder

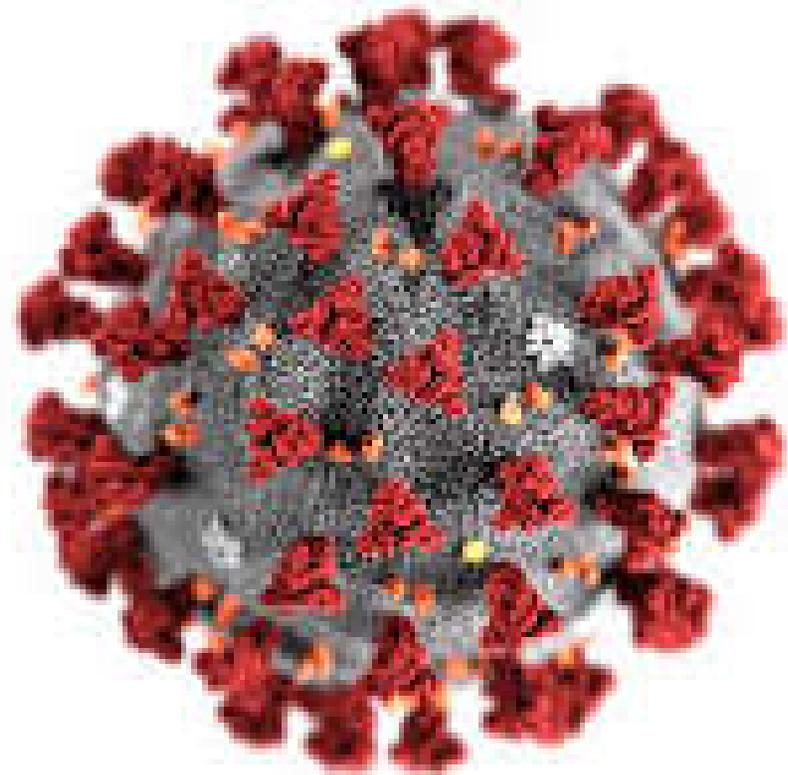
DSM 5.1– ???

A rose by any other name .....



## Circumstances Of Bereavement Matter For Grief

- **Relationship to the deceased**, e.g. some are on average more intense
  - Loss of a child
  - Loss of a spouse
  - Loss of a twin
  - Loss of a very close, identity-defining relationship
- **How the person dies**
  - Sudden, violent death: more difficulty coming to terms with the loss
  - **Suicide**: high rates of guilt, “what if” thinking & predisposition to suicidal thoughts
- **Context of bereavement**
  - Co-existing physical and psychiatric problems make grief more difficult
  - Adequacy of social/environmental resources
  - Effectiveness of social support



One Such  
Circumstance may  
be the COVID-19  
Pandemic



# COVID: A Perfect Storm for Complicated Grief

- Death occurs in the context of myriad losses, heightened health anxiety, depression, alcohol and drug use, economic contraction, isolation and uncertainty
- Loss of routines and customary outlets
- Death occurs quickly in a context that lends itself to feelings of enhanced anxiety, anger and guilt
- The erratic nature of who recovers and who dies can increase feelings of survivor guilt and ideas that the death was wrong or unfair
- Inability to be with the loved one when they die
- Absence of customary funerals, social gatherings and other mourning rituals and support
- Access to care down

**Guidance Document on COVID-19 Death and Dying Exposures:  
Considerations for Family and Other Personal Losses Due to COVID-19-Related Death**  
*Prepared by the APA Committee on Psychiatric Dimensions of Disaster and COVID-19*



### **A Mustard Seed - We all are Grieving**

“In an oft-told Buddhist story, a woman loses her son and is inconsolable. She approaches the Buddha and begs him to bring her son back. He instructs her to go around the village from house to house, seeking a single mustard seed from any home where no one has died. If she can find such a mustard seed, he will restore her son to life. So the woman knocks on each door and finds that there is no household that has not experienced loss. She returns without the mustard seed but with an enlarged awareness of the universality of loss that leads her to a path of compassion and peace.”

—Miriam Greenspan, *Healing Through the Dark Emotions: The Wisdom of Grief, Fear and Despair*

## Grief and Mourning During COVID-19

- New-found empowerment and creativity in rituals
- Community connections and gatherings that transcend limitations of time and space (like this one!)



From The Economist – “Zoom funerals: mourning in a pandemic”  
April 2020

# CG Is Important To Recognize And Treat

- Impairing
- Pervasive and Persistent
- Common in the general population
- More common than generally appreciated in patients treated by psychiatrists and other mental health professionals
  - VA Cooperative Study of >1500 veterans with treatment resistant MDD
  - Symptoms reflecting CG common
  - Those with more CG symptoms had more severe depression, lower remission and higher relapse than others

Complicated Grief Questionnaire (N = 1406)\*

	%	%	%
	Not at all	Somewhat	A lot
1. My grief remains intense	26.4%	51.3%	22.3%
2. I still yearn for the person who died	19.8%	46.2%	34.0%
3. I am still having trouble accepting the death	48.0%	33.8%	22.3%
4. I have troublesome images of the person who died or their death	57.4%	29.3%	13.3%
5. I avoid things that remind me of the person who died	58.5%	26.6%	14.8%
6. Since the person died, I feel cut off or distant from others	54.5%	31.0%	14.5%
7. My grief continues to interfere with my life	57.6%	32.3%	10.1%
8. I have grieved and now have moved on with my life	23.2%	49.9%	26.8%
9. I feel my depression is related to my loss	55.7%	33.2%	11.1%

\*Mean time since loss 11.9 years

Shear NEJM 2015; Zisook et al AJP 2019



Ginny

# Ginny Has Complicated Grief

Adaptation to the death is blocked

Healing isn't occurring

Instead

- **Persistent** and **pervasive** yearning, longing and sorrow
- Preoccupation with the deceased
- Difficulty imagining a future with purpose and meaning
- Impaired functioning and duration exceeding expected social, cultural or religious norms for her culture and context

A wooden boardwalk winds through a grassy field under a dark sky. The boardwalk is made of light-colored wooden planks and curves through the grass. The background shows rolling hills and a dark, overcast sky.

What People  
With  
Complicated  
Grief Say

*"Grief is all that is left; without grief  
the deceased will be lost forever"*

*"It is wrong to stop feeling sad"*

*"Time is moving on, but I am not"*

# Ginny Does Not Have Major Depression or Posttraumatic Stress Disorder

## Complicated Grief vs. Major Depressive Disorder

- Loss, yearning, longing, and thoughts and memories of the deceased, rather than persistent and pervasive dysphoria and anhedonia, are the hallmarks
- Painful waves of affect rather than persistent dysphoria
- Guilt is typically centered on deeds done or not done in relation to the deceased
- All-consuming feelings of worthlessness are not common
- Suicidal ideation may be motivated by a desire to join the deceased, rather than feeling undeserving of living

Zisook et al, JCP, 2010; LeBlanc et al, Dep and Anx 2020

## Complicated Grief vs. Posttraumatic Stress Disorder

- Loss, rather than threat, is the trigger
- Loss, yearning, longing, and thoughts and memories of the deceased, rather than fear, are the hallmarks
- Painful waves of affect brought on by reminders of the deceased rather than the threatening event

Simon et al, Dep and Anx, 2020

- Like grief, MDD and PTSD can be triggered by the death of a loved one
- CG often co-occurs with MDD and/or PTSD
- When co-occurring, CG adversely affects severity, morbidity and treatment response
- Diagnosis not either/or, but potentially both

# Diagnosis

- Screening (BGQ)
- Inventory of Complicated Grief (ICG)
- Clinical Inventory

Has anyone close to you died?

If so, have you been able to grieve and adjust to life without him/her?

Are you still struggling with your loss in any way?

Do you mind if I ask you more about it?



of.com #10692

# How Can We Help?



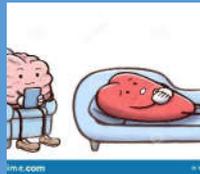
By just being there with empathic listening and mindfulness, we can provide meaningful support for a bereaved person



But we can also do more..... especially when people are struggling



CG-Informed Clinical Management



Complicated Grief Therapy

# CG-Informed Clinical Management: Facilitating Adaption to Loss

- Understand and accept grief
- Initial 45-minute session
  - Focused psychosocial history
  - Review of relationship and story of grief
  - Exploration of grief symptoms and behaviors
  - Normalization and psychoeducation
- Subsequent sessions 20-30 minutes
  - Weekly for 4 weeks, bi-weekly for 4 weeks, then monthly
  - Monitor grief symptoms
  - Support
  - Encouragement for resuming normal life symptoms
- Monitor medications and co-occurring conditions



In a clinical setting, consider integrating any of the themes and procedures of CGT – next section

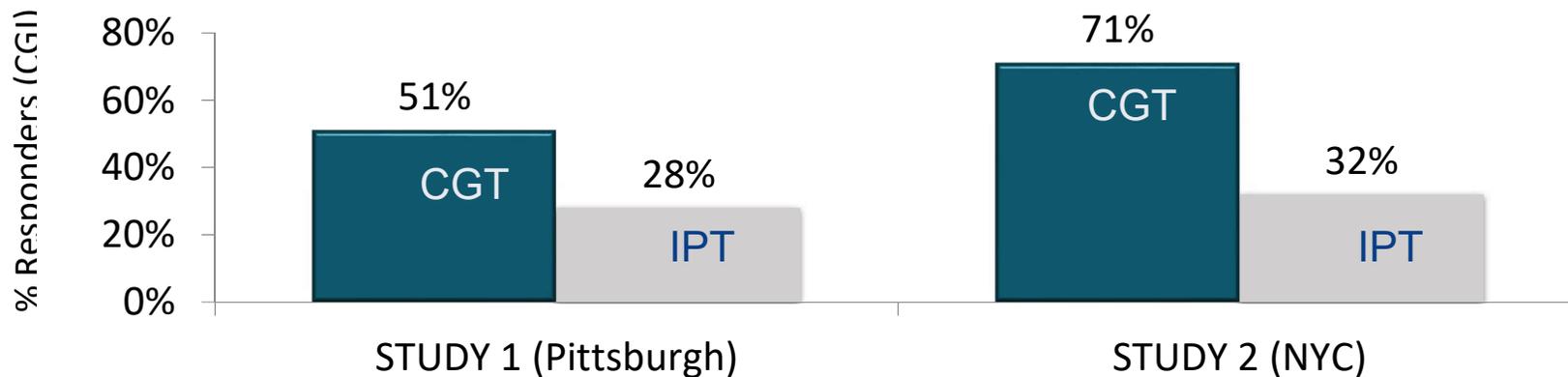
# 3. Complicated Grief Therapy



# We Asked: *Is It Possible To Help People Who've Had Years Of Intense Impairing Grief In Just 4-5 Months?*

We First Conducted 2 Randomized Controlled Trials To Answer This Question.

Study 1: P=0.006 NNT, 4.6  
Study 2: P < .001; NNT, 2.56



Shear et al 2005, 2014

Treatment response  
maintained at 6 months  
follow-up

## Study 3: HEAL (Healing Emotions After Loss)

We added the question: What is the role of antidepressant medication, if any, in treating CG?

### **AIMS**

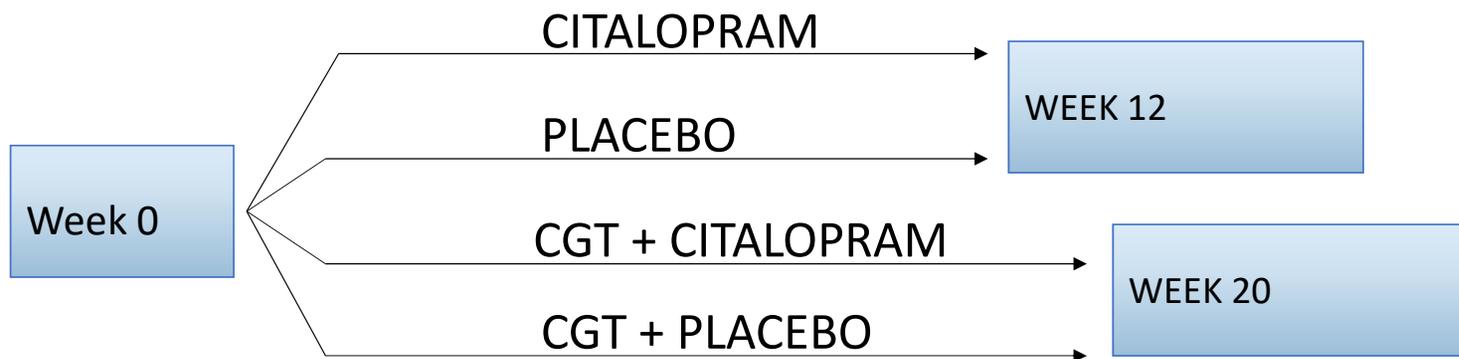
Determine antidepressant efficacy for treating CG by comparing CIT v PBO at 12 weeks

Determine relative effectiveness augmenting CGT with antidepressants by comparing CGT + CIT v CGT + PBO at 20 weeks

#### **STUDY SITES:**

- Columbia (Coordinating Center)
- MGH
- U Pitt
- UC San Diego

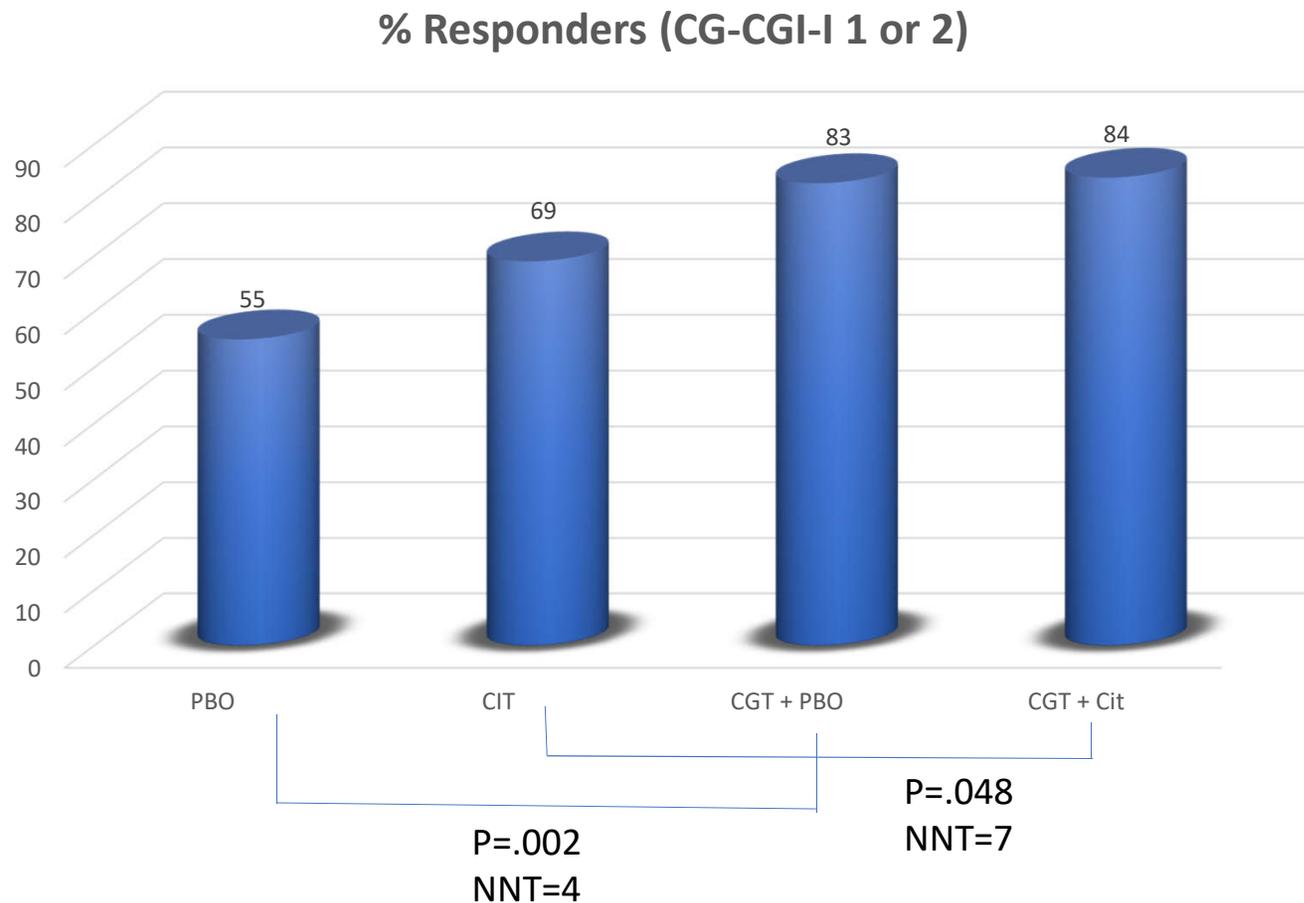
# Study 3 Design



All participants received CG-informed clinical management

**CGT = Complicated Grief Therapy**

# Study 3 (HEAL): Overall Results: 20 Weeks



- CGT + PBO better than PBO alone
- CGT + CIT better than CIT alone
- CGT + CIT no better than CGT + PBO
- But not bad response rates at 20 weeks for those receiving PBO or CIT + Clinical Management

# Summary And 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 responded to CGT about as well as after "natural" death

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

# If I Had To Describe Complicated Grief In One Word.....

*“If I had to describe complicated grief in just one word it would be **disconnected** - from the person who died, themselves and other living people, from the past, the present and the future. So CGT is about helping people get reconnected in all of those ways”.*



*“Everything in life is infused with a sense of absence and return of the deceased person is all that could relieve the pain. We want to help people find ways to restore meaningful connections to others, a sense of purpose and the possibility for happiness.”*



## The Central Premise Of CGT

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Grief emerges naturally and finds a place in our life as we adapt to a loss

In CGT we help facilitate adaptation by

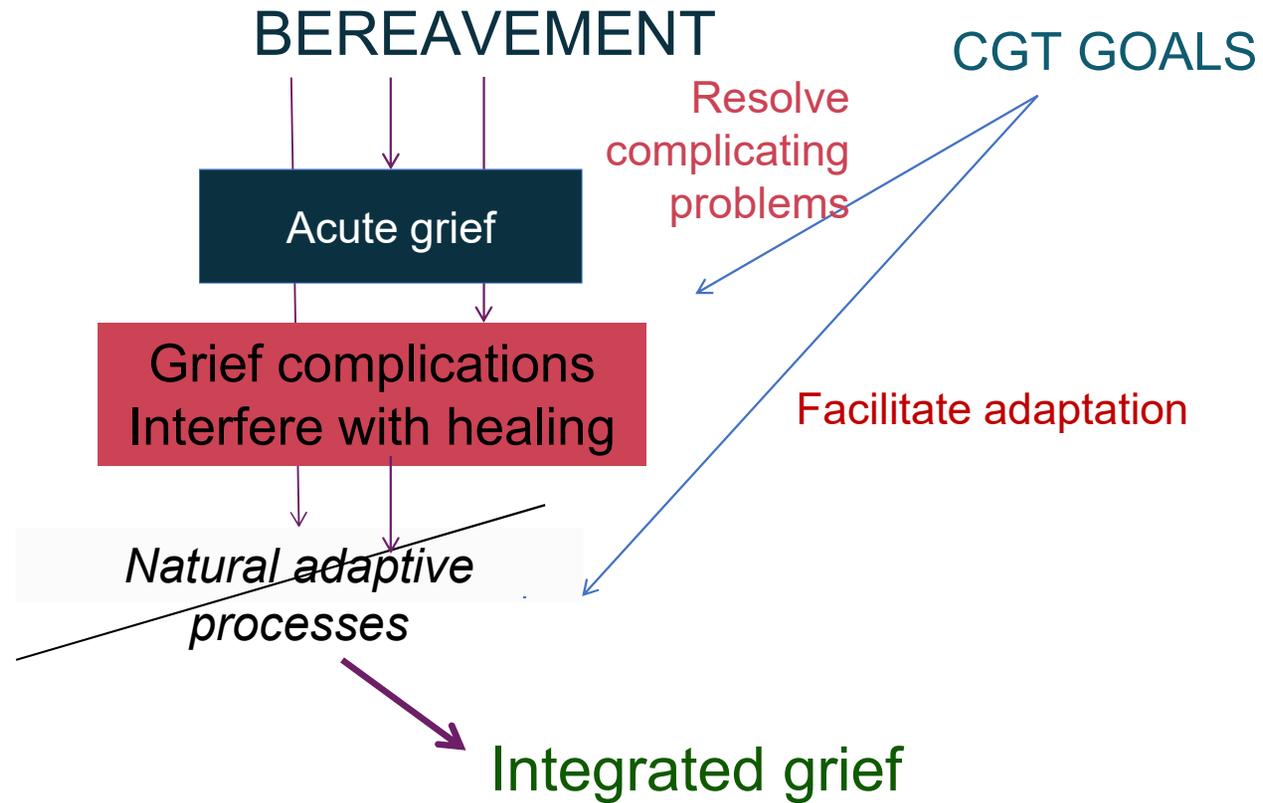
- Addressing “complications”
- Helping accept the loss and grief
- Promoting ongoing life by restoring connections and the capacity for well-being



## CGT: Fostering Adaptation: A Resilience-Based Model

- 16-sessions
- Uses strategies and techniques from CBT, IPT and MI

# CGT: The Map

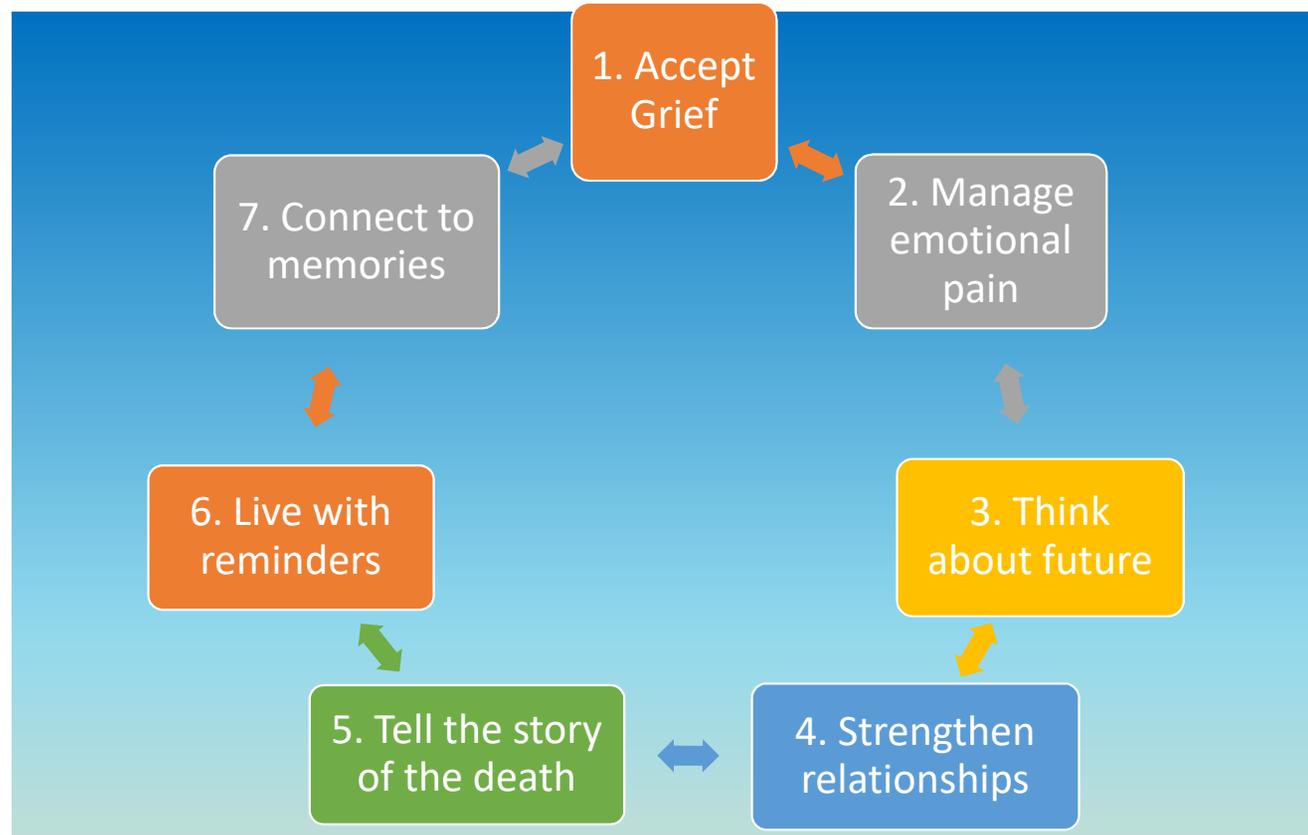


# What We Do In CGT: 7 Themes

Themes are introduced sequentially

Each theme is associated with a specific procedure

Themes are more than procedures – they guide us to achieve our goals.



# Themes are Sequenced

## *Phase 4: Closing sequence*

Discuss treatment ending  
Complete the work

## *Phase 3: Midcourse review*

*Pause and take stock*

## **Phase 2: Core revisiting sequence**

Connect with memories

Live with reminders

## **Phase 1: Getting Started**

Story of the death

Strengthen relationships

Think about the future

Manage painful emotions

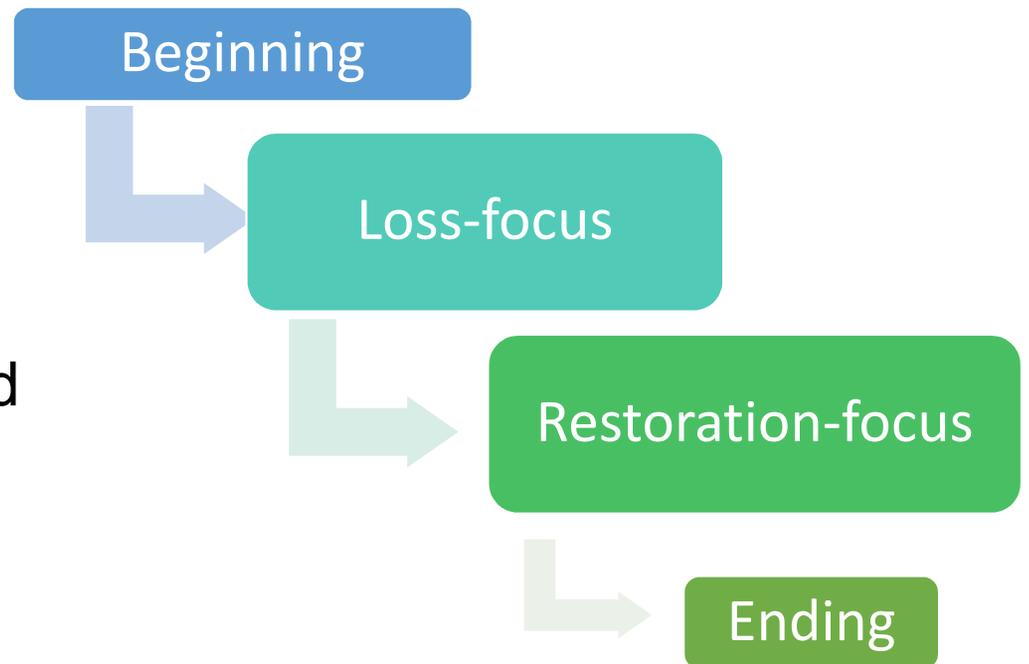
Understand and accept grief

# Each Session Is Also Sequenced

Predictability is reassuring for someone who is highly emotionally activated

Ensures a focus on both loss and restoration

Emotional activation lessens as the session progresses



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## Accept the reality of the loss



Grief Diary  
Imaginal revisiting  
Situational revisiting

## Establish continuing bond



Memories and pictures  
Imaginal conversation

## Re-envision the future



Daily rewards  
Aspirational goals  
Revisiting the world  
Rebuilding connections

# Facilitate Adaptation to Loss: Key Techniques

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# Imaginal Revisiting

Telling The Story Of The Death: 4-step procedure

- Step 1: Tell the story
- Step 2: Reflect on the story
- Step 3: Set the story aside
- Step 4: Plan a rewarding activity

Record the story

Replay daily between sessions

Repeat over several weeks



# What Is Situational Revisiting?

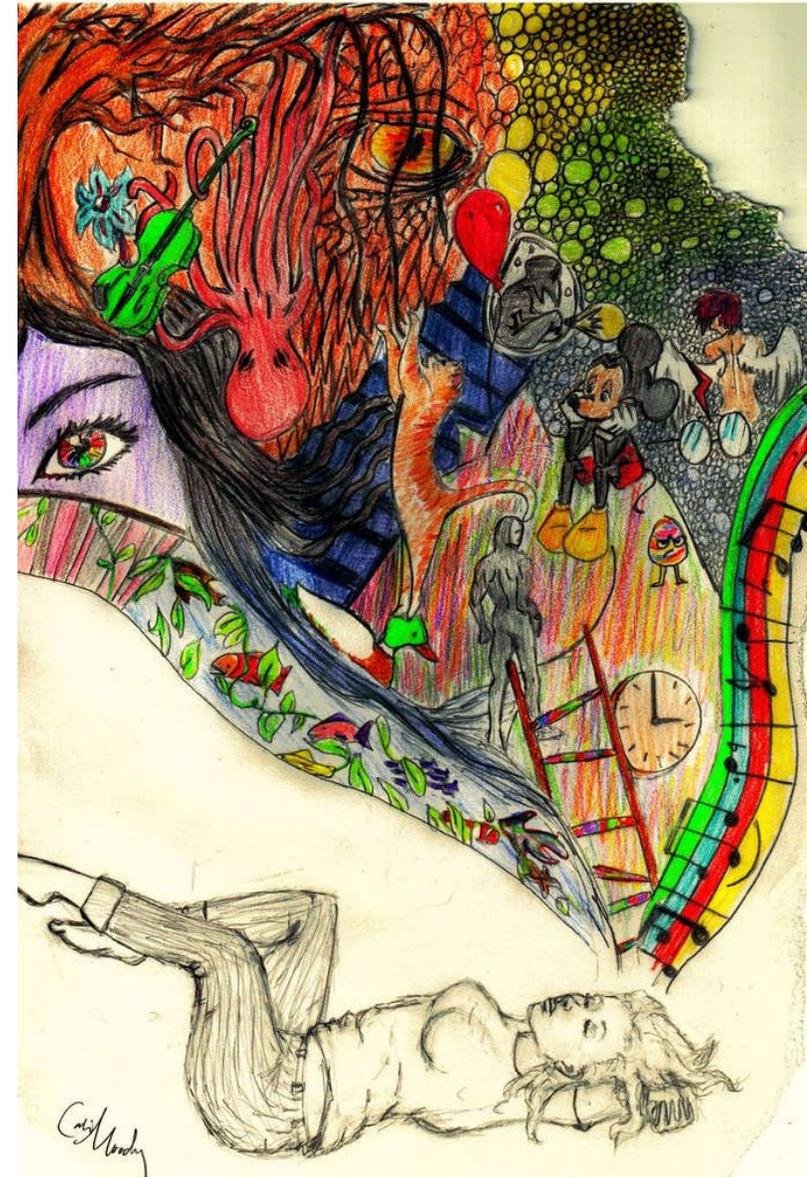
We encourage clients to make a long-term plan to live with reminders instead of trying to make sure they do not confront these.

We work with clients to confront reminders of their loss in a step-wise manner using a procedure similar to in-vivo exposure for phobias

# Imaginal Conversation

*A different and powerful way to access memory*

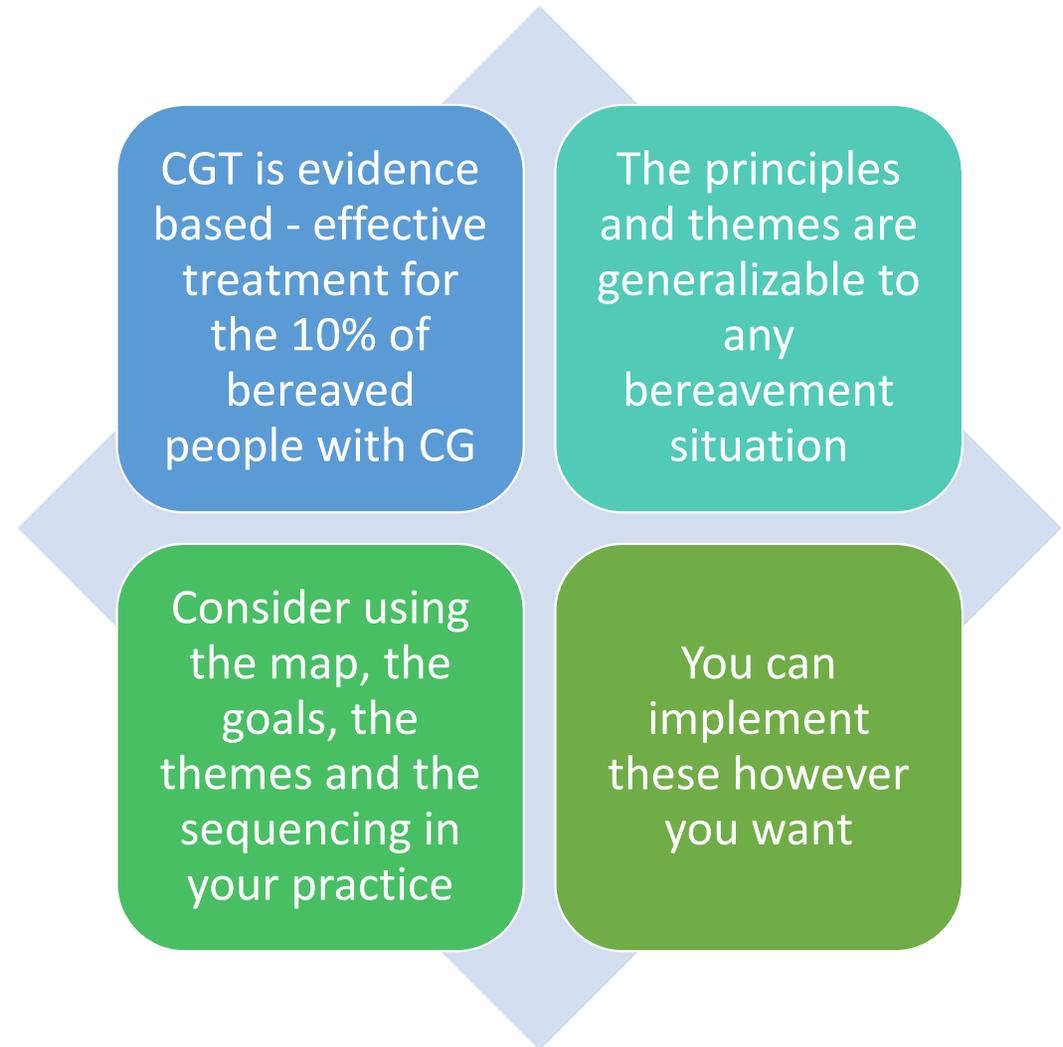
- The client imagines they can talk with the deceased after the death, that they can be heard, and then take the part of the deceased person, and imagine they are responding.
- They can ask the person or tell the person anything they want
- Creates a strong sense of connection
- An opportunity to revisit troubling thoughts or feelings



# Ginny Revisited



# Using This Treatment In Practice



# Don't Tell Me That You Understand

- Don't tell me that you understand  
Don't tell me that you know,  
Don't tell me that I will survive  
Or how I will surely grow.
- Don't tell me that this is just a test  
That I am truly blessed  
That I am chosen for this task  
Apart from all the rest.
- Don't come at me with answers  
That can only come from me,  
Don't tell me how my grief will pass,  
That I will soon be free.



By Joannetta Hendel

# Don't Tell Me That You Understand

- Don't stand in pious judgment  
Of the bounds I must untie,  
Don't tell me how to suffer  
And don't tell me how to cry!
- My life is filled with selfishness,  
My pain is all I see,  
But, I need you now,  
I need your love, unconditionally.
- Accept me in my ups and downs,  
I need someone to share,  
Just hold my hand and let me cry,  
And say, "My friend, I care."



By Joannetta Hendel



THE CENTER FOR  
**COMPLICATED GRIEF**  
*—grief is a form of love—*

Search...



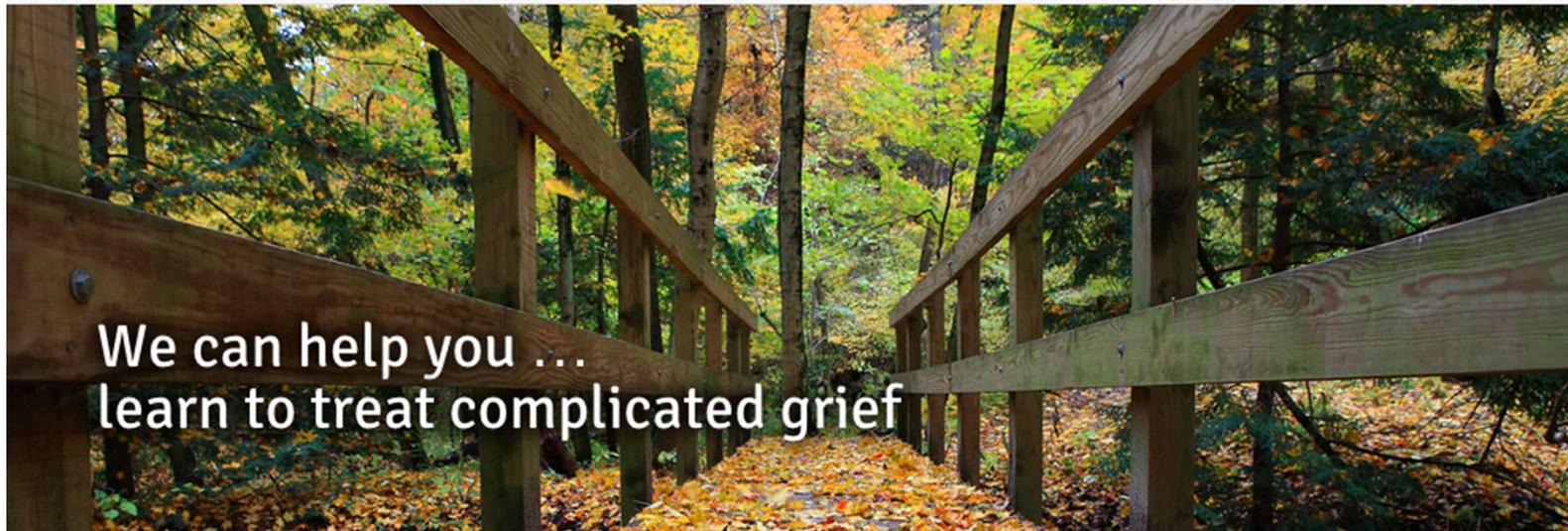
Complicated Grief ▾

About Us ▾

Science Behind Our Work ▾

Training Programs ▾

Resources



We can help you ...  
learn to treat complicated grief

[www.complicatedgrief.org](http://www.complicatedgrief.org)

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