Grief, Loss, and Bereavement
Fact Sheet #5: Evidence-Based Treatments for Grief

This series of fact sheets, developed by the MHTTC Network, is designed to help mental health professionals and school mental health personnel support patients, students, and families who may be experiencing grief at any time, including during the COVID-19 pandemic.

Evidence-Based Treatments for Grief

Treatment Options for Grief

Grief is a natural reaction in response to the death of a loved one or to a significant life change. Prolonged grief disorder or complicated grief is distinct from the normal grieving process (see Fact Sheet #1 in this series). Targeted psychotherapy is recommended for treating prolonged or complicated grief reactions. Treatment options — including various forms of psychotherapy and pharmacotherapy — should be discussed with the patient and/or family. This fact sheet provides a brief description of current evidence-based practices for treating complicated grief.

Complicated Grief Therapy (CGT)

Complicated Grief Therapy (CGT) is a structured 16-session psychotherapy developed to facilitate a bereaved person’s natural response to loss. The underlying assumption of CGT is that bereavement is a universal life event and that grief and adaptation to loss are natural inborn responses. The treatment includes two areas of focus: 1) restoration of effective functioning by generating enthusiasm for the future, and 2) helping patients think about the death without evoking intense feelings of anger, guilt, or anxiety. Seven core components of CGT include: understanding grief, managing painful emotions, thinking about the future, strengthening relationships, telling the story of the death, learning to live with reminders, and remembering the person who died. CGT is well-validated for administration on an individual basis, and recent studies also support CGT in a group format.

Cognitive Behavioral Therapy (CBT) for Grief

Cognitive behavioral therapy (CBT) is a focused approach based on the premise that thoughts influence feelings and behaviors, and that subsequent behaviors and emotions can influence cognitions. CBT for grief incorporates specific techniques to encourage acceptance of loss,
modify maladaptive grief-related appraisals, and reduce avoidance behaviors that maintain pathological grief reactions. The treatment consists of four core treatment interventions, including 1) psychoeducation about normal and prolonged grief processes, 2) exposure to the most painful aspects of the loss, together with, 3) cognitive restructuring of the loss to enable change, and 4) behavioral activation modified for grief, to help patients re-engage in previously meaningful activities. CBT for grief is delivered in group and individual settings and typically consists of 12 sessions.

Meaning in Loss (MIL) Therapy

Drawing on principles of narrative therapy, the Meaning in Loss (MIL) protocol aims to promote the construction of new and adaptive ways to integrate the experience of loss and to compassionately reconnect with the lost loved one. Sessions are divided into groups of modules that promote both: a) processing the ‘story’ of the loss and its implications for the survivor’s life, and b) accessing and affirming the ‘back story’ of the relationship with the deceased to enhance continuity and security in the mourner’s self-narrative. The intervention can be implemented in a face-to-face group therapy and in online videoconference formats, and comprises 12–14 sessions organized in a sequence of meaning reconstruction phases.

The Family Bereavement Program (FBP)

The Family Bereavement Program (FBP) is a group-based treatment for bereaved children. Caregiver and child programs run in parallel and include 12 two-hour sessions as well as two additional individual sessions for caregivers. Groups for children promote effective communication and positive relationships with caregivers, teach active coping strategies, decrease negative thoughts about stressors, improve self-esteem, clarify what the child can and cannot control, and increase adaptive
emotional expression. Education about the grief process, including that death is never the child’s fault, is also provided. Caregiver groups promote positive parenting through demonstrated affection and warmth, open communication, effective discipline, and reducing the child’s exposure to stressful events such as financial concerns. Skills to improve caregiver mental health are also provided.

**Grief and Trauma Intervention for Children (GTI)**

GTI is a treatment for children who are experiencing symptoms of grief and posttraumatic stress. The intervention is conducted with children in a group or individual format in 10 sessions of approximately 1 hour with at least one session with the parent. The techniques used in the sessions are grounded in cognitive-behavioral therapy (CBT) and narrative therapy and include narrative exposure to the trauma (through drawing, discussing, and writing), developing an in-depth, coherent narrative while eliciting the child’s thoughts and feelings, developing positive coping strategies, and making meaning of losses.

**Peer-Based Grief Support Interventions**

Peer support programs are an organized strategy for giving and receiving help between people who share common experiences, including those who have experienced loss or grief. Peer support is shown to reduce grief symptoms and increase well-being and personal growth among bereaved survivors. There are also benefits to providers of peer support, including increased personal growth and positive meaning in life. Internet-based peer support programs are a growing trend, found to be beneficial in part due to their accessibility.

**Medications for Complicated Grief**

Studies regarding the efficacy of pharmacological approaches for treating complicated grief are limited. There is some preliminary support for the use of antidepressant medications, such as selective serotonin reuptake inhibitors (SSRIs), in reducing grief symptoms. Some experts suggest that medications may be a useful adjunct to psychotherapy, and studies testing this combined approach are ongoing. Until further evidence becomes available, the role of medications in
treated complicated grief remains unclear. Data on the efficacy of psychotherapy are more robust than for medications, and therefore, therapy should be considered a first-line treatment for prolonged or complicated grief responses.

Summary

Grief is an ongoing and important factor of the COVID-19 pandemic that will continue to affect many of our clients and their families. Prolonged Grief Disorder is a mental health condition characterized by persistent and pervasive longing for the deceased individual that causes significant impairment in functional aspects of the person’s daily life (see Fact Sheet #1 of this series for more information). Physical distancing and other restrictions during the pandemic could make it difficult to say goodbye to loved ones or hold memorial services, which may increase risk for complicated grief reactions. Individual and group psychotherapies are recommended treatments for clients experiencing symptoms of prolonged grief, and several evidence-based treatments have been established.

Resources

Association for Behavioral and Cognitive Therapies: Katherine Shear Recorded Webinar: Complicated Grief
Center for Complicated Grief at Columbia University: Promoting Resilience in Bereaved Children and Parents
Center for Complicated Grief at Columbia University: Webinars
Hospice Foundation of America: How to Develop and Manage Virtual Grief Support Groups
International Society for Traumatic Stress Studies: Online Learning Library
Portland Institute for Loss and Transition: GTMR: An Attachment-Informed Approach I
Portland Institute for Loss and Transition: GTMR: Grief & Its Complications
Portland Institute for Loss and Transition: When Grief Goes Viral: Psychological Assessment and Intervention in the COVID-19

Please visit the MHTTC COVID-19 Grief, Loss and Bereavement Webpage for additional resources, webinars, and training toolkits.

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References


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