

The Zoom Interface

The screenshot shows a Zoom Webinar window with the following elements and callouts:

- Header:** "Zoom Webinar", "You are viewing David Terry's screen", "View Options", and "Enter Full Screen".
- Callout:** "Click here to maximize your session view" points to the maximize button.
- Main Content:** TTC Technology Transfer Centers logo, "Thank you for joining us today!", and "You will not be on video during today's session".
- Q&A Window:** A "Question and Answer" window is open, showing "All questions (1)" and "My questions (1)". It contains a test question: "This is a test question!". Callouts explain: "You can switch between questions you've asked and those asked by others using these buttons." and "You can use the Q&A feature to ask questions of the host and presenters. These questions can receive text or live responses. To begin asking a question use the field below. You can see a test question above." Below the text is a text input field: "Type your question here...".
- Chat Window:** A "Zoom Webinar Chat" window is open on the right. Callouts explain: "The chat feature will allow you to talk with other people in today's webinar.", "The To field will tell you who will receive your message. Be mindful of who you are chatting to.", and "To: All panelists". A note at the bottom says "Your text can only be seen by panelists".
- Bottom Bar:** Includes "Audio Settings" (with a callout "Click Here to adjust your audio settings"), "Chat", "Raise Hand", "Q&A", "Click here to leave the session", and a "Leave" button.
- Speaker Selection:** A "Select a Speaker" menu is visible, showing "Speakers (Realtek(R) Audio)" selected, with options for "Same as System", "Test Speaker & Microphone...", "Leave Computer Audio", and "Audio Settings...".

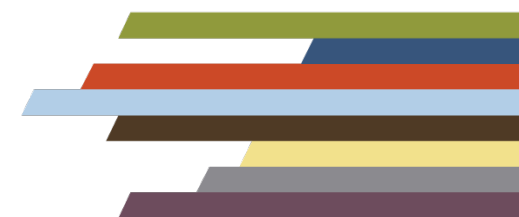
**All attendees are muted. Today's session will be recorded.
A link to the presentation slides and a recording of the webinar will be emailed.
Certificates of Attendance will be emailed.**



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When Grief Becomes Complicated

Dr. Kenneth J. Doka



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About Us ...

The Northeast and Caribbean MHTTC provides 5 years (2018 – 2023) of funding to:

- Enhance capacity of behavioral health workforce to deliver evidence-based and promising practices to individuals with mental illnesses.
- Address full continuum of services spanning mental illness prevention, treatment, and recovery supports.
- Train related workforces (police/first responders, primary care providers, vocational services, etc.) to provide effective services to people with mental illnesses.

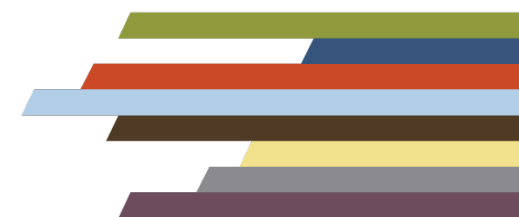
Supplemental funding to work with school teachers and staff to address student mental health.



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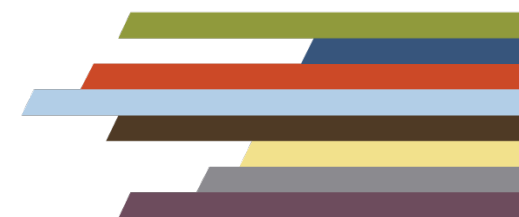
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We Want Your Feedback!

Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services. We appreciate your honest, ANONYMOUS feedback about this event, which will provide information to SAMHSA, AND assist us in planning future meetings and programs.

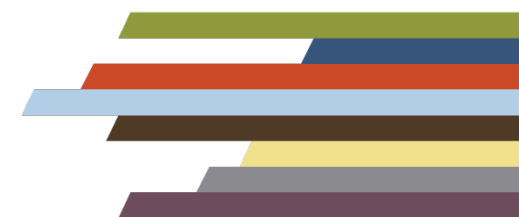
Feedback about this training will assist us in developing trainings that are relevant to your current professional needs. Therefore, your feedback counts!



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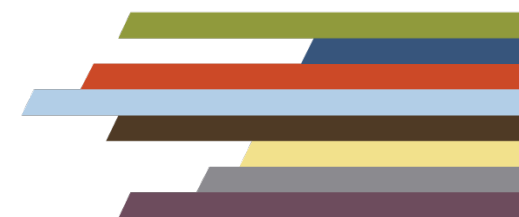
We will be recording this webinar and posting it to our website along with the presentation slides and any relevant resources.



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Your Interactions With Us

Question and Answers

- Q & A will occur at the end of the call.
- Type your questions in the Q & A feature in Zoom located on the task bar (hover over task bar).
- Be aware: your question is visible to all participants.

Chat and Polls

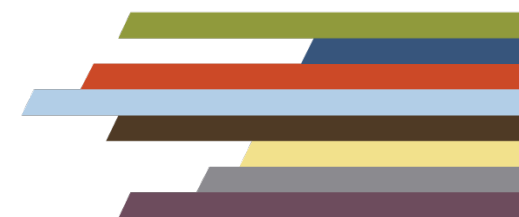
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- You can control who can see your chat comments.



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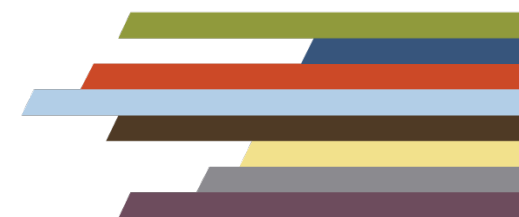
This presentation will be recorded and posted on our website. The opinions expressed herein are the views of the presenters, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.



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Our Presenter



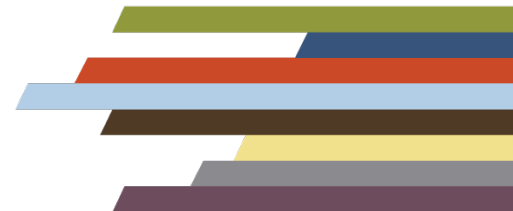
Kenneth J. Doka, Ph.D.



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Complicated Grief

Kenneth J. Doka, PhD

Professor, The College of New Rochelle

Senior Consultant, The Hospice Foundation of
America

Grief is a reaction to loss

Typical Grief Reactions

Grief May Be Manifested in Many Ways

- Physically
- Emotionally
- Cognitively
- Spiritually
- Behaviorally

Manifestations of Typical Grief

Physical

- Headaches
- Dizziness
- Exhaustions
- Digestive Difficulties
- Tremors
- Menstrual Irregularities or erectile dysfunction
- Muscular Aches



Note: Assess Health



- Physical Symptoms ought to be assessed by knowledgeable physician
- Higher risk of mortality
 - Joint Unfavorable Environment
 - Stress
 - Lifestyle Changes

Manifestations of Typical Grief

Affective

- Guilt
 - Death causation
 - Cultural role
 - Moral
 - Survivor
 - Recovery
 - Grief
- Relief
 - Altruistic
 - Relationship
 - Dual
- Anger
- Emancipation
- Sadness and Loneliness
- Yearning
- Jealousy
- Positive Emotions

Manifestations of Typical Grief

Cognitive

- Depersonalization
- Disbelief and Denial
- Idealization
- Demonization
- Preoccupation with Deceased
- Confusion
- Obsessive Thinking (Preventability)
- Inability to Concentrate
- Search for Meaning
- Extraordinary Experiences

Extraordinary Experiences



- Sense of presence
- Sense experiences
- Symbolic experiences
- Third-party experiences
- Dreams

Extraordinary Experiences

Dreams

- Very common

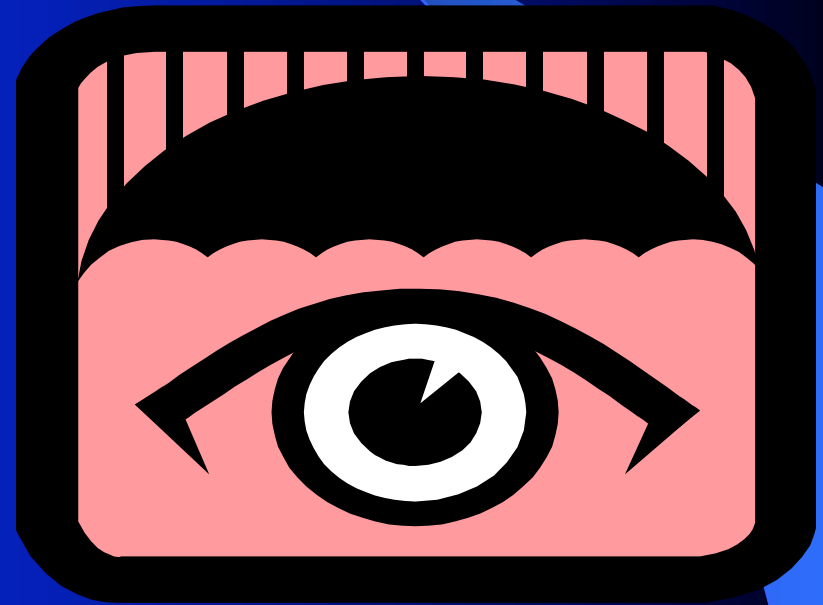
Can be:

- *Basic grief dreams* – often very fragmented and filled with symbolism (for example traveling together, then the deceased gets off leaving the other alone on the plane etc.)
- *Visitation Dreams* – More vivid, easily remembered, and interpretation is clear. Often the deceased is pictured as healthy



Extraordinary Experiences

- A relatively common phenomena
- Linstrom's research found about 60% of bereaved persons experience such experiences
- Cultural variation – higher in vision-positive cultures



Dealing with Extraordinary Experiences

Counseling Implications

- Solicit and Validate
- Allow the Client to Interpret
- Deal with Negative Experiences
 - Reframe
 - Intervene

Manifestations of Typical Grief

Spiritual

- Faith Struggles
- Searching for Meaning
- Changes in Spiritual Behavior



Manifestations of Typical Grief

Behavioral

- Loss of patterns of behavior
- Interpersonal changes
- Crying
- Withdrawal
- Mania and Over-activity
- Avoiding reminders
- Seeking reminders
- Sexual dysfunction



The Grief Process

An Individual Roller Coaster of Reactions



Grief is not a time bound
process that ends in
detachment

Utilizing *Continuing Bonds* in Therapy

The importance of stressing
continuing bonds in setting goals for
therapy

Amelioration

- Pains diminishes
- Individuals function as well as they did (sometimes better) prior to the loss
- Yet, grief has a developmental effect

Utilizing *Continuing Bonds* in Therapy (2)

- In termination, make clients aware on the developmental surges likely to be experienced as one continues to live with the loss.



Types of Connections

- Memories
- Biography
- Legacies and liabilities
- Spiritual
- Extraordinary Experiences



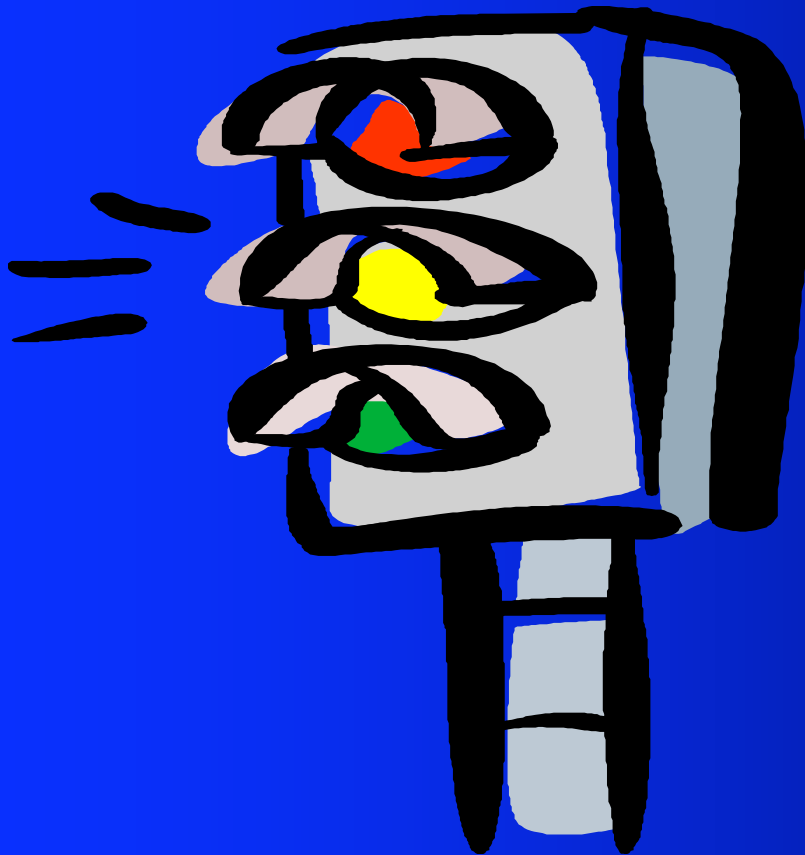
Problematic Connections

- The ghost rules
- No acknowledgement of loss
- Impairs growth
- The message of new research is mixed – Fields & Filanosky (2010) found externalized CB behaviors (hallucinations) were associated with complicated grief while internalized CB's offered a secure base and were associated with personal growth



On the Edge

Warning Signs



- Takes on the behaviors of the deceased
- Begins to experience symptoms of the deceased's illness

Danger Signs of Atypical Grief

- Self-Destructive Behaviors (including substance abuse)
- Behaviors Destructive to Others
- Grief is Disabling in Family, School, Work



Complicated Grief

Estimates show between 20 – 33% of people at risk for such a reaction.
Perhaps 10 – 20% exhibit it.

What is complicated grief?

A generic term indicating that, given the amount of time since the death, there is some compromise, distortion, or failure of one or more of the processes of mourning

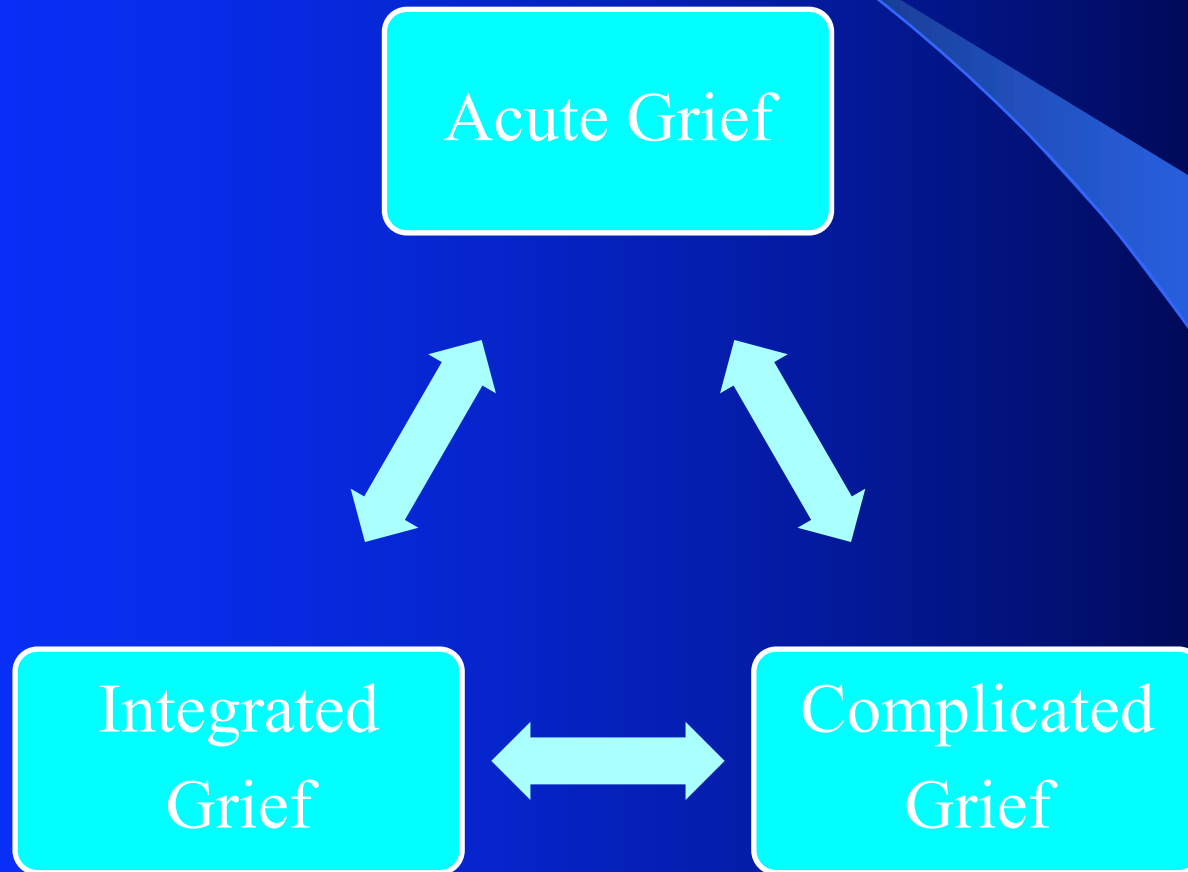
(Rando, 1993, p. 12)

Complicated Grief

- 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).

Complicated Grief

Shear and Associates



Symptoms of Complicated Mourning

- Cannot speak of loss without intense grief
- Minor event triggers grief
- Themes of loss reoccur
- Develop symptoms or behaviors of deceased
- Refuse to change environment – move deceased's property
- History of depression
- Self-destructive or other-destructive behaviors
- Grief is disabling key life areas – work, home, school

What has research found to be factors that may lead to complicated grief?

Predictors of Complicated Grief

- Bonanno's *et al* research indicated that excessively dependent relationships are the best predictor of Complicated Grief



Scott & White Grief Study

Pathogenesis model

1. Younger age of decedent
2. Traumatic death
3. Perception of preventability
4. History of mental health treatment
5. Number of other losses

(Gamino, Sewell & Easterling, 2000)

Leiden Bereavement Study

- The state of functioning at four months after death in terms of loss-reactions and health is a highly reliable indicator for adaptation.

Disenfranchised Grief as a Factor in Complicated Loss

- A loss that cannot be socially sanctioned, openly acknowledged or publicly mourned
- Identified by Rando as a factor contributing to complicated grief



Predictors of Complicated Grief: A Mega-Analysis

- Prior to the Loss
 - Previous loss
 - Exposure to trauma
 - Psychiatric history
 - Attachment style
 - Prior relationship
- Associated with the Loss
 - Violent death
 - Quality of caregiving experience
 - Dependent relationship
 - Preparation for the loss
 - Social Support



How can we classify
complicated mourning?

Worden's Complicated Grief Syndromes

- Chronic
- Exaggerated
- Masked
- Delayed

What Are Symptoms of Complicated Mourning?

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Consequences of Complicated Grief

Studies have indicated that Complicated Grief is related to increased physical and mental health morbidity



Treatment of Complicated Grief



- A 2005 Study in JAMA (Shear, Frank, Houck, & Reynolds) found that Complicated Grief Treatment – a method that emphasized psycho-education about grief, retelling and meaning-making strategies with traumatic loss, and an dual process approach to grief (with attention to life goals) was even more effective in treatment than Interpersonal Psychotherapy (Present best treatment)

Complicated Grief Treatment

Shear and Associates

Strategies

- Address complicating thoughts, feelings and behaviors
- Establish a rhythm of oscillation between confrontation and comfort
- Attend to dual processes of reflection upon the death (loss–focus) and re–envisioning the future (restoration – focus)

Procedures

- Psycho – education
- Retelling
- Involving significant other
- Grief monitoring
- Imaginal and situational revisiting exercises
- Memories and pictures
- Imaginal conversations with the person who died
- Attention to self care, core values and meaningful future plans

Complicated Grief Treatment Format

Shear and Associates

- Introductory Phase (Sessions 1-3) *Laying the Foundation*
 - Establish a sense of companionship
 - Explain complicated grief and the complicated grief treatment
 - Begin grief monitoring and discussion of personal aspirations
 - Include support person
- Middle Phase (Sessions 4-10) *The Heart of Treatment*
 - **Loss Focus** – imaginal revisiting of the death, situational revisiting, memories and pictures, imaginal conversation
 - **Restoration focus** – aspirations and plans, self-care, re-engaging with others
- Termination Phase (Sessions 11-16) *Transition to Ongoing Life*
 - Summarize gains and plans for the future
 - Process termination

How to Classify Complicated Forms of Bereavement

Issues in the DSM 5

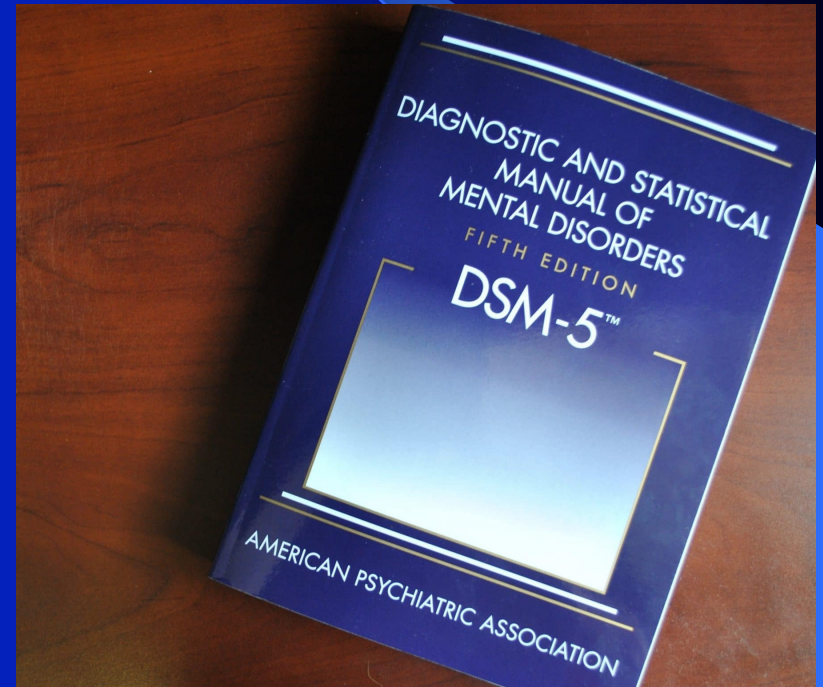
A Little Background



- The importance of the DSM
- The DSM was first published in 1952
- The DSM III introduced the “bereavement exclusion” for MDD to counter fears of over-diagnosis and over-medication
- Until the DSM 5, there really was no categorization of forms of complicated grief outside of other conditions

Debates about Complicated Grief in the DSM-5

- As the DSM was being prepared, there was considerable discussion over if and how complicated forms of grief should be included



Should there be a DSM Category for Complicated Grief?

- Loss is a normal transitional event, people can be complicated (Silverman)
- Not really, though loss can be a precipitating factor in other disorders such as depression, anxiety, or separation disorders
- Yes but the proposed criteria (Persistent Complex Bereavement Disorder) do not identify it
- Yes but the proposed criteria (Persistent Complex Bereavement Disorder) only identify one such possible syndrome
- Yes and early identification offers therapeutic benefit to the client

Summery:

Inclusion of Complicated Grief in the DSM 5

Advantages

- Acknowledgment that grief can be complicated and may need treatment
- Reimbursement for treatment

Disadvantages

- Risk of over diagnosis
- Risk of over-medication



DSM 5

The Controversy over Depression



- The “bereavement exclusion” was removed from the diagnosis for a major depressive episode and adjustment disorder
- The former has created controversy

The Bereavement Exclusion *Arguments For Elimination*

- Many events and stressors can trigger depression, bereavement is the only one singled out for exclusion
- Carefully used will not medicalize grief – the DSM 5 constantly reminds clinicians of the differences between depression and grief



The Bereavement Exclusion *Arguments Against Elimination*

- Studies have shown that mild depression is a common manifestation of grief
- Danger of over-diagnosing depression and over-medicating the grieving patient
- The DSM III introduced the exclusion to counter the common medical treatment of acute grief – particularly by primary care physicians



"I think the dosage needs adjusting. I'm not nearly as happy as the people in the ads."

DSM-5

Other Acknowledgments of
complicated forms of grief

Separation Anxiety Disorder

- The DSM-5 makes the distinction that while grief involves yearning for the deceased, fear of separation from other attachment figures is the central factor in *Separation Anxiety Disorder*
- Now can be diagnosed in adults



Complicated Grief and The DSM 5

- Note the DSM now uses Arabic rather than Roman numerals – this will allow minor revisions as 5.1, 5.2 etc.
- Uncomplicated Bereavement retains a V-Code
- General inclusion of Complicated Grief as a subtype of an Adjustment Disorder (*Adjustment Disorder Related to Bereavement*)
- Rather than *Prolonged Grief Disorder* or *Complicated Grief*, the DSM5 will have a condition called *Persistent Complex Bereavement-Related Disorder* a suggestion that the **condition merits further study in order to be included as a possible bereavement disorder** – perhaps as one form of complicated grief. Thus there may (and should be) further additions
- Removal of the “Bereavement Exclusion” for Major Depressive Disorders



Summary

Complications of Grief

Complications of Grief Can 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)
- Highly likely to be replaced in the DSM-5-TR by *Prolonged Grief Disorder*
- PTSD
- Increase in Physical Mortality – including Suicide
- Increase in Physical and Mental Morbidity



Likely Modification in DSM-5-TR (Text Revision)



- *Persistent Complex Bereavement Disorder* (candidate disorder) was an attempt to meld two competing proposals – *Complicated Grief* and *Prolonged Grief Disorder*
- The inclusion of *Prolonged Grief Disorder* in the ICD-11 makes it highly likely it will be listed as a full disorder in the DSM-5-TR

Additional Concerns



- There should be a recognition that there are many forms of complicated grief

Additional Relevant DSM Codes

- V Codes – Assorted conditions that may be the focus of clinical attention but are not mental disorders. (May not be reimbursable)

Conclusion

- Whatever we use to categorize or however we understand the complications that can arise in the grieving process
- People and relations after all are also complicated
- Important never to lose sight of the individual struggling as he or she copes with loss



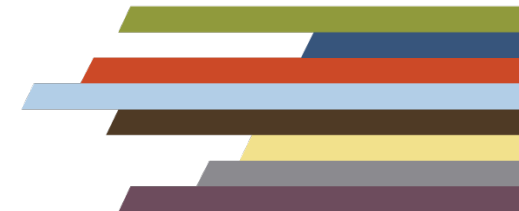
Q and A



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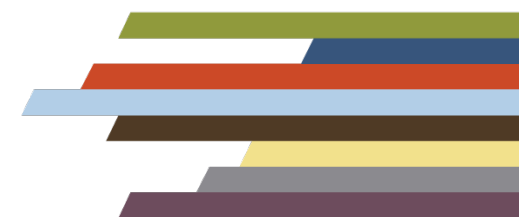
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