Complicated Grief and Complicated Grief Treatment

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Overview of Presentation

A simple model of Complicated Grief

Our Multicenter Treatment Study: Optimizing Treatment for Complicated Grief

CG in suicide v homicide/accident and natural death bereavement

CGT outcomes in suicide v homicide/accident and natural death bereavement
A simple way to understand Complicated Grief

Complications are thoughts, feelings and behaviors that interfere with adapting to a loss

Analogous to a wound complication that interferes with healing
BEREAVEMENT

WAYS OF ADAPTING

ACUTE GRIEF

Accept reality
Change relationship
Envision a positive future

INTEGRATED GRIEF
Some typical kinds of thoughts, feelings and behaviors can interfere with adaptation to loss

**THOUGHTS**
Second-guessing; grief-judging, catastrophizing the future

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

**FEELINGS**
Overly intense negative emotions, low positive emotions, low self-compassion
What happens when these complications occur:

- **Estimated population prevalence:** 7% of bereaved people
- **Rate is much higher (about 40%)** among those bereaved by violent death

**BEREAVEMENT** → **ADAPTATION** → **INTEGRATED GRIEF**

**ACUTE GRIEF** → **COMPPLICATED GRIEF**
How you can diagnose CG
ICD 11
Guidelines

Persistent and pervasive longing or preoccupation with the deceased 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.
A simple way to screen for complicated grief

“Are strong feelings of yearning or longing for your loved one and/or thoughts and memories of them so persistent and intense that it stops you from being able live your life in a meaningful way?”
Complicated Grief

The problem is impediments to adapting

Intense grief is prolonged

BUT…. Grief is not the problem
What about suicide bereavement?

Suicide bereavement entails especially challenging circumstances and consequences

<table>
<thead>
<tr>
<th>Challenging Circumstances</th>
<th>Challenging Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could the death have been prevented?</td>
<td>Stigma</td>
</tr>
<tr>
<td>Could pain and suffering could have been relieved?</td>
<td>Social isolation</td>
</tr>
<tr>
<td>Why did this happen?</td>
<td>Being or feeling blamed</td>
</tr>
<tr>
<td>Feelings of shame or guilt by association</td>
<td>Loss of sources of support (e.g. denial of insurance, ostracism by religious groups)</td>
</tr>
<tr>
<td></td>
<td>Increased tendency to suicidal thinking</td>
</tr>
</tbody>
</table>
AFSP pilot study Suicide bereaved individuals added to our NIMH study (n=58)

Multicenter CG Study Design (n=395)

Week 0

Citalopram (n=99) (suicide:n=14) (suicide completers n=6)

Placebo (n=101) (suicide:n=17) (suicide completers n=5)

CGT/Citalopram (n=99) (suicide:n=14;) (suicide completers n=11)

CGT/Placebo (n=96) (suicide:n=13;) (suicide completers n=11)

WEEK 12

WEEK 20

All participants received CGT-informed clinical management

CGT = Complicated Grief Therapy

Shear et al JAMA Psych 2016; Zisook et al in press J Clin Psych
Clinical Global Impression Improvement is our primary outcome measure

1) **Very Much Improved** – Compared to baseline: clear evidence that grief intensity and impairment is markedly improved. The person feels very differently about the role grief plays in their life.

2) **Much Improved** – Compared to baseline, grief intensity and impairment are definitely and meaningfully improved. The person notices a definite difference in the role of grief in their life.
Other Outcome Measures

Complicated Grief Symptoms
  Inventory of Complicated Grief
  Clinical Global Impression Severity Scale
  Typical Beliefs Questionnaire
  Grief-related Avoidance Questionnaire
CG Functional Impairment
  Grief-related Work and Social Adjustment Scale
Columbia Suicide Scale
Comorbid Disorders
  SCID
  QIDS
  DTS
TROUBLING THOUGHTS: The Typical Beliefs Questionnaire (TBQ)
Skritskaya et al Am J Geriatr Psych
Bereaved people have some typical thoughts and beliefs about their loved one’s death and about themselves, others, and the world at large. People differ in how strongly they believe these things. Please read each item below and circle the number from 0-4 that indicates how strongly you believe it.

0 1 2 3 4
Not at all Somewhat Moderately Strongly Very strongly

This death should not have happened

You should have done something to prevent the death or make it easier

Someone else could have prevented this death or made it easier

The world is filled with unpredictable dangers
Because of grief my ability to do the following is impaired...

1. Work
2. Home management
3. Private leisure activities
4. Social leisure activities
5. Ability to form and maintain close relationships
Suicide bereaved study participants show little difference at baseline on most measures of CG symptoms.
Our CG study participants
Suicide, Homicide/Accident or Natural Death
some demographic differences

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Suicide (n=58)</th>
<th>Accident/Homicide (n=74)</th>
<th>Natural Death (n=263)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)**</td>
<td>47</td>
<td>52</td>
<td>55</td>
</tr>
<tr>
<td>Time since death (years)*</td>
<td>3.9</td>
<td>6.6</td>
<td>4.3</td>
</tr>
<tr>
<td>Gender (% female)</td>
<td>83%</td>
<td>76%</td>
<td>78%</td>
</tr>
</tbody>
</table>
CG study participants
Suicide, Homicide/Accident or Natural Death
some loss-related differences

<table>
<thead>
<tr>
<th>Relationship Lost</th>
<th>Suicide (n=58)</th>
<th>Accident/Homicide (n=74)</th>
<th>Natural Death (n=263)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner</td>
<td>31%</td>
<td>18%</td>
<td>43%</td>
</tr>
<tr>
<td>Parent**</td>
<td>12%</td>
<td>14%</td>
<td>37%</td>
</tr>
<tr>
<td>Child**</td>
<td>33%</td>
<td>46%</td>
<td>10%</td>
</tr>
<tr>
<td>Other relative/Close friend</td>
<td>24%</td>
<td>23%</td>
<td>10%</td>
</tr>
</tbody>
</table>
CG study participants
Suicide, Homicide/Accident or Natural Death
some clinical differences

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<tbody>
<tr>
<td><strong>Major Depression</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before the death*</td>
<td>97%</td>
<td>82%</td>
<td>78%</td>
</tr>
<tr>
<td>Current</td>
<td>69%</td>
<td>65%</td>
<td>66%</td>
</tr>
<tr>
<td><strong>PTSD</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before the death**</td>
<td>64%</td>
<td>50%</td>
<td>38%</td>
</tr>
<tr>
<td>Since the death*</td>
<td>55%</td>
<td>42%</td>
<td>35%</td>
</tr>
<tr>
<td>Before the death*</td>
<td>97%</td>
<td>82%</td>
<td>78%</td>
</tr>
</tbody>
</table>
## Typical Beliefs in Suicide Bereaved

Some differences from both Homicide/Accident and Natural Death

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<tr>
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<th>Natural Death (n=263)</th>
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</thead>
<tbody>
<tr>
<td>Lost the ability to care about others</td>
<td>67%</td>
<td>39%</td>
<td>51%</td>
</tr>
<tr>
<td>Should have done something to prevent the death or make it easier</td>
<td>85%</td>
<td>47%</td>
<td>52%</td>
</tr>
</tbody>
</table>
## Typical Beliefs in Suicide Bereaved: Some differences from Homicide/Accident

<table>
<thead>
<tr>
<th>Belief</th>
<th>Suicide (n=58)</th>
<th>Accident/Homicide (n=74)</th>
<th>Natural Death (n=263)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Others tired of endless grief</td>
<td>36%</td>
<td>18%</td>
<td>29%</td>
</tr>
<tr>
<td>Spending time with others hard because can’t share grief</td>
<td>52%</td>
<td>28%</td>
<td>38%</td>
</tr>
<tr>
<td>The world is filled with unpredictable dangers</td>
<td>59%</td>
<td>84%</td>
<td>70%</td>
</tr>
<tr>
<td>Bad things are uncontrollable</td>
<td>38%</td>
<td>60%</td>
<td>47%</td>
</tr>
</tbody>
</table>
## Typical Beliefs in Suicide Bereaved

### Some differences from Natural Death

<table>
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<th>Belief</th>
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<th>Natural Death (n=263)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loved one did not have to die in this way</td>
<td>97%</td>
<td>89%</td>
<td>68%</td>
</tr>
<tr>
<td>This death should not have happened</td>
<td>97%</td>
<td>93%</td>
<td>69%</td>
</tr>
<tr>
<td>It isn’t fair that this person died</td>
<td>93%</td>
<td>95%</td>
<td>74%</td>
</tr>
<tr>
<td>Don’t understand why grief isn’t getting better</td>
<td>52%</td>
<td>57%</td>
<td>68%</td>
</tr>
</tbody>
</table>
Overall, CG is associated with increased suicidality: Significant increase in wish to die

- Suicide: 52% wish to die before death, 66% wish to die after death
- Homicide: 23% wish to die before death, 60% wish to die after death
- Accident: 32% wish to die before death, 53% wish to die after death
- Natural death: 0% wish to die before death, 10% wish to die after death
...and in active suicidal ideation

- Suicide
- Homicide
- Accident
- Natural death

Active SI before death:
- Suicide: 24%
- Homicide: 12%
- Accident: 19%
- Natural death: 22%

Active SI after death:
- Suicide: 43%
- Homicide: 28%
- Accident: 22%
What about treatment outcome?
Overall CGT results from 3 clinical trials

Average Response Rates across 3 NIMH-funded studies

- CGT: 71%
- CONTROL: 44%

Study 1: $P=0.006$; NNT, 4.6
Study 2: $P < .001$; NNT, 2.56
Study 3: $P = .002$; NNT, 3.6
Outcome results from our multicenter study

Other Site Principal Investigators:
Charles Reynolds: University of Pittsburgh
Naomi Simon: Harvard University
Sidney Zisook: University of California San Diego
Study Consultant: Barry Lebowitz: UC San Diego

The study found efficacy for therapy but not antidepressant medication
OPTIMIZING TREATMENT OF COMPLICATED GRIEF

STUDY DESIGN

Week 0

- CITALOPRAM
- PLACEBO
- CGT + CITALOPRAM
- CGT + PLACEBO

WEEK 12

WEEK 20

CGT = Complicated Grief Therapy
CGI Response among the group that received CGT

<table>
<thead>
<tr>
<th></th>
<th>CGT + PLA</th>
<th>CGT + CIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Responders</td>
<td>83%</td>
<td>84%</td>
</tr>
</tbody>
</table>
Reduction in Suicidal Ideation
Overall Study with and without CGT

CGT + PLA vs. CGT + CIT

PLA vs. CIT
CGI Response with CGT
Violent vs illness-related death

Boston, New York, Pittsburgh, San Diego

Shear et al JAMA Psych 2016
Decrease in other CG Symptoms with CGT
Violent vs Illness-related death

Grief-related Avoidance

Typical Belief Questionnaire

GRAQ

TBQ

Violent death

Illness-related death

13
15

13
14
15

7
9
CGI Response rate among those Receiving CGT was significantly lower for suicide bereaved

Suicide Bereaved: 64% (CIT + CGT) vs. 64% (PBO + CGT)

Accident/Homicide Bereaved: 92% (CIT + CGT) vs. 94% (PBO + CGT)  P< 0.05

Natural Cause Bereaved: 88% (CIT + CGT) vs. 80% (PBO + CGT)
However, there was no significant difference in outcome for any other CG-related measure.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Suicide</th>
<th>Homicide/accident</th>
<th>Natural Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICG</td>
<td>24</td>
<td>25</td>
<td>26</td>
</tr>
<tr>
<td>SCI-CG</td>
<td>19</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>WSAS</td>
<td>15</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>GRAQ</td>
<td>13</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>TBQ</td>
<td>7</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>
With all three types of losses CGT is associated with significant decrease in the wish to die.

- Suicide: 52
- Homicide: 69
- Accident: 54
- Natural death: 9, 7, 7

Wish to die before treatment
Wish to die after CGT
...and a significant decrease in active suicidal ideation
Summary and Conclusions

1. Complicated grief is a form of persistent intense grief that is associated with serious functional impairment and increased suicidality.

2. CG is similar among those bereaved by violent or illness-related death but the nature of troubling thoughts that can impede adaptation may differ.

3. CGT is a highly effective, evidence based treatment.

4. No moderating effects have yet been found for circumstances of the death, relationship to the deceased or comorbid psychiatric disorders.

5. Our pilot study of suicide bereavement suggests CGT is efficacious but may need some modification.
Columbia University Center for Complicated Grief
Pathways to Healing
A Stepped Care Approach

LEVEL 1: Help People Live with Loss
Next workshop: Friday 9/15

LEVEL 2: Treat Complicated Grief
Next workshop Fri/Sat Oct 20-21

Keep in touch: Sign up for our newsletter
www.complicatedgrief.columbia.edu
Complicated Grief Treatment

Facilitates adaptation to loss

Accept the reality of the loss

Re-envision the future

Redefine relationship to the deceased
The Center for Complicated Grief

What we offer now

- Treatment Manuals
- Assessment Instruments
- Workshop series
- Clinical Practice Support
- Fellowship training
- Visiting Scholar Programs

Coming soon:

- Mobile apps for bereaved families
- Online workshop series
- Flashcard approach to psychoeducation
- Training program curricula
- Webinars

For information visit our website
www.complicatedgrief.columbia.edu
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