LEARNING OBJECTIVES

• Participants will discern the diagnostic differences between normal and complicated grief and identify persons appropriate for psychotherapy.
• Participants will appraise theoretical constructs that contribute to Complicated Grief Group Therapy.
• Participants will discern the rationale and techniques of each treatment element in CGGT.
Therapy and other home remedies.

You don't look like a therapist.

Really, how does that make you feel?
Unlike grief that progresses toward a resolved, integrated status, CG is characterized by maladaptive thoughts, feelings and behaviors that obstruct adjustment.
Prevalence of Complicated Grief

An estimated 7-20% of grieving persons in community population meet criteria for CG.


Estimates of CG in persons receiving outpatient psychiatric care have ranged from 20%,


to over 50% of this population; with 31% having moderate CG, and 29% having severe CG.


Older adults grieving the death of a child or spouse have been found to have higher prevalence of CG.

Complicated Grief Group Therapy

- Adaptation of Shear’s textbook, “Complicated Grief Therapy” for individual grief therapy (Shear, et al.; 2003) to group psychotherapy.

- Manualized intervention, 16 weeks in length, with 120 minute sessions.

- Treatment elements of motivational interviewing, cognitive behavioral therapy and prolonged exposure therapy.

- Psychoeducation about normal and complicated grief, guided discussion, and structured activities including “revisiting the story of the death,” “identifying and working on personal goals and grief goals,” “having an imaginal conversation with the deceased,” and “sharing pictures and memories.” Supportive other to attend two of the group sessions.
Rationale for Adapting CGT to Group Therapy (Complicated Grief Group Therapy, CGGT)

- Group work has advantages in psychosocial care including the provision of social support and cost-effectiveness.  
  Yalom & Leszcz, 2005.

- Persons with CG may represent a subset of persons for whom traditional grief support groups are therapeutically insufficient, resulting in an underserved population with unmet bereavement needs.
**RISK FOR CG IN POPULATIONS OF INTEREST**

**SUICIDE SURVIVORS**
- depression
- perceived abandonment
- trauma
- shame
- social stigma
- heightened risk for suicide
- social isolation

**BEREAVED DEMENTIA CAREGIVERS**
- inability to accommodate relationship change and the eventual death of the CR
- positive view of the caregiving role, perceived gratifying communication with the CR, and high expressed affection by the caregiver, and high perceived caregiving burden.
- depression and anxiety
- lack of preparedness and pre-loss experiences
STUDY PROTOCOL - TREATMENT PROCEDURES

• Groups conducted in CON simulation center laboratory.
• All sessions video-recorded by Simulation Technology Specialists and monitored by PI for quality assurance, treatment fidelity & participant safety.
94 Potential Participants
Screened for Eligibility

49 Excluded
31 not eligible
18 unable to participate

45 Randomized
over 5 group cycles

37 Assigned to CGGT

- group 1 = 8
- group 2 = 5
- group 3 = 8
- group 4 = 8
- group 5 = 8

4 withdrew after more than 2 sessions
1 withdrawn by PI poor health
1 withdrew- dissatisfied
1 withdrew-reason unknown

1 completed group-lost to followup

33 complete CGGT through 6 week followup

28 Unique persons assigned to Wait list*

- group 1 = 8
- group 2 = 7
- group 3 = 9
- group 4 = 7
- group 5 = 5

*may continue on Wait list more than one group before entering CGGT group

3 withdrew from study after completing wait list
5 remain on final wait list

Supiano: CGGT in Suicide Survivors
77 Potential Participants
Screened for Eligibility

40 Excluded
32 not eligible
8 unable to participate

37 Randomized
over 5 group cycles

30 Assigned to CGGT
- group 1 = 6
- group 2 = 6
- group 3 = 5
- group 4 = 7
- group 5 = 6

- 2 withdrew after 2 sessions
  - 1 withdrawn by PI-addiction
  - 1 family crisis/death

28 complete CGGT

24 Unique persons assigned to Wait list*
- group 1 = 7
- group 2 = 4
- group 3 = 8
- group 4 = 10
- group 5 = 5

*may continue on wait list more than one group before entering CGGT

- 2 withdrew from study after completing wait list
- 5 remain on final wait list

34 complete wait list cycles

Supiano: CGGT in Bereaved Dementia Caregivers
<table>
<thead>
<tr>
<th>Variable</th>
<th>Measure</th>
<th>Cronbach’s α</th>
<th>Time point</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>1</td>
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<tr>
<td><strong>Demographics</strong></td>
<td>Demographic Form</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td><strong>Grief status</strong></td>
<td>CGI-S (b)</td>
<td>.72</td>
<td>✓</td>
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<tr>
<td><strong>PRIMARY OUTCOMES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment response</td>
<td>ICG-r (a) and BGQ</td>
<td>.75</td>
<td>✓ ✓ ✓ ✓</td>
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<tr>
<td>Grief status</td>
<td>CGI-I</td>
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<tr>
<td><strong>POTENTIAL MODERATORS</strong></td>
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<td></td>
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<tr>
<td>Depression</td>
<td>QIDS</td>
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<td>✓ ✓ ✓ ✓</td>
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<tr>
<td>Anxiety</td>
<td>GAD-7</td>
<td>.92</td>
<td>✓ ✓ ✓ ✓</td>
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<tr>
<td>Suicidality</td>
<td>C-SSRS (b)</td>
<td>.94</td>
<td>✓ ✓ ✓ ✓</td>
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<tr>
<td><strong>POTENTIAL MEDIATORS</strong></td>
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<td></td>
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<tr>
<td>Relationship with Deceased</td>
<td>ECR-r and RDAS</td>
<td>.80</td>
<td>✓ ✓ ✓ ✓</td>
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<tr>
<td>Relationship with Others</td>
<td>SRI .69 positivity/ .80 negativity</td>
<td>✓ ✓ ✓ ✓</td>
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<tr>
<td>Avoidance</td>
<td>DAAPGQ .90 depressive avoidance/.74 anxious avoidance</td>
<td>✓ ✓ ✓ ✓</td>
<td></td>
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</tbody>
</table>

(a) The ICG-r replaced the PG-13 used in the previous CGGT study with older adults. (b) Facilitator-scored measures
VIDEO ANALYSIS PHASE 1 CODING

<table>
<thead>
<tr>
<th>Intervention Activity</th>
<th>Participant Response</th>
<th>Facilitator Response</th>
<th>Group Response</th>
<th>Content Codes</th>
<th>Process Codes-self-report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of framework</td>
<td>Direct (+)</td>
<td>Direct (+)</td>
<td>Direct (+)</td>
<td>Relationship between participant and deceased</td>
<td>Change in grief (-)</td>
</tr>
<tr>
<td>Grief education</td>
<td></td>
<td>Direct (-)</td>
<td>Direct (-)</td>
<td>Relationship with supportive other</td>
<td>Change in grief (-)</td>
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<tr>
<td>Grief monitoring</td>
<td></td>
<td>Provided support</td>
<td>Direct (-)</td>
<td>Death narrative</td>
<td>Change in social (-)</td>
</tr>
<tr>
<td>Telling the death story</td>
<td></td>
<td></td>
<td>Provided support</td>
<td>Carrying forward narrative</td>
<td>Change in mood (-)</td>
</tr>
<tr>
<td>Supportive others</td>
<td></td>
<td></td>
<td>Observe/assistance</td>
<td>Other social supports (in or outside of group)</td>
<td>Change in mood (-)</td>
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<tr>
<td>Personal goals and rewards</td>
<td></td>
<td></td>
<td></td>
<td>Life/personal goals</td>
<td>Change in mood (-)</td>
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<tr>
<td>Daily activities outside/RULES</td>
<td></td>
<td></td>
<td></td>
<td>Other content of relevance</td>
<td>Change in mood (-)</td>
</tr>
<tr>
<td>Memories and pictures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Change in mood (-)</td>
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<tr>
<td>In-depth conversation with deceased</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Change in mood (-)</td>
</tr>
<tr>
<td>Written group social conversations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Change in mood (-)</td>
</tr>
</tbody>
</table>

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<tr>
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<td>Change in mood (-)</td>
</tr>
<tr>
<td>Other content of relevance</td>
<td>Change in mood (-)</td>
</tr>
</tbody>
</table>

Grief Group Research
CHANGE IN SUICIDE SURVIVORS
CHANGE IN BGQ SCORE

![Graph showing changes in Brief Grief Questionnaire scores over time (Pretest, Midpoint, Posttest, Followup)]
CHANGE IN ICG-R SCORE

Inventory of Complicated Grief

Pretest  Midpoint  Posttest  Followup

Time
CHANGE IN CLINICIAN GLOBAL IMPRESSIONS SCORE (CGI-IMPROVEMENT)
CHANGE IN CLINICIAN GLOBAL IMPRESSIONS SCORE (CGI-SEVERITY)
CHANGE IN BEREAVED DEMENTIA CAREGIVERS
CHANGE IN BGQ SCORE

Brief Grief Questionnaire

Pretest  Midpoint  Posttest  Followup
CHANGE IN ICG-R SCORE

![Graph showing change in ICG-R score with data points at pretest, midpoint, posttest, and followup.](image-url)
CHANGE IN CLINICIAN GLOBAL IMPRESSIONS SCORE (CGI-IMPROVEMENT)
CHANGE IN CLINICIAN GLOBAL IMPRESSIONS SCORE (CGI-SEVERITY)
SUICIDALITY—
CHANGE OVER TREATMENT COURSE IN SS
(C-SSRS; POSNER, K.)

• Ideation- “wish to die” 35 participants to 18
• Ideation- thoughts and plan 18 participants to 8 (none with plan)
• Behavior-
  – Attempt prior to group 15, with 8 having more than one attempt.
  – During treatment and at follow-up 0
# PARTICIPANT OUTCOMES
## 3 CGGT STUDIES

<table>
<thead>
<tr>
<th>Study Population</th>
<th>N</th>
<th>BGQ Mean (sd)</th>
<th>PG-13 Mean (sd)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Control</td>
<td>Treatment</td>
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<tr>
<td>Older Adults</td>
<td>34</td>
<td>7.29(1.40)</td>
<td>7.06(1.29)</td>
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<tr>
<td></td>
<td></td>
<td>6.53(1.37)</td>
<td>3.3(1.30)*</td>
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<tr>
<td>Suicide Survivors</td>
<td>46</td>
<td>6.73(2.10)</td>
<td>7.29(1.90)</td>
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<tr>
<td></td>
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<td>7.29(2.78)</td>
<td>4.03(2.17)*</td>
</tr>
<tr>
<td>Dementia Caregivers</td>
<td>37</td>
<td>5.58(0.38)</td>
<td>6.29(0.32)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6.29(0.49)</td>
<td>3.00(0.37)</td>
</tr>
</tbody>
</table>

* indicates p-value for difference between treatment group pre and end of treatment timepoints is < 0.001.

Note: BGQ = Brief Grief Questionnaire; PG-13 = Prolonged Grief Disorder Scale (used instead of ICG-r); ICG-r = Inventory of Complicated Grief-revised.
• Complicated Grief Group Therapy has demonstrated efficacy in the treatment of complicated grief in persons with functionally disabling grief.

• The treatment elements of CGGT address the perceived relationship and attachment status between griever and the deceased, how memories of the life together and the death are interpreted in the present, and facilitate strategies for initiating a new life without the deceased, thus restoring a normal, healthy grief process.
CLINICAL EXAMPLE OF TREATMENT ELEMENT

The Story of the Death
CLINICAL EXAMPLE OF TREATMENT ELEMENT
The Imaginal Conversation
CGGT IMPACT & CLINICAL SIGNIFICANCE

• Restore healthy grief process—individuals are able to revisit memories of the deceased without disabling distress, grieve the loss in meaningful ways, and set aside the loss to engage in life.

• Uncoupling the grief process and memories of the deceased from the circumstances of the death.

• Integrated grief— the enduring residual form of grief in which the reality and meaning of the death are gradually understood and the bereaved are able to embark once again on pleasurable and satisfying relationships and activities.
NEXT STEPS

1. CGGT for suicide survivors-Feasibility in community
2. Prevention in Dementia Caregivers-CGGT to PLGT (10 weeks)
   Alzheimer’s Association Research Grant
3. Manual Revision-PI and four CGGT therapists revise intervention manual from 16 weeks to 12 weeks
4. Hybrid Implementation-Effectiveness Study to evaluate CGGT in community-residing older adults with CG
Figure 1. After Onken, 2014

Stage I: Intervention Generation/Refinement

*Stage 0: Basic research

Stage II: Efficacy (Research Clinics)

Stage III: Feasibility (Community Clinics)

Stage IV: Effectiveness

Stage V: Implementation & Dissemination

Caution
STUDY TEAM

- Kathie Supiano, PI
- Shawna Rees, Study Coordinator
- Lara Haynes, Research Assistant
- Erin Johnson & Hollie Furhman, Research Associates
- Claire Peterson, Christina Triptow, Daniela McCroby, Student Interns
- Troy Andersen, ElLois Bailey, Paula Larsen, Paul Callister, Therapists
- Ann Hutton, Sylvia Brunisholz, Fidelity Evaluators
- Vicki Pond, Meaning of Loss coding
- Seth Latimer, Statistician
- Simulation Technologists
- Alzheimer’s Association advisory board and Suicide CBPR group
"Do not be daunted by the enormity of the world's grief. Do justly, now. Love mercy, now. Walk humbly, now. You are not obligated to complete the work, but neither are you free to abandon it.”
Talmud (attributed)