Caring for those who are yet to transform

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More challenging Bereavement
Nature of Death
Personality
Concurrent Stressors
Interpersonal relationships
Bereaved persons

Trajectories of Grief

The prevalence of bereaved persons facing complicated adjustment

- 15.6 % (Bonnano et al, 2004)
- 20-25% (Neimeyer, 2012)
  - 10-15% from Prigerson et al (2009) and Shear et al. (2011) studies on conjugal and parent loss due to natural deaths
  - 30 – 50% for death of child (Keese et al, 2008) and for violent death (McDevitt-Murphy et al, 2011)

Bereaved persons
Normality Vs Abnormality of Grief

Abnormal Grief (Worden, 1982)
- Chronic Grief
- Delayed Grief
- Exaggerated Grief
- Masked Grief

Pathological Grief (Gort, 1984)
- Chronic grief
- Inhibited Grief
- Delayed Grief
- Atypical Grief

Complicated Grief

Grief complicated by other factors

Traumatic Grief

Prolonged Grief

Adjustment Disorder related to Bereavement

Persistent Complex Bereavement-Related Disorder

Proposal in DSM 5

3 major proposals in DSM-5 related to bereavement

1. Removal of exclusion in major depressive episode
2. Removal of exclusion in adjustment disorder
3. Inclusion of a new diagnosis which is bereavement-specific
Bereavement Related Disorder

Proposed removal of the bereavement exclusion in Major Depressive Episode

The normal and expected response to an event involving significant loss (e.g., bereavement, financial ruin, natural disaster), including feelings of intense sadness, rumination about the loss, insomnia, poor appetite and weight loss, may resemble a depressive episode. The presence of symptoms such as feelings of worthlessness, suicidal ideas (as distinct from wanting to join a deceased loved one), psychomotor retardation, and severe impairment of overall function suggest the presence of a Major Depressive Episode in addition to the normal response to a significant loss.
Elimination of the bereavement exclusion with respect to Mood Disorders, has led to the decision to also eliminate this exclusion for Adjustment Disorders. As a result, **the loss of a loved one may qualify as an event that precipitates a mood or adjustment disorder.** Now that bereavement is accepted as a qualifying event, there is also a need for a diagnosis to characterize an individual who is having clinically significant distress as a result of the death of a loved one. This matter has been the subject of considerable research on abnormal mourning which has been named, in some circles, "prolonged grief" and as "complicated grief" by other researchers.
Adjustment Disorder Related to Bereavement (May, 2011)

Currently, there is insufficient evidence to propose a specific Bereavement-Related Disorder in the DSM-5 although such a diagnosis has been proposed for the appendix. The current diagnosis proposed for DSM-5 is an Adjustment Disorder "Related to Bereavement" which can be diagnosed at least 12 months following the death of a close relative or friend, in which the individual experiences a number of symptoms including: intense yearning/longing for the deceased, intense sorrow and emotional pain, or preoccupation with the deceased or the circumstances of the death.

(http://www.dsm5.org/ProposedRevision/Pages/proposedrevision.aspx?id=367#)

Bereavement Related Disorder

04 Adjustment Disorders (April 30, 2012)

A. The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within three months of the onset of the stressor(s). In the case of the Related to Bereavement Subtype, 12 months of symptoms (or 6 months for children) are required after the death of a close family member or close friend.

B. These symptoms or behaviors are clinically significant, as evidenced by one or both of the following:

- marked distress that is in excess of what would be proportionate to the stressor, taking into account the external context and the cultural factors that might influence symptom severity and presentation
- significant impairment in social, occupational, or other important areas of functioning
Bereavement Related Disorder

04 Adjustment Disorders

C. The stress-related disturbance does not meet the criteria for another mental disorder and is not merely an exacerbation of a pre-existing mental disorder.

D. Once the stressor, or its consequences, has terminated, the symptoms do not persist for more than an additional 6 months. (Note: This does not apply to the Related to Bereavement Subtype.)

Bereavement Related Disorder

Related to Bereavement*: Following the death of a close family member or close friend, the individual experiences on more days than not intense yearning or longing for the deceased, intense sorrow and emotional pain, or preoccupation with the deceased or the circumstances of the death for at least 12 months (or 6 months for children). The person may also display difficulty accepting the death, intense anger over the loss, a diminished sense of self, a feeling that life is empty, or difficulty planning for the future or engaging in activities or relationships. Mourning shows substantial cultural variation; the bereavement reaction must be out of proportion or inconsistent with cultural, religious, or age-appropriate norms.
Bereavement Related Disorder

Persistent Complex Bereavement-Related Disorder (Proposed for Section III of the DSM-5)

This condition is being recommended for further study in Section III, which is the section of the DSM-5 text in which conditions that require further research will be included.

A. The individual experienced the death of a close family member or close friend at least 12 months ago. In the case of bereaved children, the death may have occurred at least 6 months ago.
Bereavement Related Disorder

B. Since the death, at least one of the following symptoms is experienced on more days than not and to a clinically significant degree:

- Persistent yearning/longing for the deceased. In young children, yearning may be expressed in play and behavior, including separation-reunion behavior with caregivers.

- Intense sorrow and emotional pain in response to the death.

- Preoccupation with the deceased.

- Preoccupation with the circumstances of the death. In children, this preoccupation with the deceased may be expressed through the themes of play and behavior and may extend to preoccupation with possible death of others close to them.
Bereavement Related Disorder

C. Since the death, at least **six** of the following symptoms are experienced on more days than not and to a clinically significant degree:

Reactive distress to the death:

1. Marked difficulty accepting the death. (Note: In children, this is dependent on the child’s capacity to comprehend the meaning and permanence of death.)
2. Feeling shocked, stunned, or emotionally numb over the loss
3. Difficulty with positive reminiscing about the deceased
4. Bitterness or anger related to the loss
5. Maladaptive appraisals about oneself in relation to the deceased or the death (e.g., self-blame)
6. Excessive avoidance of reminders of the loss (e.g., avoidance of individuals, places, or situations associated with the deceased). (Note: in children, this may include avoidance of thoughts and feelings regarding the deceased.)

Social/Identity Disruption:

7. A desire to die in order to be with the deceased
8. Difficulty trusting other individuals since the death
9. Feeling alone or detached from other individuals since the death
10. Feeling that life is meaningless or empty without the deceased or the belief that one cannot function without the deceased
11. Confusion about one’s role in life or a diminished sense of one’s identity (e.g., feeling that a part of oneself died with the deceased)
12. Difficulty or reluctance to pursue interests since the loss or to plan for the future (e.g., friendships, activities)
Bereavement Related Disorder

D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E. The bereavement reaction must be out of proportion or inconsistent with cultural, religious, or age-appropriate norms.

What can be done?

• Bereavement Intervention
• Bereavement care
• Grief counseling
• Grief therapy
Modest Effectiveness of Bereavement Intervention

Fig. 1. Overall effectiveness of grief therapy compared to general psychotherapy. Bars represent effect sizes for different classes of interventions relative to untreated controls, with taller bars indicating more effective treatments. Compared to general psychotherapy for other problems (see Wampold, 2001), the effects of grief therapy are comparable. The apparently more substantial effect for nonrandomized grief therapy likely reflect underlying factors, such as the assignment of more motivated clients to the active-treatment condition.

Modest Effectiveness of Bereavement Intervention

Fig. 2. Effect size of grief therapy for targeted population. All but posttreatment and follow-up bereavement interventions for “indicated” groups of survivors suffering from clinically-defined depression showed better improvement for “indicated” group of “l” (i.e., survivors who had demonstrated diagnosis). Effects for general psychotherapy for other problems (see Wampold, 2001) are included for comparison.
Three Dimensions in planning for the care

1. Theory-driven Intervention
2. Symptom-target Intervention
3. Process-oriented Intervention

Theory-driven Intervention (I)
Meaning Making/ Constructivist approach
Theory-driven Intervention (II)

Continuing Bond:
- Ritualistic Approach
- Bond continuing Approach

Theory-driven Intervention (III)
Dual Process Model

- Loss-orientation coping
- Restoration-orientation coping
- Oscillations
DPM Intervention Model for Bereaved Spouses/Partners

(Lund, Caserta, Utz, & de Vries, 2010)

Theory-driven Intervention (IV) Ambiguous Loss

6 themes

Finding Meaning

Tempering Mastery

Reconstructing Identity

Normalizing Ambivalence

DiscoveringHope

RestingAttachment
OVERALL FRAMEWORK: INTEGRATED MODEL (Ho, Chow, Leung, & Hui 2010)

Assessment: Structured Interview and Measuring tool

Supportive Story Telling Approach

Ritualistic-Behavioral Approach
- To smoothen ventilation of emotions and thoughts
- To address issues arisen in the 6 domains
- To reconstruct the problem-saturated story into healthier story

Cognitive Approach
- To address issues arisen in the 6 domains with the use of cognitive techniques
- To reconstruct the problem-saturated story into healthier story

Symptom-targeted Intervention

Bonding Work

Constructivist

CBT

Trauma Work
Process-oriented Intervention

Anticipatory Grief Work: Meaning making, bonding work, adjustment planning

Pre-death

Prevention of Traumatization

Post Death

Moment of Death

Anticipatory Anniversary Work

Assessment and Bereavement Intervention

Thank you

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References


References


