

COMPLICATED GRIEF TREATMENT:

**Instruction Manual Used
in NIMH Grants¹²**

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1 This manual was used in the following NIMH-funded R01 studies: MH60783, MH70741, MH085297, MH085308 and MH085288

2 This version is lightly edited for use by the public. The editing includes a preface with important information for users.

Measurement-Based Care

“Measurement-based care” is a term coined by depression researchers (Trevedi et al 2006) to describe an intervention approach that includes regular structured assessment with simple validated instruments. Using this approach for bereaved people enables you to systematize the selection of individuals, who are similar to those who participated in the research studies that validated the treatment. Validated questionnaires can help benchmark your progress with a patient, compare this progress to others you work with and to patients treated by others who use the same scales. Questionnaires provide a common language you can use to describe symptoms. The questionnaires we developed are available from the Center for Complicated Grief. This manual includes information about how we used this approach in our research studies.

Common Challenges in Learning CGT

Our experience in training dozens of people in this model is that once you master it, the approach is simple and one of the more effective brief therapies available for mental health problems. However, most people struggle to learn the treatment. The way people struggle varies, but four common problems include: 1. Activation of personal feelings about loss and/or death; 2. Unfamiliarity with using principles and procedures from positive psychology; 3. Discomfort with the structure of the treatment; or 4. Discomfort with one or more of the core procedures. I briefly discuss each of these problems below.

1) Activation of personal feelings about loss and/or death

Almost everyone reacts emotionally to thoughts of loss and death. We know that death is inevitable and unknowable and it is natural to feel anxiety when contemplating our own death or that of people we know and love. Most therapists I have worked with have been surprised and somewhat unsettled by their reactions to hearing the stories of people with CG. Not infrequently, new CGT therapists find themselves wanting to tell their loved ones how much they care about them. When learning CGT you may have intrusive thoughts or dreams about death, dying, or loss. If you have experienced a difficult loss yourself, you may find your thoughts and feelings about that loss are activated. It is natural to experience emotional

Session 1: History Taking

SESSION GOALS

Begin building a companionship alliance

Obtain information about the patient's life, including important relationships, life events, education and work history, religious orientation, personal strengths, and accomplishments

Learn about the patient's relationship with the deceased, the story of the death, and her experience of grief

Introduce interval plans and grief monitoring

SESSION CONTENT

Beginning: Introductions

Middle:

- a) Discuss early relationships, school, work, and current family and friends;
- b) Discuss talents, achievements, values, and other strengths
- c) Discuss relationship with the deceased, the story of the death, and experience with grief

Handouts

These are short pamphlets with information for the patient and her family. They have been described in the Introductory Phase Instructions. They are listed here because you may find it helpful to use them in this phase.

1. **“Complicated Grief and Its Treatment”**
2. **“Managing Difficult Times”**: You want to keep track of when a patient is anticipating a difficult time and introduce the idea of planning for these times. You should be familiar with the information in this handout and review it with the patient in the session. Then you give the patient the handout to review at home. Note that if you need to work with difficult times, you should not do any highly activating exercises in the session nor assign such plans for the week when the difficult times occur.

Between Session Planning, Note taking and Monitoring Forms

These are a set of forms that are given to the patient at the end of each session to assist in the interval work. The interval planning form and grief monitoring diary are used in each session, as is some version of the interval notes form.

1. **Interval plans form (IPF)**: This is the one-page form on which you list and describe activities you are asking the patient to do over the week or other interval before the next session. This is a good way for both you and the patient to be sure you both agree and understand what the patient is going to do during the upcoming week and also a good cue sheet for setting the agenda the following session.
2. **Interval Notes form (INF)**: This is a one-page form used to encourage the patient to think about the session and/or various issues that you want her to begin to consider; she is encouraged to use the INF to record reflections during the week and any questions that might come up. Again, this is a good way for you and the patient to structure a discussion of topics the patient is concerned about and/or things you want her to think about.
3. **Grief monitoring diary (GMD)** is given to the patient each week. The form is described earlier.
4. **Between-session Imaginal Revisiting Form**: this form is given to the patient after session 4 and each subsequent Imaginal Revisiting session.

5. **Situational Revisiting List:** is used in session 5 and given to the patient to complete at home.
6. **Between-session Situational Revisiting Form:** given to the patient after sessions 6-12.
7. **Memories Forms:** These are a series of 5 forms that are given to the patient in order, after the first two Imaginal Revisiting exercises (usually at session 6) and weekly thereafter for an additional 4 weeks.
8. **Difficult Times Plan:** given to the patient when a difficult time is coming.

Checklists, and Worksheets for the Therapist

A set of simple forms to help the therapist organize and monitor the sessions and prepare for and present information to the patient.

1. **Session Form Checklist:** There is a Session by Session Schedule of CGT forms which provides an outline of the materials a therapist will use in each session and the forms a patient will take home.
2. **Therapist Imaginal Revisiting Form**

Beginning (About 5 Minutes)

☐ **Review Grief Monitoring Diary and other interval activities**

Ask the patient for the diary and look it over. Discuss the pattern and the triggers. Ask the patient to consider how these have changed since the first week of treatment. If there is any indication of increased grief related to ending the treatment, discuss this. Ask about goals work and (unlike in prior sessions) discuss this. Discuss any other interval work that was done in session 15, including situational revisiting exercise, Imaginal Revisiting, a Memories form, or Interpersonal work.

☐ **Orient the patient to the session**

Tell the patient you want to spend this session reviewing the treatment and what the two of you have accomplished together and what remains unfinished. You will spend some time talking about where things stand now compared to when you started working together and at the mid-course review, and plans for the patient after the treatment ends. You want to be sure she has a good understanding of her own strengths, how she has used them in the treatment, and how she can continue to use them as she moves forward in her life. You want to continue the discussion of her thoughts and feelings about ending the treatment and about the future. You are interested in both positive and negative feelings and thoughts. Ask if this sounds okay.

Middle And Ending (About 40 Minutes)

☐ **Introduce the review of the treatment model and the patient's progress**

Tell the patient that we like to use this session to review what we did in the treatment and why we did it. We want to make sure she understands the model we are using, the way we see her situation using this model as a framework, and how we have been working together to get her grief back on track. We also want to highlight and support the gains she has made and answer any questions she has about any of this.

☐ **Discussion of the treatment model**

Remind the patient that throughout this treatment we have been thinking of her grief as a natural instinctive healing process that is related to attachment, caregiving and exploratory systems, and we also see these as inborn,