

Measuring Grief: Difficulties and Opportunities

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Introductions

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Bo's Place Research Goals

- Promote quality research
- Maintain the highest ethical standards
- Provide results useful to practitioners
- Provide insights helpful to the bereaved
- Communicate research and findings
 - Online: NAGSS
 - Conferences

NAGSS

- Available at bosplace.org
- Summaries of peer-reviewed articles
 - Bibliographical information
 - Summary of key findings
 - Summary of service provider implications
- Target audience: service providers
- On-going program

Why is grief research difficult?

- Ethical concerns
- Lack of consensus on definitions
 - What is grief?
 - What is recovery? Resilience? Growth?
- Lack of appropriate measurements
- Timing issues
- Control and comparison groups

Ethical Concerns

- Grief research can be an effective intervention
- Participants in grief research identify substantial benefits from participation: (Beck & Konnert, 2007)
 - Tell the story
 - Gain insights into own thoughts, feelings
 - Find meaning in the death (Kaufman & Kaufman, 2006)
- Participation contributes to greater understanding of the grief process
 - Normalizes the grief experience

Implications for Research

- Research with the bereaved can be ethically designed and conducted
- Cautions and considerations (Williams, Woodbury, Bailey, & Burgio, 2008)
 - Time since death
 - Choice of site
 - Informed consent
 - Empathic, trained interviewers
 - Control over pace

Why is grief difficult to define?

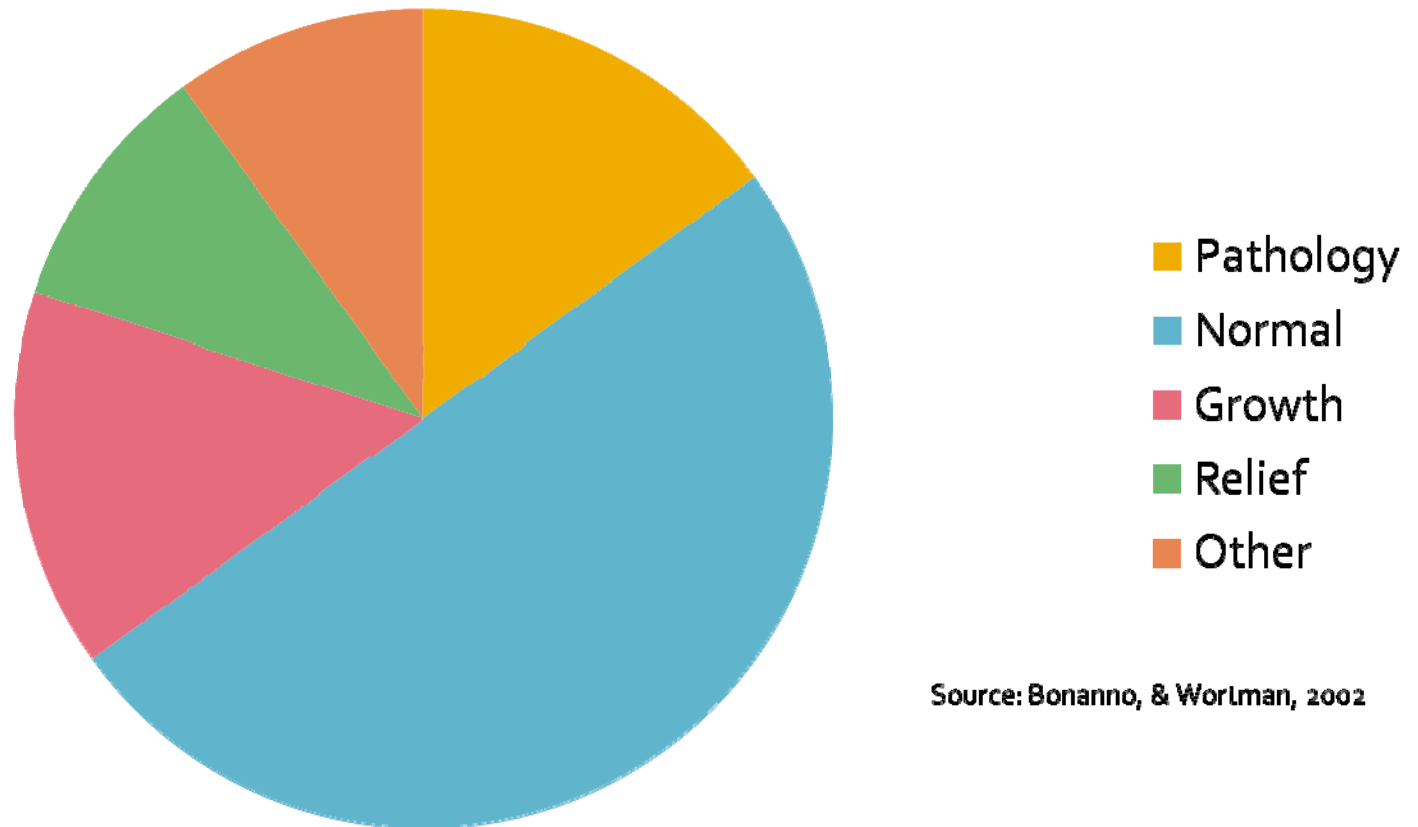
- Multiple definitions
 - Work
 - Processes
 - Emotions
 - Stages/tasks/phases
- Grief is an abstract construct
 - Nearly universal experience
 - Uniquely experienced

Diverse models applied to grief

- Psychodynamic: search for pathology
- Existential: search for meaning
- Cognitive behavioral: search for functioning
- Systems: search for relationships
- Constructionist: create on-going story

Grief Patterns

Percentages of the Bereaved



Source: Bonanno, & Wortman, 2002

What about time frames?

- At what point is intense grief pathological?
- At what point should interventions be offered?
- How long should interventions last?
- How long should follow-ups occur?
- Does grief end?

Much debate remains regarding timeframes

Grief as pathology

- Consensus has grown after years of debate:
 - 15% -20% of grief is pathological
- Grief is a distinct construct
 - Not depression
 - Not PTSD
- Evolution in conceptualization of pathological grief
 - Traumatic grief
 - Complicated grief
 - Prolonged grief disorder

How has grief been measured?

- Pathology Measurements
 - Depression measurements
 - Anxiety measurements
 - Stress measurements
 - Posttraumatic stress measurements
 - General health measurements
- Other Measurements
 - Continuing bonds measurements
 - Growth measurements

Criteria Proposed Traumatic Grief (2002)

- Traumatic Grief
 - More than 2 months
 - Interferes with functioning
 - Distressing preoccupation is present
 - Other elements:
 - Avoidance
 - Purposelessness
 - Difficulty acknowledging the death
 - Shattered worldview

Criteria Proposed

Prolonged Grief Disorder (2009)

- PGD-13 (Prigerson, Horowitz, Jacobs, et al., 2009)
 - More than 6 months
 - Significant impairment in functioning
 - Daily experience of yearning
 - Daily experience of intense feelings of pain, grief, sorrow
 - At least 5 of 9 additional cognitive, emotional, and behavioral elements

PGD, Continued

- Additional elements (5 of 9):
 - Avoid reminders
 - Feel stunned, shocked, dazed
 - Feel confused (part of self has died?)
 - Hard to trust others
 - Trouble accepting the loss
 - Feel bitter
 - Moving on is difficult
 - Emotionally numb
 - Life is empty, meaningless

Why do the measurements matter?

- Impact on the bereaved
 - Who is diagnosed
 - Who receives treatment/services
- Impact on services
 - What services/interventions are offered
 - When services/interventions are offered
 - How services are evaluated

Progress has been achieved

- Studies have validated concept of PGD
 - Unique construct (Dillen & Fontaine, 2009)
 - Distinct from depression, PTSD, anxiety
- Studies have begun to evaluate interventions
 - Supportive psychotherapy (Currier, Neimeyer, & Berman, 2008)
 - Cognitive behavioral therapy (Boelen, de Keijser, van den Hout, & van den Bout, 2007)
 - Support groups (Cacciatore, 2007)

Issues Remain

- PGD as a diagnostic category
 - Will it be overused?
 - What interventions will be developed?
- Bereaved who are not diagnosed with PGD
 - Will services continue to be offered?
 - What measurements are needed?
 - What interventions are needed?

Research Opportunities

- Identifying/defining non-pathological forms of grief
- Developing measurement instruments for progress/growth following bereavement
- Identifying elements that contribute to progress/growth
- Identifying interventions that contribute to progress/growth

Opportunities: Progress in Grief

- Elements contributing to progress in grief
 - Support network (Cacciatore, 2007; Feigelman, Gorman, Beal, & Jordan, 2008)
 - Cognitive and affective processing (Boelen, de Keijser, van den Hout, & van den Bout, 2007; Doughty, 2009; Fleming & Robinson, 2001; Matthews & Marwit, 2004)
 - Meaning making (Neimeyer, Baldwin, & Gilles, 2006)
 - Information and knowledge (Charles-Edwards, 2009; Kinder & Cooper, 2009; Walter, 2009)

Questions?