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# Complicated Grief Treatment

## Program Snapshot

### Evidence Ratings\*

Effective	Trauma- and Stress-Related Disorders and Symptoms
Effective	General Functioning and Well-Being
Promising	Depression and Depressive Symptoms
Promising	Suicidal Thoughts and Behaviors

\*Ratings definitions can be found in the appendix.

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### Program Type

Mental health treatment

**Gender**

Male  
 Female  
 Transgender

**Age**

18-25 (Young adult)  
 26-55 (Adult)  
 55+ (Older adult)

**Geographic Locations**

Urban

**Settings**

Information not provided

**Race/Ethnicity**

Asian or Pacific Islander  
 White  
 Other

**Implementation/Dissemination**

Implementation materials available  
 Dissemination materials available

**Program Description**

Complicated Grief Treatment (CGT) targets adults experiencing complicated grief (CG), also known as prolonged grief disorder, traumatic grief, or persistent complex bereavement disorder, which, if left untreated, may result in impaired long-term functioning. CGT is based on a model of grief as a natural response to the death of a loved one that typically decreases in intensity as the bereaved person adapts to the loss. Common impediments to such adaptation include getting caught up in second-guessing, “if only” thoughts; engaging in avoidance of reminders of the loss to such a degree as to impair functioning; or dysfunctional efforts to manage emotion activation, like overusing alcohol, oversleeping, or engaging in other negative behaviors. CGT seeks to help people manage their emotions, resolve troubling thoughts, and reduce avoidance while also developing aspirational goals, encouraging experiences of positive emotions, and building on personal strengths. The goal of the intervention is for people who have experienced the death of someone close to return to full participation in life, through fully accepting the reality of the loss, reframing their continuing bond with the deceased loved one, and re-establishing their sense of meaning and purpose in ongoing life.

CGT is a semistructured, manualized treatment administered by a licensed and trained therapist. The intervention includes seven core procedures: 1) psychoeducation about CG and CGT; 2) self-assessment and self-regulation; 3) aspirational goals work; 4) rebuilding connections; 5) revisiting the story of the death; 6) revisiting the world changed by the loss; and 7) addressing memories and continuing bonds. CGT is provided through 16, 45-minute sessions, which are organized into four phases. In the first phase, “Getting Started” (sessions 1–3), the therapist reviews the patient’s history and bereavement experience, introduces a grief-monitoring diary, explains CG and CGT, begins work on aspirational goals, and holds a conjoint session with a significant other. In the second phase, “Core Revisiting Sequence” (sessions 4–9), the therapist introduces exposure-based procedures such as imaginal and situational revisiting, begins working with memories and

pictures, and continues to focus on the patient's personal goals. The third phase involves a "Midcourse Review" (session 10). The fourth and final phase, "Closing Sequence" (sessions 11–16), involves an imaginal conversation with the deceased, completion and consolidation of treatment aims, and attention to treatment termination.

## Evaluation Findings by Outcome

### OUTCOME: TRAUMA- AND STRESS-RELATED DISORDERS AND SYMPTOMS

PROGRAM EFFECTS ACROSS ALL STUDIES	This program is effective for reducing trauma and stress-related disorders. The review of the program yielded strong evidence of a favorable effect. Based on one study and two measures, the average effect size for trauma and stress-related disorders is .56 (95% CI: .36, .76).  <a href="#">Click here</a> to find out what other programs have found about the average effect sizes for this outcome.
KEY STUDY FINDINGS	Statistically significant group differences were found for self-reported symptoms of complicated grief. Compared with participants who received only a pharmacotherapy placebo (PLA), participants in the complicated grief therapy with a pharmacotherapy placebo (PLA with CGT) condition demonstrated greater improvement from pretest to the 20-week posttest on the Inventory of Complicated Grief (ICG) and on the Grief-Related Avoidance Questionnaire (GRAQ).
MEASURES	Shear et al. (2016): Inventory of Complicated Grief (ICG), Grief-Related Avoidance Questionnaire (GRAQ)
ADDITIONAL DETAILS	None provided.

### OUTCOME: GENERAL FUNCTIONING AND WELL-BEING

PROGRAM EFFECTS ACROSS ALL STUDIES	This program is effective for improving general functioning and well-being. The review of the program yielded strong evidence of a favorable effect. Based on one study and one measure, the effect size for general functioning and well-being is .57 (95% CI: .29, .86).  <a href="#">Click here</a> to find out what other programs have found about the average effect sizes for this outcome.
KEY STUDY FINDINGS	Statistically significant group differences were found for work and social adjustment. Compared with participants who received only a pharmacotherapy placebo (PLA), participants in the complicated grief therapy with a pharmacotherapy placebo (PLA with CGT) condition demonstrated greater improvement from pretest to the 20-week posttest on symptoms of general functioning and well-being, as measured by the Work and Social Adjustment Scale (WSAS).
MEASURES	Shear et al. (2016): Work and Social Adjustment Scale (WSAS)

ADDITIONAL DETAILS | None provided.

### OUTCOME: DEPRESSION AND DEPRESSIVE SYMPTOMS

PROGRAM EFFECTS ACROSS ALL STUDIES	This program is promising for reducing depression and depressive symptoms. The review of the program yielded sufficient evidence of a favorable effect. Based on one study and one measure, the effect size for depression and depressive symptoms is .31 (95% CI: .03, .59).  <a href="#">Click here</a> to find out what other programs have found about the average effect sizes for this outcome.
KEY STUDY FINDINGS	Compared with participants who received only a pharmacotherapy placebo (PLA), participants in the complicated grief therapy with a pharmacotherapy placebo (PLA with CGT) condition demonstrated greater improvement from pretest to the 20-week posttest on the Quick Inventory of Depressive Symptoms (QIDS); however, this difference was not found to be statistically significant.
MEASURES	Shear et al. (2016): Quick Inventory of Depressive Symptoms – Self-Report (QIDS-SR16)
ADDITIONAL DETAILS	None provided.

### OUTCOME: SUICIDAL THOUGHTS AND BEHAVIORS

PROGRAM EFFECTS ACROSS ALL STUDIES	This program is promising for reducing suicidal thoughts and behaviors. The review of the program yielded sufficient evidence of a favorable effect. Based on one study and one measure, the effect size for suicidal thoughts and behaviors is .66 (95% CI: .10, 1.22).  <a href="#">Click here</a> to find out what other programs have found about the average effect sizes for this outcome.
KEY STUDY FINDINGS	Statistically significant group differences were found for rates of suicidal ideation at the 20-week posttest. A lower proportion of participants in the PLA with CGT condition reported having suicidal thoughts, compared with the PLA group (6.7% versus 19.0%, respectively).
MEASURES	Shear et al. (2016): Columbia Suicide Scale (CSS)
ADDITIONAL DETAILS	None provided.

## Study Evaluation Methodology

### SHEAR ET AL. (2011)

STUDY DESIGN NARRATIVE	Bereaved adults ages 18 to 95 who received a clinical diagnosis of complicated grief as their primary disorder (and who were not excluded because of current treatment with psychotherapy or antidepressants, current substance use disorder, cognitive impairment, or a history of serious mental illness) participated in this double-blinded, placebo (PLA)-controlled trial. A permuted-block randomization method was used, in which participants were stratified by site (New York, Boston, Pittsburgh, and San Diego) and by the current diagnosis of major depressive disorder (MDD). Within each
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	stratum, participants were grouped into blocks of four or eight and then randomized, within block, to one of the following four conditions: 1) citalopram (a selective serotonin reuptake inhibitor [SSRI]) + complicated grief treatment (CIT with CGT); 2) placebo medication + complicated grief treatment (PLA with CGT); 3) citalopram only (CIT); or 4) placebo medication only (PLA). All participants received some form of a drug treatment protocol with flexible dosing, along with psychoeducation, grief monitoring, and activity support. The comparison of interest for the NREPP review was between the PLA with CGT and PLA conditions, to isolate the effects of CGT.
SAMPLE DESCRIPTION	The study sample consisted of adults diagnosed with complicated grief, who were predominantly female (78%), with a mean age of 53 years. A little over one third (35%) had been widowed. The racial composition was 82% white, 10% black, 11% Hispanic, and 8% other. About two thirds (66%) had a current diagnosis of MDD, and about two fifths (39%) had a current diagnosis of posttraumatic stress disorder. Participants were grieving the loss of a spouse or partner (36.5%), parent (28.6%), child (20.3%), or other person who had played a significant role in their lives (14.7%). About one third of participants had lost their loved one to a violent death. More than half (about 56%) reported a wish to be dead since the loss. Baseline differences between participants in each study condition were tested to assess pretest equivalence between groups; however, the results of specific comparisons were not reported. Overall, the only statistically significant difference found was in the higher proportion of Hispanic participants in the PLA with CGT group (20.8%), compared with the PLA, CIT with CGT, and CIT groups (7.1%, 8.1%, and 9.9%, respectively).

## References

### STUDIES REVIEWED

Shear, M. K., Reynolds, C. F., Simon, N. M., Zisook, S., Wang, Y., Mauro, C., ... Skritskaya, N. (2016). Optimizing treatment of complicated grief: A randomized clinical trial. *JAMA Psychiatry*, 73(7): 685–694

### SUPPLEMENTAL AND CITED DOCUMENTS

None provided.

### OTHER STUDIES

None provided.

## Resources for Dissemination and Implementation \*

*\* Dissemination and implementation information was provided by the program developer or program contact at the time of review. Profile information may not reflect the current costs or availability of materials (including newly developed or discontinued items). The dissemination/implementation contact for this program can provide current information on the availability of additional, updated, or new materials.*

## Implementation/Training and Technical Assistance Information

Complicated Grief Treatment (CGT) was developed in 1998 - 2000. The program is supplied through The Center for Complicated Grief of the Columbia School of Social Work, which does not collect information about program implementation. However, according to the program supplier, more than 500 clinicians have been

trained in CGT through workshops at Columbia University School of Social Work and elsewhere. Training workshops have been held in various locations in the United States, as well as in Canada, Norway, Ireland, Japan, Germany, and Australia. While detailed data on program implementation is not available, the program supplier reports that CGT is being administered in the United States (in Boston, Pittsburgh and New York) and in Canada, Ireland, Japan, Hong Kong, and Australia.

CGT is designed to be administered by a licensed mental health professional. Training to administer CGT is required and provided through The Center for Complicated Grief, which holds regular training workshops in Level 1 (6.5 hours) and Level 2 (13 hours) CGT at Columbia University. Workshops consist of PowerPoint slide presentations, handouts, experiential exercises, group discussions, and case study vignettes. The program website provides a calendar of forthcoming workshops, online registration, and brief video clips of past workshop participants who describe their workshop experiences.

Additional implementation resources include the required CGT treatment manual *Complicated Grief Treatment: Instruction Manual Used in NIMH Grants*, the *Complicated Grief Guidebook for Therapists*, a set of assessment tools, and handouts for patients and families.

The Center for Complicated Grief also provides a seven-session, curriculum-based course for master of social work (MSW) students at Columbia University, for approximately 50 students per year.

Technical assistance and quality assurance are provided through case consultation with an experienced CGT therapist via phone, videoconferencing, or other electronic means. Case consultation is intended to answer questions about implementation, listen to audio recordings of CGT sessions, and assist implementers to more effectively administer CGT strategies and procedures.

The program website also contains a listing of therapists trained to treat CGT. Additionally, the site provides links to numerous articles and reports on complicated grief and CGT from medical and academic journals and popular news sites.

### Dissemination Information

Complicated Grief Treatment (CGT) is disseminated through The Center for Complicated Grief website, social media sites such as Facebook, Twitter, and YouTube, and periodic news articles that appear in media outlets such as the New York Times, Parade Magazine, and CBS News. The center's website includes information on complicated grief aimed at the general public, including an option to locate a therapist who has received training in CGT.

### Summary Table of RFDI Materials

Description of item	Required or optional	Cost	Where obtained
Implementation Information			
Complicated Grief Treatment: Instruction Manual Used in NIMH Grants, Available electronically in PDF format, Patient handouts included in the manual are available in audio format for the visually impaired and for patients with low literacy skills. Intended for use by line staff and supervisors	Required	\$79.95	Contact program supplier: Colleen Gribbin Bloom ceg2160@columbia.edu

Complicated Grief Guidebook for Therapists, Available electronically in PDF format, Intended for use by line staff and supervisors	Optional	Included with training costs	Contact program supplier
Assessment Instrument Packet, Available electronically in PDF format, Intended for use by line staff and supervisors, Several measures are also available in other languages ( Spanish, Japanese, Norwegian, Danish, and Italian)	Required	\$49.95	Contact program supplier
Level 1 CG Workshop, In-person, 6.5-hour workshop, Intended for line staff and supervisors, Accommodations are made by the program supplier for those with a visual and/or auditory impairment.	Required	\$250	<a href="https://complicatedgrief.columbia.edu/events/category/workshops-for-professionals/">https://complicatedgrief.columbia.edu/events/category/workshops-for-professionals/</a>
Level 2 CG Workshop, In-person, 13- hour workshop, Intended for line staff and supervisors, Accommodations are made by the program supplier for those with a visual and/or auditory impairment.	Required	\$500	<a href="https://complicatedgrief.columbia.edu/events/category/workshops-for-professionals/">https://complicatedgrief.columbia.edu/events/category/workshops-for-professionals/</a>
Testimonials: Brief video clips of past participants describing their workshop experiences, A number of videos have been closed captioned as part of an ongoing project .	Optional	Free	<a href="http://complicatedgrief.org/training/cgtworkshops/">http://complicatedgrief.org/training/cgtworkshops/</a>
CGT Training Video Outlines (in production), 3.5 hours of video, Intended for line staff and supervisors, When available, videos will be closed captioned.	Optional	Included with training costs	Contact program supplier
Complicated Grief Treatment, 7-session course, 14-hour course, Intended for MSW students at Columbia University, Accommodations are made by the program supplier for those with a visual and/or auditory impairment.	Optional	Tuition-based	Contact program supplier
Case Consultation, provided to program implementers by CGT experts of The Center for Complicated Grief, Intended for line staff and supervisors, Available by telephone or via videoconferencing	Required	Varies	<a href="http://complicatedgrief.org/training/consultation/">http://complicatedgrief.org/training/consultation/</a>
Previously recorded Webinars, Recordings and slide decks for previously recorded Webinars conducted on the topic of CG and CGT: "Grief: The Story of Love After Loss" "Epilepsy Mortality and Complicated Grief" "Complicated Grief and Its Treatment" "Distinguishing Grief, Complicated Grief, and Depression"	Optional	Varies	Contact program supplier
<b>Dissemination Information</b>			
Center for Complicated Grief website, Intended for all audiences, Includes general	Optional	Free	<a href="http://www.complicatedgrief.columbia.edu">http://www.complicatedgrief.columbia.edu</a>

program information, links to articles and research, listing of CG therapists, video clips, etc.			
Center for Complicated Grief Facebook page	Optional	Free	<a href="http://www.facebook.com/complicatedgrief">http://www.facebook.com/complicatedgrief</a>
Center for Complicated Grief Twitter page	Optional	Free	<a href="http://www.facebook.com/complicatedgrief">http://www.facebook.com/complicatedgrief</a>
Center for Complicated Grief Twitter page	Optional	Free	<a href="https://twitter.com/compgrief">https://twitter.com/compgrief</a>
Center for Complicated Grief YouTube Channel, Includes general videos on complicated grief and its treatment, presentations and speeches by experts, and testimonials from patients	Optional	Free	<a href="https://www.youtube.com/user/TheCGTProgram">https://www.youtube.com/user/TheCGTProgram</a>
Articles and Videos, A number of articles and videos intended for the general public are available from online news and entertainment sites such as the New York Times, Chicago Tribune, Parade, and WebMD. Visit the program website for links to these resources.	Optional	Free	<a href="https://complicatedgrief.columbia.edu/complicated-grief/complicated-grief-treatment/">https://complicatedgrief.columbia.edu/complicated-grief/complicated-grief-treatment/</a>
Webinar on “Getting Help for Complicated Grief” presented by Dr. M. Katherine Shear for the Anxiety and Depression Association of America (ADAA), Audio recording and slides available	Optional	Free	<a href="https://adaa.adobeconnect.com/_a1100152915/p8eezyd5jbs/?launcher=false&amp;fcsContent=true&amp;pbMode=normal">https://adaa.adobeconnect.com/_a1100152915/p8eezyd5jbs/?launcher=false&amp;fcsContent=true&amp;pbMode=normal</a>

## Appendix

### Evidence Rating Definitions

#### Effective

The evaluation evidence has strong methodological rigor, and the short-term effect on this outcome is favorable. More specifically, the short-term effect favors the intervention group and the size of the effect is substantial.

#### Promising

The evaluation evidence has strong methodological rigor, and the short-term effect on this outcome is favorable. More specifically, the short-term effect favors the intervention group and the size of the effect is substantial.

#### Ineffective

The evaluation evidence has sufficient methodological rigor, but there is little to no short-term effect. More specifically, the short-term effect does not favor the intervention group and the size of the effect is negligible. Occasionally, the evidence indicates that there is a negative short-term effect. In these cases, the short-term effect harms the intervention group and the size of the effect is substantial.