

Grief Interdisciplinary Approaches in Working with Patients

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Ascension

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Dr. Huang earned her PhD in Clinical Psychology at University of Alabama and completed postdoctoral fellowship in Palliative Psychology and Psycho-oncology at UAB.

She serves as Director of Psychology and Counseling Program at UAB Center for Palliative and Supportive Care. She provides counseling to patients and families facing serious and/or terminal illness and spearheads the Psycho-Oncology Distress Screening and Management Program at UAB. Her clinical interests include grief and bereavement, the implementation of system-wide best psychosocial care practices to support patients and caregivers.



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Disclosure

- No conflicts of interest to be disclosed

Learning Objectives

- Enhance provider awareness and competence in assessing patient's grief needs
- Discuss current evidence in grief and bereavement support using interdisciplinary approaches
- Identify strategies to facilitate team-based grief support and referrals

I. Assessing Grief Needs in Health Care

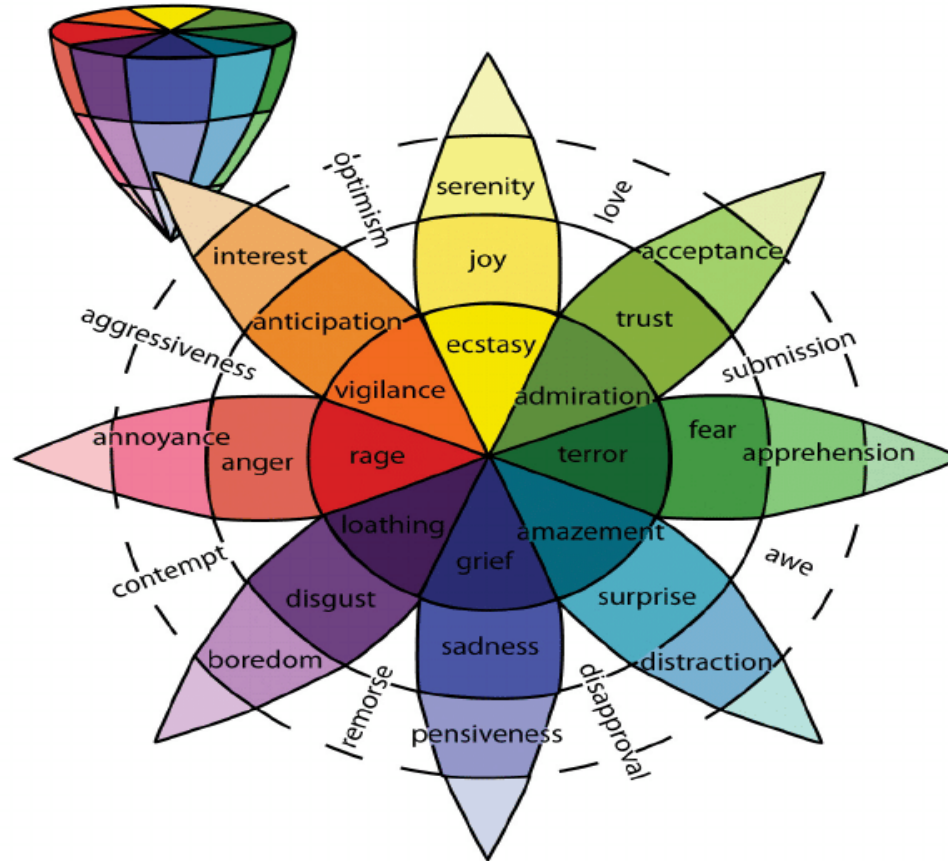


The Definitions

- **Grief** is the internal process of psychological, social, somatic, and spiritual reactions to the perception of loss
- **Bereavement** is the state of having suffered a loss
- **Mourning** is the outward expression of grief

What We Know about Grief

- **Grief**
 - Normal
 - Universal
 - Inevitable



Plutchik's Wheel of Emotions

Maupome, J Dent Educ 2013

*“If you care or love,
you will grieve.”*



Michael W. Rabow
Helen Diller Family Chair in Palliative Care
Professor of Clinical Medicine and Urology, UCSF

Timing of Grief

- Starts at diagnosis
 - **Anticipatory grief**
 - Altered life trajectories
 - Changed body images, identity and relationships
- Sometimes delayed or suppressed
- All types of losses beyond life and death
- Everyone grieves differently
- Men are often 'the forgotten mourners'
- Respect & honor own grieving process



Credit: iStock

Prolonged Grief Disorder (PDG)/ Complicated Grief

- 10-15% bereaved persons have severe, unremitting reactions to loss
- An estimated 20% of people receiving mental health treatment have unrecognized PGD
- Rates are higher when the death is sudden, unexpected or violent and when a young person dies
- Sudden, traumatic, or violent deaths
- “Serial losses” or “Loss overload”

Lundorff, J Affect Disorders, 2017



Dr. Emancia Neil mourns for the lost of her mother Ms. Minnette Parks

Credit AP – EPA

Grief in the Time of COVID



Last updated: June 25, 2021, 20:13 GMT



United States

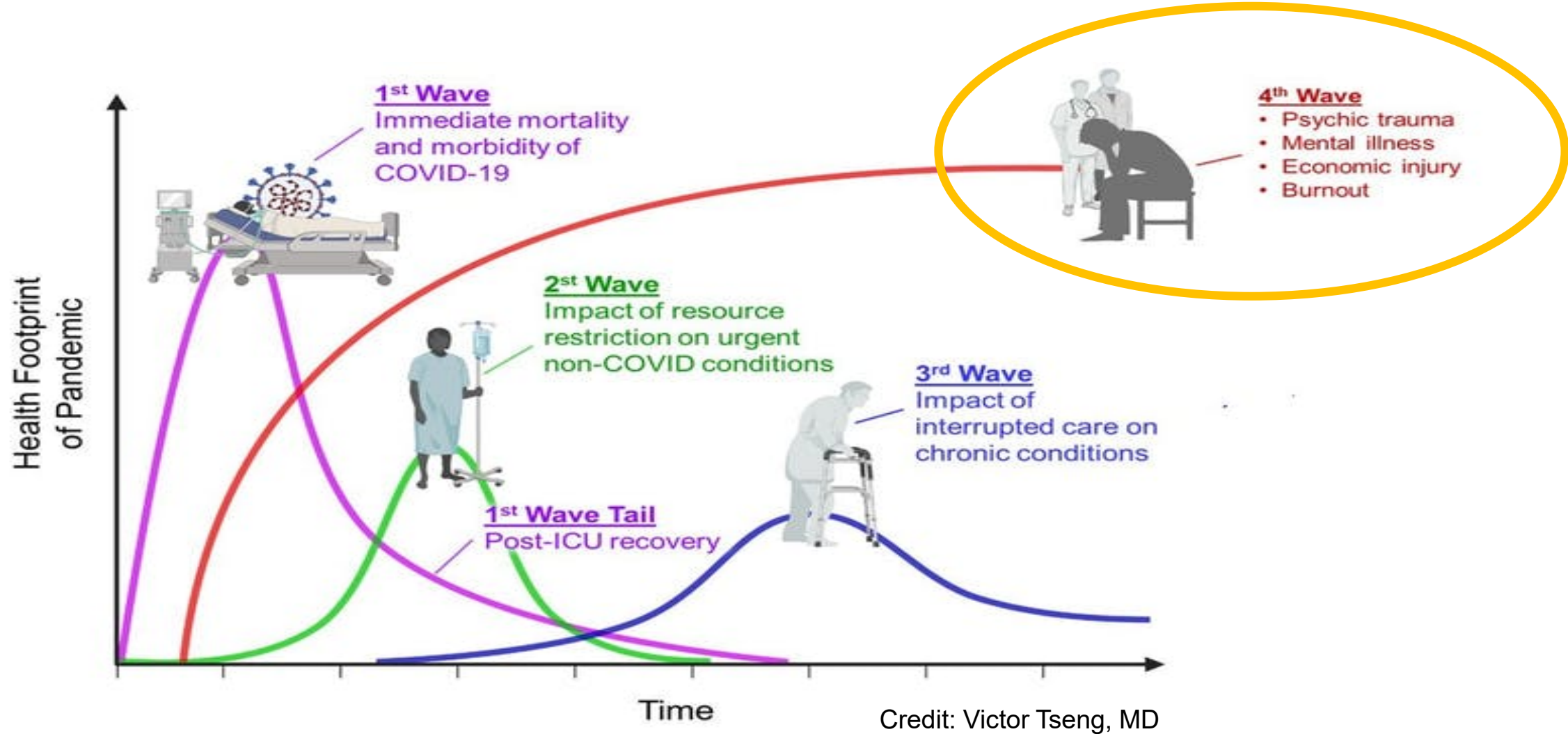
Coronavirus Cases:

34,471,406

Deaths:

618,919

Mental Health Impact of COVID Pandemic



Impact of Unresolved Grief

- Unresolved grief is associated with
 - Avoidant behavior
 - Poor self-management
 - Mistrust
 - Insomnia
 - Anger outbursts
 - Addiction/overdose
 - Non-compliant behaviors
 - Drop-out from treatments

Barry, Amer J Ger Psych, 2002



Credit: www.mentalhealthacademy.com.au

Assessing Grief Needs- History & Physicals

Affective	Cognitive
<ul style="list-style-type: none">▪ Depression, despair, dejection, distress▪ Anxiety, fears, dreads▪ Guilt, self-blame, self-accusation▪ Anger, hostility, irritability▪ Anhedonia—loss of pleasure▪ Loneliness▪ Shock, numbness	<ul style="list-style-type: none">▪ Preoccupation with intrusive ruminations▪ Sense of presence of deceased▪ Suppression or denial▪ Self-blame▪ Helplessness, hopelessness▪ Suicidal ideation▪ Memory, concentration difficulties
Behavioral	Physiological-somatic
<ul style="list-style-type: none">▪ Agitation, restlessness▪ Searching▪ Weeping, sobbing, crying▪ Social withdrawal	<ul style="list-style-type: none">▪ Loss of appetite▪ Sleep disturbances▪ Energy loss, exhaustion▪ Somatic complaints

Assessing Grief Needs: Grief Screeners

- **Brief Grief Questionnaire (BGQ)**
 - 5-item questionnaire
 - A score of ≥ 4 over the duration of 6 months indicated complicated grief
 - If within 6 months -> normal grief responses do not require medication



On-line version:

<https://complicatedgrief.columbia.edu/questionnaire-brief-grief/>

Hardcopy download:

<http://complicatedgrief.columbia.edu/wp-content/uploads/2016/05/BGQ.pdf>



Ito, Plos ONE, 2012

Assessing Grief Needs: Grief Screeners (cont'd)

- **Traumatic Grief Inventory Self-Report Version (TGI-SR)**
 - 18-item questionnaire
 - Provisional diagnosis
 - Persistent Complex Bereavement Disorder (PCBD)
 - Prolonged Grief Disorder (PGD)
 - Correlated w/ ↑psychological symptom burden and ↓ quality of life

JOURNAL OF LOSS AND TRAUMA
2017, VOL. 22, NO. 3, 196–212
<http://dx.doi.org/10.1080/15325024.2017.1284488>

 **Routledge**
Taylor & Francis Group

 OPEN ACCESS

The Traumatic Grief Inventory Self-Report Version (TGI-SR): Introduction and Preliminary Psychometric Evaluation

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ABSTRACT

Persistent Complex Bereavement Disorder (PCBD) is a disorder of grief newly included in the “Emerging Measures and Models” section of the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013). Prolonged Grief Disorder (PGD) is a disorder with similar symptoms, likely to be included in the forthcoming 11th edition of the International Classification of Diseases (ICD-11; World Health Organization, 1992). We developed the Traumatic Grief

ARTICLE HISTORY

Received 11 May 2016
Accepted 21 October 2016

KEYWORDS

Assessment; persistent complex bereavement disorder; prolonged grief disorder

Boelen, J Loss & Trauma, 2017

Assessing Grief Needs: Grief Screeners (cont'd)

- Anticipatory Grief Scale, AGS Theut et al. 1991)
- Bereavement Response Scale II, BR-II (Weiss & Richards 1997)
- Grief Resolution Index, GRI (Remondet & Hansson 1987)
- Texas Revised Inventory of Grief, TRIG (Fashingbauer et al. 1987)
- Impact of Event Scale, IES (Horowitz et al. 1979)



BROWN

Toolkit of Instruments to Measure EOL Care
<http://www.chcr.brown.edu/pcoc/toolkit.htm>



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II. Current Evidence of Interdisciplinary Grief Support



Grief Support in Health Care

- Valuable investment of physical, emotional, spiritual & social resources to process and cope with grief
- Essential component of health care to support the wellbeing of patients and families
- Holistic approach involves interdisciplinary team

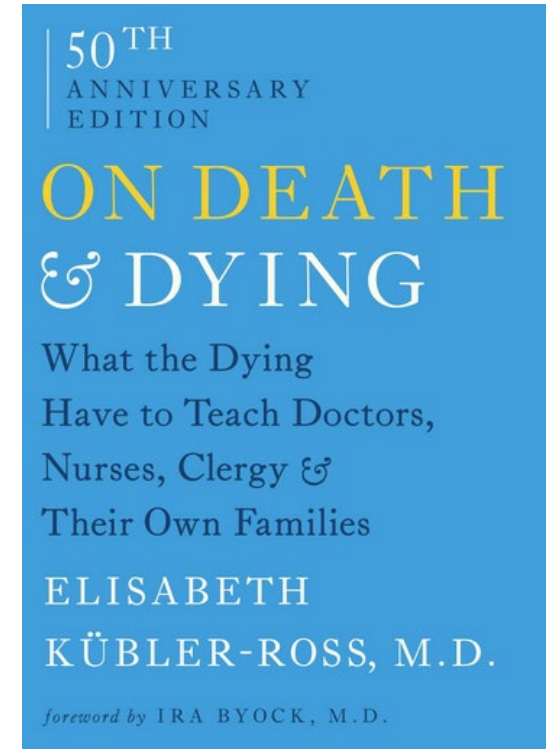


“Stage” Theory of Grief

- Various emotions
 - 4: Bowlby and Parkes
 - Numbness, Yearning & Searching, Disorganization & Despair, Re-organization
 - 5: Kubler-Ross
 - Denial, Anger, Bargaining, Depression, Acceptance
 - 6: David Kessler
 - added Meaning
 - 7: Shock/Disbelief, Denial, Bargaining, Guilt, Anger, Depression, Acceptance/Hope

McCabe, The Paradox of Loss: Toward a Relational Theory of Grief, 2003

Kübler-Ross Five Stages of Grief



Kübler-Ross, On Death and Dying, 1969

Evidence of Stage Theory of Grief ?

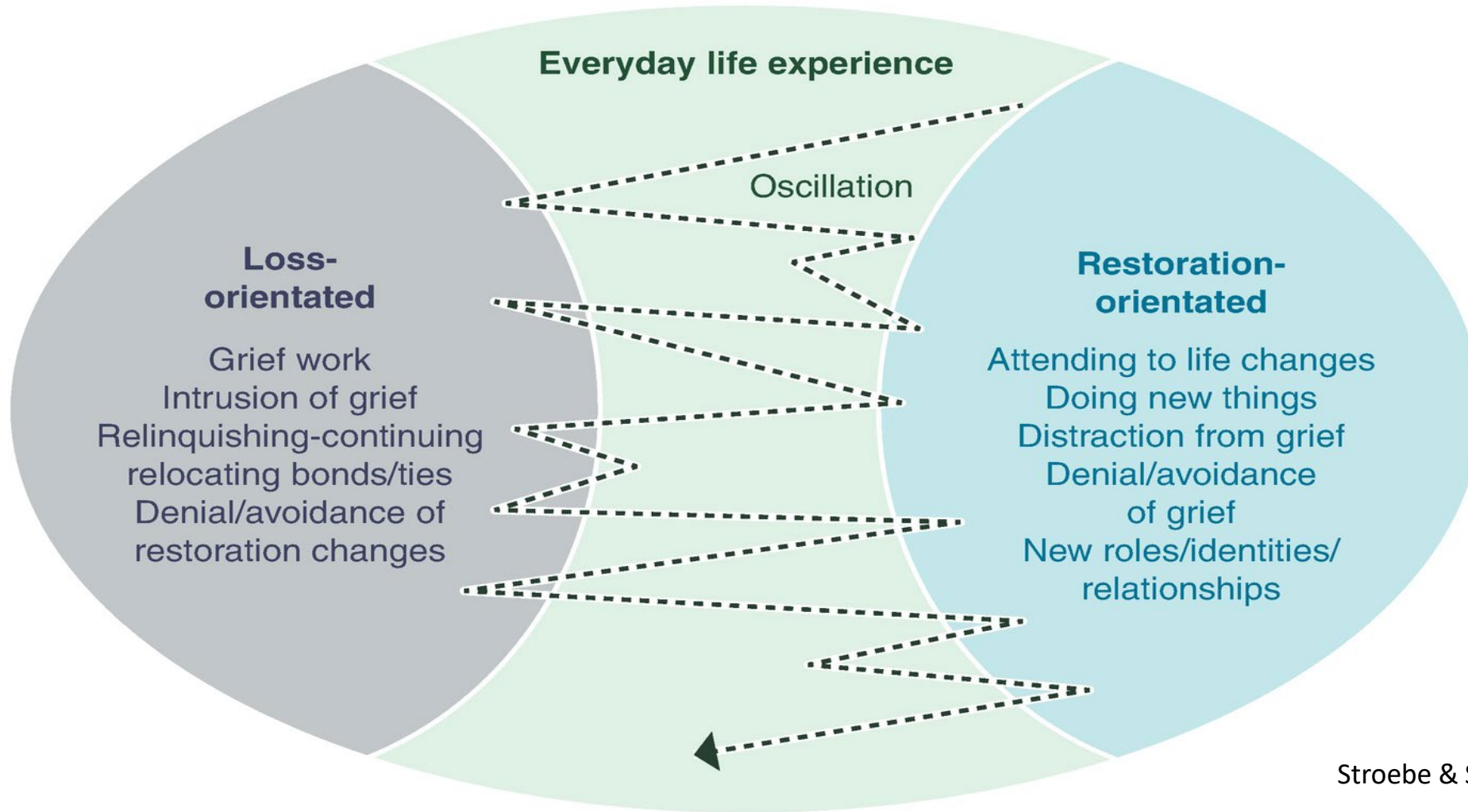
“At the most obvious level, scientific studies have failed to support any discernible sequence of emotional phases of adaptation to loss or to identify any clear end point to grieving that would designate a state of ‘recovery.’”

Neimeyer, APA, 2001



Credit: Silas Baisch/Unsplash

Stroebe and Schut's Dual Process Model of Bereavement



Evidence Supporting Dual Process Model

- Prospective study of 1,532 married persons
- Changing Lives of Older Couples (CLOC) dataset
- Outcome measure: Bradburn's Affect Balance
- Assessed at 6 months, 18 months, and 4 years post loss
- Validate loss- and restoration-oriented activities were both important throughout bereavement

A Dual Process Model of Grief Counseling: Findings from the Changing Lives of Older Couples (CLOC) Study

Virginia E. Richardson, PhD

SUMMARY. This paper tests Stroebe and Schut's Dual Process Model of Bereavement using data from the Changing Lives of Older Couples (CLOC), a prospective study of 1,532 married persons over the age of 65. This analysis focused on a weighted sample of 104 widowers and 492 widows at six months, 18 months, and four years later. Bradburn's Affect Balance Scale was used as the dependent variable, and the independent variables were based on Stroebe and Schut's bereavement model. The multiple regression analyses revealed that loss- and restoration-oriented activities were important throughout bereavement. Implications for bereavement counseling are discussed. doi:10.1300/J083v48n03_03 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2007 by The Haworth Press, Inc. All rights reserved.]

Richardson, J Gerontol. Soc. Work 2006

Interdisciplinary Grief Support



Hilliard, J Pall. Care 2003; Zambeli, Death Studies, 1988; Goodwyn, J. Spirit. In Mental Health, 2015

III. Strategies to Facilitate Team-based Support & Referrals



Case Scenario A

- 58 yo WF w/ acute Leukemia, received first dose of chemo 6/28, lost her parents (mom had cancer, dad had health issues) on the same day at home, traumatic grief “I wanted to lay where my father died....”
- Chronic anxiety; primary CG to her mom “I had not done enough for mom”
- Very tearful, high anxiety, unsure chemo side effects after watching mom suffered
- Low self-esteem, put others first
- PHQ-9: 15/27; GAD:19/21
- # 1 goal: accomplished-see daughter got married; unsure about the future; hope to see her future grandkids but has great fear and little hope



Credit: Irish Cancer Society

Case Scenario B

- 31 yo AAF, triple negative breast cancer dx 2019, s/p mastectomy
- AYA Oncology referral
- Married, living with husband and a young son
- History of adverse childhood events (ACE), limited family support
- Husband lost mom and sister to breast cancer
- Significant grief and loss due to not being able to carry another child, and fear of cancer recurrence



Image Credit: Rosewell Park Comprehensive Cancer Center

Interdisciplinary Approach



- **Physician**: identify pt's needs and connect with grief support resources
- **Nurses**: depression and distress screening during admission
- **Psychologist/Counselor**: inpatient and outpatient counseling, individual, couple, family therapy F2F, phone, video
- **Chaplain**: spiritual assessment
- **Social worker**: psychosocial assessment, community resources
- **Music Therapist**: inpatient music therapy to help with grief
- **Massage Therapist**: relieve pain and suffering

Evidence-based Strategies to Enhance Grief Interdisciplinary Support

- Support Groups



Evidence-based Strategies to Enhance Grief Interdisciplinary Support (cont'd)

- **Grief Counseling**

- Acceptance & Commitment Therapy (ACT)
- Reminiscence therapy
- Dignity Therapy
- Legacy Interventions



Credit: Behavioral Health Association of Broward

Hayes, 2009; Soltys & Coats, 1994; Chochinov, 2011; Allen, 2008

Other Interdisciplinary Strategies to Enhance Grief Support

- 1. Thumbs Up for Love**
- 2. Heartbeat Project**
- 3. Meet My Loved One©**

Thumbs Up for Love



<https://www.cbs42.com/news/local/uab-families-make-heart-shaped-thumbprints-with-dying-loved-ones/1783574613>



Click the picture to watch an example of the Heartbeat Project!

"I can't begin to express my gratitude for you & this enough....None of this has been easy but you guys did help comfort us in ways you will never know. We are so thankful you were able to do this for us & we will forever cherish it. I am still working to see how to get the heart beat in a bear & when I do I will let you know.. Once again thank you from the bottom of my heart."

Conclusions/Recommendations

- ♥ Heartbeat projects facilitate and support grieving experiences
- ♥ Provide compassion, comfort, and cherished memories
- ♥ Cultural sensitivity, type of losses, timing are important
- ♥ Heartbeat can be implemented in various palliative settings

MY HEART WILL GO ON: Analyzing the Heartbeat Project As A Tool in Palliative and Bereavement Care

Mary Cleveland, MT-BC, Kim Hamrick, MPH, Jasmine Vickers MPH, Sylvia Huang, PhD, Rodney Tucker, MD, MMM, FAAHPM

Intro

Heartbeat (HB) project pairs patients' heartbeat with a song of patient or family's choice as a legacy intervention in end-of-life care. Aims of the project include:

1. Access perceived benefits of the HB project as a tool for palliative patients and families on bereavement outcomes
2. Identify the implications of the heartbeat project to palliative care practice

Methods

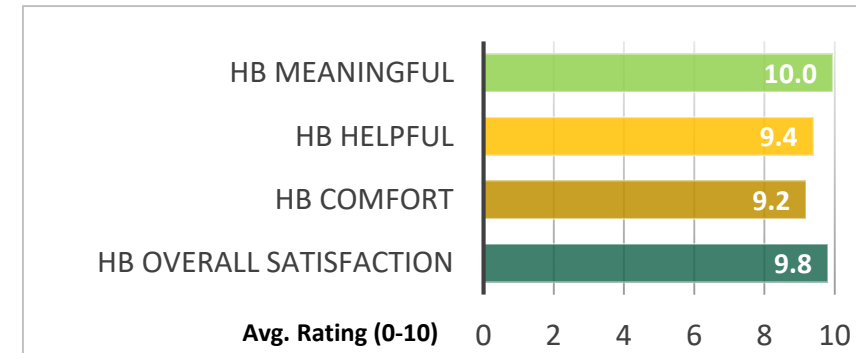
1. Mixed-Method study design
2. Palliative care patients (n=81) and their families participated HB projects between 2017-2019
3. HB engagement, bereavement coping, and satisfaction were assessed using caregiver bereavement surveys (n=21)
4. Descriptive analysis and thematic analysis used for data analysis

Results

Major Themes of Heartbeat Engagement

Categories	Major Themes	Selected Quotes
Appreciation	Kindness /Compassion	We want to say Thank You from the bottom of our hearts for the CDs that you made for me and my sister's an all that you did for us while we were at the hospital with our mom we are forever grateful.
Help with Grieving Process	Comfort	None of this has been easy but you guys did help comfort us in ways you will never know.
	Cherished Memory	This is beautiful and moving and I will cherish this recording always.
	Facilitate Emotional Processing	"Why Me Lord" was the perfect song. I am still crying. It made me cry but I'm so glad to have it. The whole community here is still missing him. I guess we all will for a long time.
Timing	Best timing	It couldn't have been better timing. Losing my mother hadn't really sunk in until lately.
	Not Ready due to Acute Grief	...honestly there's no way I can listen to it right now as I am still very much struggling everyday , but hopefully soon I will be able to , just knowing it's there helps me.

Perceived Benefits & Satisfaction (n=21)

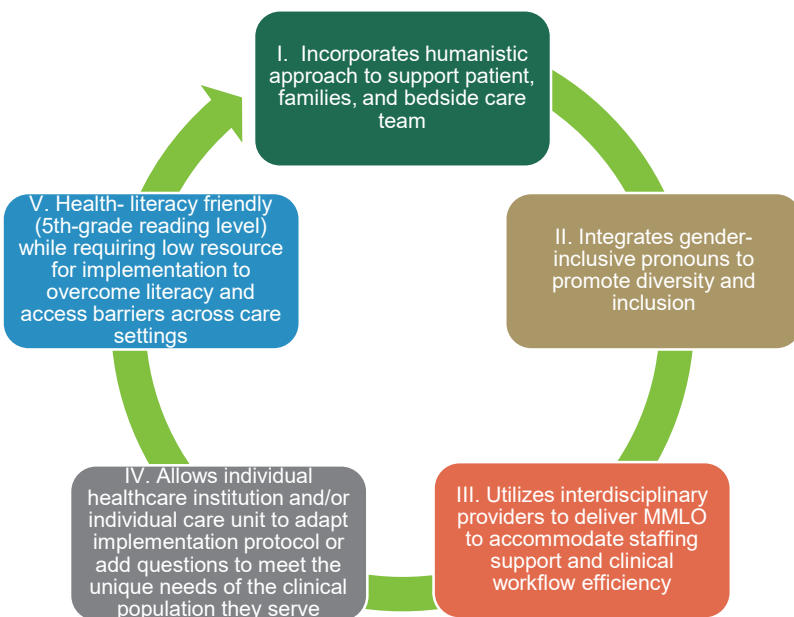


Meet My Loved One©: A Bedside Communication Tool to Facilitate Human Connections During COVID-19

Rodney Tucker, MD,MMM,FAAHP, Aras Acemgil, MBA, Jared Ball, MPH, & Chao-Hui Sylvia Huang, PhD, MA, MEd

Introduction

The Meet My Loved One © (MMLO) is an innovative bedside communication tool created out of the strong desire to enhance human connections among patient, caregivers, and the healthcare team across care settings including inpatient ICU, palliative care units, skilled nursing facility during the COVID-19 pandemic.



Innovative Features of Meet My Loved One©

Meet My Loved One®

Hi Team! My name is _____. Please meet my _____ (relationship with patient)

► Her/His/Their preferred name is _____

► She/He/They enjoys _____ (hobbies, activities, special interests)

► Her/His/Their favorite things are _____ (food, drinks, music, conversation topics)

Other important aspects I want you to know about my loved one _____

Tips to Care for Her/Him/Them from a family caregiver's standpoint:

► 1. _____

► 2. _____

► 3. _____

☐ I'd like to be contacted via phone. Please call me at _____-_____-_____

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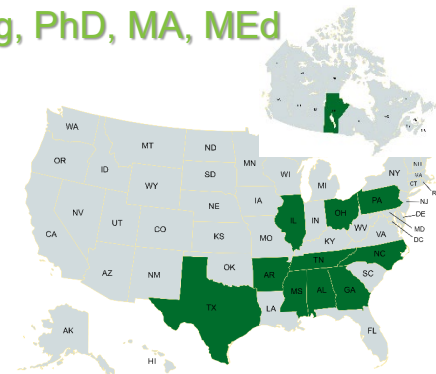
Approaches

- Goal is for all patients to have MMLO at bedside if feasible
- If Compassion Care Visitors (CCVs) are present in room, coordinate with nurse to give CCV the form to fill out
- If families not present at bedside, call Health Care Proxy listed on chart to complete form

Team-based Implementation Strategies

- All care team members (doctors, nurses, PA, NP, care coordinators, social workers, counselors, chaplains, any other IDT staff) having contacts with HOA can fill out MMLO and help team get to know the patient as a person and meet their unique care needs
- Staff-in-charge will complete hands-off and notify team regarding needs for MMLO follow-up.

Impact



Location of organizations that have shown interest or have stated utilizing MMLO

“Thank you so much for the form. I used the content and wrote a note to have the staff read and share with my dad and **the outcome was more amazing than I could have ever imagined. After 14 days in the hospital sick, the staff finally had a way to connect to my dad and a way to help him heal at a different level.** It also helped the nurse to feel that she was empowered to love him well. **Families need hope right now!**”

“For weeks we have taken care of ventilated patients after ventilated patients and now we’re taking care of a grandmother who loves taking her grandchildren to Chuck E. Cheese. **We treat all patients with respect and dignity, but this helps us to see the patient as a whole person.**”

“I’m grateful to know that this tool is helping others. **It’s something my dad would have appreciated a lot and I look forward to seeing this expand to other means of care outside end-of-life.**”

Meet My Loved One ©

Hi Team! My name is Sybil. Please meet my Father
(relationship with patient)

- ▶ Her/His/Their preferred name is Joe
- ▶ She/He/They enjoys yard sales, eating out, read the Bible, raise exotic birds, gardening and growing vegetables
(hobbies, activities, special interests)
- ▶ Her/His/Their favorite things are water, black coffee, coke, orange and grape juice and old gospel hymns
(food, drinks, music, conversation topics)

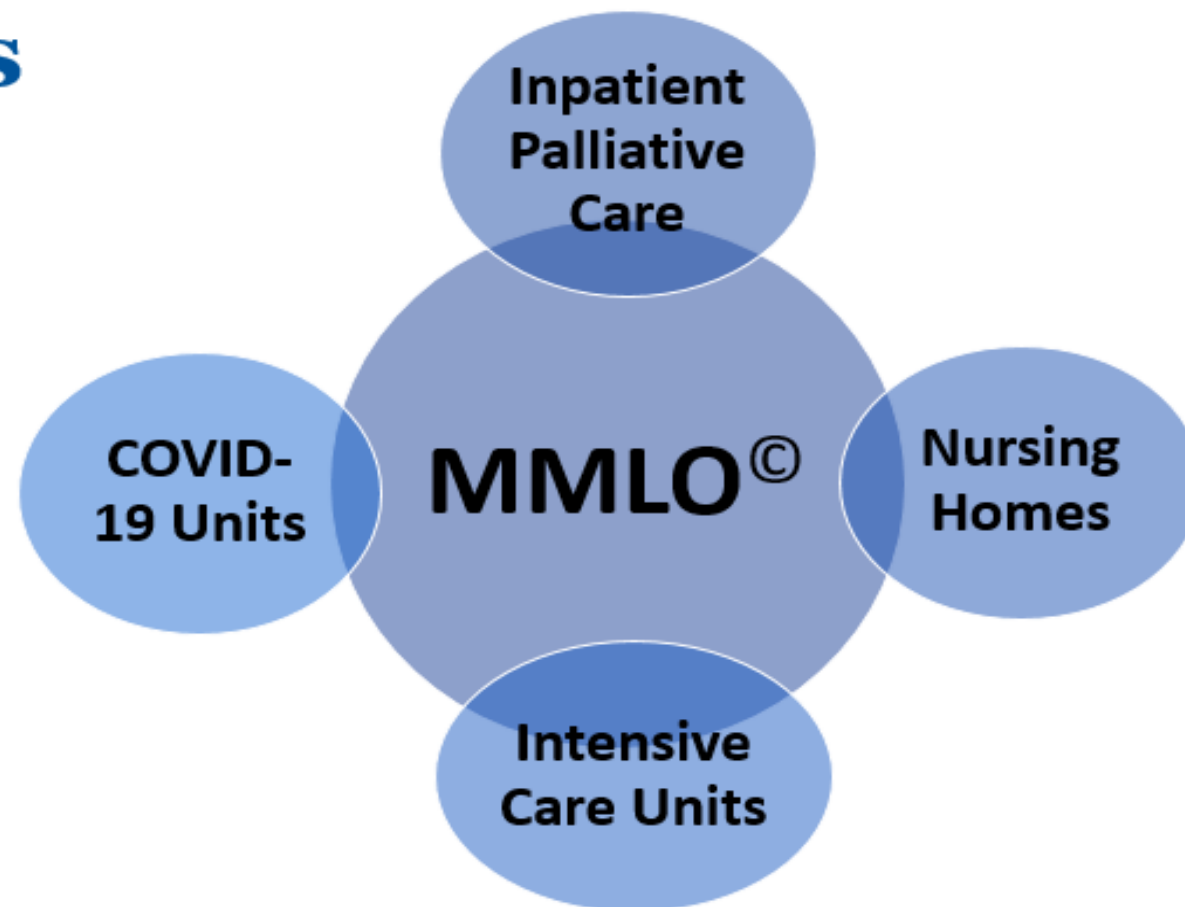
Other important aspects I want you to know about my loved one

He is a very positive, kind, loving, WWII Pearl Harbor veteran-You can't find a better man! He is a fighter-survived sepsis in 2010 and remained in really good shape and independent until he broke his hip a few weeks ago. He has never failed anything he's tried so this change is very hard on him

Tips to Care for Her/Him/Them from a family caregiver's standpoint:

- ▶ 1. Best way to care for him is to ENCOURAGE him-he does not respond well when being told what to do
- ▶ 2. He gets confused because UTI infection. When it clears up, he is cognitively intact and can engage in meaningful interaction for 3.5 hours
- ▶ 3. Please orient him-he does not know where he is so help him get oriented to the room can be very helpful
- ▶ ☒ I'd like to be contacted via phone. Please call me at 205-123-1234

Wide Implementation across Care Settings



Team-based Implementation

- Team-based approach: *all interdisciplinary care team members* can take part and contribute
- Adapt task assignment based on unit's staffing strategies to ensure successful integration into clinical workflow
 - Palliative and Comfort Care Unit
 - Acute Care for the Elderly Unit
 - Cardiac Care Unit



Jessica Barnett, Stella Woods, Kay Knowlton
UAB MMLO[®] Implementation Team

University of Manitoba, Palliative Care & ICU Implementation

- *“I am a palliative care and internal medicine specialist in Winnipeg, Manitoba, Canada. **I saw your “Meet My Loved One” tool in March on Facebook and we took it and adapted it for use in all of the intensive care units and the palliative care wards here in my city. Thank you! your idea was simple and elegant, and we have found families very grateful for this type of contact.**”*



Tim Hiebert, MD

*Palliative care and Internal Medicine
Specialist*

North Mississippi Medical Center Implementation: COVID-19 Units

*“Reaching out to the families to get the information for the cards, **it forced us to see what it’s like to be in the family members’ shoes; it’s shown us what it’s like to be on the other side,**” said David, **“It is a human connection.”***

David Garret, Director of Patient Experiences, NMMC



**Rita Taylor, Abigail Ferris, & David Garrett
Trio Team of MMLO[®] Program, NMMC**

Bedside Patient Behavior Changes

*“(We had) a young man who had been married for less than a year, ill with COVID, intubated and non-responsive. David called his wife to find out more about him so that he could complete the card. **“She told me to use the special nickname he had for her and see how he responded. I wrote that on the card. When the staff said that loving word to the patient, he moved. It was his first movement in days.”***

David Garrett, NMMC

Feedback from Family Caregivers

*“Thank you so much for the form. I used the content and wrote a note to have the staff read and share with my dad and the outcome was more amazing than I could have ever imagined. **After 14 days in the hospital sick, the staff finally had a way to connect to my dad and a way to help him heal at a different level. It also helped the nurse to feel that she was empowered to love him well.** I did a post on my Facebook page and put the graphic up as well as tagged your hospital. Families need hope right now! Thank you!!”*

Caregiver, NMMC Facebook Post

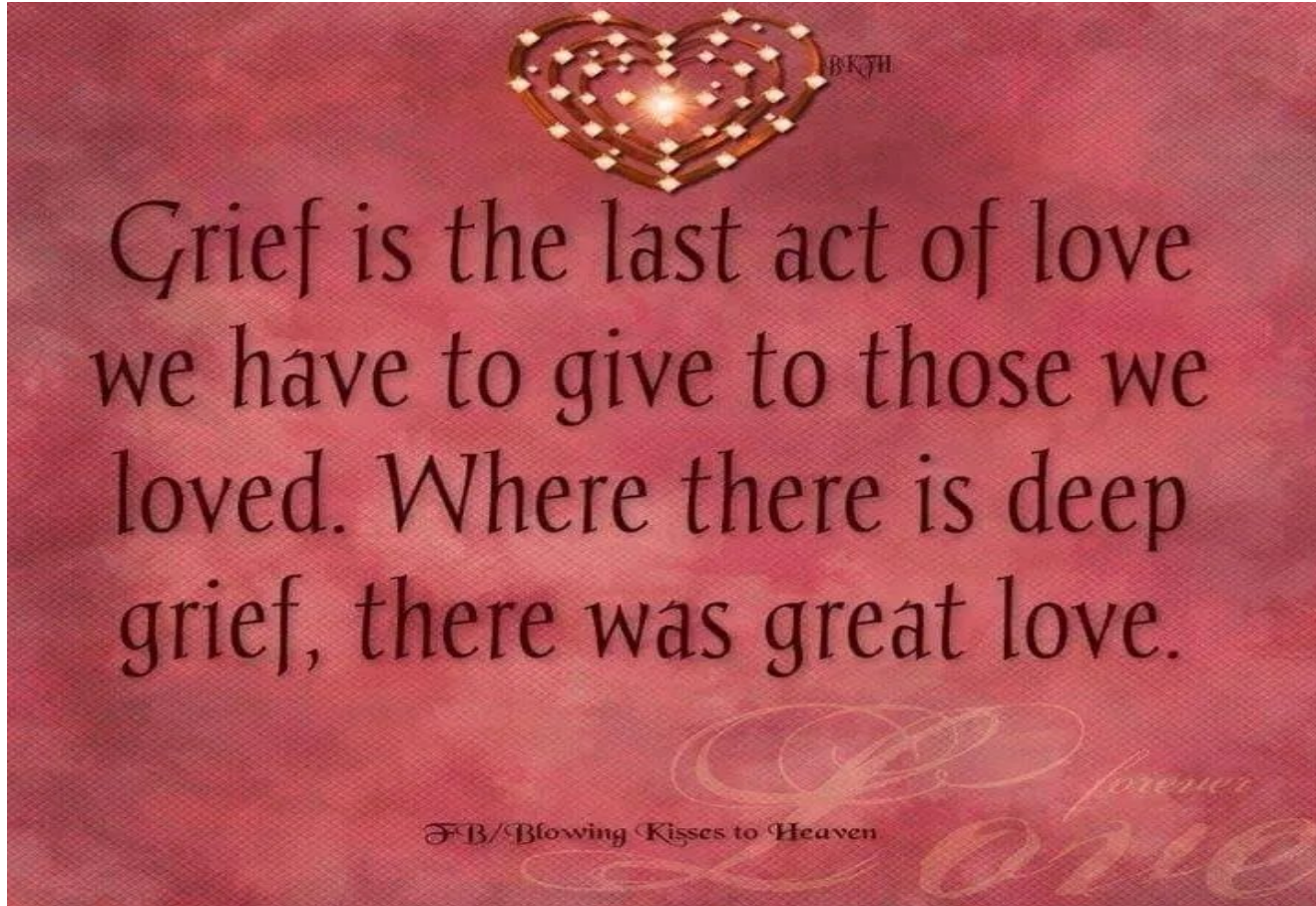
Meet My Loved One© Resources

- UAB Harbert Institute for Innovation and Entrepreneurship
<https://www.uab.edu/innovation/available-technologies>
- UAB Center for Palliative & Supportive Care website
<https://www.uab.edu/medicine/palliativecare/patient-care/covid-19-resources>
- Alliant Quality Meet My Loved One Combined Tools
https://www.alliantquality.org/wp-content/uploads/2020/08/MMLO_508.pdf

Learning Objectives

- Enhance provider awareness and competence in assessing patient's grief needs
- Discuss current evidence in grief and bereavement support using interdisciplinary approaches
- Identify strategies to facilitate team-based grief support and referrals

Take Home Messages



Comments/Questions



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