

## Treating complicated grief and substance use disorders: A pilot study

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### Abstract

Empirically supported treatments for co-occurring substance use disorders (SUDs) and grief problems are lacking, despite the salience of grief pathology in substance abusers. Identification of a syndrome of complicated grief, distinct from bereavement-related depression and anxiety, led to the development of a targeted treatment, but this treatment has not been tried with persons with SUDs. We recruited 16 adults with complicated grief and substance dependence or abuse into an open pilot study of a manualized 24-session treatment, incorporating motivational interviewing and emotion coping and communication skills into our efficacious complicated grief treatment. Completer and intent-to-treat analyses showed significant reductions in Inventory of Complicated Grief and Beck Depression Inventory scores, with large effect sizes. Timeline Followback percent days abstinent increased significantly in both analyses, with medium to large effect sizes, and cravings declined significantly. Study limitations notwithstanding, complicated grief and substance use treatment appears to be a promising intervention that merits further research. © 2006 Elsevier Inc. All rights reserved.

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### 1. Introduction

Grief has long been recognized as salient in treating persons with substance use disorders (SUDs). Bellwood (1975) described addressing “unresolved grief” as a key to successful alcoholism treatment, and Blankfield (1982/1983) found intense grief or significant bereavement in 20% of consecutive inpatient admissions to a substance abuse treatment center. Yet, despite numerous published clinical accounts of grief treatment in those who abuse or are dependent on substances, no controlled study in which grief-specific symptoms were defined or in which both

grief and substance abuse outcomes were assessed has yet been reported.

A number of terms have been used in the literature to designate grief that is persistent and impairing. However, until the past decade, this work was not empirically based and there was no reliable way to identify such a condition. In contrast, several research groups have now identified a grief-specific condition characterized by prominent separation distress and causing chronic and clinically significant impairment (Horowitz, Siegel, Holen, & Bonanno, 1997; Prigerson et al., 1999). Sufferers display persistent yearning or longing for the deceased, loneliness, preoccupation with thoughts of the deceased, intrusive images or memories, avoidance behaviors, anger and bitterness, survivor guilt, and inability to accept the death. This postloss stress syndrome is called *complicated grief*.

A self-report instrument, the Inventory of Complicated Grief (ICG; Prigerson, Maciejewski, et al., 1995), was developed to assess grief-specific symptoms; a score of <sup>TM</sup> 25 identifies the syndrome when the instrument is administered

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≥6 months after a death. Factor analysis showed the ICG to measure a single underlying construct. The measure demonstrated excellent internal consistency ( $\alpha = .94$ ) and high 6-month retest reliability ( $r = .80$ ). It showed good convergence (all  $r = .70$ – $.87$ ) with other measures designed to assess grief-related distress while also differentiating complicated grievers from normal grievers based on negative health consequences of bereavement.

Several investigators have replicated the finding that complicated grief symptoms can be distinguished from depression and anxiety symptomatology (Boelen & van den Bout, 2005; Boelen, van den Bout, & de Keisjer, 2003; Ogrodniczuk et al., 2003; Prigerson et al., 1996; Prigerson, Frank, et al., 1995). Complicated grief is a postloss stress syndrome that bears some resemblance to posttraumatic stress disorder (PTSD). However, traumatic stress results from exposure to a life-threatening event, whereas complicated grief results from the loss of a life-sustaining person. As a result, sadness and loneliness are prominent in complicated grief, whereas fear and arousal are more pronounced in PTSD. Furthermore, symptoms of longing and yearning, as well as pleasurable reveries, are characteristic of complicated grief and clearly distinct from traumatic stress symptoms.

Studies have shown moderate rates of comorbidity among complicated grief, major depressive disorder (MDD), and PTSD—similar to rates of comorbidity for *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV; American Psychiatric Association [APA], 1994)* mood and anxiety disorders (Melhem et al., 2001, 2004; Silverman et al., 2000). In studies that controlled for the presence of both MDD and PTSD, complicated grief was associated with greater mental health and psychosocial impairments (Ott, 2003; Prigerson et al., 1997, 2000; Silverman et al., 2000), higher risk of suicidality (Latham & Prigerson, 2004), and physical health problems in the aftermath of a loss (Chen et al., 1999). A summary of the evidence for the specificity of complicated grief can be found in the work of Lichtenthal, Cruess, and Prigerson (2004).

Emergent evidence suggests a link between intense grief and worsening of substance use (Prigerson et al., 1997). Parents who lost a child were found to be at significantly higher risk for hospitalization for substance abuse than parents who had not lost a child (Li, Laurson, Precht, Olsen, & Mortensen, 2005); the effect was especially strong on bereaved mothers, whose relative risk of hospitalization was more than double that of mothers who were not bereaved. In a survey study (Shear, Zuckoff, et al., 2005), we found a high rate of complicated grief among patients in a methadone maintenance program.

Psychiatric severity, generally (Kranzler, Del Boca, & Rounsaville, 1996; McLellan, Luborsky, Woody, O'Brien, & Druley, 1983), and co-occurring mood or anxiety disorder, specifically (Charney, Paraherokis, Negrete, & Gill, 1998; Dodge, Sindelar, & Sinha, 2005; Hasin et al.,

2002; Ouimette, Brown, & Najavits, 1998), are associated with poor SUD treatment outcomes. Treatment of co-occurring PTSD has been shown to be a positive predictor of 5-year substance use remission rates (Ouimette, Moos, & Finney, 2003), and successful treatment of depression diminishes the quantity of substance use (Nunes & Levin, 2004). Persons with SUDs who have co-occurring complicated grief would likewise seem likely to benefit from effective treatment of the syndrome.

We developed and pilot tested (Shear, Frank, et al., 2001) a novel complicated grief treatment (CGT). Results of a randomized controlled trial of 16 sessions of CGT showed this treatment to be superior to a 16-session standard psychotherapy control (Shear, Frank, Houck, & Reynolds, 2005). However, persons with SUDs have been excluded from these studies, in the belief that special adaptations would be required to make treating them safe and feasible. We therefore undertook a treatment development project to adapt CGT for persons who abuse or are dependent on substances. The results of an open prospective pilot study are reported here.

## 2. Materials and methods

### 2.1. Participants

Sixteen adults (nine women and seven men) who were ineligible for our randomized controlled trial due to a co-occurring SUD participated in this study. Eligible participants were ≥6 months postloss, scored ≥30 on the ICG (the higher cutoff was used to ensure caseness), and met *DSM-IV (APA, 1994)* criteria for substance dependence or abuse during the past 6 months. Exclusion criteria included psychosis, mania, uncontrolled medical illness, and active suicidality requiring hospitalization. The study was approved by the University of Pittsburgh Institutional Review Board, and written informed consent was obtained from all participants before study procedures were initiated.

### 2.2. Measures

Participants were assessed by independent evaluators. Diagnoses of Axis I disorders were made at baseline with the *Structured Clinical Interview for DSM-IV (First, Spitzer, Gibbon, & Williams, 1996)*. The ICG was given at baseline, weekly during treatment, and posttreatment to assess grief symptoms. The Beck Depression Inventory (BDI; Beck, 1978) was given at treatment sessions to measure symptoms of depression. The Timeline Followback (TLFB; Sobell & Sobell, 1996), a semistructured interview with very good psychometric properties for quantifying both alcohol and drug use (Fals-Stewart, O'Farrell, Freitas, McFarlin, & Rutigliano, 2000), was conducted at baseline to establish lifetime and 90-day substance use frequency and at treatment sessions to record in-treatment days of

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