Family focused grief therapy –
A Randomized Controlled Trial in Palliative Care and Bereavement

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A patient’s acceptance of their dying is achieved through courage and gratitude for the life they have lived. Saying farewell to the family generates sadness, yet open communication about these themes enriches the process of caring for the dying. Families may on the other hand want to protect their relative from distress or hopelessness, avoiding any open communication about death and dying.

Palliative care strives to care for both the patient and their family. Accomplishment of the latter goal is a significant challenge at times. How do we recognize families in greater need? How can we target services preventively to those at risk?

Assessment of the patient’s and family’s relationships through attention to communication styles, level of family cohesiveness and ability to tolerate differences without conflict helps the clinician to understand the functioning of the family. The development of a service model of supportive care for all families and focused preventive care for those families deemed to be at greater risk will help palliative care to move beyond the rhetoric of family-centered care to achieve an integrated program that is responsive to a range of different family needs. The Family Focused Grief Therapy Trial confirmed its efficacy is a systemic model of effective preventive intervention.

Demoralization Syndrome in Palliative Medicine: Its Recognition and Treatment

“I do not see the point anymore. There is no reason to go on living.”

One of the more common ways for existential distress to manifest itself in palliative care is through the mental state of meaninglessness and hopelessness.

Demoralization syndrome is a useful diagnostic category in palliative care because not all of these patients go on to become depressed, yet they may desire death, and the distress inherent in this state warrants intervention. The core feature of anhedonic depression is loss of interest and pleasure in the present moment, while the core feature of demoralization is the loss of anticipatory pleasure in the future.

Key diagnostic criteria for Demoralization Syndrome include:
1) meaninglessness, pointlessness and hopelessness;
2) a sense of stuckness or helplessness in which the circumstances seem unalterable;
3) rising distress;
4) prominent social isolation or alienation;
5) persistence of this mental state over two weeks (such that it is not a transient state of mind).
A desire to die can develop without progression of the mental state into definite clinical depression, although in many patients, demoralization syndrome and clinical depression will eventually co-exist.

In this workshop, background research on hopelessness across the past 25 years will be drawn together to delineate the evidence for validity of Demoralization Syndrome.

Recent research suggests prevalence rates of between 8.5% and 31.7% in populations of medically ill patients. One pertinent issue for palliative medicine is the capacity of a demoralized patient to give informed consent. Having a disordered relationship to their future, the demoralized's appreciation of the significance of key clinical facts is coloured by their altered assumptive world.

A number of clinical approaches to the treatment of demoralization will be explored, including meaning-based therapies that explore the role, sense of purpose, beliefs, the value of relationships and the worth of the self. Folkman's research on the contribution of meaning-based coping to the development of resilience and positive affect states informs these therapies. All members of the multidisciplinary palliative care team need some skill in restoring or sustaining morale and fostering hope.

Grief Therapy: Current Status and Future Directions

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Recent controversies about the effectiveness of grief therapy arise in part from previous reviews of small samples of studies, which make inferences about the evidence base for bereavement interventions precarious at best. Drawing on a new and comprehensive analysis of over 60 controlled studies, we offer a more definitive view of the efficacy of psychosocial treatments for those who have lost loved ones, and discuss moderators associated with more effective interventions. Finally, we conclude by considering one theory-based approach that holds promise for the further refinement of evidence-based therapies for bereavement complications, one premised on the idea that grieving entails reaffirming or reconstructing a world of meaning that has been challenged by loss.