Understanding and Addressing the Needs of Bereaved Military Families

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http://www.cstsonline.org

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Military Family Bereavement
Background/ Rationale
• During 10 years since 9/11/2001, approximately 16,000 U.S. service members died on active duty status
• Limited research on impact of military related deaths on military families
• Bereavement leads to increased vulnerability to physical illnesses and psychological conditions
• Affects adults, children and families differently
• Studies of civilian samples
• No systematic studies about bereaved U.S. military families
• Opportunity to identify ways to better support military family survivors

Challenges to Bereaved Military Family Survivors
• Surviving military parents, spouses and siblings are often young
• Sudden and violent deaths (e.g. combat deaths, accidents, suicides or homicides) are common
• Challenges associated with military deployments
• Delays in obtaining information about the death
• Feelings of blame (family members may blame military or themselves)
• Transitions out of military communities after death
• Contributions of meaning in duty-related deaths

National Military Family Bereavement Study (NMFBS)
www.militarysurvivorstudy.org
• Mixed methods (quantitative/qualitative)
• Tiered recruitment
• De-identified data
• Longitudinal, repeated measures design over 3 years
• Subject inclusion: volunteer military bereaved family members since 9/11 (parents, siblings, spouses/partners, children) from any cause
• Goal: 400 military families
• Goal: 100 military families within one year of death
Military Survivors and Recruitment

Data from Tragedy Assistance Program for Survivors (TAPS) August 2011

@TAPSorg
TAPS.ORG 800.959.TAPS

Comments from NMFBS Participants

• “I think this type of study is long overdue and I appreciate that you are taking the time to gather this information from families who have experienced the death of a loved one through war.”

• “The questions were very hard to answer. Since the death of my son I've been numb, a zombie, not functional.”

• “I hope this study will help in some way for others who have lost loved ones and for those who will unfortunately lose loved ones in the future. I would be interested in the results if that is possible.”

National Military Family Bereavement Study

• Over 2300 adults and children involved in the study
• Over 900 adults and children participated in longitudinal study (provided information at baseline and at 1- and 2-year follow ups.
• 39 focus groups conducted with bereaved parents, spouse/partners, siblings and children
• Results from the study have impacted our understanding of both military and civilian grief outcomes
• DSM-5 persistent complex bereavement disorder definition
National Military Family Bereavement Study

- Most participants are functioning well in the face of difficult losses
- 15% of sample endorsed high levels of grief with grief-related impairment
- Post-traumatic growth measured
- Outcomes related to external factors (e.g., time, social, financial, programmatic, post-death life events)
- Outcomes related to internal factors (e.g., coping, military pride, genetic contributions)
- Post-bereavement physical and mental health seeking in bereaved children and spouses

Adapting to Loss

Accept the reality of the death and changed relationship to the deceased

Restoration

Move forward with a life-sustaining sense of purpose and meaning, and possibilities for happiness

Challenges to Grief Adaptation

- Getting caught up in angry feelings
- Judging grief: too much or too little
- If-only, “second-guessing”: “I should (or shouldn’t) have said…” (self-blame)
- Excessive avoidance of reminders of the loss
- Not taking care of oneself (sleep, exercise, social contact)
Comments from NMFBS Participants

• "I have an overwhelming sense of sadness for what used to be and am very afraid of what the future holds for us (my husband and I). I think we are growing apart and don't know how to reconnect. I fear for his emotional well being and I feel it is getting worse daily. He is so lost without his son and has so much guilt and regret and such a feeling of loss. I feel overwhelmed by his grief and don't know how to help him anymore."

• "Just wondering how long it will take before I stop hurting. When I ask, "When will I feel better?" Most survivors do not offer much hope. I want to offer others hope that you can make it through it."

Coping Strategies Associated with Impairment

<table>
<thead>
<tr>
<th>Increased impairment</th>
<th>Decreased impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral disengagement</td>
<td>Active coping</td>
</tr>
<tr>
<td>&quot;... giving up trying to deal with it.&quot;</td>
<td>&quot;... doing something about the situation.&quot;</td>
</tr>
<tr>
<td>Overthinking</td>
<td>&quot;... taking action to make situation better.&quot;</td>
</tr>
<tr>
<td>&quot;... trying to come up with strategy of what to do.&quot;</td>
<td>Use of emotional support</td>
</tr>
<tr>
<td>&quot;... thinking hard about what steps to take.&quot;</td>
<td>&quot;... getting emotional support from others.&quot;</td>
</tr>
<tr>
<td>Self-blame</td>
<td>&quot;... getting comfort and understanding from someone.&quot;</td>
</tr>
<tr>
<td>&quot;... criticizing myself.&quot;</td>
<td>Acceptance</td>
</tr>
<tr>
<td>&quot;... blaming myself for things that happened.&quot;</td>
<td>&quot;... accepting the reality of the fact that it happened.&quot;</td>
</tr>
<tr>
<td>&quot;... learning to live with it.&quot;</td>
<td></td>
</tr>
</tbody>
</table>

Predicting Impairment: Time Since Death and Self Blame Interaction

Absent  Present
Coping Strategies Associated with Post-Traumatic Growth

**Increased PTG**
- Active coping
- Use of instrumental support
  - "...getting help from other people."
  - "...trying to get advice from other people about what to do."
- Religious coping
  - "...trying to find comfort in religion or spiritual beliefs."
- Self-blame

**Decreased PTG**
- Venting anger and bitterness
  - "...I've been saying things to let my unpleasant feelings escape."
  - "...I've been expressing my negative feelings."
- Self-blame

**Predicting PTGI:** Interaction Between Time Since Death and Anger/Bitterness

<table>
<thead>
<tr>
<th>Time Since Death</th>
<th>Absent</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=249</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N=305</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Stepping Forward in Grief**

- www.steppingforwardsstudy.org
- Research study for military survivors wanting help with grief
- Collaborative study with Dr. Katherine Shear, Columbia University
- Modification of evidence-based therapy
  - Proven effective in multiple randomized controlled trials
  - Evidence informed wellness therapy
  - Supports normative/adaptive processes
  - Targets/reduces complicating factors to grief adaptation
  - Goal to support natural adaptive processes
The goal of the study is to compare the effectiveness of GriefSteps and WellnessSteps for military family survivors. Nearly 200 of 530 required participants are currently enrolled. Actively recruiting through May 2019.

Who can participate?
- Adult parents, spouse/partners, siblings, or children whose SM died on or after Sept 11, 2001.
- Especially interested in recruiting survivors who continue to struggle.

Especially interested in recruiting survivors who continue to struggle.

Related articles:
National Military Family Bereavement Study

www.militarysurvivorstudy.org

Part II: Evidence-based interventions

Research and training in evidence-based therapy promoting adaptation to loss

For professionals
- Information and resources
- Training video series
- Treatment Manuals
- Assessment Instruments
- Workshop series
- Clinical Practice Support
- Monthly webinar series

For the public
- Information and resources
- Handouts: “Grief and Adaptation to loss”; “Difficult Times”
- Find a therapist
- Making research accessible

www.complicatedgrief.columbia.edu

The Framework for Our Evidence-based Grief Therapy…

Grief—
- the natural response to loss
- the form love takes when someone we love dies
Grief is different for different people after the same loss

different for different losses

Grief changes over time

“Everyone grieves in their own way”

Acute Grief: The Initial Response to Loss

Strong emotions
Intrusive thoughts
Grief-related behaviors

Physical symptoms

Adapting to Loss

“A dynamic, ongoing, life-sustaining process by which we adjust to a world changed by absence of our loved one”
Adapt to Loss

**Loss Focus**
Accept the reality of the death and changed relationship to the deceased

**Restoration Focus**
Cope with changes and find a life-sustaining way to move forward with possibilities for happiness

---

Grief is Integrated

Sense of purpose, meaning, and connections to others are renewed

The person who died rests in the heart

---

Adapting to Loss of a Loved One Proceeds Naturally

Bereavement

Acute Grief

Adapt to the loss

Accept the reality

Adapt to the changes it brings

---
...Unless There are Impediments

Thoughts

Behaviors

Feelings

Examples of Impediments to Accepting the Loss

- "If only" - second guessing rumination
- Persistent intense anger about the circumstances or consequences of the death
- Avoiding reminders of the loss
- Judging grief
- Trying to ignore, avoid or rewrite the reality of the death

Examples of Impediments to Accepting the Loss

- Inability to restore a feeling of belonging and mattering
- Survivor guilt
- Persistent bleak thoughts about the future
- Feelings of incompetence, inability to cope
Evidence-based Grief Therapy Model

Bereavement

Acute Grief

impediments

Therapy

Identify and resolve impediments

Facilitate adaptation

Evidence-based Grief Therapy: The Big Picture

We do not try to lower grief intensity because we believe grief emerges naturally and finds a place in our lives as the form love takes when someone we love dies.

We Work on Adaptation to Changes Focused on Both Loss and Restoration

1. Loss focus – accept the reality

2. Restoration focus – adapt to a changed world
We Help People Develop Their Resilience Portfolio

Loss

Resources
- Supportive relationships
- Environmental supplies

Assets
- Regulatory strengths
- Interpersonal strength
- Meaning making strengths

Adaptation to loss

Health, Wellbeing, Personal Growth


What We do in Evidence-based Grief Therapy
Seven Core Themes

Accept grief

Connect to memories

Manage emotional pain

Think about the future

Strengthen relationships

Tell the story of the death

Live with reminders

How We Work is Just as Important as What We Do

Validation

Support

Guidance

Strengthen relationships
Acknowledge Our Common Humanity

Recognizing that suffering is part of being human— we help bereaved people feel they are not alone or isolated in their pain.

Using Sherpa-like Principles

- Understand the experience of loss
- Design pathways to adaptation
- Contribute only when necessary
- Recognize Barriers
- Offer suggestions for tools and resources

The evidence base for grief therapy includes people with persistent impairing grief

Three separate studies with 641 randomized participants compared targeted grief therapy to proven treatments for depression.

- Study 1: P = 0.006; NNT, 4.6
- Study 2: P < 0.001; NNT, 2.56
- Study 3: P = 0.002; NNT, 3.6

71% CGT
44% Control
Antidepressant medication vs placebo with and without grief therapy

Boston, New York, Pittsburgh, San Diego

Response Rate

<table>
<thead>
<tr>
<th>Group</th>
<th>Week 1</th>
<th>Week 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>CGT + CIT</td>
<td>61%</td>
<td>48%</td>
</tr>
<tr>
<td>CGT + PLA</td>
<td>83%</td>
<td>28%</td>
</tr>
<tr>
<td>CIT + CM</td>
<td>46%</td>
<td>38%</td>
</tr>
<tr>
<td>PLA, CM</td>
<td>0%</td>
<td>10%</td>
</tr>
</tbody>
</table>

No difference in response to grief after a violent vs illness-related death

Boston, New York, Pittsburgh, San Diego

Response Rate

<table>
<thead>
<tr>
<th>Death</th>
<th>Violent Death</th>
<th>Natural Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>CGT + CIT</td>
<td>80%</td>
<td>84%</td>
</tr>
</tbody>
</table>

Grief Therapy Produces a Marked Reduction in Suicidal Thinking

Week 1 | Week 20
-------|-------
CGT + PLA | 26% | 7%
CGT + CIT | 3%  | 21%
PLA | 32% | 31%
CIT | 32% | 31%
National Military Family Bereavement Study

- Hundreds of participants endorsed high levels of grief with high grief-related impairment
- Hundreds more were managing their functioning but with a sense of resignation and/or little evidence of personal growth
- Excellent support organizations – TAPS pre-eminent among them – were available
- The NMFBS team at USU wanted to build on existing resources and provide additional intervention possibilities using evidence-based strategies
- They invited us to join them in developing digital interventions

Grief Steps

Modified and adapted content from our evidence-based grief therapy

There is also evidence that self-care is important in adapting to loss

For the majority of bereaved people, active engagement in self-care could be very helpful after loss of a loved one
Example of how wellness intervention can be helpful: testimonials after a self-care intervention

- I got more secure
- It gave me the self-confidence to cope with ...problems of being alone
- It helped me get started and gave me a lot of confidence in myself
- It gave me hope for the future and in myself and ways to set goals and encouragement to follow through with them
- I am more confident living by myself
- I feel more sure of myself


Wellness Steps

Modified and adapted evidence-informed content developed by the Canadian Mental Health Association and Anxiety BC

Stepping Forward In Grief

- www.steppingforwardsstudy.org
- Stars and Stripes: https://www.stripes.com/lifestyle/new-study-aims-to-help-military-families-grieve-1.546485
Thank you for your attention!

To learn more, visit our website
www.complicatedgrief.columbia.edu

Sign up for our newsletter

Join a network of grieving people and their friends and family who are interested in learning more about our work

…or a network of professionals who can confidently help people adapt to painful loss

Questions?

Stephen J. Cozza, MD

M. Katherine Shear, MD

About the TAPS Institute for Hope and Healing®

Launched in March 2018 through an alliance with HFA, the TAPS Institute for Hope and Healing® serves as a resource and training center, providing programs for both professionals working in the field of grief and loss and the public.
Upcoming TAPS Institute Programs

- January 17 — Meditation for Coping with Difficult Emotions
  Presenter: Heather Stang, MA, C-IAYT

- January 30 — Loss, Grief, and the Quest for Meaning
  Presenter: Robert Neimeyer, PhD

- February 5 — Grief to Growth: A Roadmap to a Healthy Grief Journey
  Presenter: Kim Ruocco, MSW
  Moderator: Shauna Springer, PhD

Visit taps.org/institute to learn more and RSVP!

Additional TAPS Resources

- TAPS National Military Survivor Helpline— Phone number: 1-800-959-8277
- Survivor Care Team— https://www.taps.org/survivorcareteam
- Grief Counseling— https://www.taps.org/griefcounseling
- Casework— https://www.taps.org/casework
- Education Assistance— https://www.taps.org/edu
- Suicide Loss— https://www.taps.org/suicide
- TAPS Magazine— https://www.taps.org/magazine
- TAPS Publications— https://www.taps.org/publications
- Grief and Loss Education— https://www.taps.org/institute
- For Grief Professionals— https://www.taps.org/professionals
- Additional Resources— https://www.taps.org/additionalresources