

Research reveals family-focused therapy reduces complicated grief

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Supporting families of patients with advanced cancer and assisting them in bereavement is an important clinical goal for oncology and mental health professionals.

For the first time, research at Monash University shows that prolonged grief disorder, a common form of complicated grief that brings substantial burden and distress to the bereaved, can be prevented with early introduction of high quality, [family](#) supportive therapy.

Published this week in the prestigious *Journal of Clinical Oncology*, the randomised controlled trial shows that family-focused therapy delivered to high-risk families during [palliative care](#) and continued into [bereavement](#) reduced the severity of complicated grief and the development of prolonged grief, a disorder affecting up to 20 per cent of the bereaved.

"Rather than clinical services responding to family distress using a crisis model—which commonly happens today—this new model of care provides continuity of care by the psycho-oncologist, a social worker, psychologist or family counsellor, as the cancer is treated," said lead author Professor David Kissane, Head of Department of Psychiatry at Monash University.

Professor Kissane said that bereavement care is not the 'Cinderella' add-on after death, but rather integrated into a comprehensive care paradigm during the treatment of advanced cancer.

Through the use of a simple screening tool, at-risk families can be identified in this cost-effective model of care.

"In our study, the rate of prolonged grief disorder at 13 months post death was 15.5 per cent for family members who received standard care, whereas this rate significantly reduced to 3.3 per cent among families who received family-supported care in the form of 10 family therapy sessions," said Professor Kissane.

"We know that families who communicate poorly, display unbridled conflict or have low levels of involvement with each other, prove predictive of the development of prolonged grief disorder or depression in bereavement.

"These same characteristics of family relationships prove challenging to clinical teams striving to care for the patient with cancer, and clinicians are often at a loss as to how best to help these families."

According to eminent British psychiatrist Dr Colin Murray Parkes OBE, prolonged grief disorder (PGD) is the most frequent and challenging form of complicated grief.

"PGD is clinically distinct from major depression and resistant to traditional therapies," said Dr Parkes.

"This important new study provides evidence supporting the use of Family-Focussed Grief Therapy for PGD, it extends our understanding of the care needed by families at risk, before as well as after bereavement."

The model of care reported in this study delivers family support via a series of six to 10 family meetings across 12-18 months.

Cornell University's Irving Sherwood Wright Professor of Geriatrics Holly Prigerson has spent decades studying families struggling to care for a dying loved one.

"The data highlight how family conflict influences the plight, care and bereavement adjustment of all involved, and the need for a family-focused intervention is serious," said Professor Prigerson, Director, Centre for Research on End of Life Care.

"Professor Kissane's Family-Focused Grief Therapy is a novel and very welcome addition to clinical care of terminally ill patients and the family members who survive them into bereavement.

"Not only is it likely to ease the mental anguish of bereaved survivors, but also the pain and suffering of the patient and his or her care providers," said Dr Prigerson.

Facing advanced cancer and bereavement is very stressful for all families, with 20 per cent of families struggling long term.

"This study explores the value of social workers offering family therapy interventions for at-risk families who have high conflict and low communication and found that the intervention resulted in real gains for this group," said Ms Glenda Bawden, Head of Social Work at Monash Health.

"Such evidence allows social workers to confidently initiate family therapy as a helpful intervention to those most at risk of complicated grief."

CEO of Palliative Care Victoria Ms Odette Waanders said this seminal research highlights important policy and practice opportunities to improve the way we support 'difficult families' during end-of-life care

and how we can reduce the longer-term negative (personal, social and economic) impacts of complex grief.

Provided by Monash University

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