A COMPLICATED GRIEF INTERVENTION PROGRAMME (CGIP) FOR SOCIAL WORKERS

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ABSTRACT

Grief is a well-described concept in the literature, but complicated grief only recently became the concern of professionals working in this field. The necessity for a complicated grief intervention programme became evident after a fruitless search to find South African literature and interventions on the topic. This article describes the Complicated Grief Intervention Programme (CGIP) with the Complicated Grief Intervention Model (CGIM) as framework for intervention. The focus is on intervention techniques such as desensitisation, visualisation, use of the client-log, miracle questions, metaphors, rituals and humour. The CGIP is a time-limited intervention programme and consists mainly of interventions implemented during the three steps of the CGIM namely, assessment, implementation and evaluation/termination. Although the CGIP has not been widely tested, it holds the potential to serve as a guideline for social workers and other professionals working in the field of grief and bereavement.

INTRODUCTION

Losing a loved one through death leads to grief reactions such as sadness, fatigue, searching, yearning, anger and emotional distress. The majority of bereaved individuals experience normal, uncomplicated grief reactions (Prigerson, 2004). Grief can, however, become complicated (Kristjanson, Lobb, Aoun and Monterosso, 2006; Stroebe, Hansson, Stroebe and Schut, 2001; Prigerson, Maciejewski, Reynolds, Bierhals, Newsom, Fasiczka, Frank, Doman and Miller, 1995; Worden, 1991) which may lead to impaired social functioning. Drenth, Herbst and Strydom (2010) consider that few social workers in South Africa assess the possibility of complicated grief as a contributing factor to impaired social functioning. The increased interest in the phenomenon of complicated grief gives rise to the need for the development of intervention models, strategies and programmes. The last quarter of the twentieth century marked the development of numerous intervention programmes which range from self-help groups to therapeutic complicated grief programmes. Schut, Stroebe, Van Den Bout and Terheggen, (2001) question bereavement interventions, and whether the interventions achieve what they are supposed to achieve. However, the present authors suggest that interventions for complicated grief stand better chances of achieving positive results than those directed at bereavement directly after death.

Prigerson, Vanderwerker and Maciejewski (2008) indicate that at least 10%-20% of the bereaved population will experience complicated grief. The number of adult deaths in South Africa, increased by 62% over a period of five years; from 272 221 in 1997 to 441 029 in 2002 (Statistics South Africa, 2005). From the findings of Prigerson et al. (2008), at least 52 923 individuals (conservatively estimated at one bereaved individual per deceased) might have experienced complicated grief in South Africa since 2002, thus indicating the need for intervention.

In a literature review on complicated grief, Kristjanson et al. (2006) identify 25 studies that investigate the effectiveness of complicated grief interventions. These interventions are classified in the following categories: pharmacotherapy, support groups or counselling, psychotherapy-based interventions (group therapy, cognitive-behavioural therapy, psycho-dynamic therapy, behavioural therapy, interpersonal therapy) and other interventions such as touch therapy and eye movement desensitisation. Kristjanson et al., conclude that, although the outcomes are positive, the effects are only modest due to inherent methodological research problems. It is clear that more research on the development of complicated grief intervention programmes is needed.

The authors share the view of Watson and West (2006:9) that "in an occupation such as social work, the process (what we do) is as important as the outcome (what is achieved)." The desired outcome of intervention may not be achieved if the effect of complicated grief on the social functioning of the grieving person is ignored or denied. Intervention refers to the social work methods and strategies used by the social worker in a structured manner to enable the client to achieve the identified goals and objectives (Levine, 2002).

This article is a discussion of the Complicated Grief Intervention Programme (CGIP) as part of a dissertation on complicated grief intervention in the South African context. It focuses on a proposed complicated grief intervention programme derived from the Complicated Grief Intervention Model (CGIM) (Drenth et al., 2010; Drenth, 2008). The authors report only on the proposed programme and suggest ways to implement this programme. Further research to test the validity of the CGIP is indicated. Limitation in the length of the article does not allow for a discussion on the "South African context" and it is envisaged that this will be addressed in future publication(s).

CONCEPT CLARIFICATION

A great deal is known about the normal grief reactions after the death of a loved one, while it has only recently become the concern of psychologists, psychiatrists and social workers to learn more about complicated grief. Normal grief manifests in symptoms such as sadness, social withdrawal, change in sleeping and eating patterns and a decrease in concentration (Parkes, 2005-2006; Prigerson, 2005; Stroebe et al., 2001; Horowitz, Siegel, Holen, Bonanno, Milbrath and Stinson, 1997; Worden, 1991). Yearning, searching and a strong desire to talk about the deceased are also common in the first few months after death (Monck, Houck and Shear, 2006). Forty percent of people who lose a spouse experience generalised anxiety symptoms in the first year after death (Kersting, 2004). Normal grief manifests in affective, cognitive, behavioural and physiological aspects of a person's life (Parkes, 2005-2006; Stroebe et al., 2001).

Socio-demographic variables, the manner in which a person died, personality traits of the bereaved and socio-cultural factors all influence the outcome of grief.

Complicated grief, traumatic grief, pathological grief, and prolonged grief are used interchangeably in the literature. The concept of complicated grief will be used in this article. Complicated grief refers to a prolonged state of grief and indicates an inability of the client to integrate the death into his/her life.

Complicated grief is characterised by a constant yearning and searching for the deceased, persistent thoughts of the deceased and intense and painful emotions. The intensity of the grief is prohibiting the client from regaining the pre-loss state of social functioning (Kristjanson et al., 2006; Keene Reder, 2003; Schut et al., 2001; Prigerson et al., 1995). The intensity of the emotions experienced and the accompanying disruption and inability to regain the pre-loss level of social functioning, prove to be an indication of complicated grief (Piper, Ogrodniczuk and Weideman, 2005; Prigerson, 2005). Reasonable time must be allowed for normal grief before assuming that a person is experiencing complicated grief. Horowitz et al. (1997) suggests a period of 14 months post-loss. Even then, it must be kept in mind that the symptoms must have been present for at least the last 2 months (Prigerson and Jacobs, 2001). Opperman (2004) postulates that the risk for grief to become complicated increases when the bereaved person's sense of material well-being, emotional security and self-identity are threatened by the death of a loved one. However, one has to be careful to marginalise and categorise the bereaved. Vessier-Batchen and Douglas (2006) confirm the statement that the stigma attached to certain modes of death, such as suicide, homicide and crime adds to complicated grief. Stigmatised illnesses such as HIV and AIDS and tuberculosis may well be added to this list, although there is no research yet to prove this statement.

RESEARCH DESIGN AND METHODS

Intervention research (De Vos, 2005; Fouché, 2005; Creswell, 2003) within a mixed methodologies framework that employed qualitative and quantitative strategies (Neuman, 2003), was found to be the most effective in achieving the objectives of the study. The major phases of the design and development model of intervention research (De Vos, 2005) were adapted to suit the needs of developing the CGIM which informs the CGIP. The programme was developed following a literature review in line with existing social work theories and techniques.

The early development of the CGIP was implemented and used on a trial basis to establish whether it can be put to effect in the case of a client who presents with complicated grief. Seven respondents, who met the criteria for complicated grief, were included in the trial.

Although this research did not include the last two phases of intervention research namely evaluation and advanced development, and dissemination of the CGIP (Fouché, 2005; De Vos, 2005; Creswell, 2003), it is envisaged that these will be addressed in future research on this topic.

The previous discussion gives rise to the research question: "How does the social worker enable the bereaved person who experiences complicated grief, to incorporate the loss into his/her life?"

Before moving on to a discussion of the CGIP, it is necessary to gain background on the Complicated Grief Intervention Model, which informs the CGIP.

COMPLICATED GRIEF INTERVENTION MODEL (CGIM)

The Complicated Grief Intervention Model (Drenth et al., 2010; Drenth, 2008) has the Dual Process Model of coping with bereavement (DPM) (Zhang, El-Jawhari and Prigerson, 2006; Matthews and Marwit, 2004; Stroebe and Schut, 2001; Stroebe and Schut, 1999) and the Task-Centred social work approach (Doel, 2006; Watson and West, 2006; Ligon, 2002; Reid and Fortune, 2002) as theoretical framework. The CGIM is based on an eclectic and integrative approach.

The Dual Process Model (DPM) of coping with bereavement (Archer, 2008; Mathews and Marwitz, 2004; Stroebe and Schut, 1999) constitutes that a bereaved person's emotions and behaviour oscillate between two types of stressors: *loss orientation* and *restoration orientation.* Bereaved people do not only have to cope with the loss of a significant person himself or herself, but have to readjust their lives as a secondary consequence of the death. *Loss orientation* has the emphasis on grief work (or on cognitive restructuring) and refers to activities that deal with separation from the deceased (crying, yearning, and activities dealing with the loss itself). *Restoration orientation* involves coping with the loss by engaging in new tasks and relationships. It does not refer to the outcome, but to what needs to be dealt with and how to deal with it (Drenth et al., 2010). In this domain the mourner is forced by circumstances to 'deal with life', while s/he actually wishes to stop the world until the loss has been dealt with. Both types of stressors are important for the eventual resolution of grief.

The CGIM focuses on the completion of *loss*-orientation tasks, as well as tasks related to the *restoration* after a death-related loss. The CGIM is a three-step process, namely *assessment, intervention and evaluation/ termination.* The CGIM is specifically developed for social work intervention in the case of complicated grief. It relies on the systematic collection and verification of data as proposed in the Task-Centred approach in social work (Doel, 2006; Reid and Fortune, 2002; Watson and West, 2006; Milner and O'Byrne, 1998). The goal of the intervention through the CGIM is to enable

the client to incorporate the loss of a loved one into his or her life (Drenth et al., 2010; Drenth, 2008).

The task-centered approach (Doel, 2006; Watson and West, 2006) is a time-limited solution-focused approach to social work. The social worker searches for information on causes and solutions in the present situation, but does not negate the past experiences (Milner and O'Byrne, 1998). Watson and West (2006) state that social workers often lack structured planning in their intervention. The intervention then becomes reactive and responds only to specific events or crises.

COMPLICATED GRIEF INTERVENTION PROGRAMME (CGIP)

Managed health care is a global phenomenon due to financial constraints and the lack of adequately trained professionals to deliver services to the community. Complicated grief intervention in South Africa is not established and no specific complicated grief intervention programmes were found. Existing programmes are mostly aimed at the person who is experiencing normal grief. Although not scientifically tested yet, it is envisaged that the CGIP will provide structured planning in managing complicated grief. The CGIP is a strengths-based (Saleebey, 2006; DuBois and Miley, 2002) programme and flows from the Complicated Grief Intervention Model (CGIM) (Drenth et al., 2010; Drenth, 2008). The design of the CGIP relied on the flexibility to suit individual needs, therefore allowing the social worker to adapt and change the programme. The purpose of the proposed CGIP is not to remove the pain of grief, but to enable the bereaved to incorporate the loss into their lives in whatever way feels right for them; thus making them equal partners with the social worker in the intervention process.

Schut et al. (2001:731) affirm that "the more complicated the grief appears to be or to become, the better the chances of interventions leading to positive results". Complicated grief intervention by the social worker, is aimed at the needs of the client; thus starting where the client is and with what the client is able and willing to share. The social worker assesses what the client brings to the table and what his/her expectations are. With this in mind, it is clear that the effectiveness of complicated grief intervention will differ from client to client. Kristjanson et al. (2006:98) confirm this statement: "These findings (on the efficacy of interventions) highlight the importance of tailoring interventions, suggesting that the intervention may need to be as individual as the bereavement pattern." Individualising complicated grief intervention is thus an important skill the social worker needs to master and is supported by

the CGIP. Complicated grief intervention is aimed at mitigating the emotional and practical problems experienced since the death of a loved one. For social work, this implies that the client is assisted to regain his/her social functioning as close as possible to the pre-loss state of social functioning.

McLaren (1998) mentions that societal expectations to "let go" of the deceased, occasionally force people into grieving covertly and in secret. It also often denies the person who finds it difficult to exhibit his/her emotions. The social worker utilises the mourner's own adaptive strategies to assist in the process of complicated grief intervention. This approach allows the client to become part of the planning process in getting as close to the pre-loss state of social functioning as possible. It also allows the client to grieve in his/her own manner and to set the objectives and tasks needed to reach the ultimate state of social functioning.

Therapeutic models of practice, such as cognitive-behavioural, narrative, and solution-focused models, form the basis of intervention in the CGIP. The CGIP is aimed at the social worker's skill to work with the client to restore social functioning after the loss of a loved one. The CGIP is also aimed at releasing a client's own skills and capabilities to achieve the desired outcome. Fazio and Fazio (2005:233) believe in "helping people to move into their loss rather than move on", and this belief supports the goal of the CGIP.

Implementation of the CGIP

The utilisation of the Inventory of Traumatic Grief (ITG) (Prigerson et al., 1995) and the Grief Assessment Guide (GASsG) - a self-developed assessment instrument (Drenth, Strydom, Herbst and Botha, 2009; Drenth, 2008) prior, during and post-intervention serve as assessment and observational tools during intervention.

The CGIP encourages an eclectic approach in utilising techniques from various intervention models. The aim is not to be prescriptive but to empower the social worker to utilise the techniques in line with the social work profession and with which s/he is comfortable with. The Complicated Grief Intervention Programme (CGIP) is theoretically supported by the Complicated Grief Intervention Model (CGIM) (Drenth et al., 2010; Drenth, 2008).

Table I gives an overview of the Complicated Grief Intervention Programme and serves the purpose to guide the social worker through the intervention.

Table 1: Complicated Grief Intervention Programme format

CGIM STEPS	SESSION	OBJECTIVES OF SESSION	METHODS & INTERVENTION TECHNIQUES
STEP 1	Session 1-2	**Introduction and orientation of CGIP** -Overview and goals of the CGIP -Contract	
		The story of the death -The respondent's experience of the death (pre-, during, and post-death, where applicable) - Develop & prioritise objectives	-Genogram -voice recorder -GASsG -Complete CGIP intervention worksheet (Table 2)
STEP 2	Session 3-10 (tailored to suit individual needs of the client)	**Develop and prioritise tasks following from the objectives** -Re-assess tasks at regular intervals. **Complicated grief intervention** -Grief information: explain grief-related emotions -Discuss feelings associated with deceased. Focus on positive feelings and what the client gains from this (example: sadness assists in finding ways to revisit comforting thoughts about the deceased). -Revisit the story of the death (to learn something new).	-Repeat GASsG by session 6 -CGIP Intervention worksheet -Complete CGIP task worksheet -Discussion -Metaphor (example: Whirlpool of grief) -Client log -Humour, funny episodes, "feel good" incidents, strengths of client (what is the client proud of since the death). -Visualisation -Metaphor (example: metal strongbox) -Voice recorder -Rituals

CGIM STEPS	SESSION	OBJECTIVES OF SESSION	METHODS & INTERVENTION TECHNIQUES
		-A trip down memory lane	-Memory work: memory box, memory book, life-maps. -pictures and other memorabilia associated with the deceased. -Focus on what the client wants to remember. -Imaginary conversation with deceased -Miracle question
		-What about tomorrow?	-Visualize and discuss the future without the deceased. -Identify client strengths (example: what was achieved by the client after the death).
		-Self-care	-List and date self-care activities
STEP 3	Session 11-12	Evaluate outcome Terminate CGIP	-Repeat GASsG -Discussion -CGIP Evaluation of service worksheet

Step 1: Assessment

Step 1 takes up to 2 sessions and is aimed at a thorough assessment of the client's needs through a personal interview. The personal interview is the most reliable method of qualitative data collection – you can see the client; assess non-verbal reactions; and it is a sensitive way of making contact (Morris, 2006). The social worker and the client mutually agree on the targets to be met and set the objectives to reach the goal. Martin and Doka (2000) confirm the importance for grievers to clarify goals and objectives.

The social worker encourages the client to tell his/her story with as little interruption as possible. By listening to the client's story, the social worker acknowledges and validates the grief experience of the client by using narrative therapy techniques. Bowman excellently describes the use of narrative therapy in complicated grief intervention as follows: *"The creation of a new identity after loss can require grieving who or what we were – an earlier story – as a prerequisite for the new or adapted story."* The client's self-conception, relationships and life experiences become meaningful once

s/he is allowed to tell the story (Thomas, 2000). The social worker explores the feelings and thought patterns the client experienced prior, during and after the death. Each client has a unique grieving pattern and it is recommended that the Grief Pattern Inventory (Martin and Doka, 2000) be utilised at this stage. The genogram (Austrian, 2002) fits well as an assessment tool in the first step of the CGIP during this first step of the CGIP. The genogram provides a "visual map" and is a tool which can be used in collaboration with the client. It has excellent value in updating information as it becomes known during therapy.

The story is tape-recorded (with the consent of the client) to enable both the client and the social worker to reflect back on events, emotions and any other aspects which may be of therapeutic value later on in the process. Retelling the story often decreases the grief intensity and enables the client to acknowledge aspects which s/he did not pay attention to previously. This includes successes since the death occurred.

A self-developed assessment tool (Grief Assessment Guide -GASsG) (Drenth et al., 2009; Drenth, 2008) is used during the initial interview, as well as during Steps 2 and 3. The aim is to assess the distress of the client and to create a baseline from where the intervention will take place. The GASsG guides the social worker through the following aspects:

- How did the client cope prior to the death?
- What other loss experiences did the client have?
- How did the client cope with these losses? This question does not only allow for the exploration of the client's strengths and weaknesses; it also allows the client to acknowledge past successes. The client's viewpoints are acknowledged and s/he becomes part of the solution.
- What is the client's cultural, social and spiritual background and what influence does it have on his/her grieving pattern?
- What are the exceptions? When does the client NOT experience the problem? (Ligon, 2002).
- The Grief Assessment Guide (GASsG) allows the social worker to assess the strengths and stressors in the following areas: physical, psychological, spiritual and social, and the client's knowledge, abilities, responsibilities, resilience, coping and problem-solving skills are included.

At the end of step 1, both parties agree on the desired outcome of the intervention. The social worker should concentrate on questions which will guide him/her on what the client wants the outcome to be. The social worker guides the client to set objectives in order to reach the goal. Objectives are

divided into those related to *loss-orientation* (**LO)** and those to *restoration-orientation* (**RO)** according to the Dual Process Model, and are prioritised. As many objectives as necessary are identified and recorded in the intervention worksheet (table 2). **LO1** refers to *loss-orientation (LO), objective 1* while **LO2** refers to *loss-orientation, objective 2*. **RO1** refers to *restoration-orientation (RO), objective 1* while **RO2** refers to *restoration-orientation, objective 2*. Table 2 provides a source document for recording the **objectives**.

Table 2: **CGIP: Intervention worksheet (Step 1)**
(Illustrating the intervention objectives)

GOAL: To enable (*name of client*) to incorporate the loss of *(name of deceased)* into his/her life.

Objectives (STEP 1)	Pri-ority	Loss Orient-ation	Restor-ation Orient-ation	Tasks (STEP 2)	Pri-ority	Objectives reached? (Outcome) (STEP 3)	
						Yes (Date)	No (Date)
To stop crying every-time I see his photo	P1	LO1		LO11			
				LO12			
				LO13			
				LO14			
To start thinking of exercising a hobby	P2		RO1	RO11			
				RO12			
				RO13			
				RO14			
To visit the graveyard	P1	LO2		LO21			
				LO22			
				LO23			
To attend the company's annual function as a widow	P3		RO2	RO21			
				RO22			
				RO23			
				RO24			

Assessment is an important step in the intervention process and more sessions can be allocated if the scheduled two sessions are not sufficient. Constant re-evaluation of the situation is done during step 2, and the objectives and tasks can be altered to ensure the desired outcome.

The social worker includes time at the end of the session(s) to debrief the client and to plan for the next session.

Step 2: Intervention

Step 1 (assessment) sets the tone for identification of tasks and step 2 involves the implementation of the *tasks* set to reach the objectives. These tasks should not be confused with the tasks of grief as set out by Worden (1991).This intervention process also does not focus on stages in the grief process, but rather on the oscillation between the loss-orientation and restoration-orientation as described in the Dual Process Model of bereavement. Step 2 takes up to 9 sessions and can be extended after reformulation and re-assessment of the objectives, should it be necessary. The reader is referred to the complicated grief intervention programme format as set out in table 1.

It is recommended that the tasks which stand the best chance of success be implemented first to allow the client to gain confidence in the intervention process through the experience of success. If, for example, one of the objectives is to start thinking of exercising a hobby, the implementation plan involves determining what kind of hobby, locating a training facility or person, costs involved, dates of new enrolment, the first contact with strangers, etc. A good question for the social worker to ask the client at this stage is: "what will you gain from this?" This question points out the benefits of success and affords the client the opportunity to set future goals. Satterly (2000) affirms that clients are empowered when they are given the opportunity to develop their own agendas for personal growth. Social work principles and values guide the intervention process and both the client and the social worker are active agents in the process. The CGIP allows the client to break down his/her grief into small manageable tasks. The client may initially be sceptical about his/her ability to dissect the grief and to prioritise the tasks, but in the end he/she will have mastered a technique to assist in future difficult situations. The social worker can effectively use techniques such as the miracle question. The miracle question probes the client to visualise the future when the problem is no longer a problem (Corcoran, 2002), thus encouraging the perception that change is possible. The client may find it difficult to understand the concepts of objectives and tasks, and more time may initially have to be spent on defining the objectives and the expected outcome. Visualisation is used to promote cognitive change during complicated grief intervention. The client is encouraged to visualise the positive outcome of a specific task and to envisage the feelings associated with the outcome (Vonk and Early, 2002).

The following are examples of objectives identified during intervention:

- Grief information and the discussion of grief-related emotions.
- Relationships and feelings associated with the deceased. Review the story (to learn something new) by listening to the tape recording and by implementing rituals. Rituals as intervention technique provide a framework of meaning, beliefs and behaviour that allows the bereaved to integrate the loss (Childs-Gowell, 2003; Cobb, 2003). Rituals include activities to assist the client to overcome fear, denial and anger.
- Take a trip down memory lane by implementing techniques of memory work. Focus on what the client wants to remember.
- Visualise and discuss the future without the deceased.
- Motivate for self-care of the client.

The *tasks* for **LO1** (*loss orientation, objective 1*) is numbered as follows :

- **LO1** (*Loss orientation, objective 1, task 1*). If **LO1** is "*to stop crying every time I see his photo*", then **LO11** may be "*to look at the photo for 5 minutes per day*",
- **LO12** will then be the second task of this objective and can be described as: "*monitor your emotions when you look at the photo*". The client log is an instrument to identify the circumstances, the frequency and duration of problems and can well be implemented during intervention and with a task such as this one. The client log can effectively be utilised in cases where the client finds it difficult to explain the severity and duration of the problem.

It is important to notice that different tasks can be executed at the same time, and that the tasks are mostly cognitively addressed. The *tasks* in the CGIP intervention worksheet (Table 3) are completed during step 2 and the following table is an example thereof. Only two examples from Table 2 are used in Table 3).

Table 3: CGIP: Intervention worksheet (Step 2)
(Example of a completed source document)

GOAL: To enable *(client)* to incorporate the loss of *(deceased)* into his/her life.

Object-ives (STEP 1)	Pri-ority	LO	RO	Tasks (STEP 2)	Pri-ority	Objectives reached? (Outcome) (STEP 3)	
						Yes (Date)	No (Date)
To stop crying every-time I see his photo	P1	LO1		**LO11**. To look at the photo for 5 minutes per day	P3		
				LO12. To take out the photo	P1		
				LO13. To monitor my emotions when looking at the photo (use grief log)	P4		
				LO14. To monitor my emotions before looking at the photo (use a client log)	P2		
				LO15.			
To start thinking of exercise-ing a hobby	P2		RO1	**RO11**. To identify the hobby	P1		
				RO12. To go for training	P4		
				RO13. To find an instructor	P2		
				RO14. To buy whatever I need to exercise my hobby	P3		

Set as many tasks as necessary to reach the objective. These tasks can be performed during the session or between sessions as mutually agreed upon between the social worker and the client. It is important to give further structure to the implementation of the tasks by identifying who is responsible for executing the task and by when. The CGIP task *worksheet* (Table 4) is utilised during this exercise. An example of such a further breakdown is as follows:

Table 4: CGIP: Task worksheet (Step 2)
(Example of completed CGIP worksheet)

Objective: LO1 Date: 4 March 2008		To stop crying every-time I see his photo		
Pri-ority	Task	Who?	When?	Intervention techniques (For office use)
P3	**LO11.** Look at the photo for 5 minutes per day	Client	Start 5/3/08	Systematic desensitisation; visualisation; miracle question (what will it be like when…); grief log (self-anchored scale; other.
P1	**LO12**. Take out the photo	Client	Start 5/3/08	
P4	**LO13**. Monitor my emotions when looking at the photo (use grief log)	Client	Every day from 5/3/08-19/3/08	
P2	**LO14**. Monitor my emotions before looking at the photo (use grief log)	Client	Every day from 5/3/08-19/3/08	
Evaluation:				

Continuous assessment of the relevance of the objectives and tasks is an important aspect during the implementation phase. Assessment allows the social worker and the client to evaluate the accomplishments and to assess the success of the tasks. The social worker assists the client in pointing out all possible obstacles in achieving success and in shaping plans to avoid these obstacles or in preparing to manage the obstacle. "What if" questions are an excellent way of identifying obstacles during the planning process, for example: "What if I cannot get myself to look at the photo?"

Metaphors are useful in grief therapy where the social worker illustrates a point to the client, suggesting new solutions, decreasing the resistance of the client and reframing a problem to enable the client to find solutions. The client experiences that the resources lie within him/her (Lankton, 2002) thus empowering him/her to acknowledge his/her own abilities.

Step 3: Evaluation/Termination

Evaluating the outcomes of the CGIP is the main focus during step 3. The continuous assessment during step 2 will ensure that the client is aware of the

nearing termination of service. The social worker enhances the cooperation of the client by reviewing the rationale (Hepworth, Rooney and Larsen, 2002). The purpose of evaluation is to assess the results achieved against the formulated objectives in step 1. According to Hepworth et al. (2002), the outcomes, the process and the social worker should be included in the evaluation process.

Continuous assessment is done throughout the implementation of the programme by evaluating objectives and tasks during each session. In step 3, the social worker and the client evaluate the initial objectives and decide whether they were met. The process and also the professional performance of the social worker are assessed. It is during this session that successful solution-focused strategies are identified and discussed. If the client thinks that some of the objectives were not met, the process can be extended and objectives and tasks reviewed. However, it is critical to decide what really can be accomplished by extending the service. Ligon (2002) states that little progress by the 12th visit will not show more progress by the 20th visit.

Table 5 is a source document to assist the social worker and the client during the final step of the CGIP in evaluating the outcome, the process and the social worker.

Table 5: CGIP: Evaluation of service (Step 3)

Evaluation Date:	Goal: to enable the client with complicated grief to incorporate the loss of a significant other into his/her life					
Objectives	Outcomes		Process		Social worker	
	Reached	Not reached	Satisfied	Not satisfied	Satisfied	Not satisfied
LO1						
LO2						
RO1						
RO2						
NOTES: Outcomes: Process: Social worker:						

The client once again completes the Inventory of Traumatic Grief (ITG) (Prigerson et al., 1995) which is to be compared with the initial completion of the ITG prior to the implementation of the CGIP. The comparison of the two questionnaires should be discussed with the client before termination of the intervention. A final mutual assessment is done in accordance with the Grief Assessment Guide (GASsG) (Drenth et al., 2009; Drenth, 2008) and comparisons are made regarding the effect of the therapy and whether the desired outcomes were reached.

In the case of a client being not satisfied with the outcome of the intervention, the social worker should discuss the factors which could have influenced the outcome as well as the client's feelings about seeking future additional help. It must also be kept in mind that satisfactory outcomes could include factors not related to the interventions.

LIMITATIONS

The CGIP has the potential to guide social work bereavement intervention. Implementing the CGIP however, requires a thorough knowledge of the Dual Process Model of Bereavement as well as the Complicated Grief Intervention Model which could be seen as a limitation of the programme. Although the programme is aimed at structured guidance during intervention, it may be seem to be too structured and tedious to execute. From the discussions it is clear that this programme should only be implemented by social workers who are skilful in applying the techniques and methods indicated in the programme. The CGIP was not formally tested and can only serve as a guideline for social workers working in the field of complicated grief.

CONCLUSION

The Complicated Grief Intervention Programme offers a guideline for social workers in assisting clients who experience complicated grief. The CGIP is a time-limited (6-12 sessions) intervention based on the Complicated Grief Intervention Model and involves three steps, namely assessment, implementation and evaluation/termination. The client is an active participant in the process by setting and prioritising loss and restoration objectives. Each of these objectives is divided into manageable tasks which the client must complete. Objectives and tasks are evaluated and reviewed during each session by both the social worker and the client. Since the CGIP is tailored for each client's individual needs it offers clients the opportunity to actively grieve, to confront the loss and to understand emotions and behaviour through self-reflection, to discover strengths and to successfully complete tasks.

REFERENCES

Archer, J. (2008). "Theories of Grief: Past, Present and Future Perspectives" in Stroebe, M.S., Hansson, R.O., Schut, H. and Stroebe, W. (Eds.). *Handbook of Bereavement Research and Practice* Washington: American Psychological Association, 45-66.

Austrian, S.G. (2002). "Guidelines for Conducting a Biopsychosocial Assessment" in Roberts, A.R. and Greene, G.J. (Eds.). *Social Workers' Desk Reference* Oxford, N.Y.: Oxford University Press, 204-208.

Childs-Gowell, E. (2003). *Good Grief Rituals: Tools for Healing* New York: Barrytown/Station Hill Press.

Cobb, M. (2003). "Spiritual Care" in Lloyd-Williams, M. (Ed.). *Psychosocial Issues in Palliative Care* Oxford, N.Y.: Oxford University Press, 135-147.

Corcoran, J. (2002). "An Integrative Framework for Solution-focused and Cognitive-behavioral Therapy" in Roberts, A.R. and Greene, G.J. (Eds.). *Social Workers' Desk Reference* Oxford, N.Y.: Oxford University Press, 591-598.

Creswell, J.W. (2003). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches* Thousand Oaks: Sage Publications, Second Edition.

De Vos, A.S. (2005). "Intervention Research" in De Vos, A.S., Strydom, H.S., Fouché, C.B. and Delport, C.S.L. (Eds.). *Research at Grass Roots: For the Social Science and Human Service Professions* Pretoria: Van Schaik Publishers, 394-418.

Doel, M. (2006). "Task-centred Work" in Adams, R., Dominelli, L. and Payne, M. (Eds.). *Social Work: Themes, Issues and Critical Debates* London: Palgrave, 191-199.

Drenth, C., Herbst, A.G. and Strydom, H. (2010). "A Complicated Grief Intervention Model" *Health SA Gesondheid* 15(1), Art 415, 8 pages. doi:10.4102/hsag.v15i1.415.

Drenth, C., Strydom, H., Herbst, A. and Botha, K. (2009). "Screening South African Clients for Inclusion in a Therapeutic Complicated Grief Intervention Programme" *The Social Work Practitioner-Researcher* 21(1):113-130.

Drenth, C.M. (2008). *Complicated Grief in the South African Context: A Therapeutic Intervention Programme* Potchefstroom: North-West University, (Unpublished Doctoral Dissertation).

DuBois, B. and Miley, K.K. (2002). *Social Work: An Empowering Profession* Boston: Allyn and Bacon.

Fazio, R.J. and Fazio, L.M. (2005). "Growth Through Loss: Promoting Healing and Growth in the Face of Trauma, Crisis and Loss" *Journal of Loss and Trauma* 10:221-252.

Fouché, C.B. (2005). "Problem Formulation" in De Vos A.S., Strydom, H.S., Fouché, C.B. and Delport, C.S.L. (Eds.). *Research at Grass Roots: For the Social Science and Human Service Professions* Pretoria: Van Schaik Publishers, 104-113.

Hepworth, D.H., Rooney, R.H. and Larsen, J.A. (2002). *Direct Social Work Practice: Theory and Skills* Victoria: Brooks/Cole, Sixth Edition.

Horowitz, M.J., Siegel, B., Holen, A., Bonanno, G., Milbrath, C. and Stinson, C. (1997). "Diagnostic Criteria for Complicated Grief Disorders" *American Journal of Psychiatry* 154(7):904-911.

Keene Reder, E.A. (2003). "Grief and Bereavement" in O'Neill, J.F., Selwyn, P.A. and Schietinger, H. (Eds.). *A Clinical Guide to Supportive and Palliative Care for HIV/AIDS.* USA: Department of Health and Human Services (HRSA).

Kersting, K. (2004). "A New Approach to Complicated Grief" *American Psychological Association* 35(10) November, http://www.apa.org/monitor/nov04/grief.html (Accessed on 25/07/2005).

Kristjanson, L., Lobb, E., Aoun, S. and Monterosso, L. (2006). "A Systematic Review of the Literature on Complicated Grief. Australian Government Department of Health and Ageing. Commonwealth of Australia", http://www.dcita.gov.au/cca (Accessed on 02/09/2007).

Lankton, S. (2002). "Using Metaphor with Clients" in Roberts, A.R. and Greene, G.J. (Eds.). *Social Workers' Desk Reference* Oxford, N.Y.: Oxford University Press, 385-391.

Levine, E.R. (2002). "Glossary" in Roberts, A.R. and Greene, G.J. (Eds.). *Social Workers' Desk Reference* Oxford, N.Y.: Oxford University Press, 829-849.

Ligon, J. (2002). "Fundamentals of Brief Treatment: Principles and Practice" in Roberts, A.R. and Greene, G.J. (Eds.). *Social Workers' Desk Reference*. Oxford, N.Y.: Oxford University Press, 96-100.

Martin, T.L. and Doka, K.J. (2000). *Men Don't Cry... Women Do: Transcending Gender Stereotypes of Grief* Philadelphia: Taylor and Francis.

Matthews, L.T. and Marwitz, S.J. (2004). "Complicated Grief and the Trend Toward Cognitive-behavioral Therapy" *Death Studies* 28:849-863.

Mclaren, J. (1998). "A New Understanding of Grief: A Counsellor's Perspective" *Mortality* 3(3):275-290.

Milner, J. and O'Byrne, P. (1998). *Assessment in Social Work* Tokyo: Macmillan.

Monck, T.H., Houck, P.R. and Shear, M.K. (2006). "The Daily Life of Complicated Grief Patients: What Gets Missed, What Gets Added?" *Death Studies* 30:77-85.

Morris, T. (2006). *Social Work Research Methods: Four Alternative Paradigms* Thousand Oaks: SAGE Publications.

Neuman, W.L. (2003). *Social Research Methods: Qualitative and Quantitative Methods* New York: Allyn and Bacon.

Opperman, B.C.D. (2004). *The Influence of Context on Complicated Grief* Johannesburg: RAU (Unpublished Doctoral Dissertation).

Parkes, C.M. (2005-2006). "Symposium on Complicated Grief. Part 1. Introduction to a Symposium" *Omega* 52(1):1-7.

Piper, W.E., Ogrodniczuk, J.S. and Weideman, R. (2005). "Screening for Complicated Grief: When Less May Provide More" *Can J Psychiatry* 50:680-684, http://www.cpa-apc.org/publications/archives/cip/2005/October/piper-OR.asp (Accessed on 10/08/2006).

Prigerson H.G. (2004). "Complicated Grief: When the Path of Adjustment Leads to a Dead-end" *Bereavement Care* 23:38-40.

Prigerson, H.G. (2005). "Complicated Grief: When the Path of Adjustment Leads to a Dead End" *Healthcare Counseling and Psychotherapy Journal* 5(3):10-13.

Prigerson, H.G. and Jacobs, S.C. (2001). "Traumatic Grief as a Distinct Disorder: A Rationale, Consensus Criteria, and a Preliminary Empirical Test" in Stroebe, M.S., Hansson, R.O., Schut, H. and Stroebe, W. (Eds.). *Handbook of Bereavement Research and Practice* Washington: American Psychological Association, 613-645.

Prigerson, H.G., Maciejewski, P.K., Reynolds, C.F. III., Bierhals, A.J., Newsom, J.T., Fasiczka, A., Frank, E., Doman, J. and Miller, M. (1995). "Inventory of Complicated Grief: A Scale to Measure Maladaptive Symptoms of Loss" *Psychiatry Research* 59(1-2):65-79.

Prigerson, H.G., Vanderwerker, L.C. and Maciejewski, P.K. (2008). "A Case for Inclusion of Prolonged Grief Disorder in DSM-V" in Stroebe, M.S., Hansson, R.O., Schut, H. and Stroebe, W. (Eds.). *Handbook of Bereavement Research and Practice* Washington: American Psychological Association, 165-186.

Reid, W.J. and Fortune, A.E. (2002). "The Task-centered Model" in Roberts, A.R. and Greene, G.J. (Eds.). *Social Workers' Desk Reference* Oxford, N.Y.: Oxford University Press, 101-104.

Saleebey, D. (2006). "Introduction: Power in the People" in Saleebey, D. (Ed.). *The Strengths Perspective in Social Work Practice* Boston: Pearson, Fourth Edition, 1-24.

Satterly, B. (2000). "Generalist Practice with People with HIV and AIDS" in Poulin and Contributors. *Collaborative Social Work: Strengths-based Generalist Practice* Victoria: Thomson Brooks/Cole, 385-413.

Schut, H., Stroebe, M.S., Van Den Bout, J. and Terheggen, M. (2001). "The Efficacy of Bereavement Interventions: Determining Who Benefits" in Stroebe, M.S., Hansson, R.O., Stroebe, W. and Schut, H. (Eds.). *Handbook of Bereavement Research: Consequences, Coping and Care* Washington, D.C.: American Psychological Association, 705-737.

Statistics South Africa. (2005). *Mortality and Causes of Death in South Africa, 1997-2003. Findings from Death Notification* Pretoria: Government Printer.

Stroebe, M. and Schut, H. (1999). "The Dual Process Model of Coping with Bereavement: Rationale and Description" *Death Studies* 23:197-224.

Stroebe, M.S., Hansson, R.O., Stroebe, W. and Schut, H. (2001). "Introduction: Concepts and Issues in Contemporary Research on Bereavement" in Stroebe, M.S., Hansson, R.O., Stroebe, W. and Schut, H. (Eds.). *Handbook of Bereavement Research: Consequences, Coping and Care* Washington, D.C.: American Psychological Association, 285-300.

Stroebe, W. and Schut, H. (2001). "Risk Factors in Bereavement Outcomes: A Methodological and Empirical Review" in Stroebe, M.S., Hansson, R.O., Stroebe, W. and Schut, H. (Eds.). *Handbook of Bereavement Research: Consequences, Coping and Care* Washington, D.C.: American Psychological Association, 349-371.

Thomas, N.D. (2000). "Generalist Practice with People of Color" in John Poulin and Contributors *Collaborative Social Work: Strengths-based Generalist Practice* Victoria: Thomson Brooks/Cole, 295-325.

Vessier-Batchen, M. and Douglas, D. (2006). "Coping and Complicated Grief in Survivors of Homocide and Suicide Decedents" *Journal of Forensic Nursing* 2(1):25-32.

Vonk, M.E. and Early, T.J. (2002). "Cognitive-behavioral Therapy" in Roberts, A.R. and Greene, G.J. (Eds.). *Social Workers' Desk Reference*. Oxford, N.Y.: Oxford University Press, 116-120.

Watson, D. and West, J. (2006). *Social Work Process and Practice: Approaches, Knowledge and Skills* Tokyo: Palgrave Macmillan.

Worden, J.W. (1991). *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner* London: Routledge.

Zhang, B., EL-Jawahri, A. and Prigerson, H.G. (2006). "Update on Bereavement Research: Evidence-based Guidelines for the Diagnosis and Treatment of Complicated Bereavement" *Journal of Palliative Medicine* 9(5):1188-1203.