


Comorbidity between loss and grief and addictions:

*Insights and motivations of a Māori AOD
Researcher.*

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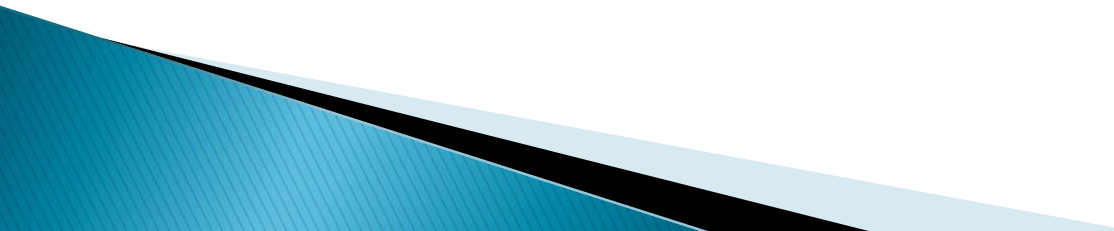
Academic Supervisor: **Dr Peter Huggard**

Overview

- ▶ Purpose of this study
 - ▶ Definitions of Loss, Grief and Complicated Grief
 - ▶ Māori Perspective
 - ▶ Models and Screening Tools
 - ▶ Why do this research?
 - ▶ The Research Process
 - ▶ Synthesis of Data
 - ▶ Findings
 - ▶ Recommendations – Research, Practice, Policy.
 - ▶ Insights arising from this research
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Purpose of this study

To help clinicians gain the importance of addressing *loss and grief* issues experienced by their clients presenting at alcohol and drug services.



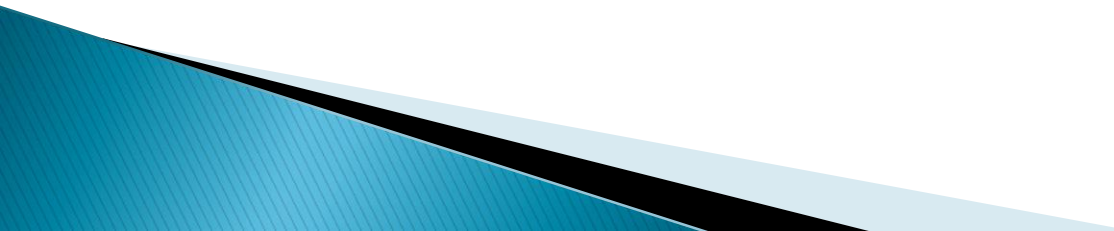
Definition - Loss

Loss is when you lose something or someone of value or significance

(Murray, 2003)




Types of Losses

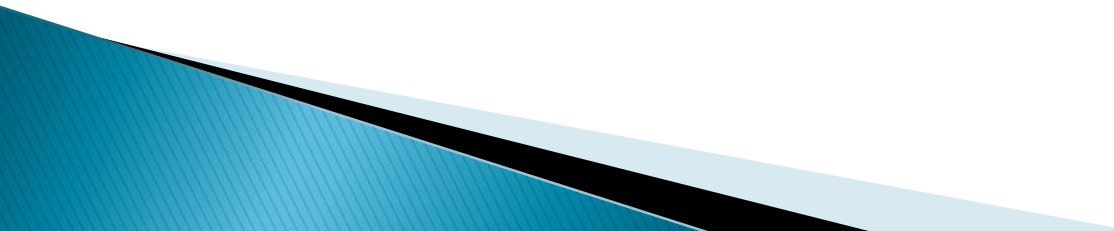
- ▶ Tangible losses
 - ▶ Interpersonal losses
 - ▶ Material losses
 - ▶ Symbolic losses
 - ▶ Intangible losses
- 

Tangible Loss

Loss of:


- ▶ Mental, Physical or Sexual capacity
 - ▶ Infertility
 - ▶ Violence, Rape, Abuse, Neglect
 - ▶ Chronic Pain
 - ▶ Political Maltreatment
- 

Interpersonal Loss

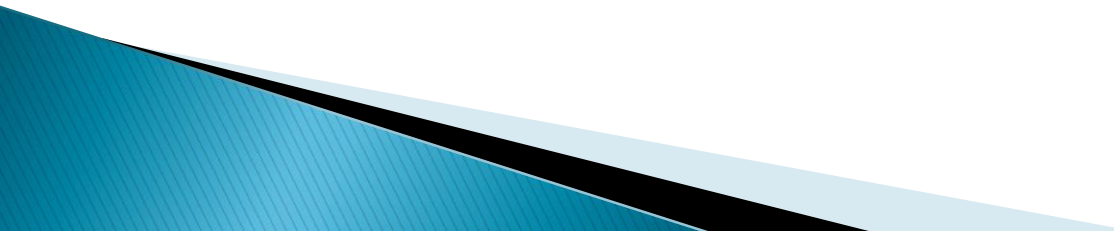
- ▶ Relationship breakup
 - ▶ Divorce
 - ▶ Death of a loved one or pet
 - ▶ Loss of custody for child/ren
 - ▶ Adoption
 - ▶ Incarceration
- 

Material Loss

Loss of:

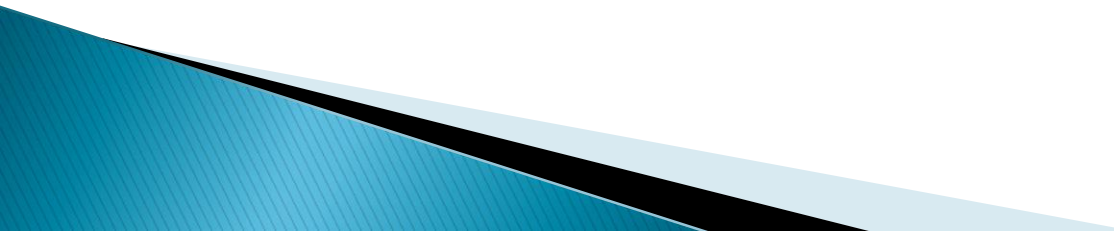
- ▶ Home
 - ▶ Job
 - ▶ Licence to drive
 - ▶ Material possessions lost in fire or natural disasters
 - ▶ Lifestyle
- 

Symbolic Loss

- ▶ Discrimination
 - ▶ Role definition or adjustment to home, community, tribe or work culture
 - ▶ Oppression
- 

Intangible Loss

Loss of:


- ▶ Identity
 - ▶ Self-respect
 - ▶ Trust
 - ▶ Control
 - ▶ Harassment at work
 - ▶ Dreams and opportunities
 - ▶ Faith, Hope, Belief
- 

Definition - Grief

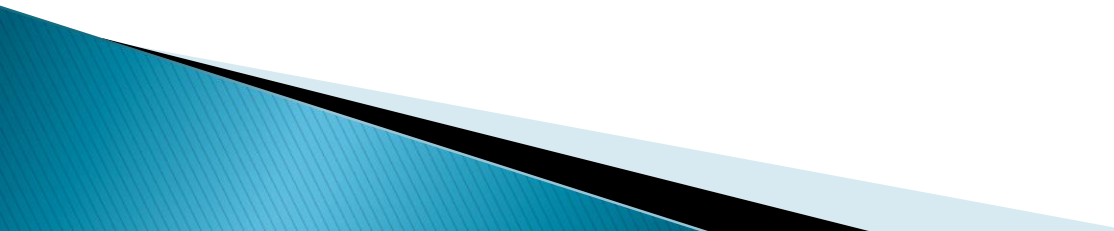
Grief is a natural reaction to loss. It can affect us physically, emotionally, cognitively, socially, and spiritually.

(Sabar, 2000)

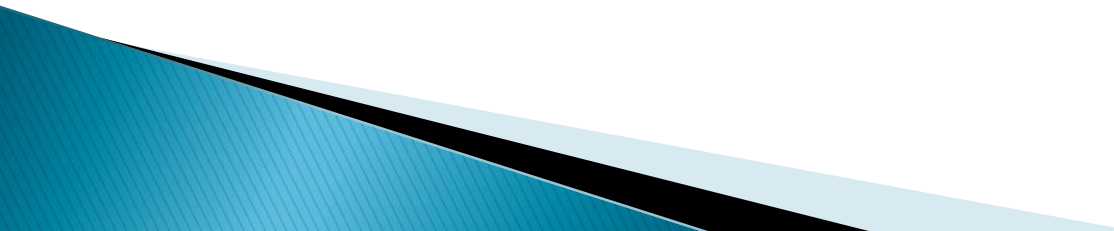
Physical Signs

- ▶ Fatigue
 - ▶ Stomach problems – constipation, diarrhoea
 - ▶ Breathlessness
 - ▶ Low or high energy
 - ▶ Too much or too little sleep
 - ▶ Weight gain or weight loss
 - ▶ Headaches, pains in joints or chest
 - ▶ Tearful
 - ▶ Hoarding
- 

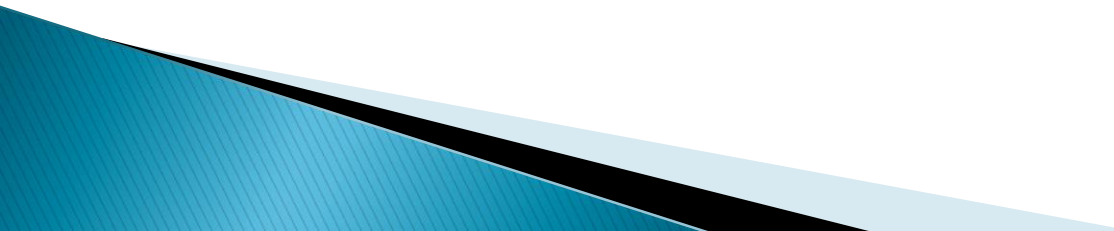
Emotional Signs

- ▶ Shock
 - ▶ Anger, hurt, numb
 - ▶ Guilt, Shame, Self Blame
 - ▶ Anxious, Fear, Insecurity
 - ▶ Yearning, loneliness,
 - ▶ Powerless, frustrated
 - ▶ Sadness, loss of joy or interest in activities
 - ▶ Feeling no one else can understand or relate
- 

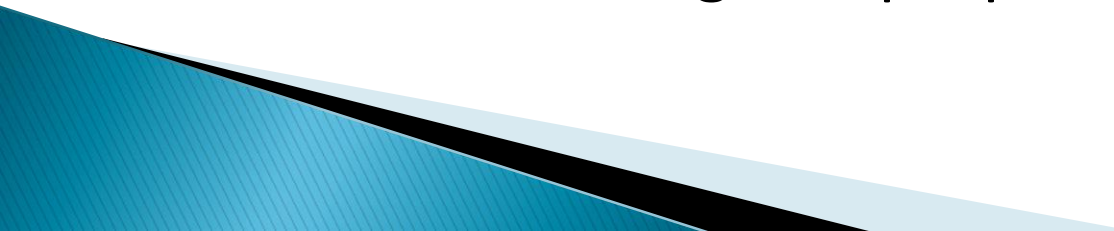
Cognitive Signs

- ▶ Inability to concentrate or focus
 - ▶ Difficulty and frustration in problem solving
 - ▶ Absent mindedness
 - ▶ Memory loss
 - ▶ Confusion
 - ▶ Preoccupied or absorbed in the loss and grief
- 

Social Signs

- ▶ Lack of interest in attending to responsibilities at home or work
 - ▶ Withdrawn from social activities and events
 - ▶ Detachment from significant others (including the deceased), or
 - ▶ Strong attachments to significant others (including deceased)
- 

Spiritual Signs

- ▶ Questioning beliefs and values
e.g. Why me? What did I do to deserve this? Why did God allow this to happen? Is there a God?
 - ▶ Feelings of disillusionment
 - ▶ Confusion and doubt
 - ▶ Sense of meaning and purpose evaluated
- 

Grief – continued

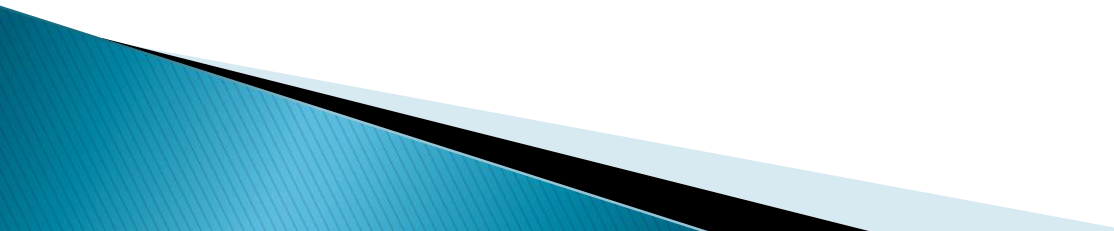
- ▶ anticipated or sudden
- ▶ individual's own way and time according to their gender, beliefs, culture, personality and relationship to the loss.
- ▶ be too overwhelming and difficult to accept.

The individual may become stuck - where grief can become complicated.

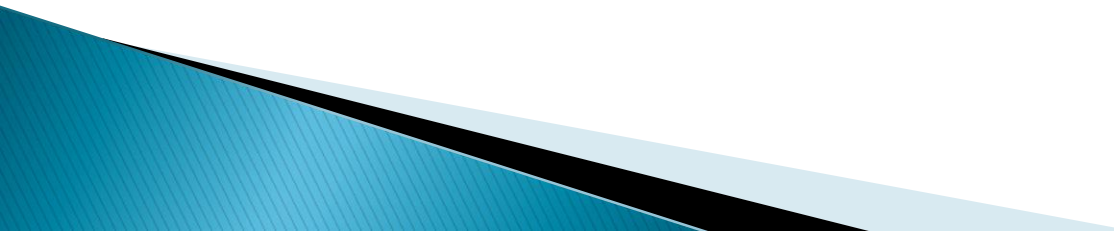
Definition – Complicated Grief

Complicated grief is when an individual is significantly unable to resume normal activities or responsibilities due to prolonged grief symptoms beyond six months of bereavement.

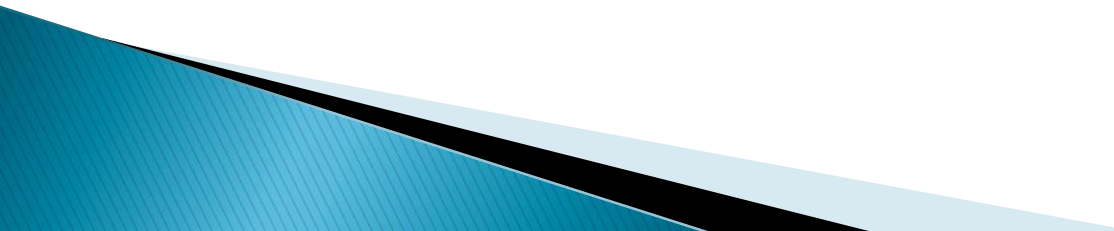
(Shear, M.K., Simon, N., Wall, M., Zisook, S. Neimeyer, R., Duan, N, Reynolds, C., et al.; 2001).



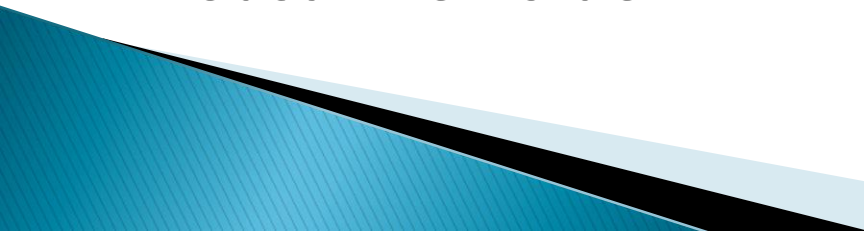
Complicated Grief - Symptoms

- ▶ Extreme focus on loss and reminders **or** excessive avoidance
 - ▶ Intense longing or yearning for the deceased
 - ▶ Problems accepting the death or loss
 - ▶ Recurrent feelings of disbelief, anger or bitterness related to the loss
 - ▶ Frequent troubling rumination about the death or loss
- 

CG Symptoms cont..

- ▶ Recurrent thoughts that the loss was unfair
 - ▶ Persistent difficulty in trusting or caring about others
 - ▶ Inability to enjoy life
 - ▶ Withdrawing from social activities and difficulty in carrying out normal routines
 - ▶ Intense feelings of loneliness, or life is meaningless
- 

Grief Models

- ▶ Bowlby & Parkes – Phases of Grief
 - ▶ **Elizabeth Kubler-Ross** – Five Stages of Grief
 - ▶ **J. William Worden** – Task-Base Model
 - ▶ Stroebe & Schut – Dual Process Model
 - ▶ Susan Le Poidevin – Multidimensional Model
- 

The 5 stages of Grief

Initially used to explained the experiences for terminally ill, but now used more broadly to cover the grief process for the bereaved.

- ▶ D = Denial, Shock
- ▶ A = Anger
- ▶ B = Bargaining
- ▶ D = Depression
- ▶ A = Acceptance

Kubler-Ross (1969)

Task-base Model

The grief process categorised into 4 tasks:

1. To accept the reality of loss
2. To work through and experience the pain of grief
3. To adjust to the environment in which the deceased (or object of loss) is missing
4. To emotionally withdraw or relocate from the deceased, move on and reinvest in a new relationship

Worden (1983)

Maori Perspective – Loss

Colonization, urbanization and globalization for Maori resulted in:

- ▶ loss of natural resources, language, identity, spirituality, heritage, knowledge, protocols and practices, discrimination, economic and educational disadvantages and poor enculturation.
- ▶ mental health disorders, anti-social behaviours, criminal offending, physical illnesses, relationship difficulties, psychosocial problems, and substance abuse.

(Huriwai, 2002; Kunitz, 1994; Jackson, 1988; Brady, 1985)

Maori Perspective – Grief

***“the whānau is only as strong as
its weakest member”***

Paratene Ngata, author of *“Death, Dying and Grief, a Maori perspective”*



Maori Perspective – Grief (cont.)

Death ends the physical link with the deceased, the spiritual connection is eternal, which is often echoed in:

- ▶ **Whaikorero** (speeches),
- ▶ **Karakia** (prayers),
- ▶ **Waiata** (chants and songs),
- ▶ **Carvings and the wailing wall**
- ▶ **Legacies** (beliefs, values, achievements, land, etc.), and
- ▶ **Names and roles**
- ▶ **Significant events**

Māori Models of Recovery and Wellbeing

- ▶ Te Whare Tapa Wha (Mason Durie, 1982)
 - ▶ Nga Pou Mana (Henare, 1988)
 - ▶ Te Wheke (Pere, 1991)
 - ▶ Te Powhiri Poutama (Huata, 2011)
- 

Te Whare Tapa Wha

- ▶ **Taha Wairua** (Spiritual Wellbeing)
- ▶ **Taha Hinengaro** (Mental Wellbeing)
- ▶ **Taha Tinana** (Physical Wellbeing)
- ▶ **Taha Whanau** (Family/Social Wellbeing)

Mason Durie (1982)

Te Powhiri Poutama

1. **Whakamoemiti** (to prepare)
2. **Whakatau** (to welcome/settle)
3. **Whakapuaki** (to disclose/reveal)
4. **Whakatangitangi** (cleansing, grievance to solution)
5. **Whakaratarata** (to analyse meaning, balance and integration, harm reduction.
6. **Whakaoranga** (time and space for healing, implement action plan)
7. **Whakaotinga** (effective closure)

Paraire Huata (2011)

Screening Tools

Loss and Grief

- ▶ **Texas Revised Inventory of Grief (TRIG)**
- ▶ **Grief Evaluation Measure (GEM)**
- ▶ **Inventory of Complicated Grief-Revised (ICG-R)**
- ▶ **Core Bereavement Items (CBI)**

Alcohol & Other Drugs

- ▶ **Alcohol Use Disorders Identification Test (AUDIT)**
- ▶ **Heaviness of Smoking Index (HSI)**
- ▶ **Cannabis Use Disorder Test – Revised (CUDIT-R)**
- ▶ **Alcohol, Smoking & substance Involvement Screening Test (ASSIST)**
- ▶ **Early Intervention Gambling Health Test (EIGHT)**

Screening Tools used for Māori

Loss and Grief


Alcohol & Other Drugs

- ▶ **Alcohol Use Disorders Identification Test (AUDIT)**
- ▶ **Heaviness of Smoking Index (HSI)**
- ▶ **Cannabis Use Disorder Test – Revised (CUDIT-R)**
- ▶ **Early Intervention Gambling Health Test (EIGHT)**

Suitable tools to use when working with Māori. Ministry of Health and Best Practice Journal (MOH; 2010).

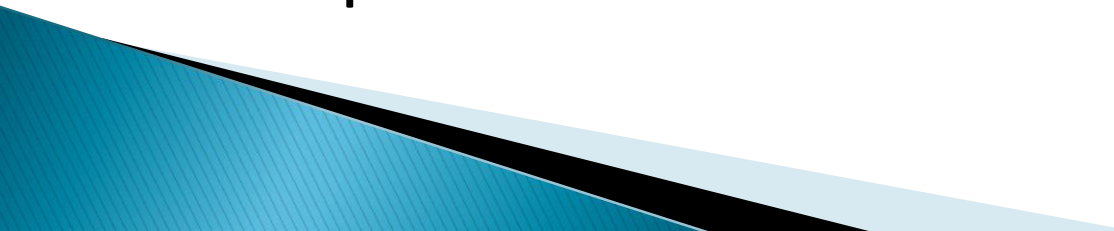
Alcohol & Other Drugs

The Wheel of Change:

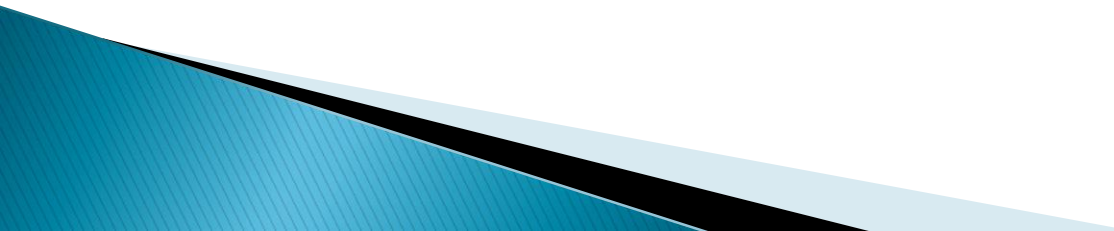
1. Pre-contemplative (Denial)
 2. Contemplative
 3. Determination (Ready to Change)
 4. Planning and Action
 5. Maintenance (Keeping the Change)
 6. Lapse/Relapse
- 

Alcohol & Other Drugs cont...

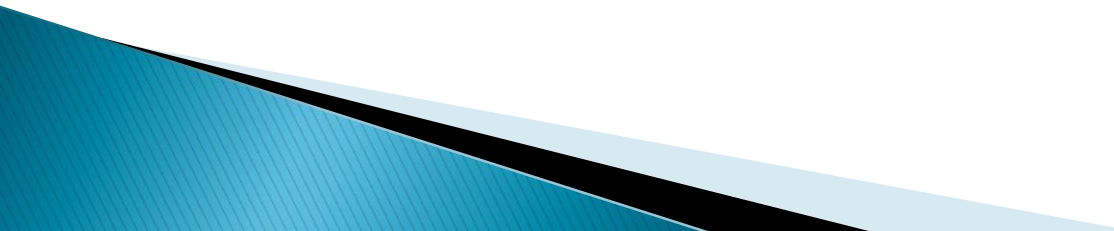
The Relapse Model:

- ▶ Lifestyle Imbalance
 - ▶ Seemingly Irrelevant Situation (SID's)
 - ▶ High Risk Situation (HRS)
 - ▶ Problem of Instant Gratification (PIG)
 - ▶ Lapse
 - ▶ Goal Violation Effect (GVE)
 - ▶ Relapse
- 

Where did the inspiration come from?

- ▶ Atua, Tupuna
 - ▶ Loss and Grief Paper - Peter Huggard
 - ▶ Personal
 - ▶ Professional
- 

Why do this research? Personal Reasons


- ▶ Whanau losses – land, language, discrimination, significant deaths, substance abuse issues, domestic violence issues, whangai, etc.
 - ▶ Whanau suffered 30 significant deaths – 9 unexpected, 21 anticipated
 - ▶ Impact of loss and grief on self and whanau
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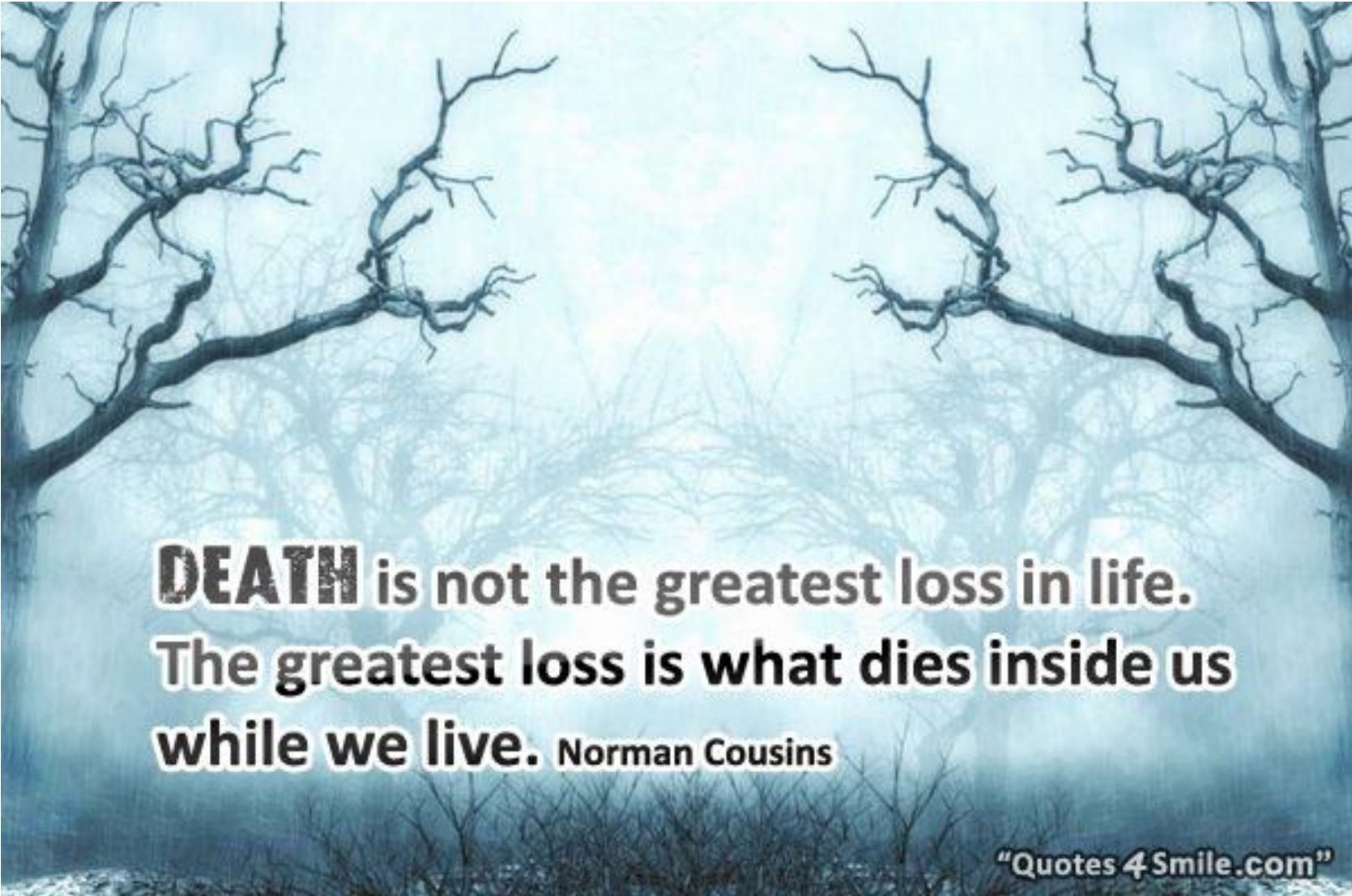


**"The
highest
tribute to the
dead is not
grief
but
gratitude."**

**~Thornton
Wilder**

Why do this research? Professional Reasons

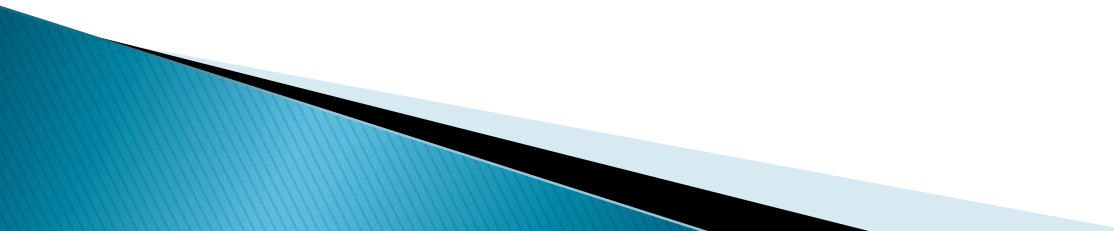
- ▶ AOD Counselling - Te Oranga, CADS South
 - ▶ Referrals
 - ▶ Client losses: death; separations/divorce; loss custody of child/children; loss of health and independence; loss of security; loss of freedom; loss of identity, loss of lifestyle connected to their substance use; etc.
 - ▶ Impact of loss and grief on clients, family and community.
- 

A misty, blue-toned landscape with bare trees and a quote by Norman Cousins. The scene is a dense forest of leafless trees, with a thick mist or fog filling the air. The color palette is monochromatic, consisting of various shades of blue and grey. The quote is centered in the lower half of the image, with the word 'DEATH' in a larger, bold font. The source 'Quotes 4 Smile.com' is in the bottom right corner.

DEATH is not the greatest loss in life.
The greatest loss is what dies inside us
while we live. Norman Cousins

"Quotes 4 Smile.com"

The Research Process

- ▶ Explored literature relating to adult clients presenting with loss and grief issues in Addiction counselling and rehabilitative settings.
 - ▶ The results examining the literature relating to loss and grief and addiction was conducted by a structured systematic review.
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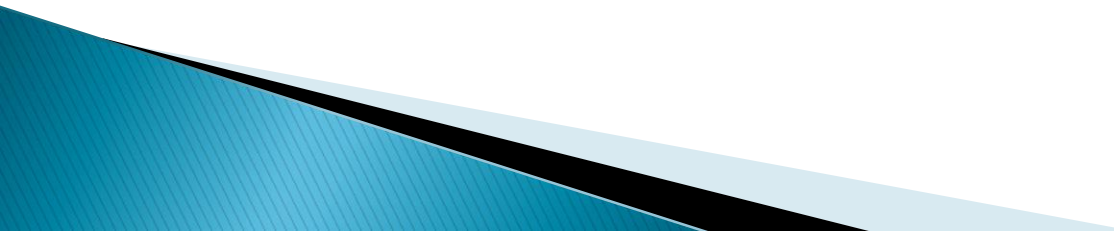
Structured Literature Review

- ▶ Distinct research questions
- ▶ Strategy for accessing relevant literature
- ▶ Well-defined inclusion and exclusion criteria
- ▶ Synthesis of the data

(Dickson, 1999)



3 Key Research Questions

- ▶ Is there a relationship between loss, grief and substance abuse?
 - ▶ Does addressing loss and grief in AOD counselling help reduce the harm of substance abuse or relapse?
 - ▶ What interventions would assist AOD clinicians in working clients who are also presenting with loss and grief issues?
- 

Accessing relevant literature

- ▶ **6 Databases:** CINAHL Plus, PsycINFO, Scopus, Medline, DRUG, and Social Work Abstracts Plus .
- ▶ Search from start date of each database – month research conducted in, October 2014
- ▶ The search terms were grouped into 3 main search categories: ***Grief, Substance Abuse*** and ***Treatment***.
- ▶ Eligible studies included: **(1)** interventions for loss, grief and addictions **(2)** measurement instruments used for examining grief and or addictions, and **(3)** full text articles published in English or Māori.

Summary of databases used in this research extracted from University of Auckland

Database	Range in years (Starting date to time of research)	Description (All come with an easy-to use advanced search tool)
1. CINAHL Plus	1937 – Oct 2014	<ul style="list-style-type: none"> • Provides a wider scope of nursing and allied health journals which includes social services in health care, and rehabilitation. • American database
2. PsycINFO	1806 – Oct 2014	<ul style="list-style-type: none"> • Over 1 million references from the international literature of psychology and the behavioural sciences. • Produced by the American Psychological Association and a major international database.
3. Scopus	1994 – Oct 2014	<ul style="list-style-type: none"> • Covers peer-reviewed journals in the scientific, technical, medical, social sciences including arts and humanities. • Bibliographic database owned by Elsevier, based in Amsterdam and has operations in United Kingdom, United States, Mexico, Brazil, Spain and other countries.
4. Medline	1946 – Oct 2014	<ul style="list-style-type: none"> • Covers medicine, pharmacy, nursing, and health care. • Bibliographic database formed by the United States National Library of Medicine (NLM).
5. DRUG	1987 – Oct 2014	<ul style="list-style-type: none"> • Covers literature material on psychosocial and treatment aspects of substance abuse • DRUG database was formed in 1987 by the Alcohol and other Drugs Council of Australia (ADCA) in Canberra.
6. Social Work Abstracts Plus	1968 – Oct 2014	<ul style="list-style-type: none"> • Literature material dealing with social work, education, human services, addictions, child and family welfare, mental health and more. • Social Work Abstracts Plus was produced by the National Association of Social Workers and published by EBSCO.

Search Terms

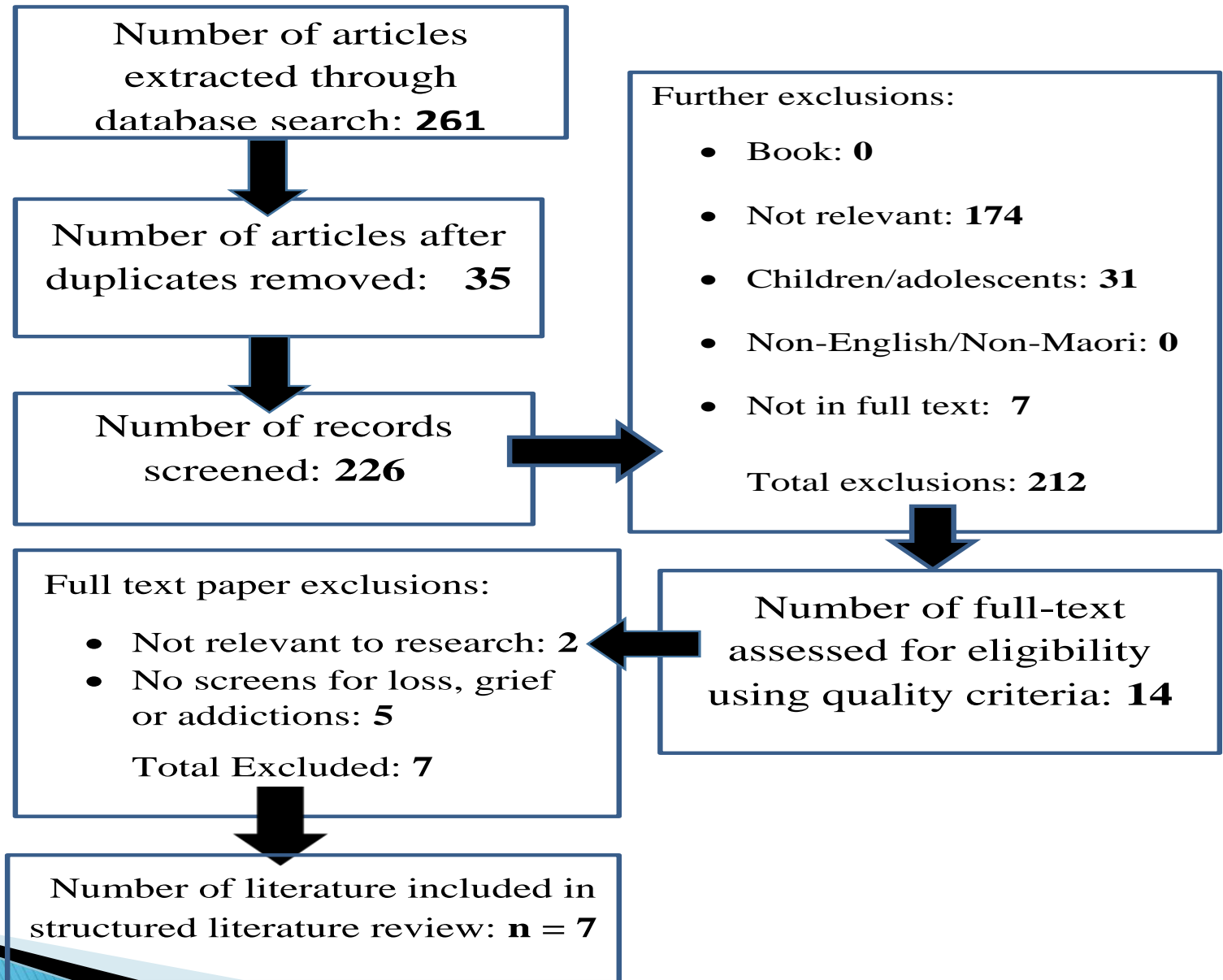
- ▶ Terms ***Grief, Substance Abuse*** and ***Treatment*** linked using the Boolean Operators (and, or)
- ▶ Example: **DRUG** Database

Search Limit	Search No.	Search Terms	Citations
1987 – Oct 2014	1	grief OR “personal loss” OR bereavement OR mourning	42
	2	“substance abuse” OR “alcohol abuse” OR “drug abuse” OR “substance dependence”	16,184
	3	treatment OR rehabilitation OR intervention OR recovery	37,148
	4	#1 AND #2 AND #3	6

Total Number of searches identified through database search.

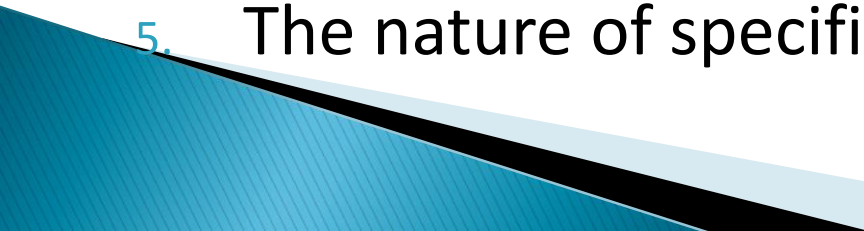
Database	Number of references sighted for LG & AOD	Number of articles extracted
1. CINAHL Plus	185,680	8
2. PsycINFO	780,387	65
3. Scopus	6,898,872	154
4. Medline	4,026,914	26
5. DRUG	53,374	6
6. Social Work Abstracts Plus	18,191	2
Total number	11,963,418	261

Adapted PRISMA flow diagram – inclusion process



Synthesis of the data

Five themes emerged:

1. The nature of loss and its relationship to substance abuse
 2. Socio-demographic factors of the bereaved.
 3. The use of assessment and screening instruments
 4. Grief interventions (individual and group therapy)
 5. The nature of specific populations
- 

Question 1

Is there a relationship between loss, grief and substance abuse?

Yes

▶ ***McGovern (1986)***

50 participants (male/female) who completed detoxification treatment for alcohol dependency identified internal, external and spiritual losses.

▶ ***McComish, Greenberg, Kent-Bryant, Chruscial, Ager, Hines & Ransom 1999***

50 participants (women) divided into 2 groups for comparative study at residential substance abuse treatment programme, 3 major losses identified connected to substance abuse: abandonment from their mothers; loss of children; and traumatic losses. Majority (83%) been in treatment programmes before.

▶ ***Smith (2009)***

12 participants (women) reported childhood abuse and neglect, using alcohol and drugs to block painful experiences.

Question 2

Does addressing loss and grief in AOD counselling help reduce the harm of substance abuse or relapse?

Yes

▶ ***Streifel & Servaty-Seib, (2009)***

128 participants (male/female) attending AA/NA 12 Step programme which included grief work and spirituality. Results showed individuals involved in programme exhibited fewer symptoms of grief and lower obsession-compulsion to drink/use.

▶ ***Zuckoff, Shear, Frank, Daley, Seligman & Silowash 2006)***

16 participants (mixed gender) treatment for complicated grief and substance use disorder. Results showed an increase in abstinent days, significant reduction in grief, depression and cravings.

Question 3

What interventions would assist AOD clinicians in working with clients who are also presenting with loss and grief issues?

1. **Individual Counselling**
2. **Group Therapy**

Individual Counselling

Pilot study by Zuckoff and colleagues, 2006.

- ▶ To adapt the Complicated Grief Treatment (CGT) for clients presenting with complicated grief and substance abuse issues.
- ▶ 16 adult participants (7 men and 9 women)
- ▶ 24 individual manual-guided treatment sessions over 6 months
- ▶ **Losses:** grieving over violent or non-violent deaths, separations and divorce.
- ▶ **Screening Tools:** Inventory of Complicated Grief, Beck Depression Inventory, Timeline Followback, Likert-Scale, Breathalyser test for alcohol before each session.
- ▶ **Therapy Tools:** 24 individual counselling sessions, included motivational interviewing, emotion coping and communication skills.

Group Therapy

Martin and Privette, 1989 – Mixed gender AOD residential treatment programme.

- ▶ Study to assist clients to identify loss, and explore the relationship between grieving and substance abuse.
- ▶ 28 day AOD residential treatment programme in USA.
- ▶ Grief Therapy Group – 6 participants (5 men and 1 woman), delivered over 5 consecutive days 2 hours daily Mon-Fri.
- ▶ **Losses:** divorce, death of significant family member or spouse
- ▶ **Screening Tool:** The Beck Depression Inventory (1978)
- ▶ **Therapy Tools:** Worden (1982), Kubler-Ross (1969), and Brief Psychodrama.

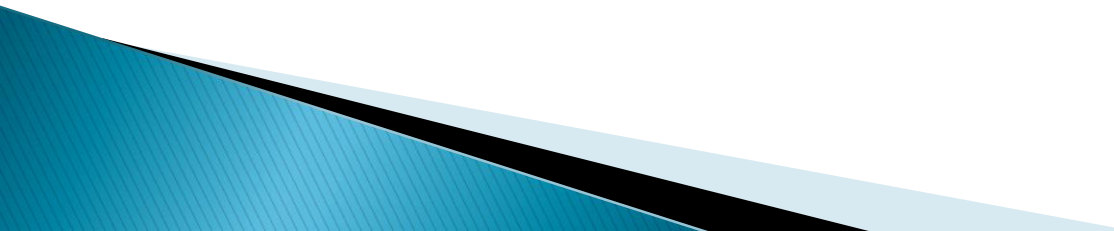
Group Therapy cont...

McComish et al.,1999 – Gender Specific AOD Residential Program.


- ▶ Study examined the effectiveness of Grief therapy Groups at a Women's AOD residential treatment programme in USA.
- ▶ 55 Women participated – 24 attended Grief Therapy Group, 31 attended control group.
- ▶ Grief Groups open-ended, 90 minute weekly sessions over 2 year period.
- ▶ **Losses disclosed:** death of children, loss of children to foster care, rape or incest, witnessing violence including shootings.
- ▶ **Screening Tools:** Hudson Self-Esteem Index, Depression Scale (CES-D), Profile of Mood States (POMS), and Adult-Adolescent Parenting Index.
- ▶ **Grief Therapy:** traditional psychotherapy, information on stages of loss and grief and substance use relapse, art work, letters, poems which was shared to rest of the group at the closure of the programme with lit candles.

Findings


Studies showed grief interventions helped bereaved substances users to:

- ▶ **Decrease** symptoms of grief, substance abuse and mental health problems
 - ▶ **Increase** self-esteem, spirituality, confidence, and personal growth
- 

Limitations

- ▶ Limited demographic data
 - ▶ Lack of control groups
 - ▶ Small sample sizes
 - ▶ Studies based primarily upon Caucasian and African-American individuals living in North America with one exception in Hungary.
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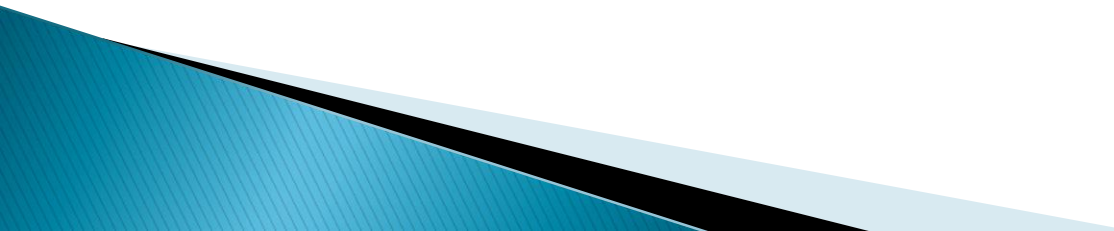
Recommendation - Research

1. Conduct comparative grief studies that represents the profile of clients that present at AOD services in Aotearoa, New Zealand.
 2. Assess the grieving experience of clients after discharge from AOD treatment.
 3. Explore and develop more culturally appropriate screening tools for loss, grief and substance abuse.
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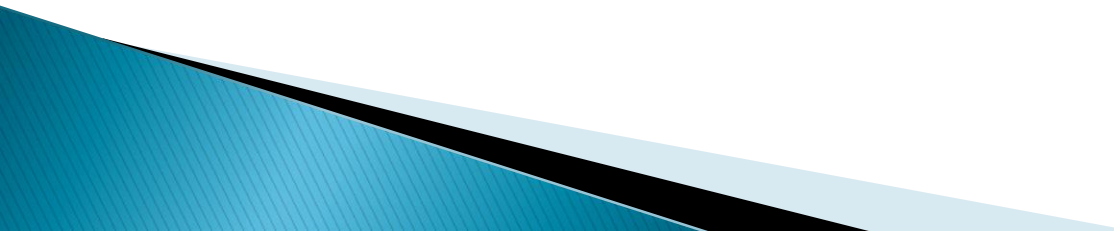
Recommendation - Practice

1. AOD counsellors, health professionals and social work practitioners be provided with specialized training in loss and grief.
2. Develop a grief intervention guideline manual for AOD counsellors in Aotearoa. This manual could also offer counselling tools for individual and group work.
3. AOD Services to be open in working with other types of grief interventions such as: art, music, grief maps, letters, nature, poetry, psychodrama therapy, spirituality, and cultural interventions.

Recommendation – Policy

1. Provide professional training in grief work for all AOD counsellors, clinical supervisors and management.
 2. Apply the loss and grief model when planning, implementing and managing significant changes within the working environment.
- 

Personal Insights on Loss and Grief

- ▶ Disregarding the losses only increases the risk of substance abuse, and grief becomes prolonged and more complicated.
 - ▶ Life learning
 - ▶ Enlightenment
 - ▶ Transformational
 - ▶ Gift
- 

Give *'Loss and Grief'* a VOICE



“A grief shared is a grief halved”

Honduran Proverb