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FAMILY FOCUSED GRIEF THERAPY

David William KISSANE, Weill Medical College of Cornell University and Memorial Sloan-Kettering Cancer Center, 1275 York Ave, New York, NY 10021, USA; ph +1 646 888 0019

Definition: Facilitation of a family's expression of thoughts and feelings about loss and coping with a relative's illness and death to promote shared grief and optimal family functioning, often commenced during palliative care (with the ill relative attending) and continued into bereavement after the patient's death.

Elements: High-risk families may be screened with the Family Relationships Index regarding communication, cohesion and conflict resolution. To prevent maladaptive outcomes, a family therapist leads family sessions through i) assessment and agreement about the focus of work, ii) active therapy, and iii) consolidation and termination. Treatment takes 6-12 sessions, each lasting 90 minutes, and extending over 6-18 months, with later consolidation sessions spaced more widely. Length of treatment depends on degree of family dysfunction.

The therapist uses circular questioning [*'Let me ask each of you to describe who gets on best with whom?'*] and confirmatory summaries to: discern patterns of communication, teamwork and conflict, role delineation, traditions, and transgenerational styles of relating; affirm strengths of family life; encourage constructive ways of relating that support mutual care and respect. The dying family-member's wishes can be harnessed to overcome prior misunderstandings and heal old grievances. The therapist attends to the family-as-a-whole, avoids alliances with individuals, and helps the family to focus on its communication, cohesion and conflict resolution. End-of-session summaries help relatives to integrate their understanding of the themes and processes discussed [*"Today, we've learned that your parents and grandparents avoided discussing feelings, as you've done too thus far. You've talked about the benefits of striving to share your feelings."*].

The therapist sensitively encourages [*"How serious is this illness? What threat to life does it bring"]* family members to safely discuss in the session the hitherto-avoided subject of death and dying. Bigger disruptions of communication and teamwork are addressed by highlighting entrenched patterns of relating often transmitted from prior generations, but once recognized, capable of being worked on differently. For example, relational styles involving much criticism may be tempered by introducing frequent affirmation [*"You've been tough on each other, yet I notice tremendous teamwork pointing to genuine care you give each other."]*. Spacing therapy over 12-18 months of bereavement [up to 12 sessions] consolidates change and family focus on improving relationships. High-conflict families need containment [e.g. therapist stops in-session arguments, showing members how these escalate and damage] and support to interrupt disruptions, respect alliances that serve members best, and recognition of the benefit of distance between relatives who differ temperamentally and don't get on. For very dysfunctional families, modest goals for change may be set.

Related procedures: Anger management, anxiety management, cognitive restructuring and meaning making, communication analysis and training, genogram analysis of transgenerational patterns of relating and coping with loss, guided mourning, life review

(reminiscence) therapy, prolonged-grief therapy, problem solving, relational enhancement, ritual endorsement, social skills training, use of narrative.

Application: Preventive and active treatment, done in the home, hospice/hospital, or outpatient clinic, for: high-risk families whose relative of any age is having palliative care for advanced progressive illness e.g. cancer; renal/pulmonary/cardiac failure; motor neurone disease/other neurodegeneration; families carrying hereditary cancer.

1st use? Kissane et al (1998)

References:
1. Kissane DW, Bloch S, McKenzie M, McDowall C, Nitzan R (1998). Family grief therapy: a preliminary account of a new model to promote healthy family functioning during palliative care and bereavement. *Psycho-Oncology*, 7: 14-25.
2. Kissane DW, Bloch S (2002). *Family Focused Grief Therapy: A Model of Family-Centred Care during Palliative Care and Bereavement*. Open University Press, Buckingham and Philadelphia. [Translated into Japanese (2003) and Danish (2004)]
3. Kissane DW, McKenzie M, Bloch S, Moskowitz C, McKenzie DP, O'Neill I (2006) Family focused grief therapy: a randomized controlled trial in palliative care and bereavement. *American J Psychiatry*, 163: 1208 - 1218.

Case illustrations:
1. *Blended family carrying unfinished business* (Kissane & Bloch 2002): Divorce had ended a 20-year marriage of a couple with 3 daughters. The mother's terminal illness 18 years later allowed resolution of unfinished business from the divorce, her bitterness having prevented consolation of her eldest daughter's distress as a teenager. Mother knew intuitively that something remained amiss, and screening for family functioning led her to invite sorting of this out before she died. Both her current and former husbands joined the 4 women in 8 family meetings, each of 90 minutes, held in her home. Each member's perspective of the marital breakup was shared as the family retold their story. Enhanced understanding developed with greater acceptance and forgiveness. The mother's role was affirmed with gratitude. Reminiscence helped celebrate her life, while the family prepared for her loss.

2. *Family burdened by double cancer* (Kissane & Bloch 2002)*:* A family grieved intensely when both mother and a daughter developed cancer. The mother's family was close, while father had migrated and lost all contact. When the 2 daughters grew up the elder moved interstate for several years and was perceived as the black sheep, while the younger achieved academically and bonded to mother but developed breast cancer followed by mother getting lung cancer. These illnesses drew the family closer. In therapy for ten 90-minute sessions in the home over several months, a greater sense of reconciliation developed with the older daughter. About half-way through, the therapist invited the sons-in-law to join, thus strengthening the experience of support from family meetings. Ways were explored of creating memories for the grandchildren. Eventually, a creative outcome became evident despite the challenge of loss.