Effect of a bereavement support group on female adolescents’ psychological health: a randomised controlled trial in South Africa

Tonya Renee Thurman, Brian G Luckett, Johanna Nice, Alexandra Spyrelis, Tory M Taylor

Summary
Background Bereavement increases children’s risk for psychological disorders, highlighting the need for effective interventions, especially in areas where orphanhood is common. We aimed to assess the effects of an eight-session support group intervention on the psychological health of bereaved female adolescents in South Africa.

Methods This randomised controlled trial enrolled female adolescents at 11 schools in three peri-urban towns of Free State province, South Africa. 453 bereaved ninth-grade students aged 13–17 years who had expressed interest in taking part in the group were randomly assigned (1:1) to receive the intervention or to be waitlisted for programme enrolment after the study period and serve as the control group. The intervention, Abangane (“friends” in isiZulu), is a locally derived, curriculum-based support group focused on coping with loss incorporating indigenous stories and cognitive behavioural therapy components. Weekly group sessions were facilitated by trained social workers or social auxiliary workers from a local non-profit organisation. The primary outcomes included indicators of grief and depression as reported by adolescents and behavioural problems reported by their caregivers. Grief was measured with three scales: the grief subscale of the Core Bereavement Items to assess normative grief; and the Intrusive Grief Thoughts Scale and the Inventory of Complicated Grief–Revised for Children to assess maladaptive grief symptoms in the past 4 weeks. Depression symptoms in the past 7 days were measured with the Center for Epidemiological Studies–Depression Scale for Children. Caregivers completed the Brief Problem Monitor-Parent Form to report on adolescent’s behaviour in the previous 4 weeks. Analysis was intention to treat. This study is registered with ClinicalTrials.gov, number NCT02368808.

Findings Between Sept 30, 2014, and Feb 5, 2015, eligible female participants were identified, of whom 226 were assigned to the intervention, Abangane, and 227 were assigned to the waitlisted control group. Analysis included 382 adolescents who completed both surveys (193 participants assigned to Abangane and 189 assigned to waitlist). At follow up, the intervention group had significantly lower scores for primary outcomes, including intrusive grief (p=0.000, Cohen’s d=−0.21), complicated grief (p=0.015, d=−0.14), and depression (p=0.009, d=−0.21) relative to the waitlisted group, while core bereavement scores were similar between groups (p=0.269). Caregivers in the intervention group reported lower levels of behavioural problems among adolescents (p=0.017, d=−0.31).

Interpretation Short-term, structured, theory-based support groups with contextually relevant content show promise in mitigating psychological and behavioural problems among bereaved adolescents. Abangane is replicable in resource limited settings, using freely available curriculum materials, existing programme structures, and appropriately trained personnel to implement it.

Funding US Agency for International Development Southern Africa.

Introduction Early bereavement is common in South Africa, where almost a fifth of children have lost a parent and many more have experienced the death of another family member or friend.3 Of the 3·8 million children in the country who have lost one or both parents, almost two-thirds were orphaned due to AIDS.7 Violence and accidents also contribute to high and increasing adult mortality in the country.7

Despite the serious potential consequences of bereavement in childhood, including risk for depression, maladaptive grief, and other emotional and behavioural problems,3,4 few evidence-based bereavement support services are available to children in South Africa.3 Four randomised controlled trials done in sub-Saharan Africa of psychological treatments for children experiencing depression, trauma, or parental loss have shown the positive effects of group interventions with a trained facilitator,8–10 as has one pre-post assessment focused specifically on grief.11 Related systematic reviews emphasise the need to develop and test interventions that can be feasibly implemented in low-income and middle-income

www.thelancet.com/lancetgh  Vol 5  June 2017 e604

Lancet Glob Health 2017; 5: e604–14
Published Online April 24, 2017 http://dx.doi.org/10.1016/S2214-109X(17)30146-8
See Comment page e559 Highly Vulnerable Children Research Center, Tulane University School of Social Work, New Orleans, LA, USA (Prof T R Thurman PhD, B G Luckett PhD, J Nice MPH, T M Taylor MPH); Tulane International LLC, Cape Town, South Africa (Prof T R Thurman, A Spyrelis MA); Tulane University School of Public Health and Tropical Medicine, New Orleans, LA, USA (T M Taylor)
Correspondence to: Prof Tonya Renee Thurman, Highly Vulnerable Children Research Center, Tulane University School of Social Work, New Orleans, LA, 70112, USA (thurma@tulane.edu)
Research in context

Evidence before this study
We reviewed the most recent available evidence on the scale and causes of orphanhood and general bereavement among children in South Africa, which confirmed the high prevalence of bereavement, especially orphanhood, and the predominance of AIDS-related deaths. A systematic review of the evidence for mental health issues surrounding bereavement and HIV in children showed the increased psychological risks and absence of evidence-based supportive interventions. We then reviewed evidence about the effectiveness of different psychological support interventions for bereaved children and adolescents, or those exposed to other potentially traumatising events. Two meta-analyses of grief interventions for children showed small to moderate effects on psychiatric and behavioural outcomes. The authors noted a tendency for the severity of depression and other psychological symptoms at baseline to moderate the effects of interventions; studies tended not to assess grief directly. However, the studies included within these reviews were largely confined to high-income populations. We thus searched PsychINFO and MEDLINE with no date or language restriction for publications that evaluated bereavement interventions for children or adolescents in sub-Saharan Africa with the terms “bereave*” or “grief or depression” and “treatment or therapy or intervention or program*” and “child or adolescent or orphan” and “Africa”, “South Africa” and other sub-Saharan countries. More than 400 records were returned yielding five evaluations of structured group-based interventions that addressed grief or depression among bereaved or war-affected youth: four randomised controlled trials and one pre-post assessment. All but one of the interventions were underpinned by cognitive behavioural therapy or interpersonal therapy. All studies reported improvements on multiple psychological health measures with reduced depressive symptoms reported in four investigating this outcome; only one reported specifically on grief symptoms. Notably, three of the trials targeted children affected by war, which could be contextually different from children experiencing loss in a generalised HIV epidemic.

Added value of this study
To the best of our knowledge, this study represents the first randomised controlled trial of a structured bereavement support programme for adolescents in sub-Saharan Africa. The study offers new information about the potential for the intervention under investigation, Abangane, and similar interventions to improve psychological health in this highly vulnerable population. Whereas most research on treatment approaches for young people affected by grief and its harmful sequelae in low-income and middle-income countries focuses on children affected by armed conflict or post-natural disaster settings, this study offers evidence for the sizeable population of orphans and other bereaved children and adolescents in countries with generalised HIV epidemics. The study also represents an unusual effort to ground evidence for psychological health programming in local cultural norms, by applying a locally derived intervention first, and strengthening its basis in theory second. Finally, this study includes a direct assessment of maladaptive grief using multiple measures cognitively adapted among young South Africans.

Implications of all the available evidence
Current understanding of the relative value of various treatment approaches for maladaptive grief and depression in bereaved children and adolescents in South Africa and similar contexts is lacking. We found that structured, locally derived, theory-based support groups show great promise. The group of adolescent girls assigned to the intervention reported lower scores for intrusive grief, complicated grief, and depression relative to the waitlist group, and caregivers reported significantly lower levels of behavioural problems among the adolescents in the intervention group. These findings build on existing research and offer new evidence in support of the use of time-limited group therapies for adolescent grief support incorporating cognitive behavioural techniques and gender-sensitive, culturally aware approaches.

countries to adequately address children’s grief and depression.15,16

We aimed to assess the effect of a locally derived, theory-based support group for female adolescents who have experienced the death of someone important in their lives. To the best of our knowledge this study represents the first rigorous evaluation of a structured bereavement support programme for adolescents in sub-Saharan Africa.

Methods

Study design and participants
This randomised controlled trial was designed to evaluate the effect of a structured intervention, Abangane, on the psychological health of bereaved female adolescents in the Free State province of South Africa; an area with high HIV prevalence.7 The intervention was implemented in 11 peri-urban schools in three towns by a local non-profit organisation, Child Welfare Bloemfontein & Childline Free State (CWBFN), with all 11 schools included in the evaluation. The schools were chosen by the provincial Department of Education in consultation with CWBFN with emphasis on serving those most in need considering vulnerability indicators of the area and school population.

The study population was identified through a school-based intake process routinely used by CWBFN to identify orphans and vulnerable children eligible for services. Eighth grade students (ages 12–17 years) from participating schools completed an intake form from
دریافت فوری
متن کامل مقاله

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان دانلود رایگان ۲ صفحه اول هر مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات