

Cognitive-Behavioral Therapy for Prolonged Grief in Children: Feasibility and Multiple Baseline Study

Mariken Spuij, Annemarie van Londen-Huiberts, and Paul A. Boelen, *Utrecht University*

There is growing recognition of a syndrome of disturbed grief referred to as prolonged grief disorder (PGD). Although mostly studied in adults, clinically significant PGD symptoms have also been observed in children and adolescents. To date, no effective treatment for childhood PGD yet exists. We developed a 9-session cognitive-behavioral treatment for childhood PGD, combined with 5 sessions of parental counseling. In the present article, the content of this treatment is described. We also describe findings of a multiple baseline study among 6 bereaved children and adolescents. This study showed that the intervention coincided with reductions in symptoms of PGD and other self-rated and parent-rated symptoms. All participating children and parents gave favorable scores to the satisfaction about each session, the contact with their therapist, and the information they received, attesting to the feasibility of this treatment approach.

THE past years have shown a growing recognition of a syndrome in adults referred to as prolonged grief disorder (PGD; also termed complicated grief). PGD encompasses several symptoms, including separation distress, preoccupation with thoughts about the lost person, a sense of purposelessness about the future, numbness, bitterness, difficulties accepting the loss, and difficulty moving on with life without the lost person (Prigerson et al., 2009; Shear et al., 2011). Symptoms of PGD have been found to be distinct from depression and posttraumatic stress disorder (PTSD) and to be associated with persistent mental and physical health complaints and reduced quality of life (Bonanno et al., 2007; Prigerson et al., 2009). PGD is also different from normal grief in that people with PGD are essentially stuck in a state of chronic mourning in which symptoms of acute grief do not subside, but continue to interfere with normal functioning far beyond the first half year of bereavement (Boelen & Van den Bout, 2008; Prigerson, 2004). Given that PGD is a distinct and debilitating condition, researchers have pleaded for inclusion of a specific grief disorder in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (Prigerson et al., 2009; Shear et al., 2011). Accordingly, inclusion of a formal disorder of grief in

DSM is now being considered (American Psychiatric Association, 2012; for a discussion, see Boelen & Prigerson, 2012).

Research has shown that PGD can also occur in children and adolescents confronted with loss. For instance, in a study among 11- to 23-year-old friends and acquaintances of suicide victims, Melhem et al. (2004) found that adolescents can experience a traumatic grief reaction that is similar to that of adults and that is associated with increased suicidal ideation, depression, and PTSD. Melhem, Moritz, Walker, Shear, and Brent (2007) studied the phenomenology and correlates of PGD among parentally bereaved children, aged 7 to 18, and found that PGD severity was significantly correlated with suicidal ideation and functional impairments, even when controlling concomitant depression and PTSD. Other studies have also provided evidence that childhood PGD is distinct from depression, anxiety, and normal grief (Dillen, Fontaine, & Verhofstadt-Denève, 2008, 2009) and is associated with impairments in health and quality of life (e.g., Brown & Goodman, 2005; Cohen & Mannarino, 2004; Spuij et al., in press).

Despite these facts, effective interventions for bereaved children and adolescents are hardly available. In a meta-analytic review Currier, Holland, and Neimeyer (2007) examined the effectiveness of bereavement interventions with children. Based on 13 controlled studies, it was found that the overall weighted effect size, representing the benefit of bereavement interventions compared to no-intervention at posttest, was $d=0.13$ and did not differ significantly from zero. Fortunately, more recent research has countered some of the pessimism

Keywords: prolonged grief disorder; children; adolescents; cognitive-behavioral treatment

1077-7229/11/349-361\$1.00/0

© 2012 Association for Behavioral and Cognitive Therapies.
Published by Elsevier Ltd. All rights reserved.

about the efficacy of interventions for bereaved children that has arisen from earlier studies (cf. Larson & Hoyt, 2007). Most important in this respect is the work of Sandler and colleagues in the family bereavement program (FBP). The FBP is a 14-session (12 group, 2 individual) program that targets family-level (e.g., parenting skills) and child-level (e.g., coping skills) variables that promote resilient outcomes. This program has been found to reduce immediate as well as long-term grief problems in children confronted with parental loss (Sandler et al., 2003; Sandler, Ayers, et al., 2010; Sandler, Ma, et al., 2010). Despite these positive findings, more work on the development and evaluation of grief interventions for children and adolescents is still needed. For instance, the FBP is focused on parentally bereaved children and no effective treatments have yet been developed for bereaved children confronted with other losses. Moreover, the FBP uses a group-based format and the effects of individual treatments are still understudied. Finally, the degree to which the FBP (or any other bereavement intervention) alleviates or prevents symptoms of PGD has not been investigated yet.

In light of the clinical significance of childhood PGD and associated problems that may emerge following loss and limited knowledge about effective interventions, it is important to further develop and test psychotherapeutic interventions for childhood PGD. As part of a larger project on childhood PGD, we developed a nine-session manualized cognitive behavioral treatment for children with elevated levels of PGD. In the present article, the content and theoretical background of this treatment are introduced. In addition, we present the findings of a multiple-baseline study among six bereaved children with elevated PGD, designed to explore the feasibility and potential efficacy of this new treatment.

Cognitive Behavioral Therapy (CBT) for Childhood PGD: Theoretical Basis

CBT for childhood PGD is based on a cognitive-behavioral model of adult PGD (Boelen, Van den Hout, & Van den Bout, 2006, 2012). This model postulates that PGD symptoms develop under the influence of three interrelated processes. The first process is *insufficient integration* of explicit knowledge about the irreversibility of the separation with preexisting knowledge about the self and the relationship with the lost person, stored in autobiographical memory. This lack of integration maintains a sense of shock about the loss and a sense that the separation is reversible, causing yearning and a persistent urge to restore proximity to the lost person. The second process is a propensity to engage in *persistent negative thinking*. Negative cognitions about the self, life, and the future, and catastrophic misinterpretations of one's grief reactions as signaling loss of control or insanity are assumed to be particularly detrimental. Specifically, it is

assumed that negative thoughts about the self, life, and the future directly contribute to a persistent preoccupation with what went lost, whereas catastrophic misinterpretations of one's grief reactions (e.g., "If I would allow my feelings to run loose, I would go crazy") fuel avoidant tendencies and emotional distress (Spuij & Boelen, 2012). The third of these processes encompasses *anxious* and *depressive avoidance*. Anxious avoidance refers to fear-driven avoidance of stimuli that remind of the loss, whereas depressive avoidance encompasses avoidance of activities that could foster adjustment, driven by pessimistic cognitions that one is unable to carry out and/or to enjoy such activities. Anxious avoidance maintains PGD by blocking elaboration and integration of the loss. Depressive avoidance is detrimental because it maintains negative cognitions, alienation and isolation, and interferes with constructive action that could foster adjustment.

Based on this framework, alleviation of PGD can be achieved by targeting these processes using conventional CBT interventions. Thus, first, therapy aims to promote integration of the loss with preexisting knowledge. To this end, different interventions can be applied including *imagery exposure* (telling the story of the loss, zooming in on the most painful aspects), *in vivo exposure* (visiting the scene of the death), and *confrontational writing* (writing a letter to the lost person, explaining what is missed most). Second, negative cognitions are altered, using cognitive restructuring techniques. Examples of these include *Socratic questioning* (i.e., identifying, discussing the validity and utility of, and altering maladaptive cognitions) and *behavioral experiments* (i.e., using specific behavioral assignments to test the validity of cognitions). Third, maladaptive avoidance behaviors are replaced by more helpful ways of coping. For instance, *exposure to avoided stimuli* can be used to target anxious avoidance, and *behavioral activation* to turn the vicious cycle of depressive avoidance. In a controlled trial with bereaved adults, this CBT approach was found to be significantly more effective for reducing PGD symptoms than nondirective supportive counseling (Boelen, De Keijser, Van den Hout, & Van den Bout, 2007).

CBT for Childhood PGD: Treatment Protocol

CBT for childhood PGD is based on the same principles and uses the same interventions as does the adult version, albeit these are simplified to accord with the developmental level and intellectual and cognitive abilities of children.

The treatment consists of nine 45-minute sessions planned with 1- or 2-week intervals. The treatment is described in a therapist manual and in an illustrated workbook for the children. Treatment starts with the formulation of specific goals for the treatment ("What is it that you want to achieve over the next sessions?" "After our

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ 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