



## Internet-Based Exposure and Behavioral Activation for Complicated Grief and Rumination: A Randomized Controlled Trial

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This study examined the effectiveness and feasibility of therapist-guided Internet-delivered exposure (EX) and behavioral activation (BA) for complicated grief and rumination. Forty-seven bereaved individuals with elevated levels of complicated grief and grief rumination were randomly assigned to three conditions: EX ( $N = 18$ ), BA ( $N = 17$ ), or a waiting-list ( $N = 12$ ). Treatment groups received 6 homework assignments over 6 to 8 weeks. Intention-to-treat analyses showed that EX reduced complicated grief, posttraumatic stress, depression, grief rumination, and brooding levels relative to the control group at posttreatment ( $d = 0.7$ – $1.2$ ). BA lowered complicated

grief, posttraumatic stress, and grief rumination levels at posttreatment ( $d = 0.8$ – $0.9$ ). At 3-month follow-up, effects of EX were maintained on complicated grief and grief rumination ( $d = 0.6$ – $1.2$ ), and for BA on complicated grief, posttraumatic stress, and grief rumination ( $d = 0.8$ – $0.9$ ). EX reduced depression more strongly than BA ( $d = 0.6$ ). Completers analyses corroborated results for EX, and partially those for BA, but no group differences were detected. BA suffered from high dropout (59%), relative to EX (33%) and the waiting-list (17%). Feasibility appeared higher for EX than BA. Results supported potential applicability of online exposure but not behavioral activation to decrease complicated grief and rumination.

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ALTHOUGH MOST PERSONS ADAPT to the death of a loved one without therapeutic intervention, a significant minority of bereaved individuals experiences severe

physical and mental health problems (Stroebe, Schut, & Stroebe, 2007). In approximately 5% to 10% of bereaved people, a loss results in persistent emotional difficulties, such as posttraumatic stress disorder (PTSD) and major depressive disorder (MDD). Over the past years, several scientists have attempted to define a mental disorder that is characterized by chronic grief responses, broadly termed *complicated grief* (Horowitz et al., 1997; Maercker et al., 2013; Prigerson et al., 2009). An influential proposal is prolonged grief disorder (PGD), which is characterized by persistent separation distress, difficulty accepting the loss and adjusting to its consequences, present to a distressing and disabling degree at least 6 months after the death occurred (Prigerson et al., 2009). Given the large individual differences in the outcomes of experiencing a loss, it is imperative to establish which types of treatment reduce loss-related distress.

Psychological treatments for complicated grief were found to be effective, yielding moderate effect sizes in a meta-analysis (Wittouck, van Autreve, de Jaegere, Portzky, & van Heeringen, 2011). Moreover, there is accumulating evidence that cognitive behavioral therapy (CBT) is a promising therapeutic intervention for complicated grief (Boelen, de Keijser, van den Hout, & van den Bout, 2007; Bryant et al., 2014; Litz et al., 2014; Papa, Sewell, Garrison-Diehn, & Rummel, 2013; Rosner, Pfoh, Kotoučová, & Hagl, 2014; Shear, Frank, Houck, & Reynolds, 2005; Wagner, Knaevelsrud, & Maercker, 2006). CBT for complicated grief typically consists of multiple components, including, but not limited to: (a) exposure to avoided bereavement-related cues; (b) cognitive restructuring of loss-related negative cognitions; and/or (c) behavioral activation to counter inactivity and behavioral withdrawal.

Despite the proven effectiveness of CBT in reducing loss-related distress, little is known about the potential of online applications of this approach. This is somewhat surprising, because online therapy has been shown to be as effective as face-to-face therapy for various affective disorders (e.g., Andrews, Cuijpers, Craske, McEvoy, & Titov, 2010). Moreover, Internet-delivered therapy could provide an easily accessible and potentially cost-effective and time-efficient way of providing help to bereaved individuals who have difficulty adjusting to their loss. Since governments and insurance companies increasingly stress the need for brief, evidence-based interventions to reduce mental health complaints, the development of these online interventions is important.

The limited research on online CBT interventions for bereaved individuals that has been done so far provides a mixed picture. For example, therapist-

guided Internet-delivered CBT for complicated grief was effective in reducing loss-related distress (Wagner et al., 2006), but an unguided online CBT-based writing intervention for a general bereaved population was not (van der Houwen, Schut, van den Bout, Stroebe, & Stroebe, 2010). These findings suggest that in addition to targeting indicated groups of bereaved persons (for a review: Wagner, 2013), some degree of therapist support is necessary to make online therapy optimally effective (for reviews: Andersson, Carlbring, Berger, Almlöv, & Cuijpers, 2009; Wagner, 2013). In the current study, we therefore set out to further investigate the effectiveness of therapist-supported online therapy for people with elevated levels of complicated grief.

Another issue that has been given scant attention in research on CBT for distressed bereaved persons is the effectiveness of individual treatment components. Given the need for cost-effective and time-efficient therapies, it is worth investigating whether beneficial effects on levels of loss-related distress can be attained through application of a single treatment component instead of a combination of multiple modules. This is especially relevant given that dismantled treatments, consisting of single modules, generally yield similar results to full treatments (Bell, Marcus, & Goodlad, 2013). A rare study that did investigate the effectiveness of separate components of CBT for complicated grief yielded some interesting findings. Boelen and colleagues (2007) compared the effects of three conditions. In the first condition, a 6-week exposure module was followed by a 6-week cognitive restructuring module. In the second condition, the sequence of modules was reversed, and in the third condition, a 12-week supportive counseling module was provided. Notably, both exposure and cognitive restructuring yielded moderate to large reductions in symptoms of complicated grief after only 6 weeks. Unfortunately, the design of this study did not permit examination of long-term effects of these treatment components. Clearly, it is important to investigate what the effects of individual treatment modules are, as this could be a way to develop shorter, more efficient treatments for bereaved individuals experiencing grief complications.

Accordingly, in the current investigation, we sought to complement prior studies by testing two brief, therapist-supported, Internet-delivered therapy modules in a sample of bereaved persons with elevated levels of complicated grief. We chose to examine the effects of exposure and behavioral activation for a number of reasons. A first reason was that both interventions are based on a clear conceptual basis. Exposure is grounded in the notion that individuals experiencing complications in their grieving process engage in overt or cognitive avoidance of the loss

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