

De rol van cognities, vermijding, en gezinsfactoren bij vastgelopen rouw bij kinderen en jeugdigen

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Disclosure belangen spreker	
Mogelijke belangenverstrengeling	Geen
Relevante relaties met bedrijven	Uitgeverij Boom
Sponsoring/onderzoeksgeld	Geen
Honorarium/financiële vergoeding	Uitgeverij Boom (honorarium 2023, €130)
Aandeelhouder	Geen
Andere financiële, commerciële relaties	Geen

Nature and prevalence of emotional problems

Example

ORIGINAL ARTICLE

Grief in Children and Adolescents Bereaved by Sudden Parental Death

Nadine M. Melhem, PhD; Giovanna Porta, MS; Wael Shamseddeen, MD; Monica Walker Payne, MA; David A. Brent, MD

182 parentally bereaved children (7-18 yrs)

Assessed 9 months – 3 yrs. post loss

→ *10% profile of persistent high levels of prolonged grief*

→ *60% resilient profile*

→ *30% recovery profile*

Arch Gen Psychiatry. 2011;68(9):911-919

Identifying Prolonged Grief Reactions in Children: Dimensional and Diagnostic Approaches

Nadine M. Melhem, Ph.D., Giovanna Porta, M.S., Monica Walker Payne, M.A.,
David A. Brent, M.D.

Key symptoms of disturbed grief:

- *longing and yearning for the deceased,*
- *inability to accept the death,*
- *shock,*
- *disbelief,*
- *loneliness,*
- *shattered changed world view*

To disabling
and
distressing
degree?

>6 months
post-loss?

→ PGD

Risk Factors

- Socio-demographic variables
 - Female, Low education
- Aspects of lost relationship
 - Closeness, interdependence
- Condition of remaining parent(s)
 - Children do worse when parent(s) do worse
- Cause of the death
 - Nature and number of traumatizing elements of death

Disclaimer:
Very little research !!

Existing treatments?



- Currier, Holland, Niemeyer (2007). J Child Adolesc Psychol
- Only 13 controlled treatment studies found
 - *The overall results do not support the assumption that the bereavement interventions with children have a significant influence on adjustment. On average, the treated child did not appear to be better than bereaved children who did not participate in grief therapy (as reflected in an average weighted effect size of .14.*
- Rosner, Kruse, Hagl (2010). Death Stud.
 - *Results yielded small to moderate effect sizes. Interventions for symptomatic or impaired participants tended to show larger effect sizes than interventions for bereaved children and adolescents without symptoms.*
 - *Indications that therapies with confronting interventions – discussing most painful aspects of loss – yields larger effects.*

Existing treatments?



[1] Family Bereavement Program (Sandler et al.)

- *Group-based treatment parentally bereaved*
- *Promotion of resilience by enhancing parenting skills and coping skills*
- *Effectiveness: Grief↓, depression↓, positive parenting↑*

[2] Group-treatment victims civil war (Layne et al.)

- *Applied in school-contexts*
- *Effectiveness: Grief↓, depression↓*

[3] CBT for Childhood Traumatic Grief (Cohen and Mannarino)

- *For children confronted with sudden loss, experiencing traumatic stress + grief*
- *Effectiveness: Childhood Traumatic Grief↓ (≠PCBD)*

Limitations:

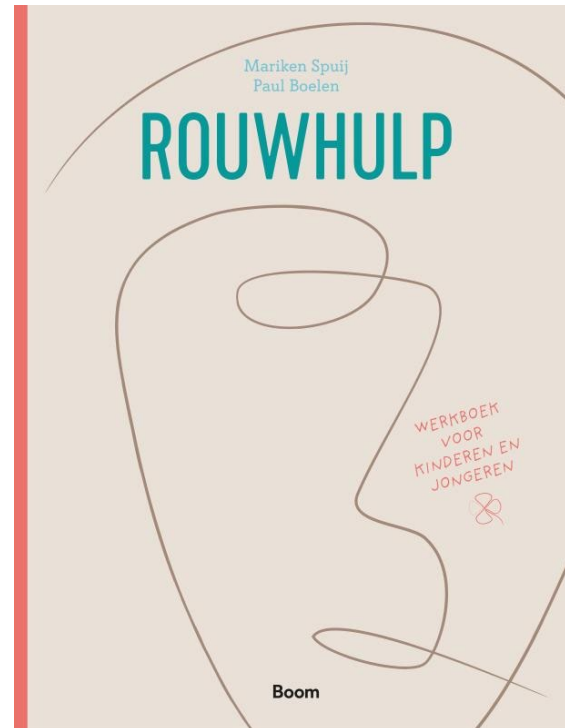
- *Group-based (#1 and #2)*
- *Focused on specific groups (parental loss #1, war-affected #2, traumatic deaths #3)*
- *Effects on PCBD/Prolonged Grief are unknown*

CBT Grief-Help

A cognitive behavioral treatment of disturbed grief in children and adolescents



Mariken Spuij



CBT Grief-Help: Content

Blocking mechanisms

- 1 *Avoidance of reality of the loss*
- 2 *Persistent negative cognitions (self, life, future)*
- 3 *Depressive withdrawal*
- 4 *Excessive responsibility for others*
- 5 *Limited availability and responsiveness of parent(s)/caretaker(s)*

CBT Grief-Help: Content

	Blocking mechanisms	Treatment targets	Interventions	
1	<i>Avoidance of reality of the loss</i>	<i>Facing reality, working through pain</i>	<i>Graded exposure to story of the loss; reducing phobic avoidance</i>	9 sessions with child
2	<i>Persistent negative cognitions (self, life, future)</i>	<i>Regaining/restoring confidence in self, optimistic outlook, trust</i>	<i>Cognitive restructuring</i>	
3	<i>Depressive withdrawal</i>	<i>Continuing valued activities</i>	<i>Graded activation (reducing depressive avoidance)</i>	
4	<i>Excessive responsibility for others</i>	<i>Focusing on own problems and not only those of others</i>	<i>Problem solving skills</i>	5 sessions with parents/caretakers
5	<i>Limited availability and responsiveness of parent(s)/caretaker(s)</i>	<i>Supporting parents in supporting their children</i>	<i>Improving positive parenting, interaction, communication</i>	

CBT Grief-Help: Content

Part 1: “Who died?”

Part 2: “What is grief?”

Part 3: “Cognitive restructuring”

Part 4: “Unhelpful coping behaviors”



4 TASKS

1. Facing the reality and pain of the loss;
2. Regaining confidence in yourself, other people, life, and the future;
3. Focusing on your own problems and not only those of others;
4. Continuing activities that you used to enjoy).

EXPOSURE

Cognitive restructuring

PROBLEM SOLVING

Behavioral activation

CBT Grief-Help: RCT

CBT Grief-Help vs. Supportive Counseling

CBT for Prolonged Grief in Children and Adolescents: A Randomized Clinical Trial

Paul A. Boelen, Ph.D., Lonneke I.M. Lenferink, Ph.D., Mariken Spuij, Ph.D.

Am J Psychiatry, 2021

CBT Grief-Help: RCT

N = 134, M age \approx 13, Girls/boys \approx 50/50,
M time \approx 38 months, \approx 2/3 Loss of parent, \approx 2/3 loss due to illness

CBT Grief Help

N = 74

Supportive counseling

N = 60

Outcomes:

- Prolonged Grief
- Post-traumatic Stress
- Depression
- Parent-rated problem behaviour

Before treatment



After treatment

6 weeks follow up

3 months follow up

6 months follow up

CBT Grief-Help: Main outcomes RCT

	SC Within group ES	Grief-Help Within group ES	Between group ES with SC as reference group
PCBD			
T0 vs. T1	-1.17***	-1.60***	-0.41*
T0 vs. T2	-1.08***	-1.55***	-0.45**
T0 vs. T3	-0.99***	-1.68***	-0.67***
T0 vs. T4	-1.13***	-1.88***	-0.73*** ←
Depression			
T0 vs. T1	-0.55***	-0.60***	-0.04
T0 vs. T2	-0.53***	-0.65***	-0.11
T0 vs. T3	-0.37**	-0.73***	-0.36*
T0 vs. T4	-0.53***	-0.96***	-0.42* ←
Posttraumatic stress			
T0 vs. T1	-0.96***	-1.17***	-0.21
T0 vs. T2	-0.74***	-1.01***	-0.26
T0 vs. T3	-0.67***	-1.07***	-0.39*
T0 vs. T4	-0.80***	-1.33***	-0.51** ←

CBT Correlates (\approx mechanisms) of change



Negative loss-related cognitions: Grief Cognitions Questionnaire for Children (GCQ-C)

"Since ... died I think I am worthless/the world is bad/the future is hopeless"

Depressive avoidance: Grief Behaviour Questionnaire for Children (GBQC)

"I prefer staying at home because/don't meet with friends/don't engage in sports, because it makes no sense/doesn't give me joy"

Anxious avoidance: Grief Behaviour Questionnaire for Children (GBQC)

"I avoid situations/places/people reminding me that ... is dead"

Warmth and involvement: subscale Parenting Practices Questionnaire (PPQ)

"My mo/fa responds to my needs, knows my friend's names, expressed affection, praises me when I achieve something"



Reasoning/induction: subscale Parenting Practices Questionnaire (PPQ)

"My mo/fa explains the consequences of my behavior/talks it over when I misbehave/explains why rules should be obeyed."

Autonomy granting: subscale Mother-Father-Peer Scale (MFP)

"My mo/fa encouraged me to make my own decisions"

CBT Correlates (\approx mechanisms) of change

	Δ P-Grief	Δ PTSD	Δ Depression	Δ Internal.	Δ External.
Δ Negative cognitions	.76	.70	.37	-	-
Δ Depressive avoidance	.49	.60	-	-	-
Δ Anxious avoidance	.70	.65	.22	-	-
Δ PP: warmth	-	-	-	-.27	-
Δ PP: reasoning	-	-	-		-
Δ PP: granting autonomy	-	-	-	-.20	-

Stronger decline in self-rated loss-related distress was correlated with stronger decline in negative cognitions and anxious avoidance and depressive avoidance.

Stronger decline in self-rated distress was unrelated to child-rated improvements in positive parenting.

Improvements rated by parent(s) were unrelated to child-rated changes in negative thinking and avoidance

Improvements rated by parent(s) were a *little bit* related to improvements in positive parenting.

Association of PGD with CBT and parenting variables?

Boelen & Spuij, submitted

Baseline data RCT

	Prolonged grief (children-rated)	Depression (children-rated)	Posttraumatic stress (children-rated)	Functional impairment (children-rated)	Internalizing (caregiver-rated)	Externalizing (caregiver-rated)
Cognitive behavioural variables						
Negative cognitions	.76***	.63***	.75***	.48***	.16*	.07
Anxious avoidance	.62***	.55***	.66***	.34***	.21*	.04
Depressive avoidance	.64***	.66***	.68***	.48***	.26**	.05
Caregiver's mental health						
Caregiver's prolonged grief	.10	-.06	-.02	.07	.10	-.10
Caregiver's depression	.08	-.02	.04	.21**	.12	-.08
Caregiver's anxiety	.04	-.03	.03	.12	.25**	-.04
Children-rated parenting behaviours						
Children-rated warmth/involvement	.04	-.09	-.01	-.15	-.07	-.04
Children-rated reasoning/induction	.04	-.04	.03	-.11	.03	.15
Children-rated autonomy granting	.04	-.08	.05	-.04	-.07	<.01
Caregiver-rated parenting behaviours						
Caregiver-rated warmth/involvement	.06	-.07	<.01	-.08	-.04	.02
Caregiver-rated reasoning/induction	-.04	-.10	-.07	-.16*	<-.01	.15
Caregiver-rated autonomy granting	.03	<.01	.03	.04	.13	.07

Conclusion and Discussion



- PGD is a serious problem (in a minority of children)
- Apart from FBP and Layne's program "CBT Grief-Help" is a promising treatment
- It is focused on building resilience rather than reducing problems)
- CBT Grief-Help is effective, specifically in reducing PGD (it was designed for)
- CBT Grief-Help is more effective than supportive counseling, particularly in the longer run

Conclusion and Discussion



- Preliminary evidence: reduction of negative thinking and avoidance is associated with improvement of children.
 - But: correlations between Δ in symptoms and Δ in cognitions + avoidance similar in CBT Grief-Help and Supportive Counseling...
 - But: Δ in cognitions + avoidance unrelated to parent-rated improvements
- No evidence that improvement in positive parenting is associated with improvement of children.
 - CBT Grief Help is not successful in improving positive parenting?
 - Or positive parenting is not important in childhood disturbed grief??
 - Williamson et al. (2017) Clinical Psychology Review. Meta-analysis: *“Parenting behavior accounts for only 2-5% of variance in child PTSD”*
 - In our sample: baseline correlations between positive parenting + child-rated distress were $r < .10!$



Dank voor uw aandacht.

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