A synthesis of psychological interventions for the bereaved

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Authors' objectives
To present an overview of bereavement intervention studies and assess the overall effectiveness of bereavement intervention studies in a quantitative meta-analysis.

Searching
MEDLINE, PsycINFO and Dissertation Abstract International databases (dates searched not stated) were searched using the keywords 'bereaved' and 'bereavement'. No language restrictions were reported.

Study selection
Study designs of evaluations included in the review
Randomised studies that recruited the control group in the same way as the intervention group but assigned patients to a wait list.

Specific interventions included in the review
Interventions were grouped into three groups: 1. Individual therapy: trauma desensitisation, hypnosis, psychodynamic therapy, crisis intervention, non-directive psychotherapy and widow-to-widow programme. 2. Family therapy: family crisis intervention. 3. Group therapy: support, confidant, consciousness-raising, social activities, cognitive restructuring and behaviour skills.

Participants included in the review
Bereaved adults aged 18 or more. Treatment initiation had to follow loss.

Outcomes assessed in the review
Depression and grief, physical symptoms, and other psychological symptoms. (e.g. anxiety, neuroticism, stress).

How were decisions on the relevance of primary studies made?
The authors do not state how the papers were selected for the review, or how many of the authors performed the selection.

Assessment of study quality
Validity was assessed by investigating the number of people recruited to the study who choose not to enter it, the differences between drop-outs and study participants, the proportion of drop-outs after study entry and the differences between intervention and control drop-outs. The authors do not state how the papers were assessed for validity, or how many of the authors performed the validity assessment.

Data extraction
Data were extracted on type of intervention, duration of intervention, type of therapists, sex, time since bereavement and expectedness of loss. The authors do not state how many authors performed the data extraction.

Methods of synthesis
How were the studies combined?
A narrative summary was presented with results grouped according to intervention type. A quantitative synthesis was also attempted, however, the methods used were inappropriate and the results cannot be interpreted in a meaningful way and so these results were not presented in this abstract.
How were differences between studies investigated?
The authors do not state how differences between the studies were investigated.

Results of the review

Thirteen RCTs.

Individual therapy (n=4). Three of the four studies of individual therapy found small inconsistent improvement in the reported physical health of intervention participants, while the other study did not find any improvements on physical health, but did find some improvements in stress reactions. Methodological flaws make the studies difficult to interpret: in one study intervention participants had more social support at baseline than control participants. Another study failed to control for gender or the amount of time that passed since the loss, and two of the studies failed to specify whether the loss was expected. Duration of therapy varied from patients to patient in all studies and from therapy to therapy in the one study that compared several therapies. Family therapy (n=1). Six months after the death, the treatment families had a significantly less authoritarian pattern of family decision making, but reported more concerns about work, family, and socio-economic well-being and higher monthly expenses. There were no differences on the remaining 13 factors. Group therapy (n=8). Two of the eight studies found consistent beneficial effects of the intervention on bereaved participants, one of these studies was not really a bereavement study as only a small fraction of the participants had been bereaved in the past year. The other six studies failed to provide support for any type of group therapy. Two of these studies showed that one type of support group (social activities groups) actually was harmful to participants. However, there are numerous methodological flaws in these studies that could be masking the effects of the interventions.

Authors’ conclusions

Overall, the interventions were largely methodologically flawed, rarely specified what theory of bereavement they were testing, and showed surprisingly weak effect sizes.

CRD commentary

A reasonable review of the area. The literature search was limited. The authors do not provide the dates for which the databases were searched, minimal search terms were used and the authors did not attempt to locate unpublished studies so the results may be susceptible to publication bias. Insufficient methodological details were presented regarding the processes of study selection, data extraction and validity assessment. The authors assessed the studies for limited validity criteria, however, they comment on methodological details throughout the results which helps in interpreting the results presented. A qualitative synthesis was presented which appears appropriate in view of the heterogeneous nature of the studies. A quantitative analysis was also presented, however, the methods used were inappropriate, heterogeneity was not assessed and only point estimates with no measure of variance or significance were presented. These results do not have any meaningful interpretation and so are not presented in this abstract. The results of these studies should be interpreted with caution due to the methodological flaws, as highlighted in the authors’ conclusions.

Implications of the review for practice and research

Research: The authors state that more research is needed on the effect of individual therapy on bereavement before any solid conclusions can be drawn. Interventions that are more clearly based on theories of bereavement need to be implemented and assessed. In addition, studies that assess depression and coping as well as health outcomes are needed. Group therapy studies that carefully control for possible confounding factors, that control and document which intervention participants receive the intervention and which control participants receive no intervention, and that have drop-out rates lower than 25% are needed. In addition, researchers need to report their data in such a way that effects of gender can be assessed as it is very likely that different interventions will be effective for males and females.

Funding

National Research Service Award.
Bibliographic details

PubMedID
10097872

Indexing Status
Subject indexing assigned by NLM

MeSH
Bereavement; Family Therapy /methods; Humans; Psychoanalytic Theory; Psychotherapy, Group; Social Support

AccessionNumber
11999003702

Date bibliographic record published
19/12/2000

Date abstract record published
19/12/2000

Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.