

Do community-based support services benefit bereaved children? A review of empirical evidence

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Abstract

Aims

To consider the evidence of effect from English language, empirically based quantitative evaluations of community-based interventions for bereaved children; community-based interventions being understood as those taking place outside a clinical setting.

Methods

Medline, PsychInfo, Applied Social Sciences Index and Sociological Abstracts were searched for documents containing the words 'child', 'bereavement' and 'program', 'group', 'intervention', 'support' or 'evaluation'. The criterion for inclusion was that studies use a control group or pre- and post-test measurements using a standardised instrument.

Results

Nine relevant studies were identified. However, empirical evidence of positive outcomes for children was limited, and compromised by methodological weaknesses in the design of studies. Small sample sizes, irregular attendance, high levels of attrition, short time scales between pre- and post-testing, and difficulty in developing appropriate instrumentation - including assessment of adherence to the agreed intervention programme - all created problems.

Conclusions

The case for universal inclusion of this group of children in such support programmes remains unproven and further exploration of the outcomes of a range of different community interventions is required, with a specific focus on long-term and/or unwanted effects and evaluation of the basis for referral.

Background

Although early commentators expressed doubt about children's ability to mourn (Wolfenstein, 1966) and raised concerns about the risks of pathological reactions of children in mourning (Bowlby, 1972, cited in Black, 1993), there is now a degree of consensus about children's need to 'work through' a 'process' of grieving (Herbert, 1996; Barnard *et al.* 1999; Baker *et al.* 1992; Worden, 1996). To facilitate this, children who suffer parental bereavement may receive a range of support services from health and social care services, which may be delivered through the statutory or voluntary sectors. However, there is much controversy around the appropriateness of such interventions.

Black argues that her own (1987) and Weller's (1991) studies prove that a family based intervention can reduce morbidity in children one year after bereavement from 40% to 20% and cites findings that bereaved children are five times more likely to suffer psychiatric disorder than others (Rutter, 1966); that childhood bereavement is associated with greater vulnerability to adult psychiatric disturbance (Brown *et al.* 1971; Birtchnell, 1970a, 1970b). However, Harrington (1999, p230) argues that

'bereavement does not emerge as a strong predictor of depression' and in many cases bereaved children will not require professional intervention. He cites findings that have not shown bereavement to be correlated with mental or behavioural disorders in young people (Offord, 1989; Velez, 1989); that show most bereaved children not to display serious symptoms or dysfunctional behaviour (Silverman, 1992); and that suggest children of divorced parents have a higher risk of mental illness in later life than parentally bereaved children (Rodgers and Pryor, 1998). Likewise, Worden (1996) argues that professional intervention is not appropriate for all bereaved children and that only certain 'red-flag' behaviours or circumstances such as low self esteem or the manner/suddenness of parental death, indicate a need for professional referral. Evidence of the relevance of the manner of parental death is provided by a longitudinal study by Cerel et al (1999) which reported that suicidally bereaved children were more likely to experience anger, anxiety, shame, and have pre-existing behavioural problems than other parentally bereaved children. However, this finding is disputed by Dowdney *et al.* (1999) who did not find a statistical relationship between the manner of the parental death and children's levels of psychological disturbance; but rather reported children's distress to be associated with probable psychological distress in surviving parents. Dowdney therefore calls for service provision for children to be related to the levels of their psychological distress and for routine identification of psychologically distressed parents whose children are likely to be in need of referral.

Evaluating the effectiveness of remedial interventions for bereaved children presents notoriously difficult methodological challenges. Bereavement is not an homogenous phenomenon. Losing a parent through death is, thankfully, a relatively rare event for a child, hence the population available for study is small. The manner of parental death may vary, as may the child's personal capacity to recover from adversity, and children may have close, supportive families or no source of emotional support at all. The many possible combinations of these variables generate formidable obstacles to the evaluator. As a result, while many valuable narrative and anecdotal accounts of therapeutic interventions are available, empirically based quantitative investigations are less common.

Methodology

The aim of this review was therefore to consider the evidence of effect from empirically based quantitative evaluations of community-based interventions for children bereaved of siblings, parents or parent-substitutes. Community-based interventions were understood as those taking place outside a clinical setting. The criterion for inclusion was that studies use a control group or employ pre- and post-test measurements using a standardised instrument. In order to synthesise findings from evaluations of the most recent interventions in this field, and since a preliminary search revealed most studies meeting our methodological criteria to have been undertaken in the last ten years, it was agreed to search for evaluations carried out between 1990 - 2000. The following databases were searched: Medline, PsychInfo, Applied Social Sciences Index and Sociological Abstracts. Searches were undertaken for documents which included the words 'child', 'bereavement' and 'program', 'group', 'intervention', 'support' or 'evaluation'. Only English-language papers were included since cultural context is inherent to this type of intervention and findings from outcome studies would not necessarily be valid in a different cultural context.

Results

Searches identified thirteen evaluations of community-based interventions for bereaved children. However three of these did not undertake analysis of pre- and post-intervention measurements (Dyregrov *et al.* 1999; Lohnes and Kalter, 1994; and Pennells, 1995) while another did not use

standardised instruments (Williams, 1998). Therefore these did not meet the inclusion criteria for the review and were excluded. Of the remaining nine, six were undertaken in the USA, and three in the UK (Bisson and Cullum, 1994; Quarmy, 1993; Stokes et al. 1997). Most were evaluations of 6 to 12 weekly group sessions led by a worker trained in bereavement therapy; although in one case 12 group meetings were spread over a 10 month period (Schilling et al. 1992). The exceptions to the therapist-led, group work model were Stokes et al (1997) which evaluated a two-day residential course for bereaved children; and Huss and Ritchie (1999) which evaluated a course of 6 weekly meetings of a peer support group.

Authors	Participants	Methodology	Notes
Huss & Ritchie, 1999	10-12 year olds parentally bereaved 2 years before or less	N = 17 total Random assignment to control	No quantitative evidence of effect. Qualitative evidence from participants' reports and facilitators' observations of increased ability to cope.
Stokes et al. 1997	6-14 year olds who had experienced the death of a parent or sibling; and their carers.	No control N= 35 children; 30 carers	No quantitative evidence of effect. Qualitative evidence of increased understanding of death/bereavement and parental reports of lower levels of problematic behaviour.
Tonkins & Lambert, 1996	7-11 year olds with parental /sibling bereavement within previous year	Intervention group: N = 10 Control group: N = 6 Not randomly assigned	Significant decrease in children's levels of depression, sadness, anger and other overall emotions and behavioural problems.
Bisson & Cullum	8-11 year olds, suffering loss of relative / friend within last 2 years	N=7 No control	No quantitative evidence of effect. Some qualitative evidence from participants' and carers' reports of improvements in emotional well-being and behaviour.
Quarmby 1993	12-15 year olds, parentally bereaved within last 3 years	N=6 No control	Significant improvements in social confidence, relationship with peers; and reduced irritability. Some significant impact on behaviour. Qualitative evidence of a positive impact.

Opie <i>et al.</i> 1992	9-15 year olds bereaved within the family not more than 2 years before	No control N = 16 <i>Attrition:</i> 12.5 %	Significant decrease in levels of somatic complaints for elementary school sample; but six children showed <i>increased</i> levels of affective stress.
Sandler <i>et al.</i> 1992	Families with one parental bereavement within past 2 years and 1 child age 7-17	Intervention group: N = 35; attrition: 31% Control group: N = 37; attrition: 16% Random assignment	Significant increase in parental perception of warmth of relationship with children; and parental satisfaction with social support systems. Significant reduction in parental reports of depression and behaviour problems with older children.
Schilling <i>et al.</i> 1992	6-12 year-olds parentally bereaved not more than 30 months before and their carers	No control N = 38 children; 37 carers <i>Attrition:</i> 30%	Significant improvement in children's realistic conceptualisation of death; and carers and children sharing a more common view of children's level of depression.
Zambelli & DeRosa, 1992	9-11 year olds maternally bereaved within past 3 months	No control N = 4	Qualitative evidence of increase in self-esteem, ability to discuss the bereavement and improved behaviour.

Findings from studies

Participants across a range of studies provided qualitative reports of the benefits of the interventions. However, although all nine studies sought to quantitatively measure impact on children's behaviour and emotions, there was only moderate empirical evidence of positive effects (Tonkins and Lambert, 1995; Quarmby, 1993; Opie *et al.* 1992; Sandler *et al.* 1992; Schilling *et al.* 1992); and the reliability of these findings was undermined by the following methodological weaknesses of the studies:

- extremely small sample sizes (Tonkins and Lambert, 1995; Quarmby, 1993; Opie *et al.* 1992)
- lack of a control group (Quarmby, 1993; Opie *et al.* 1992; Schilling *et al.* 1992)
- non-random assignment to the control group (Tonkins and Lambert, 1996)
- high levels of attrition (Opie *et al.* 1992; Sandler *et al.* 1992; Schilling *et al.* 1992)
- fluctuating attendance by participants (Tonkins and Lambert, 1996; Opie *et al.* 1992; Sandler *et al.* 1992; Schilling, 1992)
- short time scale between pre-intervention and post-tests (Tonkins and Lambert, 1996; Quarmby, 1993; Opie *et al.* 1992; Schilling *et al.* 1992)

- no assessment of adherence to the program model (Tonkins and Lambert, 1995; Quarmby, 1993; Opie *et al.* 1992; Schilling *et al.* 1992)
- no measure of outside stressors occurring at the same time as the intervention (Tonkins and Lambert, 1995; Quarmby, 1993; Opie *et al.* 1992; Sandler *et al.* 1992; Schilling *et al.* 1992)

That studies with the above methodological weaknesses identified positive treatment effects, while Huss and Ritchie's random controlled trial (1999) did not, falls in line with Schulz and colleagues' (1995) observation that more robust studies tend to suggest weaker treatment effects than less robust ones.

It is also of note that Opie and colleagues' study (1992) actually reported a negative effect on children's state of mind; although once again the reliability of this finding is undermined by the methodological weaknesses listed above.

Conclusion

There is a small amount of quantitative evidence that community interventions benefit parents and children within a bereaved family, but evidence is too weak to make judgements about the relative effectiveness of different models of community-based interventions. No evidence of effect is, of course, not the same as evidence of no effect. We have seen the difficulties in evaluating this area of work, with studies typically suffering from high attrition rates, short pre-/post-intervention time-scales and problems with representation. However, it is equally the case that less exploratory effort has been directed at identifying unwanted effects and we must bear in mind Schilling's warning that 'vulnerable clients may be harmed by services delivered with the best of intentions' (Schilling *et al.* 1992, p417).

Our present state of knowledge thus indicates that caution may be the best policy, and the case for the universal inclusion of all bereaved children in community-based support programmes is as yet unproven. A measure of selectivity, based on known risk factors, especially the aetiology of the condition and the capacity of the immediate family to provide support is indicated (Dyregrov, 1991). Future evaluations of interventions should consider:

- Further exploration – using controlled designs - of the outcomes of a range of different models of community-based interventions for children who are bereaved
- A particular focus on long-term and/or unwanted effects of interventions
- Inclusion of qualitative techniques such as pre- and post-intervention interviews; and employment of instruments developed in light of specific programme objectives
- Evaluation of the basis on which children are allocated to services, in particular: how it can be ensured that services are delivered to children and families that need them, rather than those that are unlikely to benefit or who may be harmed by interventions?

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