

Assisting the bereaved: A systematic review of the evidence for grief counselling

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Abstract

Background: Supporting people after bereavement is a priority area for many health services. Investment in bereavement care must be supported by a rigorous evidence-base.

Aim: To examine the (1) relative proportion of descriptive, measurement and intervention research in grief counselling and (2) quality and effectiveness of intervention studies.

Design: Systematic review of studies published in the area of grief counselling.

Data sources: MEDLINE, Embase, Cochrane Library and PsycINFO databases were searched for studies published between 2000 and 2013. Eligible papers were categorised into descriptive, measurement, review, commentaries and intervention studies. Intervention studies were assessed against the Cochrane Effective Practice and Organisation of Care methodological criteria, and papers meeting criteria were assessed for quality. The impact of interventions on grief, psychological morbidity and quality of life was examined.

Results: A total of 126 data-based papers, including 47 descriptive, 3 measurement and 76 grief counselling intervention studies were included. Only 59% ($n = 45$) of intervention studies met Effective Practice and Organisation of Care design criteria. Overall, study quality was poor, with the majority of interventions showing a risk of bias in several key areas. The three studies that met all criteria showed mixed effectiveness.

Conclusion: Grief counselling interventions require a strong rationale for design, and a systematic approach to development and evaluation. Descriptive research efforts should inform this process, focusing on homogeneity in sample, identification of risk factors for complicated grief and the impact of extraneous factors on intervention effects. Interventions should include comparisons to usual care, as well as replication to confirm positive findings.

Strengths:

- Comprehensive and transparent research design & search strategy that could easily be replicated
- Use of validated measure to assess the design criteria of intervention studies (Effective Practice and Organisation of Care, EPOC)
- Ransom subsample of included studies categorized by a second author
- **Weaknesses:**
 - **Methods**
 - Review limited to 2000 to 2013
 - Screening of titles and abstracts by one author only
 - Methodological quality of measurement and descriptive studies not assessed
 - Exclusion of grey literature and non-published studies
 - **Studies reviewed**
 - Heterogeneous samples regarding relationship with deceased, cause of death, and period from time of loss (e.g. from 3 months to greater than 2 years)
 - Passive recruitment methods (e.g. self-selection, word of mouth, media advertising)
 - People with complicated grief less likely to seek help
 - Absence of a usual care group in many of the intervention studies

Relevance to Palliative Care:

The provision of support for family caregivers is an essential element of palliative care. Palliative care programs often offer bereavement services, which are recommended in many routine clinical practice guidelines (e.g. Australia, United Kingdom, Canada, United States). Most bereaved individuals will experience normal, uncomplicated grief, without the need for specific interventions. A small proportion of individuals, however, will experience long lasting complicated grief. The ability to identify potential patients at risk for complicated grief reactions presents an ongoing challenge. The development of systematic approaches for identifying these individuals prior to a person's death and/or after a significant loss is an important area for further research.