

Support for children when a parent dies

Children as next of kin when a parent dies: A systematic review about the effects of support for bereaved children

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Research Questions for the Review

The aim of the study was to systematically review studies about effective methods of support for parentally bereaved children. Another aim was to identify gaps in the research.

- What is known about the effects of interventions to provide support for children whose parent dies?
- Which methods have been evaluated focusing on the effects for the children?
- What further research is required in the field?

Background

The Swedish Health Care Act (SFS 2009:979), § 2g:

‘professionals shall give special attention to children’s needs for information, advice and support when their parent, or another adult with whom the child lives, unexpectedly dies’

Background

3-4 percent of children lose a parent through death before the age of 18

Parentally bereaved children have an increased risk for, for example:

- Mental health problems
- Somatic problems
- Problems with self- esteem
- Increased mortality risk during childhood
- School problems
- Traumatic grief / complicated grief

Inclusion criteria for the review

- English and Scandinavian language publications
- Study population – parentally bereaved children up to age 18 yrs.
- Effect studies
- Outcomes for the children
- Controlled design (RCT, quasi experimental, pretest – posttest)

Search of databases

Search carried out in April 2013

Databases searched: PubMed; PsycInfo; Cinahl; PILOTS; Proquest
Sociology

Total number of abstracts: 1706

Total number of included studies: 16

Reference	Intervention	Study population	Situation Cause of death	Evaluation design	Main findings Significant positive effects
Schilling et al. 1992	"Bereavement groups for inner-city children"	38 children (age 6–12)	Disease 65 % Accident 16 % Homicide 11 % Suicide 3 % Overdose 3 %	Pre-test / post-test-design Evaluation: post treatment	Children: Attitudes and concepts of death
McClatchey et al. 2009	Grief camp "Camp MAGIC" (CG) delayed treatment	100 children (age 6–16) TG=46 CG=54	Death expected 40 % Death sudden or unexpected 60%	Quasi experimental design Evaluation: post treatment	Children: Traumatic grief
Kalantari et al. 2012	"Writing for recovery" (CG) no treatment	61 children (age 12–18) TG=29 CG=32	Refugee bereaved adolescents	RCT Evaluation: 1 week post treatment	Children: Traumatic grief
Black & Urbanowicz 1985 Black & Urbanowicz 1987	Family-intervention (CG) no treatment	83 children (age 0–16) TG=38 CG=45 45 families TG=21 CG=24	Cancer 42% Heart disease 42 % Suicide 2 % Other 13 %	RCT Evaluation: 1 year post treatment 2 years post treatment	Children: Behaviour; sleep; health; talking about dead parent; restless; learning problems Caregivers: Depression symptoms; health Attenuation of the differences between treatment and control at 2 year follow-up
Christ et al. 2005	"Parent Guidance Program" (CG) telephone monitoring intervention	104 families with children (age 7–17) TG=79 CG=25	Palliative care, terminal cancer illness	RCT Evaluation: 8 and 14 months after parent's death	Caregivers: Parental competence; communication
Sandler et al. 1992	"The Family Bereavement Program" (first version) (CG) delayed treatment	72 families with 72 children (age 7–17) TG=35 CG=37	Cancer 28 % Heart disease 24 % Other disease 17 % Accident 19 % Suicide 8 % Homicide 4 %	RCT Evaluation: post treatment	Children: Behaviour (children age 12-17) Caregivers: Depression symptoms, parental warmth; social support
Sandler et al. 2003 Schmiege et al. 2006 Tein et al. 2006 Luecken et al. 2010 Sandler et al. 2010 Sandler et al. 2010 Hagan et al. 2012 Schoenfelder et al. 2013 Luecken et al. 2014	"The Family Bereavement Program" (revised version) (CG) self-study program	156 families TG=90 C=66 244 children (age 8–16) TG=135 C=109	Disease 67 % Accident 20 % Suicide/homicide 13 %	RCT Evaluation: 3 months; 11 months; 6 years post treatment	Children: Externalizing; internalizing; coping; self-esteem; cortisol level; problematic grief; negative thoughts about stressful events Caregivers: Effective parenting; warmth; acceptance; consistent discipline; caregiver mental health

Results

Which methods have been evaluated focusing on the effects for the children?

The review revealed that there are various forms of support:

- family support interventions
- group support interventions for the children
- guidance for the parents
- camp activities for the children

Results

What is known about the effects of interventions to provide support for children whose parent dies?

Effects for children:

- Health
- Grief symptoms
- School problems
- Concepts of death
- Self-esteem

Effects for parents / caregivers:

- Health
- Parenting

Conclusions

- Relatively brief supportive interventions can prevent children from developing more severe problems after the loss of a parent
- Supportive interventions for parentally bereaved children need to be directed both to the bereaved child and the child's remaining parent / caregiver

Conclusions

What further research is required in the field?

- more research about the effects of methods of support directed at parentally bereaved children
- more longitudinal studies
- studies with populations large enough for comparisons
- studies involving younger children

Tack!

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