NORMAL AND COMPLICATED GRIEF IN CHILDREN AND ADOLESCENTS

Tampere, April 12, 2013

Atle Dyregrov, Ph.D

Director, Center for Crisis Psychology
Fortunen 7, 5013 Bergen, Norway
atle@krisepsyk.no
www.krisepsyk.no
www.childrenandwar.org

© Dyregrov 2013
SOME CLINICAL EXAMPLES

• No learning after a sudden death

• A father’s death 10 years later
NEWER RESEARCH ABOUT CONSEQUENCES OF LOSS AMONG YOUNG PEOPLE

• Most will fare well, but there is a risk of maladaptive development – around 10% have lasting complicated grief reactions (Melhelm and co-workers, 2011)

• Danish register study (Skytte Jakobsen & Christiansen, 2011) show that young (10-23 years) that loses parents are at higher risk for suicide attempts
  – Risk is doubled compared to control group
  – Unrelated to the cause of death in parents
  – Unrelated to elapsed time since death
  – High income in fathers were associated with reduced attempts following a mother’s death

• Rostila and Saarela (2011) have in a register study from Sweden shown a clear increase in the mortality risk for children who lose parents. The risk increased especially following unnatural deaths (accidents, suicide and murder) and not illness and was highest if the mother died. For children who lost a mother from unnatural causes the risk increased with 111%.
COMPLICATED GRIEF IN CHILDREN

• Difficult to draw the line between normal and complicated
• Intensity and duration important
• Functional decline an important indicator
• Some forms easy to identify: extreme reactions of the PTSD type, total denial or excessive avoidance, extreme sadness, anger, guilt etc.
• Other forms more difficult: seem to be coping well, but no ability to learn
STUDY OF EXPERTS’ VIEW OF COMPLICATED BEREAVEMENT

• 39 experts from all over the world (mostly the US and Europe)
• Mostly women (87 %)
• 79 % had worked for more than 10 years in the area
• Psychologists (59 %), social workers (25 %), nurses (12 %) and others (4 %)
Would you say that type of reactions differentiate between normal and complicated grief in children?

- **Yes**: 93.3% (30)
- **No**: 22.2% (8)
Would you say that intensity of reactions differentiate between normal and complicated grief in children?

- Yes: 85.7% (36)
- No: 14.3% (5)
Would you say that duration of reactions differentiate between normal and complicated grief in children?

97.3% (36)

© Dyregrov 2013
Would you say there are different subtypes of complicated grief in children?

- Yes: 90.3% (28)
- No: 9.7% (3)
Does complicated grief in children manifest itself differently at different age-levels?

- Yes: 90.3% (28)
- No: 2.9% (1)
WHAT IS COMPLICATED BEREAVEMENT IN CHILDREN?

What do experts say?

- Intensity
- Duration
- Functional decline
- Traumatic aspects often mentioned
Prolonged and intense grief that affects how the children function emotionally, cognitively, physically and socially. Their prolonged inability to manage their day to day lives and to engage in the life they had known prior to the death.
COMPLICATED BEREAVEMENT IN CHILDREN?
What do experts say?

• Developmental aspects important – often a “frozen” quality to complicated grief

  – Normal grief, especially the loss of a parent or sibling, is reworked in ways which represent developmental growth and change. It is "dynamic" in the sense that it grows and changes as the child does, whereas complicated grief remains more "static".
COMPLICATED BEREAVEMENT IN CHILDREN?
What do experts say?

• Lack of integration

– I think those in complicated grief have the same type of reactions as those in normal grief, but the differentiating factor is that the individual is unable to integrate the death into their life and are not able to move on.
COMPLICATED BEREAVEMENT IN CHILDREN?
What do experts say?

• Different manifestations at different age levels
  – Experts agreed but were vague in descriptions
  – Described more fear and disruption of the attachment relationship in the younger children and more risk taking behaviors in the older
DIAGNOSTIC CATEGORY
What do experts say?

• Advantage
  – Identify relevant children for intervention
  – Solicit more funding and research in the area
  – Raise more consciousness for bereaved children
  – Increase understanding and foster new helping measures

• Disadvantage
  – Stigma, labelling and medicalization
  – Children not qualifying for diagnosis will not get help

© Dyregrov 2013
For adults there is a proposal for a diagnostic disorder for DSM V termed “Prolonged grief disorder”. Do you favor the development of a diagnostic category of complicated grief in children?

78.8% (26) for Yes

21.2% (7) for No
Do you think that the criteria suggested for the adult “Prolonged grief disorder” are appropriate for children (link to criteria is found at the end of the questionnaire)?

- Yes: 27.3% (9)
- No: 72.7% (24)
If a diagnosis for children is to be developed, how long do you think a child should evidence problems before a diagnosis should be considered?

- 1 month: 40.0% (1)
- 3 months: 36.0% (9)
- 6 months: 48.0% (12)
- 12 months: 16.0% (4)
ORIGIN OF COMPLICATED GRIEF IN CHILDREN

Society

Family

Individual

© Dyregrov 2013
IVAR (11) – FAMILY RELATED PROBLEMS

- Mother’s reactions complicated children’s reactions
- Daughter (12) could not leave role
- Family sessions were not enough
- Daughter entered grief group when she was 16
FOR PROGRESS IN THIS AREA WE NEED:

• Empirical studies to better define different subtypes and dynamics of complicated grief in children
• Better measures to identify the different types
• Appropriate interventions that offer specific help for various manifestations of complicated grief

© Dyregrov 2013