Psychological interventions for familymember and partners of murdered persons

Published: 25-02-2011
Last updated: 27-04-2024

This study aims to determine to which degree the offered help - according to our treatment program - for familymembers and partners of murdered persons helps to treat complicated grief and PTSD (Murphy, 2006, Shear et al 2006) and to gain insight...

Ethical review	Not approved
Status	Will not start
Health condition type	Other condition
Study type	Interventional

Summary

ID

NL-OMON36277

Source
ToetsingOnline

Brief title
Emotional consequences of murder

Condition

- Other condition
- Adjustment disorders (incl subtypes)

Synonym
traumatisch verlies

Health condition

post traumatische stress stoornissen

Research involving
Human

Sponsors and support

Primary sponsor: GGZ Friesland (Leeuwarden)
Source(s) of monetary or material Support: Fonds Slachtofferhulp Nederland

Intervention

Keyword: familymembers, grief, intervention, murder

Outcome measures

Primary outcome

Outcome measures:

- Complicated mourning: Mourning Questionnaire, RVL (Boelen et al 2003);

- PTSD: shock processing list (SVL) is the Dutch version of the Impact of

Events Scale (Van der Ploeg et al, 2004).

- Health: Brief Symptom Questionnaire (KKL Appelo & Lange, 2007)

Variables:

- Psychological functioning and emotions (including anger, fear) (SCL-90;

Arrindell & Ettema, 2003);

- Cognitions: Mourning Cognition Questionnaire (Boelen & Lensvelt-Mulders,

2005);

- Avoidance: Questionnaire Avoidance in Mourning (Boelen & Van den Bout, in

press);

- Demographic questions and questions about the circumstances surrounding death

(De Keijser, 1997);

- Questions about meaning (method described in Armour, 2002);

- Peritraumatic dissociation: Peritraumatic Dissociative Experiences

Questionnaire (Marmar et al, 1994);

- Resilience: Positive Results List (PUL; Appelo & Lange, 2007)

- Questions about unwanted attention from the media and judicial involvement

(based on Murphy, 2006);

- Questions support fellow sufferers groups (based on Andriessen, 2004).

Secondary outcome

see above

Study description

Background summary

There are indications that the circumstances surrounding a murder may lead to complicated grief in survivors. Several factors negatively affect the course of a grieving process. One of such is the manner of death: a sudden, violent, destructive death that occurs in traumatic circumstances contribute to complicated grief (Sprang, 2001): survivors of murder have a six times higher change to experience complicated grief in comparison to persons who lost a loved one through a natural cause of death. Survivors therefore have an increased risk of physical and psychological symptoms, including intrusions about the murdered person and the conditions (Dann Miller, 2002; Rynearson & Geoffrey, 1999) and an increased risk of developing post-traumatic stress disorder (PTSD). Based on the biobehavioral model of Shear et al (2006), it is assumed that PTSD and complicated grief disrupt the normal grieving process, by recurrent intrusive thoughts of the deceased and the circumstances surrounding the death. Recently we developed a treatment program based on Murphy (2006) and Marcus et al (2004), which makes use of EMDR (www.EMDR.nl, Solomon & Shapiro, 1997) and cognitive behavioral therapy (CBT), which are aimed to reduce anger and intrusions.

There are few concrete figures about the number of people who suffer from complicated grief, after their family member or partner is murdered. The study done by Murphy (2005) gives some idea about the scale of the problem. Murphy investigated the influence of different causes of death on the grieving process of parents. 173 parents were observed, respectively 4, 12, 24 and 60 months after their child was deceased by accident, homicide or suicide.
The study showed that parents whose child was murdered, experienced significantly more PTSD symptoms than parents whose child died by accident or

suicide: 60% of women and 40% of men experienced PTSD symptoms four months after their child was murdered. This group also experienced more mental stress, less marital happiness and less acceptance of the death of their child.
Suicide survey also shows that families of people who committed suicide experienced much more complicated grief after three months than families of persons who died by a natural cause.

The present study aims to determine to what extent targeted help, according to this treatment program, to relatives and partners of murdered people helps to treat complicated grief and PTSD (Murphy, 2006, Shear et al 2006).
The first question being explored is whether the expected benefits of the intervention on the grief of relatives and partners of a murdered person is due to reducing the frequency of intrusions, reducing avoidance behavior, the reduction of intrusive memories related to murder and correct dysfunctional cognitions. Understanding these variables is not only theoretically important but can also provide clues to adjust and increase effectiveness of the intervention. In addition, we want to gain insight into the variables that may mediate the intervention and variables that moderate the effectiveness of the intervention.

Survivors in other populations have shown that contact with fellow sufferers (Andriessen, 2004), meaning (Armour, 2004; Neimeijer, 2001) and resilience (Bonanno, 2006; Salloum & Rynearson, 2006) have a positive effect on bereavement. The influence of these factors has not been studied in survivors of murder. The second question of this project is to what extent these factors mediate the grieving process. These questions will be examined in the context of the aforementioned intervention effectiveness research.
In a separate study we examine the impact of the intensity and the satisfaction of revenge on the grieving process in the population here described. There is little research known about the role of revenge after killing and the impact on the grief of survivors. We do not know whether the responses are comparable to murder and genocide in war. For this reason we take exploratory questions about this subject in this study. We examine the extent to which revenge after murder, the (lack) of satisfaction and related factors such as perceived injustice and sense of loss affect the grieving process. The results of this study may help to understand the emotional problems after murder (including complicated grief) and the way to treat these problems.

Study objective

This study aims to determine to which degree the offered help - according to our treatment program - for familymembers and partners of murdered persons helps to treat complicated grief and PTSD (Murphy, 2006, Shear et al 2006) and to gain insight into which variables mediate and moderate the effectiveness of the intervention.

Study design

Participants will be randomly assigned to the intervention or control group. The intervention group is offered the intervention after the pre-measure. The control group will receive a pre-, post and follow-up measurement and then, nine months after the interventiongroup, the intervention is offered to them. In this way, measure influence will be controlled and all respondents have the opportunity to participate in the intervention.

We use repeated measurements, the minimum inclusion is 240 people (minimum expected number of respondents after follow up: 88). For the data analysis, we will mainly use variation analysis (ANOVA) with repeated measures to compare the different groups over time. In each group must be at least 44 participants included to achieve an adequate power (0.80 for a = 0.05) by a large effect size. Based on previous research, we expect that only half of the initial participants will participate in all measurement points. Taking this into account, we will therefore recruit at least double the number of participants (300 persons).

Intervention

In our research we want to offer participants a combined intervention, consisting of cognitive behavioral therapy and EMDR. This is partly based on a cognitive behavioral theory of complicated grief (Boelen, van den Hout, & van den Bout, 2006a). Boelen et al (2003) have found large differences between the effects of natural and unnatural death and found that CBT is an effective treatment for complicated grief. Boelen et al (2006) explain this with the cognitive-behavioral conceptualization of complicated grief. In their model about complicated grief, Boelen et al (2006) assumes that targeted cognitive behavioral interventions can contribute to a reduction in emotional problems after murder. Exposure to internal and external loss-related stimuli can contribute for example to a reduction of fear and avoidance and to improve the integration of the loss. Cognitive restructuring can help in changing dysfunctional thinking patterns. In addition EMDR is used. Recent insights into the effects of EMDR (Engelhard & Van den Hout, 2010) suggest that because of the load on working memory in re-storing and retrieving negative memories, the power of these memories is reduced by the additional stress of working with a other task (eg eye fixations). Based on existing intervention study it is assumed that exposure and cognitive techniques positively influence respectively avoidance and cognitive distortion (Boelen et al 2007). It is assumed that EMDR affect the memory of traumatic experiences (Solomon & Shapiro, 1997). We want to examine to what extent the above mentioned mediating factors can be influenced by intervention.

The intervention consists of: (i) introduction: psycho-education (1-2 meetings) (II) Cognitive therapy and exposure (including EMDR) (6-8 meetings) (III)

rounding (1 meeting). Total 8 to 10 meetings.

Study burden and risks

The application of the described psychological intervention techniques - cognitive therapy and exposure - has a healing effect on patients other than the here described target group. We expect that the application to this target group will not bring any additional burden or risk. Subjects will be asked to fill in a questionnaire four times of about 45 minutes each time. This is an additional burden which is asked to the participants prior to inclusion. We think the benefits of participation in this investigation, a targeted intervention to reduce symptoms, outweigh the disadvantage of this additional burden. The participants in the waiting list control condition are first asked to complete a questionnaire two times and receive after 9 months the intervention. This waiting time can be stressful, but it is noted that subjects in both conditions can continue to make use of usual case in addition to the intervention, so no additional subjects are at risk.

Contacts

Public
GGZ Friesland (Leeuwarden)

Sixmastrat 2
8932 PA Leeuwarden
Nederland
Scientific
GGZ Friesland (Leeuwarden)

Sixmastrat 2
8932 PA Leeuwarden
Nederland

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

1. Persons are familymembers or partners from a person who died by murder.
2. Familymembers and partners lost a person through murder, no longer than three years ago.
3. Persons have psychiatric complaints and features of complicated grief
4. Familymembers and partners are 18 years and older

Exclusion criteria

1. Familymembers or partners who commit the murder themself, because of their forensic treatment.
2. People with mental retardation
3. People with a psychiatric disorder.

Study design

Design

Study type:	Interventional
Intervention model:	Crossover
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Will not start
Enrollment:	300

Type:	Anticipated

Ethics review

Not approved

Date:	25-02-2011
Application type:	First submission
Review commission:	METIGG: Medisch Ethische Toetsingscommissie Instellingen Geestelijke Gezondheidszorg (Utrecht)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL33280.097.11