

Psychological consequences of homicidal loss

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People confronted with homicidal loss are randomly allocated to (i) an 8 session, individual therapy, consisting of 4 sessions of Eye Movement Desensitization and Reprocessing (EMDR) and 4 sessions of cognitive behavioural therapy (CBT) or (ii) a...

Ethische beoordeling	Positief advies
Status	Werving gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON23414

Bron

Nationaal Trial Register

Aandoening

Complicated Grief
Posttraumatic Stress Disorder

Ondersteuning

Primaire sponsor: Fonds Slachtofferhulp
Rijksuniversiteit Groningen

Overige ondersteuning: Fonds Slachtofferhulp
Rijksuniversiteit Groningen

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

The primary outcome measures are Complicated Grief (CG) and Posttraumatic Stress Disorder (PTSD). We used the following measurements:

Complicated Grief

The frequency and intensity of grief reactions will be measured by the 29 item Inventory of Complicated Grief (ICG) (Prigerson, Maciejewski, Reynolds, Bierhals, & Newsom, 1995, Dutch version, Boelen, Van den Bout, De Keijser, & Hoijsink, 2003). The ICG will be rated on a 5 point scale that ranges from “never” to “always”. Examples of questions are “I have the feeling that part of me is died with him or her” and “I feel tense, irritable or shocked since his or her death”. Scores can range between 0 and 116. A score higher than 39 indicated the presence of complicated grief (Boelen, de Keijser & van den Bout, 2001).

Posttraumatic Stress Disorder

Symptoms of PTSD will be measured by the Dutch version of the Impact of Event Scale (IES) (Horowitz, Wilner, & Alvarez., 1979; Dutch version: Brom & Kleber, 1985). The IES consists of 15 items on a four point scale that range from “not at all” to “extremely”. The items measured two dimensions of psychological reactions following shock: intrusions and avoidance. Participants complete the items based on their thoughts and feelings regarding the last seven days. Scores range between 0 and 75. A score of 26 or higher indicated post traumatic complaints. Sample items include “I felt as if it hadn’t happened or wasn’t real”, and “I tried to remove it from my memory”.

Toelichting onderzoek

Achtergrond van het onderzoek

Individuals who lost a family member or partner due to homicide often deal with both separation distress (e.g., yearning) related to the loss (Burke, Neimeyer & McDevitt-Murphy, 2010) and traumatic distress (e.g., intrusive images, hyper arousal) (Armour, 2003; Asaro, 2001; Hatton, 2003; Rynearson, 1994), associated with the circumstances surrounding the death. The preceding reactions are related to Complicated Grief (CG) and Posttraumatic Stress Disorder (PTSD), respectively (Rynearson & Sinnema, 1999). An estimated 20%-70% of homicidally bereaved individuals develop PTSD (Van Denderen, De Keijser, Kleen, & Boelen, 2013).

There is growing evidence that cognitive-behavioural therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR) are effective in the treatment of PTSD and CG (Asaro, 2001; Boelen, De Keijser, Van den Hout, & Van den Bout, 2011; De Groot et al., 2007; Resnick, 2001; Shear, Frank, Houck, & Reynolds, 2005). No studies have yet examined the effects of both interventions for individuals bereaved by homicide. The present study therefore evaluated the effectiveness of a brief, 8-session, treatment, encompassing CBT and EMDR to reduce CG and PTSD, using a randomized control trial across 88 homicidally bereaved individuals in the Netherlands.

Doel van het onderzoek

People confronted with homicidal loss are randomly allocated to (i) an 8 session, individual therapy, consisting of 4 sessions of Eye Movement Desensitization and Reprocessing (EMDR) and 4 sessions of cognitive behavioural therapy (CBT) or (ii) a wait list control group. The central hypothesis is that allocation to the active treatment condition leads to greater reductions in symptom levels of Complicated Grief and Posttraumatic Stress Disorder.

Onderzoeksopzet

All variables will be measured at baseline (pre-intervention), half way the intervention (after 5 sessions), post-intervention (after 8 sessions), and at follow-up, 6 month later. The waitlist group will complete measures at enrolment into the study and 4 months later.

Onderzoeksproduct en/of interventie

The present study evaluates the effectiveness of a brief, 8-session, treatment, encompassing Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR) to reduce Complicated Grief and Post Traumatic Stress Disorder (PTSD), using a randomized control trial in homicidally bereaved individuals in the Netherlands.

Because homicidally bereaved individuals have to cope with the traumatic circumstances surrounding the loss, and the loss itself, it seems reasonable to assume that these individuals can benefit from a combined therapy with both treatment forms. While both treatment forms are often applied to individuals with complicated grief and PTSD, with successful results, no study have yet investigated the effect of a combined therapy with both treatment forms. In the literature, it has been assumed that PTSD symptoms must be relieved first, before treating grief complaints (Murphy, Johnson, Chung & Beaton, 2003; Rando, 1996; Rynearson & Geoffery, 1999); This treatment trial seeks to examine (1) whether the treatment decreases symptoms of CG and PTSD. It also examines(2) whether the sequence of CBT and EMDR – as two treatment interventions – exert an influence on outcome measures, by comparing two treatment conditions: one in which 3 sessions of EMDR are followed by 3 sessions of CBT (Condition 1: EMDR+CBT), and one in which 3 sessions of CBT are followed by 3 sessions of EMDR (Condition 2: CBT+EMDR). We further examine (3) whether revenge, avoidance and resilience mediate the effect of the treatment conditions.

A schematic presentation of the therapy:
Condition 1

Session 1: Introduction and psycho-education

Session 2: A family member is invited to discuss different coping mechanism in one family

Session 3-5: EMDR

Session 6-8 CGT

Condition 2

Session 1: Introduction and psycho-education

Session 2: A family member is invited to discuss different coping mechanism in one family

Session 3-5: CGT

Session 6-8 EMDR

The duration of the CGT sessions is 45 minutes. The duration of the EMDR sessions is minimally 45 minutes and maximally 90 minutes.

Participants are randomized to one of four groups: (i) Intervention group: EMDR + CGT, (ii) Intervention group: CBT + EMDR, (iii) waitlist control group: EMDR + CGT, or (iiii) waitlist controlgroup: CGT + EMDR. Participants in the IG receive the intervention immediately. Participants in the WG receive the intervention after four months.

Contactpersonen

Publiek

Rijksuniversiteit Groningen
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Wetenschappelijk

Rijksuniversiteit Groningen
Klinische Psychologie
Grote Kruisstraat 2/1

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

- Participants have to be older than 18 years;
- Participants have been confronted with the death of a partner or family member through homicide;
- Individuals are capable of understanding the Dutch language.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

- Confrontation with losses due to other causes than homicide;
- Mental retardation;
- Individuals younger than 18 years;
- Individuals not capable of understanding the Dutch language.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Open / niet geblindeerd
Controle:	N.v.t. / onbekend

Deelname

Nederland	
Status:	Werving gestart

(Verwachte) startdatum: 01-06-2012
Aantal proefpersonen: 88
Type: Verwachte startdatum

Ethische beoordeling

Positief advies
Datum: 09-09-2013
Soort: Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL3924
NTR-old	NTR4147
Ander register	METc UMCG : METc 2011/282
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Resultaten

Samenvatting resultaten

Van Denderen, M., Keijser, J. de, Kleen, M., & Boelen, P. A. (in press). Murder-related psychopathology in bereaved: A systematic review. Trauma, Violence, and Abuse.