



# ENSAIO CLÍNICO DA INTERVENÇÃO COGNITIVA-NARRATIVA NO LUTO COMPLICADO APÓS SUICÍDIO DE FAMILIAR

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Dissertação de Mestrado em Psicologia da Saúde e Neuropsicologia

Orientação: Prof. Doutor José Carlos Rocha

Gandra, Dezembro de 2016



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Dissertação apresentada no Instituto Universitário de  
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Prof. Doutor José Carlos Rocha

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## Resumo

Objetivo: Intervenções curtas em eventos complexos, tais como o suicídio inesperado, é um tema controverso. Pretende-se avaliar a eficácia de uma intervenção cognitiva-narrativa na redução dos sintomas de luto complicado em uma pequena amostra de enlutados por suicídio de um familiar. Método: Este ensaio clínico randomizado controlado dividiu-se aleatoriamente em dois grupos: grupo de controlo (GC, n=10) e grupo experimental (GE, n=11). Ambos incluíram o questionário sócio-demográfico, o Inventário de Luto Complicado, o Impacto da Escala de Eventos-Revisto e a Escala de Depressão numa avaliação inicial e após três meses. O GE foi submetido a um programa de intervenção cognitiva-narrativa com quatro sessões: recordação, subjetivação cognitiva e emocional, metaforização e projeção. Resultados: Quase 82% dos casos do GE apresentam luto complicado na avaliação inicial, tendo diminuído para 36% após três meses. O GC apresenta um valor estável (50% na avaliação inicial e após 3 meses). Conclusões: Verifica-se um bom resultado, considerando uma evolução positiva ao comparar ambos os grupos.

Palavras chave: Intervenção cognitiva-narrativa, luto complicado, stress pós traumático e depressão.

## Abstract

Objective: Bereavement short interventions in complex events, such as unexpected suicides, is a controversial theme. We aim to evaluate the effectiveness of a cognitive-narrative intervention decreasing Complicated Grief symptoms in a small sample of bereaved by suicide of a direct family member. Method: This randomized controlled trial has 21 bereaved which were randomly divided in two groups: control group (CG, n=10) and experimental group (EG, n=11). Both included a Socio-Demographic Questionnaire, Inventory of Complicated Grief, Impact of Event Scale-Revised and Center for Epidemiologic Studies Depression Scale, in baseline and three months after intervention. The EG has a cognitive-narrative program with four sessions: recall, cognitive-emotional subjectivation, metaphorization and projecting. Results: Almost 82% of cases have Complicated Grief at EG baseline, decreasing to 36% at Follow-up. Instead, the CG has a stable value (50% baseline and follow-up). Conclusions: There is a good outcome, considering the positive evolution when comparing both groups.

Keywords: Cognitive-narrative intervention, complicated grief, post-traumatic stress and depression.



## Introdução

A presente dissertação para obtenção do grau de Mestre em Psicologia da Saúde e Neuropsicologia, insere-se no âmbito da unidade curricular do Instituto de Investigação e Formação Avançada em Ciências e Tecnologias da Saúde – IINFACTS, do 2º ano de Mestrado em Psicologia da Saúde e Neuropsicologia do Instituto Universitário de Ciências da Saúde, realizado sob orientação do Prof. Doutor José Carlos Rocha.

Esta consiste em um artigo em submissão com o tema: *Randomized controlled trial of a cognitive narrative intervention for complicated grief after suicide*, com base nas normas solicitadas pelo jornal – *Journal of Clinical Psychology*.

Este artigo foi elaborado na sequência do trabalho de investigação e estágio curricular realizados no Hospital da Senhora da Oliveira e no IINFACTS, sendo que seria pertinente dar continuidade ao mesmo, dada a prevalência de pacientes em luto por perda de um familiar por suicídio. O número de suicídios tem vindo a aumentar, acarretando consequências nefastas na saúde mental dos seus familiares. Por isso, é de extrema importância realizar este tipo de investigações, não só para provar a sua eficácia em pacientes em fase de luto complicado, mas também para beneficiar e melhorar a saúde mental dos mesmos.

O trabalho efetuado iniciou com o planeamento do desenho de investigação, definição de protocolo de investigação, pedidos de autorização à comissão de ética, formação intensiva no manual de intervenção cognitiva-narrativa, implementação das avaliações e das intervenções, introdução e análise de dados.

**Ensaio Clínico da Intervenção Cognitiva-Narrativa em formato para submissão no  
*Journal of Clinical Psychology.***

Short title: Complicated Grief Intervention after Suicide

Randomized controlled trial of a cognitive-narrative intervention for complicated grief  
after suicide

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*Randomized controlled trial of a cognitive-narrative intervention for complicated grief  
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**Abstract**

**Objective:** Bereavement short interventions in complex events, such as unexpected suicides, is a controversial theme. We aim to evaluate the effectiveness of a cognitive-narrative intervention decreasing Complicated Grief symptoms in a small sample of bereaved by suicide of a direct family member. **Method:** This randomized controlled trial has 21 bereaved which were randomly divided in two groups: control group (CG,  $n=10$ ) and experimental group (EG,  $n=11$ ). Both included a Socio-Demographic Questionnaire, Inventory of Complicated Grief, Impact of Event Scale-Revised and Center for Epidemiologic Studies Depression Scale, in baseline and three months after intervention. The EG has a cognitive-narrative program with four sessions: recall, cognitive-emotional subjectivation, metaphorization and projecting. **Results:** Almost 82% of cases have Complicated Grief at EG baseline, decreasing to 36% at Follow-up. Instead, the CG has a stable value (50% baseline and follow-up). **Conclusions:** There is a good outcome, considering the positive evolution when comparing both groups.

**Keywords:** Cognitive-narrative intervention, complicated grief, post-traumatic stress and depression.

## Introduction

Nearly one million people die by suicide globally each year (Young, Iglewicz, Glorioso, Lanouette, Seay, Ilapakurti & Zisook, 2012). Suicide is one of the top ten leading causes of death across all age groups (Young *et al*, 2012). An estimated 6-15% of all bereaved people develop complicated grief initiated by the death of someone close to them (Groot, Keijser, Neeleman, Kerkhof, Nolen & Burger, 2007). According to Young *et al* (2012) suicide survivors often face unique challenges that differ from those who have been bereaved by other types of death. These painful experiences may be further complicated by the effects of stigma and trauma (Young *et al.*, 2012). For these reasons, grief experienced by suicide survivors may be qualitatively different than grief after other causes of death. Suicide survivors face challenges that can impede the normal grieving process, putting survivors at increased risk for developing complicated grief, concurrent depression, PTSD and suicidal ideation (Young *et al.*, 2012). If left untreated, these conditions can lead to prolonged suffering, impaired functioning, negative health outcomes and can even be fatal.

As we can see, grief is a natural adjustment mechanism of reacting to a loss, but it can be particularly difficult when the loved one dies by suicide. According to McDaid, Trowman, Golder, Hawton and Sowden (2008) suicide is a serious public health problem that has serious consequences in the family. The current literature of the violent loss impact (eg. Suicide) suggests the need for intervention in mourning (Saindon, Rheingold, Baddeley, Wallace, Brown & Rynearson, 2014). According to Leming and Dickinson (2007) any stressful situation, especially involving a loss may trigger suicidal behavior. People bereaved by suicide may have a longer and more difficult grieving process (Leming & Dickinson, 2007). "Grief can be considered the universal factor causing stress, but a substantial minority, the pain associated with it can

become a life sentence” (Neimeyer, 2010, p. 82). Hence the relevance of cognitive-narrative intervention in individuals who have complicated grief.

It is generally accepted by researchers that psychological interventions help reducing the intensity of the grief responses, promote greater resilience in the process of adaptation after the loss and to intervene in the mourning is more effective than not do (Currier, Neimeyer & Berman, 2008). According to Stroebe (2008) grief is a constructive process that the bereaved person will have to develop new strategies to deal with the situation, establishing thus a link between the past, present and future. Cognitive-narrative perspective is a constructivist approach and sees the individual as a builder of their own experiences with the possibility of narrating (Gonçalves, 2000).

Neimeyer (2003) found that the therapies that emphasize the search for the meaning of loss are the most promising with regard to the processing of grief, since it does not have the sole purpose of the symptoms signs, but also seek to promote changes in narrative construction metaphors that condense the whole meaning of their experience. His opinion is supported by the research of Davis, Wortman, Lehman and Silver (2000) and by Gonçalves studies (2000).

The implementation of bereavement interventions effectiveness is controversial, especially when considering short interventions, so we developed a randomized controlled trial of an intervention manual to taste his effectiveness. This intervention manual as the following main goals: a) to reduce the symptoms of complicated grief, depression and psych traumatic symptoms in the bereaved; b) to promote the participation in the program in order to help those in need; and c) to implement a brief intervention and to prove his effectiveness.

## Method

### *Trial design*

After receipt of the ethics committee authorizations to concretize this study, we designed a cognitive-narrative intervention program with four sessions of 60 minutes. This trial design is based on the therapeutic process developed by Gonçalves (2000) and Barbosa, Sá and Rocha study (2014). According to Barbosa, Sá and Rocha (2014) the importance of this intervention type, which combine a few sessions with lower costs, are reinforced as reflecting an increase in participation in the program. The selection criteria taken into account for the selection of the participants of both groups are: (1) to have aged 18 years; (2) loss of a close family member by suicide for more than six months; and (3) to get score less than 30 on the Inventory of Complicated Grief (ICG). This study is divided into three distinct phases, namely: (1) psychological evaluation of the bereaved family (CG and EG); (2) implementation of narrative cognitive-intervention in the EG; (3) psychological reevaluation of both groups after three months.

### *Intervention: manualized cognitive narrative program for complicated grief*

This intervention was carried out in four individual sessions with a weekly frequency and duration of 60 minutes, corresponding to the four stages of intervention proposed by Barbosa, Sá and Rocha (2014): (1) the recall; (2) the cognitive and emotional subjectivation; (3) the metaphorization, and (4) the projection. The objective of the recall session is to evoke the most significant episode of loss and to make clear the meaning of the deceased. Patients describe the importance of the deceased and their

journey through life together, and then they are asked to evoke memories from a specific episode about the loss. The second session addressed emotional and cognitive subjectivation has the objective to evoke the patients to describe the episode and structure their experience with sense of authorship, coherence and diversity of cognitive and emotional content, in contrast with the previous session. Initially, emotions are activated and then is made the exploration of the cognitive components, followed by the realization of associations between thoughts and emotions. The third session involve metaphorisation, in which the objective for the patient is to explore different meanings for the chosen episode and to choose a metaphor/title unifier. For example, 'If it was a movie or a book, what title would you give?' Frequent use of specific interview skills are suggested, such as paraphrasing, silence and reflection of meaning, as well as techniques eliciting metaphors from the perspective of another. For example, 'If your brother/son was here, what would you think he would say to him?' Finally, in the fourth session named projecting, the patients built and experiment with other possible organizations of the episode, generating meaningful future projecting narratives. The therapist invite the patients to build up and reconstruct several narratives. The metaphors created in the projecting phase have the purpose to generate a more positive envisioning of the circumstances, providing an alternative to the root metaphor. This can be discussed as follows 'Does this narrative represent a more adaptive functioning?' 'Does this narrative represent thoughts, feelings and behaviors more functional? At the beginning of each session, a summary of the previous meeting is presented and at the end of each session, there's an exploration and summarization of the patients reactions and opinions about the session.



### *Therapists*

The therapist was subjected to training on the manualized intervention and it was monitored, in order to have a direct experience of the characteristics and requirements of the task.

### *Outcome measures*

The Inventory of Complicated Grief (ICG) was devised by Prigerson, Maciejewski, Reynolds, Bierhals, Newsom, Fasiczka, Frank, Doman and Miller (1995) to assess indicators of pathological grief, such as anger, disbelief and hallucinations. The instrument has 19 items concerning the immediate bereavement, relating thoughts and behaviors of the patients. There are five response options, ranging from “Never” to “Always.” The ICG’s internal consistency, as reported by Prigerson, *et al.* (1995), was very good; the alpha coefficient was .94. The test-retest reliability was found in the same study to be .80. In addition, this scale has a well-validated clinical cut point. Patients who score over 25 are considered at high risk for requiring clinical care.

The Impact of Event Scale – Revised (IES-R) is a short, easily administered self-report questionnaire and has 22 questions (Chistianson & Morren, 2013). Is an appropriate instrument to measure the subjective response to a specific traumatic event, especially in the response sets of intrusion (intrusive thoughts, nightmares, intrusive feelings and imagery, dissociative-like re-experiencing), avoidance (numbing of responsiveness, avoidance of feelings, situations and ideas) and hyperarousal (anger, irritability, hypervigilance, difficulty concentrating and heightened startle), as well as a

total subjective stress IES-R score (Chistianson & Morren, 2013). There is no specific cut-off score.

The Center for Epidemiological Studies-Depression (CES-D), originally published by Radloff in 1977, has 20 questions to rate how often over the past week the patients experienced symptoms associated with depression, such as restless sleep, poor appetite and feeling lonely. Response options range from 0 to 3 for each item (0 = Rarely or None of the Time, 1 = Some or Little of the Time, 2 = Moderately or Much of the time, 3 = Most or Almost All the Time). Scores range from 0 to 60, with high scores indicating greater depressive symptoms. The CES-D also provides cut-off scores (e.g., 16 or greater) that aid in identifying individuals at risk for clinical depression, with good sensitivity and specificity and high internal consistency (Lewinsohn, Seeley, Roberts & Allen, 1997). It is sensitive to differences between caregivers and non-caregivers (Pinquart & Sorensen, 2003) and is sensitive to changes in caregiver depressive symptoms after intervention (Pinquart & Sorensen, 2006).

### *Sample size*

As we can see in Figure 1, twenty six bereaved persons were initially contacted and randomized: 13 for the experimental group and 13 for the control group. In the EG, two participants failed to participate in the intervention, reporting that they did not have time available to participate. In the CG, three participants were lost in the initial evaluation, reporting that they did not have time available to participate and considering that wasn't important for them. So this program is composed by 11 participants in the EG and 10 participants in the CG. The EG has exclusively women, while the CG has 5 women and 5 men.

### *Randomization*

The selected sample is composed by 21 participants. These participants were randomly allocated in two groups: a control group and an experimental group. Both the control group ( $n=10$ ) and experimental group ( $n=11$ ) has recent bereavement and had social-demographic and clinical similarities (Table 1). However there is a discrepancy in the gender distribution between groups, justifiable due to cases declined to participate on the intervention group. Controlling the differences between groups at baseline, we found a considerable bias favoring the control group, which has less symptoms and less prevalence of complicated grief. This aspect can be partially circumvented using repeated-measures differences analysis, calculating deltas for symptomatic change.

### *Statistical method*

To assess the differences between the groups at the level of the complicated grief, depression and the psych traumatic symptoms we performed descriptive analysis and use the Hedge's effect sizes, more adequate to small samples, revealing the between groups differences (Table 2) for each outcome measure. We also calculated the deltas ( $\Delta$ ) for the variation between the two assessment moments ( $\Delta = \text{Follow-up} - \text{Baseline}$ ) and check the between groups effect size. We also performed comparisons of Complicated Grief prevalence, using the cut-off value for ICG ( $>30$ ).

## Results

### *Between group's analysis for the main outcome measure: complicated grief*

As we can see in the table 2, comparing the evolution of the participants with complicated grief, we conclude that the EG has an important decrease on symptoms, with a baseline average of 40.45 ( $DP= 15.65$ ) and at Follow-up 30.00 ( $DP= 13.30$ ). In the CG, at baseline, there is an average of 33.70 ( $DP= 17.22$ ) and at Follow-up 30.50 ( $DP= 18.96$ ). Comparing the Follow-up versus Baseline evolution ( $\Delta ICG$ ), between groups, we find an average decrease of 10.45 ( $DP=17.21$ ) in the EG and 3.20 ( $DP=6.92$ ) in the CG, corresponding to a Hedge's effect size value of 0.521. Also, describing the Complicated Grief prevalence (above cut-off) we observe almost 82% of cases with Complicated Grief at baseline on the EG (Figure 2.). This value decreases to 36% at Follow-up (three months after). Instead, the CG has a stable value between assessments (50% in baseline and follow up).

### *Between group's analysis for secondary outcome measures: traumatic stress and depressive symptoms*

Comparing the evolution of the participants with traumatic stress, we conclude that the EG has an important decrease on symptoms, with a baseline average of 49.00 ( $DP=13.43$ ) and at Follow-up 39.14 ( $DP=17.54$ ). The CG at baseline has an average of 45.00 ( $DP=16.91$ ) and at Follow-up 30.87 ( $DP=21.01$ ). Comparing the Follow-up versus Baseline evolution ( $\Delta IES-R$ ) between groups we find an average decrease of 9.86 ( $DP=13.18$ ) on the EG and 14.12 ( $DP=10.38$ ) on the CG, corresponding to a Hedge's effect size value of 0.341.

Comparing the evolution of the participants with depression, we conclude that the EG has an increase not significant with a baseline average of 32.63 ( $DP=12.55$ ) and at Follow-up 37.27 ( $DP=11.01$ ). The CG at baseline has an average of 30.30 ( $DP=10.09$ ) and at Follow-up 39.00 ( $DP=12.86$ ). Comparing the Follow-up versus Baseline evolution ( $\Delta CES-D$ ) between groups we find an average increase of 4.64 ( $DP=10.72$ ) on the EG and 8.70 ( $DP=11.91$ ) on the CG, corresponding to a Hedge's effect size value of 0.345.

## Discussion

Suicide is a leading cause of death around the world (Millner, Lee & Nock, 2016). People who lose a close family member by suicide suffer deeply and end up devastating their own lives. So is important to invest in interventions with this group of people.

The benefits of bereavement interventions are controversial but have been shown positive effects in individuals and family systems at risk of adverse health consequences after a loss (Groot *et al*, 2007). According to the same authors the efficacy of theoretically founded interventions for those bereaved by suicide should be examined in empirically sound research.

This brief randomized controlled trial evaluates the effectiveness of a four-session cognitive-narrative intervention to reduce complicated grief, traumatic stress and depression, and examines differences between the two groups at baseline and 3 months after. With the results of this study we conclude that the cognitive-narrative intervention is in fact positive and effective in the reduction of complicated grief and post-traumatic stress symptoms.

Taking into account the effect sizes of the outcome measures, we verified a Hedge's effect size value of 0.521 for complicated grief. For traumatic stress, we verified a Hedge's effect size value of 0.341 and for depression we verified a Hedge's effect size value of 0.345. The effect sizes results allow us to compare this intervention with other published studies. According to Currier, Neimeyer and Berman (2008) the controversy in this area is based on literature reviews and analysis target on the effect of grief interventions that show limited results and others that show even negative about the intervention in this area. Kato and Mann (1999) published a detailed review of a small number of studies of psychological interventions for the bereaved and they refer

that little positive results can be explained by methodological problems of the studies. Considering specifically for complicated grief interventions, studies refers that the most appropriate treatment for complicated grief has not been developed to date. However, the use of narratives has shown positive results in intervention with individuals in mourning (Currier, Neimeyer & Berman, 2008). According to Wittouck, Van Autreve, De Jaegere, Portzky and Heeringen (2011) treatment interventions seems to be efficacious in the short-term and long-term alleviation of complicated grief symptoms. Contrary to preventive interventions, the positive effect of treatment interventions increases significantly over time (Wittouck *et al.*, 2011).

Considering this study, these positive results on such a small scale study may be explained by some careful manualization details, as the level of emotional activation, specifically the exclusion of sensorial work of episodic memories (objectivation). This aspect has positive implications on future bereavement or crisis interventions concerning the management of the optimal level of activation (Andrade, Moreira, Sá, Pacheco, Almeida & Rocha, 2016). It seems to be very important the metaphor construction by patients as part of a coherent episodic narrative, providing a functional structure to work with emotions and thoughts, and to understand the changes in bereavement assumptions and to provide new perspectives for life and new meaningful memories (Andrade, Moreira, Sá, Pacheco, Almeida & Rocha, 2016). The results of this study reveal the efficacy of this process in a positive evolution by patients with complicated grief and it became even more relevant when patients recall and carefully activate emotions related to the family member who committed suicide.

There are also important limitations to consider. We detected a bias related to the allocation process of such short sample, having a negative effects on the experimental group, which at baseline has more severe symptoms, therefore decreasing the statistical

effect of the between groups analysis. Another bias is related to gender distribution between groups, mainly because male participants declined to participate due to difficulties to schedule intervention sessions. Still, when comparing the evolution, the effect size is moderate and higher than those described on the published meta-analytical data. Wittouck *et al.* (2011) refers that the predominant representation of females in the studies may limit the generalization of results to men. However, we conclude that this intervention type has positive outcomes in this specific group of bereaved persons. In his meta-analysis, Wittouck *et al.* (2011) conclude that recent treatment interventions for complicated grief have been designed more adequately and have proved to be efficacious. Nevertheless, taking into account the common prevalence of potentially complicated grief devastating consequences, treatment studies with this approach should be replicated using larger samples and long-term follow-up periods.

It is important to reflect about the question of gender bias, considering both the research and practice implications. This bias reflects more than a generalizations difficulty, because there has been a consistent difficulty on engaging men on bereavement interventions. This gender issue should be carefully studied envisaging the fine tune of the protocols to address men problems, or to clarify the reasons for men to decline participation: are there avoidance issues or there is in fact a difficulty in addressing the specific difficulties? Is there a less perception of severity or there is lack of positive representations for bereavement related interventions? It is also relevant to keep going on with this work because it really makes difference in people bereaved lives who lose a love family by suicide.



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Table 1

*Sociodemographic and clinical characteristics of CG (n=10) and EG (n=11)*

Characteristic	Control Group				Experimental Group			
	<i>n</i>	%	<i>M</i>	<i>SD</i>	<i>n</i>	%	<i>M</i>	<i>SD</i>
Age	10		50.00	12.81	11		44.73	12.85
Sex								
Women	5	50			11	100		
Men	5	50			0	0.0		
Professional situation								
Employee	6	60.0			2	18.2		
Certificate	1	10.0			1	9.1		
Unemployed	1	10.0			6	54.5		
Retired	2	20.0			1	9.1		
Other	0	0.0			1	9.1		
Marital status								
Not married	2	20.0			2	18.2		
Married	6	60.0			6	54.5		
Widower	1	10.0			3	27.3		
Divorced	1	10.0			0	0.0		
Qualifications								
Four year to six	6	60.0			7	63.7		
Nine year to eleven	4	40.0			3	27.3		
Higher education	0	0.0			1	9.1		
Loss suffered								
Spouse	1	10.0			3	30.0		
Son	3	30.0			3	30.0		
Father	2	20.0			2	20.0		
Mother	1	10.0			1	10.0		
Brother	3	30.0			1	10.0		
Psychiatric monitoring								
Yes	5	50.0			3	30.0		
No	5	50.0			7	70.0		
Think die								
Yes	5	50.0			4	36.4		
No	5	50.0			7	63.6		
Age of lost person	9		40.67	11.34	9		41.67	17.78
Time from loss (y)	10		6.00	5.50	9		5.31	4.46
Death type								
Fire gun	0	0.0			2	18.2		
Hanging	6	66.7			4	36.4		
Other type	3	33.3			5	45.5		

\*  $p < 0.05$

Table 2

*Complicated grief (ICG), Depression (CES-D) and Trauma (IES-R). Comparing between CG and EG baseline and follow up.*

	Control		Experimental		<i>Hedges'g</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
ICG baseline	33.70	17.22	40.45	15.65	-0.394
ICG follow up	30.50	18.96	30.00	13.30	0.029
IES-R baseline	45.00	16.91	49.00	13.43	-0.244
IES-R follow up	30.87	21.01	39.14	17.54	-0.399
CES-D baseline	30.30	10.09	32.63	12.55	-0.195
CES-D follow up	39.00	12.86	37.27	11.01	0.139
$\Delta$ Grief	-3.20	6.92	-10.45	17.21	0.521
$\Delta$ Trauma	-14.12	10.38	-9.86	13.18	0.341
$\Delta$ Depression	8.70	11.91	4.64	10.72	0.345

\*  $p < 0.05$

Figure 1

*Flowchart of participants in each phase of the investigation*

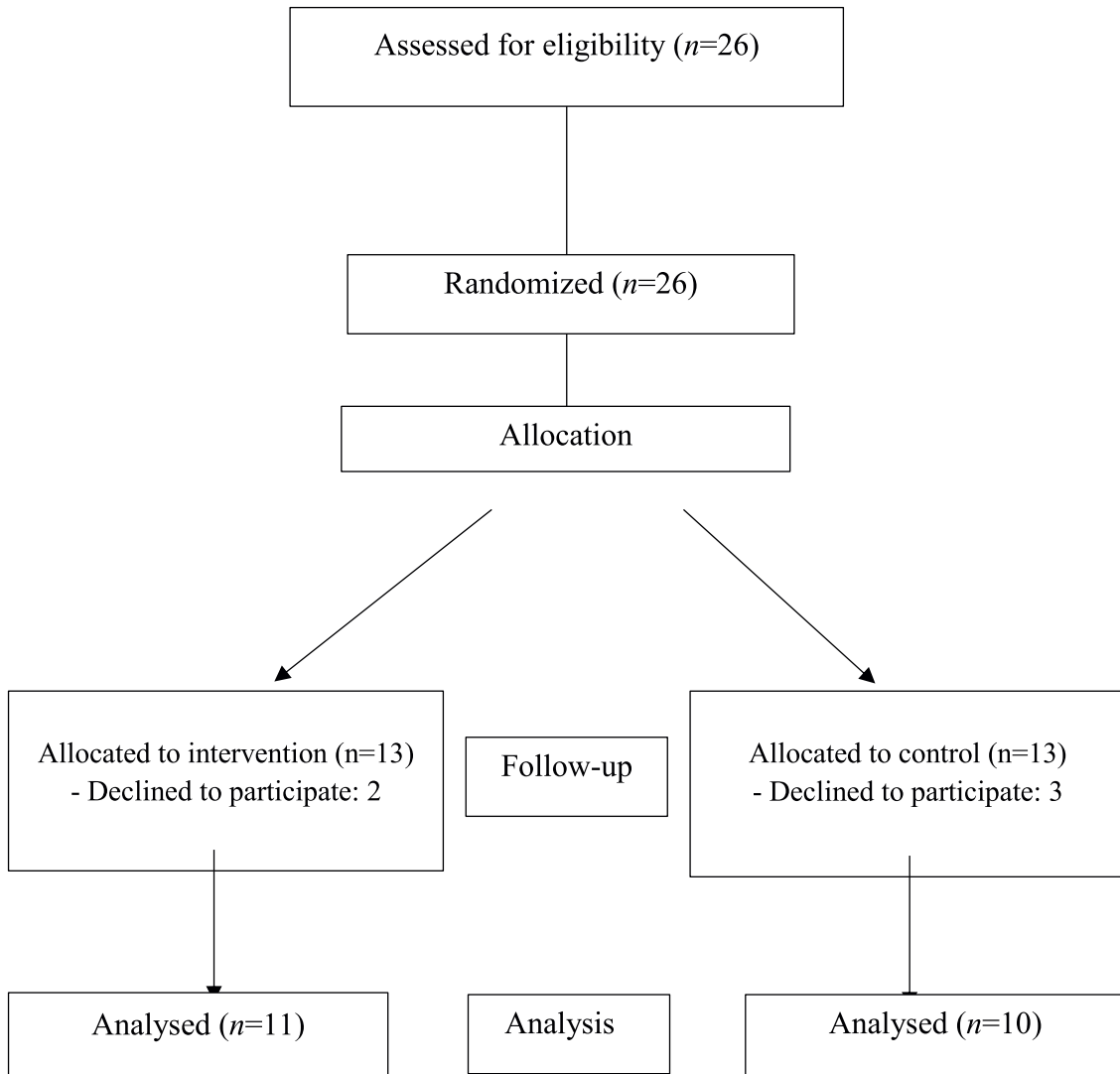
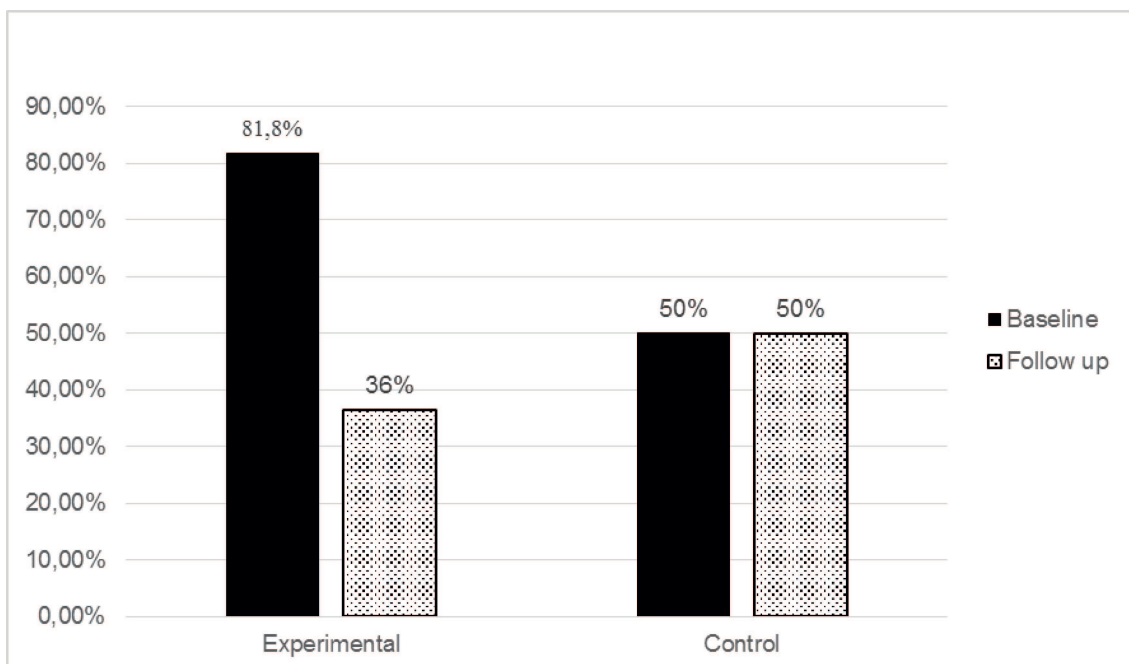


Figure 2

*Complicated grief prevalence on both groups in baseline and in follow-up*





# **ANEXOS**

**Anexo A:** Comprovativo de aprovação para realização do estudo de investigação.

Comunicação Interna

n.º

48/CES

Data 11.11.2015

Para Centro Académico

**Assunto:** Pedido de emissão de parecer para estudo de investigação

Nos termos da reunião desta Comissão de Ética, dá-se conhecimento a V. Ex<sup>as</sup> do parecer emitido em reunião do passado dia 11 de Novembro de 2015:

“Apreciado o pedido de realização de um estudo de investigação subordinado ao tema “Intervenção cognitivo-narrativa no luto prolongado após suicídio de familiar: ensaio randomizado controlado” a realizar no Serviço de Psiquiatria e Saúde Mental, tendo como investigadora a aluna de mestrado em psicologia da saúde e neuropsicologia do Instituto Superior de Ciências da Saúde, *Sofia Manuela Ferreira Gonçalves*. A Comissão de Ética em face das informações constantes do processo entendeu nada a opor ao estudo proposto, desde que na sua execução sejam cumpridos rigorosamente os princípios aplicáveis da deliberação nº 227 da CNPD, seja preservada a confidencialidade dos dados e o anonimato dos doentes e se comprometa a entregar a esta Comissão de Ética fotocópias assinadas dos formulários de informação e consentimento esclarecido do doente ou do seu representante legal. A abordagem ao doente, no sentido da participação neste estudo, deve ser efectuada através de um profissional de saúde do HSO.”

Com os melhores cumprimentos.

  
\_\_\_\_\_  
João Lima Reis  
Presidente da CES

CES/mg

**Anexo B:** Normas para submissão de artigo no *Journal of Clinical Psychology*.

## Journal of Clinical Psychology



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**Production Questions:**

Jackie Beggins

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**Anexo C:** Comunicação em formato poster no 16<sup>th</sup> *European symposium on suicide and suicidal behavior* (Oviedo-Spain).

## Randomized controlled trial of a cognitive narrative intervention for complicated grief after suicide

### Introduction

Grief is a natural adjustment mechanism of reacting to a loss, but it can be particularly difficult when the loved one dies by suicide. The implementation of bereavement interventions is frequently requested but its effectiveness is controversial, especially when considering short interventions. Therefore, it is important to search for evidence of their efficacy.

### Aim

To evaluate the effectiveness of a cognitive-narrative intervention decreasing Complicated Grief symptoms in a sample of bereaved by suicide of a direct family member, showing symptoms of complicated grief.

### Methods

It is a longitudinal randomized controlled trial, in accordance with the CONSORT guidelines. A small sample of 26 participants followed in our psychiatric outpatient clinic were included and randomly divided between an experimental group (EG, n=13) and a control group (CG, n=13). We lost 2 participants in the EG and 3 participants in the CG that refused to consent considering the transportation and scheduling difficulties. So, we compared 11 participants in the EG and 10 participants in the CG. After the informed consent, both groups answered a Socio-demographic Questionnaire (DSF), the Inventory of Complicated Grief (ICG), the Revised Impact of Event Scale (IES-R), Scale of the Center for Epidemiologic Studies of Depression (CES-D) and the Emotional Regulation Difficulties Scale (EDRS) in two different evaluating moments (with three months apart). The EG, between the evaluating moments, participated in a four-week intervention program (with weekly 60-min sessions) that addressed recall, emotional and cognitive subjectivation, metaphorisation and projecting of the experience of loss after the suicide of a family member as recommended by the cognitive narrative intervention manual.

Table 1

Sociodemographic characteristics of EG (n=11) and control (n=10)

Socio-demographic measure	Control Group		Experimental Group			
	n	%	M	SD		
Age	10	50.00	12.81	11	44.73	12.85
Sex	male	5	50	5	50	
	female	5	50	5	50	
Time from case (years)	10	50.00	5.50	5	5.51	4.48
Age of the person	9	40.91	11.34	9	41.91	17.78



Figure 1. Flowchart of participant in evaluation of the intervention

### Results

Comparing the evolution of the participants with complicated grief, we conclude that the EG has an important decrease on symptoms, presenting at baseline average result of 40.45 and at Follow-up 30.0. Comparing the Follow up-Baseline evolution (Delta ICG) between groups we find an average decrease of 10.45 on the EG and 3.2 on the CG. We find a Cohen's d value of 0.55. Also, describing the prevalence of Complicated Grief (above cut-off value) we observe almost 82% of cases with Complicated Grief at baseline of the EG. This value decreased to 36% at Follow-up (three months after). Instead, the CG has a stable value between assessments.

Table 2

Descriptive results of ICG values at baseline and follow up at both groups

	Experimental Group		Control Group		Cohen's d
	M	SD	M	SD	
ICG Baseline	40.45	15.65	31.75	17.22	
ICG FU	30.00	13.30	30.50	18.98	
Delta ICG	-10.45	17.23	-3.20	8.92	0.55

Figure 2



### Discussion

The preliminary results of this RCT suggest a good outcome of such short intervention, considering the positive evolution on Complicated Grief symptoms and on the frequency of above the cut-off value, when comparing control and experimental groups. However, there are important limitations. We detected a bias related to the allocation process, having a negative effects on the experimental group, which at baseline has more severe symptoms, therefore decreasing the statistical effect of the between groups analysis. Another bias is related to gender distribution between groups, mainly because male participants declined to participate due to difficulties to schedule intervention sessions. Still, when comparing the evolution, the effect size is moderate and higher than those described on the published meta-analytical data. We conclude for the importance of such type of intervention with positive outcomes in this specific group of bereaved persons.