



Rapid Reviews

The Rapid Review series highlights current issues in palliative care and the evidence supporting clinical practice, education, research and health policy.

A Review of Parental Bereavement Interventions

Implications for Clinical Practice, Research, and Policy

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The untimely death of a child is an incredibly traumatic experience for parents and their loved ones. It uproots every aspect of their life, leading the bereaved parents to be far more likely to have poorer physical and mental health outcomes. This traumatic form of bereavement should have comprehensive grief-focused, high-quality interventions available for parents and extended family members. The purpose of this rapid review was to explore and describe the bereavement interventions available for parents and family that have been published within the past 5 years. Records identified 123 full-text articles that were reviewed, and 14 of those were included for data extraction and synthesis, using Cochrane Rapid Reviews Methods Group with the addition of keyword searches. The 14 articles were analyzed by evaluating description of bereaved parents, accessibility of interventions, who delivered interventions, and the type and delivery time of interventions. Four types of interventions were identified, including Web-based, community-based, hospital-based,

and psychotherapy interventions. This rapid review has implications for clinical practice, research, and health care policy that can increase the availability of support and quality of interventions for bereaved parents and family members.

KEY WORDS

bereaved parents, bereavement, bereavement interventions, grief, literature review

The moment that I knew you had died, my heart split in two. One side filled with memories, the other died with you. I often lay awake at night when the world is fast asleep and take a walk down memory lane, with tears upon my cheek. Remembering you is easy, I do it every day, but missing you is a heartache THAT never goes away.

—Author Unknown¹

The death of a child is a life-altering experience for parents, siblings, and grandparents. Time stops, plans cease, and life is forever altered for affected parents and family. This change in the “natural order” of life events and untimely loss permanently alter the hopes and dreams parents may have had for their child.^{2,3} Parental bereavement is considered distinct from other types; it is more intense when compared with the death of a sibling, mother, or father.⁴ After the death of a child, parents experience a loss of identity and connection to the community, which in turn, impacts their health and well-being.⁵

Bereaved parents are at risk of developing psychological, physical, and social problems. Past studies found significant psychiatric sequelae,^{6,7} complications linked to the cardiovascular system,⁸ and overall poorer health outcomes when compared with nonbereaved parents.⁹ They may also be at risk for developing prolonged grief disorder, which is characterized by persistent grief or a preoccupation with death, combined with emotional pain and impairment of functional status over a period of at least

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6 months.¹⁰ The death of a child is widely considered a form of traumatic bereavement. As such, comprehensive grief-focused, high-quality interventions should be available for parents and extended family members.

Grief-focused interventions should assist parents in achieving a stable health status and build upon or maintain a supportive relationship with their primary provider and related health care team members.¹¹ Hospital bereavement programs may provide counseling and psychotherapy, but additional needs have been expressed, such as support groups and memorial events.¹² Accessing services can be challenging given limitations in specialized clinicians and health systems' bereavement resources. Furthermore, parents may have financial restraints, time restrictions, and geographic distances that prevent them from connecting with available services.¹³ Some health systems offer grief support resources, such as regularly scheduled bereavement visits with a social worker or chaplain, and informal conversations between bereaved parents and a clinician after a child's death.¹⁴ However, tailored resources that meet specific needs of the parents or are relevant to the child's age, illness trajectory, or cause of death are limited. Many of these services lack evidence-based strategies or theoretical frameworks to support the intervention and may not meet the needs of bereaved parents and family members.¹⁵

Additional limitations in grief support programs include consideration of cultural and ethnic characteristics, religious or spiritual convictions, and the unique needs of fathers.^{16,17} The purpose of this rapid review was to explore and describe the bereavement interventions designed for parents and family members.

METHODS

This rapid review examined studies published between 2018 and 2023. With the assistance of a health science librarian, PubMed, CINAHL, PsycINFO, and CENTRAL were searched for keywords related to bereavement, child loss, and interventions using Cochrane Rapid Reviews Methods Group and PRESS Checklist.^{18,19} Full search strategies are available on the East Carolina University institutional repository at <http://hdl.handle.net/10342/13113>. Screening included title and abstract level, followed by full-text review. Conflicts were independently resolved by the lead author (N.D.) and senior researcher (T.F.) in both stages. Of the 1713 records identified in the searches, 689 were duplicates. During first-pass screening, 123 full-text articles were reviewed, and 14 studies were included for data extraction and synthesis (Table 1). Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) reporting standards were used to document the review process (Supplemental Figure 1, PRISMA Diagram – Parental Bereavement Rapid Review,³³ available at <http://links.lww.com/JHPN/A97>).

RESULTS

Characteristics of the Studies

Among the 14 included studies, 6 were conducted internationally,^{20,21,24,25,28} including China,³¹ Sweden,²⁸ and Ireland.²⁵ Qualitative analysis methods were implemented in half of the studies reviewed, with thematic analysis being the dominant approach used^{12,21-26} (Table 2). Single-arm interventions with pre-post measurement was the predominant study design. Nearly all studies reviewed focused exclusively on bereaved parents, but 3 studies did extend their intervention and investigation to siblings and other family members.

There was a wide range of types of interventions and study methods used to evaluate the bereavement intervention. Sveen et al²⁸ (2021) randomized bereaved parents to an Internet-delivered cognitive behavioral therapy for insomnia, Thieleman and Cacciatore²⁹ (2020) assessed the effectiveness of grief-focused mindfulness-based retreat on psychological distress in 2 nonequivalent groups, and Xiu et al³¹ (2020) examined the benefit of Chinese brush painting intervention. In 1 study, the investigators examined the feasibility of using a mobile app, *My Grief*, as a strategy for reducing prolonged grief, depressive and post-traumatic stress symptoms, and grief reactions.²⁴ Virtual delivery of bereavement support was investigated by Dias et al²² (2021), Sveen et al,²⁸ Weaver et al,³⁰ and Záhórcová et al.³² Other researchers assessed the benefits of a rehabilitation program,²⁰ workshops,²¹ camps,^{25,26} and retreats.²⁹

Defining Parent(s)

Among the 14 reviewed studies, enrolled parent(s) were defined predominantly as “mother” or “father” without reference to biological, adoptive, foster, or stepparent. The term *partner* was included in 1 study.³² Lichtenthal et al²⁷ (2019) defined parent as biological, adoptive, or stepparent(s), and Weaver et al³⁰ (2021) used “legal guardian.” Family members were defined as “parents, grandparents, siblings, aunts, uncles, and cousins.”²¹

Intervention Timing

The delivery time for the interventions for the bereaved parent(s) was not specifically identified in most of the studies reviewed. Eklund et al²⁴ (2022) established a time frame of at least 1 year since the death of the child before the parent could participate in the intervention. In contrast, Henning et al²⁶ (2021) enrolled bereaved parents 3 months post loss, whereas Lichtenthal et al²⁷ (2019) included bereaved parents 6 months or longer post loss.

Cost and Access to Bereavement Services

Associated costs to the parents for participating in bereavement services were rarely addressed in the 14 reviewed studies. Baumann et al²⁰ (2022) indicated that the family-oriented



TABLE 1 Study Details: Bereavement Interventions

Author, Year	Title (Abbreviated)	Study Purpose	Intervention Summary	Impact (Intervention Group)
Baumann, ²⁰ 2022	Prolonged Grief, Posttraumatic Stress and Depression	Investigate response of the FOR program	Four-week rehabilitation program composed of group therapy sessions, individual therapy sessions, relaxation training, and physical exercise	Decreases in PGD, complicated grief, depression, and PTSD from baseline
Cuervo-Suarez, ²¹ 2022	Cultivating Gratitude in Bereaved Families	Assess the benefit of a bereavement workshop as part of an institutional program "Taking care of You"	Not defined	Six themes identified during workshop
Dias, ²² 2021	Developing a Theoretically Grounded	Pilot tested a Web-based intervention to promote grief adaptation and self-care to meet the individual needs of parents	Self-management resources including a communication channel to health care providers and bereavement personnel	Consideration of health literacy, diversity, and access to Internet/specific resources
Edson, ²³ 2021	Benefit of Bereavement Mailing	Assess Boston Children's Hospital Hematology/Oncology Bereavement Program	Program evaluation using focus group and survey	Parents found books, poetry, pamphlets, and anniversary cards helpful.
Eklund, ²⁴ 2022	My Grief App for Prolonged Grief	Examine the feasibility of the My Grief app. Evaluate the potential reduction of symptoms.	App available for 4 wk and included access to psychoeducation, self-guided exercise, self-monitoring grief report, and support services	Reductions in prolonged grief symptoms, grief-related rumination, loss avoidance, and negative cognitions
Hanlon, ²⁵ 2022	Camp Draws You Back Into Life	Assess the impact of therapeutic recreation-based camp offered through the Barretstown Bereavement Program.	Three-camp cycle of a 4-d/3-night camp. Cycle runs 1 y at 6-mo intervals.	Improvements on coping/adjustment, family relationships, connection to the child who died, and bonding between family and camp staff.
Henning, ²⁶ 2021	The Impact of Family Bereavement Interventions	Evaluate 2 approaches to bereavement support: (1) weekend family camps and (2) wait-list control randomized trial of parent bereavement support group	1. Two-day camp with various activities available, group and individual self-reflection sessions 2. Psychoeducation format with education on grief process, myths, and fostering new coping skills	Positive social support, increased knowledge of grief process, improved communication, structured time away, and protected time to adjust
Lichtenthal, ²⁷ 2019	Trial of Meaning-Centered Grief Therapy	Determine feasibility and acceptability of meaning-centered grief therapy on parents who lost a child to cancer	16 virtual or in-person sessions, 60-90 min of meaning-centered grief therapy	Longitudinal improvements in prolonged grief, sense of meaning, depression, hopelessness, continued bond with their child, posttraumatic growth, positive affect, and QOL

(continues)

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TABLE 1 Study Details: Bereavement Interventions, Continued

Author, Year	Title (Abbreviated)	Study Purpose	Intervention Summary	Impact (Intervention Group)
McNeil, ¹² 2022	“You Are Not Alone”: Mentorship Program	Peer-to-peer mentorship program, via training bereaved parents, to offer support for newly bereaved parents	Mentorship program for parents whose children died of cancer	Allowed grief journey to be normalized and validated as a unique experience
Sveen, ²⁸ 2021	Feasibility and Efficacy of Internet-Delivered	Evaluate the feasibility and effects of virtual cognitive behavioral therapy for insomnia	iCBT-I was used to create an Internet-guided modules over 9 wk with the support of a therapist.	Steady decrease in insomnia symptoms with the treatment group. No significant improvements in prolonged grief, depression, and posttraumatic stress. Improvement noted in anxiety.
Thieleman, ²⁹ 2020	Mindfulness Retreat Effect on Distress	Effectiveness of mindfulness-based retreat on psychological distress and well-being	Grief-focused mindfulness-based retreat for traumatic bereavement	Reductions in psychological distress with decreases in trauma, depression, and anxiety
Weaver, ³⁰ 2021	Actual Solidarity Through Virtual Support	Analyze virtual support groups, perceptions of technology, and group communication	Eight-week online bereavement support group	Improved communication, coping, peer support, education, and emotional education
Xiu, ³¹ 2020	Prolonged Grief Disorder Improved by Chinese Brush	Improve the participants' mental health using Chinese brush painting sessions	Chinese brush painting sessions, 2-h long for 20 weekly sessions over 6-mo time span	Improved emotional regulation, reductions in reoccurrence of grief symptoms, and increased resilience
Záhorcová, ³² 2023	Effectiveness of Forgiveness Intervention	Test the effectiveness of an educational forgiveness intervention on mental health	An educational forgiveness intervention 1-h long for a total of 12 sessions	Improved forgiveness toward others and self; decreased anxiety, anger, and depression

Abbreviations: FOR, (inpatient) family rehabilitation program; iCBT-I, Internet-delivered cognitive behavioral therapy for insomnia; PGD, prolonged grief disorder; PTSD, posttraumatic stress disorder; QOL, quality of life.

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rehabilitation (FOR) program was funded through either pension funds or health insurance companies. It was unclear whether bereaved parents and their families would have to incur cost if they enrolled in the FOR program. Similarly, other interventions that involved a trained therapist did not describe the funding source or associated costs to parents. Studies offering hospital-based bereavement services, such as grief resources sent via mail or informal support groups, did not indicate whether there was a charge to the parents for participation. However, some hospital-based bereavement programs were typically funded by donor funds²³ or other nonprofit organizations.²⁹

Access to available bereavement services was not described in most of the studies. In the study that offered the Bereaved Parent Mentorship Program,¹² information was shared with parents by the psychosocial team before

the child's death or through bereavement mailing after their child's death. Parents could follow up as a self-referral or be referred to the program by the psychosocial team member. Parents would have access to this program for up to 15 months but can request for an additional 1 year if needed. Access to Web-based interventions^{22,24} was either offered through social media sites²⁴ or integrated into hospital-based bereavement programs.²²

Persons Delivering Intervention

Various health professionals were involved in delivering the bereavement interventions. For example, Cuervo-Suarez et al²¹ described a bereavement workshop that included a pediatrician, a family physician, and a psychologist. The psychologist facilitated the open discussions with the parents and then integrated music therapists. Baumann et al²⁰

**TABLE 2** Qualitative Analysis Methods

Author, Year	Sample Strategy	Sample Size	Qualitative Method	Themes/Findings
Cuervo-Suarez, ²¹ 2022	Focus groups	23, 36	Conventional content analysis with systematic coding and categorization	Hope, compassion, humanization, learning, gratitude, and active listening
Dias, ²² 2021	Semistructured interview guide with convenience and snowball sampling	14	Directed content analysis	Web-based intervention can be enhanced by addressing timing, delivery, and revisions.
Edson, ²³ 2021	Focus group, open-ended questions on survey	9, 216	Open-ended questions and comment sections	No specific themes listed. Quotes from parents provided.
Eklund, ²⁴ 2022	Semistructured telephone interview	10	Thematic analysis of semistructured interview	App was easy to learn; mixed responses to self-monitoring section; appreciated self-guided exercises and get support sections.
Hanlon, ²⁵ 2022	Semistructured interview	12 parents 6 staff	Thematic analysis of semistructured interviews	Positive contributions on family connections and functioning
Henning, ²⁶ 2021	Focus group with semistructured discussion	31	Constant comparative method	Openly express feelings, recognizing difference in grieving processes, improved mood and coping, and strong family communication
McNeil, ¹² 2022	Free-text description of mentorship encounter	150	Memo-writing followed by inductive codebook generation	Descriptions of grief experience, ways to support mentees, challenges experienced by mentors, and personal gains by mentor

(2022) used psychologists or social pedagogues (professionals who deliver care based on social pedagogy) for the FOR program that offered medical and multimodal psychosocial interventions. In another study about a therapeutic recreation-based bereavement camp composed of a 3-camp cycle of a 4-day/3-night camp, interventions were facilitated by staff composed of activity leaders and volunteers.²⁵ A virtual bereavement support program (titled Grief's Journey) was delivered to legal guardians by trained grief facilitators.³⁰ Xiu et al³¹ (2020) engaged with a professional teacher of Chinese brush painting to assist with designing the "flowers and birds" activity. Other studies described the intervention but did not clearly identify who or what type of professional was engaging with the parents.

Web Based

Only 3 of the 14 reviewed studies reported using a Web-based intervention for bereaved parents.^{22,24,30} Dias et al²² (2021) pilot tested a Web-based intervention to promote grief adaptation and self-care. This intervention could be accessed by parents via their cellphones and included self-health assessment surveys. In this feasibility study, participants reported acceptance and usability of this type of intervention, even pointing to early integration in the care

process, such as during enrollment in palliative care or hospice services. Eklund et al²⁴ (2022) implemented the My Grief app with 13 parents for 4 weeks, reporting significant reductions in symptoms of grief, grief-related rumination, loss avoidance, and negation cognitions. Weaver et al³⁰ (2021) reported a positive impact on 6 bereaved parents who received an 8-week virtual support group. Parents reported the virtual program reduced associated barriers, such as missing time at work, cost of travel, and distance, for participating in the Grief's Journey program.³⁰

Established Programs

Several of the reviewed studies used established bereavement programs as part of their investigation.^{21,23,25,26,28,29,31} *Selab: Fully Inhabited Grief: A Contemplation Retreat for Traumatic Bereavement*,²⁹ FOR rehabilitation program,²¹ Internet-delivered cognitive behavioral therapy for insomnia,²⁸ Barretstown Bereavement Program,²⁵ and Boston Children's Hospital Hematology/Oncology Bereavement Program²³ are examples of previously established interventions implemented in the studies reviewed. Each of these programs offers similar types of grief support, such as grief resources, group and individual sessions, and remembrance ceremonies. However, several programs implemented unique strategies for delivering bereavement



care, such as a jigsaw puzzle activity that was printed from a family photo²⁶ or Chinese brush painting.³¹ In 1 study, trained bereaved parents served as mentors to help other bereaved parents. This Bereaved Parent Mentorship program allowed for organized mentoring opportunities for all bereaved parents to support other bereaved parents. All interactions between the parents were documented and flagged as needed for follow-up by hospital psychosocial professionals.¹² Interventions were delivered in an inpatient setting²⁰ or in the community with a family-focused lens.²⁶

Outdoor Activities

Three of the 14 reviewed studies used outdoor activities that involved retreats, camps, and group/individual sessions. In a quasi-experimental study by Thieleman and Cacciatore (2020), bereaved parents were offered mindfulness practices during a 4-day retreat program to better understand their experiences through interpersonal and communal elements.²⁷ Henning et al²⁶ (2021) described the following 2 interventions: family weekend camp and parent bereavement support group. Camp activities included varied activities such as fishing, crafts, and a remembrance ceremony.²⁶ Similarly, Hanlon et al²⁵ (2022) described a bereavement camp program that offered 3 cycles of a 4-day camp experience for family bonding.

Psychotherapy

Three of the 14 reviewed studies used psychoeducational activities led by trained professionals to improve bereaved parents' grief, sleep, and psychological health outcomes. Záhorcová et al³² (2023) conducted a randomized controlled trial to test a forgiveness psychoeducational intervention. The participants journaled their reflections based on the readings from the forgiveness manual and ultimately created a forgiveness letter they wrote to themselves. The control group received a grief psychoeducational intervention, which also included reflections based on *Beyond Tears: Living After Losing a Child* by Mitchell et al³⁴ (2009).

Lichtenthal et al²⁷ (2019) evaluated a meaning-centered grief therapy intervention that included a cognitive behavioral existential intervention manual and offered 16 weekly individual sessions consisting of psychoeducation, experiential exercise, and discussions either virtually or in person. Sveen et al²⁸ (2021) evaluated an Internet-delivered cognitive behavioral therapy intervention directed primarily to improve insomnia among bereaved parents. Participants in the control group received a psychoeducation booklet on sleep management and mindfulness and did not have contact with a therapist.

Theory Integration

Most of the 14 studies reviewed did not include a guiding theoretical framework and used traditional support services for bereavement, such as support materials. Among the reviewed studies that included information on the theory, most incorporated the cognitive-behavioral theory.^{27,28,32} In 1 study, investigators integrated the adaptive leadership framework to guide development and evaluation of a self-management Web-based intervention.²²

Outcome Measurement Instruments

Among the 14 reviewed studies, a wide range of instruments were used to assess the impact of the bereavement intervention. For example, anxiety was measured with the State-Trait Anxiety Scale²⁷ and Generalized Anxiety Disorder-7.²⁸ Approximately 21 different domains were assessed in the 14 studies reviewed (Supplemental Table A, available at <http://links.lww.com/JHPN/A98>).

DISCUSSION

The death of a child has both familial and societal implications. Designing person-centered bereavement interventions addresses unmet needs and may improve the quality of life for those experiencing significant loss.²¹ This rapid review assessed recent published articles on evaluated interventions to highlight current practices and potential gaps in services for bereaved parents and family members. We identified a variety of interventions available to bereaved parents in various settings.

Developing effective bereavement interventions and examining parent outcomes pose significant challenges for researchers. Key topics assessed in this review include recruiting parents and family members, addressing cultural and regional factors, recognizing the interrelatedness of variables, and identifying the appropriate outcome measurements to build the science. An individual's culture, social position, values, and beliefs impact his/her bereavement trajectory. Our review highlights gaps in published evidence on the evaluation of culturally sensitive interventions focused on the unique needs of bereaved parents, siblings, and grandparents.

We also found gaps in published evidence on how, when, and where parents access bereavement programs. The most appropriate "time" and the right "dose" of bereavement interventions are not well understood. Parent (s) may not seek services in their grief state or know where to obtain services. They may struggle to engage during in-person psychoeducational interventions yet may flourish in outdoor activities or organized retreats. Furthermore, limited finances, work demands, and other family responsibilities could prevent them from participating in any type of bereavement program.

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Available financial support for hospital and community-based programs was not well described in the studies. Philanthropic funding may be the primary means for these bereavement programs, which has been steadily declining in the United States.³⁵ Ideally, detailed information about associated costs for in-person programs, retreats/camps, and Web-based interventions would benefit health insurance plans in designing person-centered coverage to meet the needs of affected parents.

This review identified several community-based programs that offered outdoor activities for bereaved parents and their families. Partnering with community resources could meet the unique needs of the parents within that community. A multidisciplinary approach to bereavement care that draws in the expertise of pastoral services, child life specialists, social workers, bereavement doulas, and community-based palliative care approach can mitigate the budgetary and personnel restrictions bereavement care services currently experience.³⁶

CONCLUSION

Implications for Practice

The following implications for practice were discovered through this rapid review:

- Parental bereavement support programs demonstrate positive benefits when available and accessible, but access gaps exist.
- Virtual or Web-based bereavement support shows promise in meeting the needs of parents, particularly when they have overlapping responsibilities and geographical challenges.
- Foster community-based partnerships, including mental health professionals, to identify funding streams to expand workforce and develop culturally focused bereavement programs.

Implications for Research

The following implications for research were discovered through this rapid review:

- Replicate and test the effectiveness and efficacy of bereavement support programs on the health outcomes of parents, including biological, adoptive, foster, or stepparent, as well as siblings and others impacted by the loss.
- Integrate pertinent theoretical models to test bereavement care interventions using pragmatic research designs.
- Conduct evidence-based practice and quality improvement projects to assess the utility of current bereavement care programs unique to that geographic setting or regional culture.

Implications for Policy

The following implications for policy were discovered through this rapid review:

- Develop standard guidelines and recommendations for high-quality, evidence-based parental bereavement programs for adults and siblings who have been impacted by the loss of a child.
- Support funding expansion of parental, sibling, and family member bereavement programs to ensure these individuals have access to the mental health services needed.
- Partner with private and federal/state funding health insurance plans to develop interdisciplinary reimbursement models to meet the needs of bereaved parents.

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