

Reducing Dementia Grief Through Psychosocial Interventions: A Systematic Review

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Table E1. Summarized information of the included intervention studies

Study, Country	Study design	Sample: Size and characteristics IG/CG	Recruitment strategies	Exclusion/ Inclusion	Format: Duration / number of sessions	Dementia grief assessment	Outcome	Contents	Intervention delivered by	Level of evidence
1. Bravo-Benitez et al. (2021), Spain	QUANTITATIVE Quasi-experimental randomized controlled design	<i>N</i> = 52 total <i>n</i> = 27 IG <i>n</i> = 25 CG 57.69% spouses 34.62% adult children Mean age: 63.88 (<i>SD</i> = 17.55) 78.85% female	Presentations in center for family caregivers	Psychotherapeutic or psychiatric treatment (exclusion)	On-site delivery, group program 10 sessions, each 90 minutes	CGS Two assessment times (pre-and post-intervention)	Interaction effect (time x group) CGS scale Emotional Pain decrease for IG and increase for CG (<i>p</i> = .011) CGS scale Absolute Loss decrease for IG and increase for CG (<i>p</i> = .029)	Imaginal exposure and in vivo exposure, cognitive restructuring, behavioral rehearsals, social skills training	1 dementia care researcher	3
2. Duggleby et al. (2018), Canada	QUANTITATIVE & QUALITATIVE Mixed-methods single-arm repeated measures feasibility study	<i>N</i> = 37 total 30% spouses 59 % adult children Mean age: 63.24 years (<i>SD</i> = 11.68) 65% female No CG	Newspaper advertisements, local print media, local Alzheimer's Society e-newsletter, flyers at local support groups or events, recruited from other studies	No exclusion based on psychopathologies or ongoing psychotherapeutic treatment	2 months use of self-administered web-based interactive site	NDRGEI Three assessment times (baseline, 1, 2 months)	Decreased dementia grief (<i>p</i> = .006)	Self-care strategies, end of life decision making, transitions to expect, quotes from other carers about experience, resources	Self-use	4

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3. Hicken et al. (2017), USA	QUANTITATIVE Multisite intervention with stratified randomized cohorts	<i>N</i> = 229 4 IG Users without internet: <i>n</i> = 30 (telehealth) <i>n</i> = 44 (phone uses) Users with internet: <i>n</i> = 77 (internet) <i>n</i> = 78 (phone uses) 74% spouses of veterans 53 % rural living 45 % urban living Mean age: 70.16 (<i>SD</i> = 11.22) 90% female No CG	Advertisements at Veterans Administrations (VA) provider work rooms and VA hospital waiting room area, referrals from health care practitioners	Care recipient diagnosed with severe mental illness before the age of 45 (exclusion)	4- to 6-month multicomponent program Electronic IGs (telehealth and internet): 3 days per week for approximately 10-15 minutes Phone IGs: printed material and DVD usable at any time and at least 1 additional monthly telephone call	MM-CGL-SF Two assessment times (baseline, study completion)	Users without internet: Phone group participants grief increase, telehealth group participants decrease of grief (total score, <i>p</i> = .017) and Worry and Felt Isolation subscale score (<i>p</i> = .006) Users with internet: No significant change in grief Comparable results when stratified by rurality	Information about dementia progression, caregiving skills, health topics communicating with medical providers, information about common legal issues, mood management and self-care strategies, cognitive and behavioral-based technique	Care manager (licensed clinical social worker or psychologist)	3

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4. Jain et al. (2019), USA	QUANTITATIVE Add-on to controlled pilot feasibility study	<i>N</i> = 23 at baseline (assessment for dementia grief, mindfulness, and depression) <i>n</i> = 17 at baseline (fMRI) <i>n</i> = 9 at follow-up (fMRI and assessment for dementia grief, mindfulness, and depression) 30% spouses 70% adult children Mean age: 60.00 (<i>SD</i> = 11.00) 91% female No CG	Flyers, study pamphlets at local support groups or events, recruited from other studies	Acute severe mental illness in caregiver (exclusion)	4-weeks MIT or PMR	MM-CGL-SF Two assessment times (baseline, follow-up)	Baseline: Negative correlation between mindfulness and dementia grief ($r = -.70, p < .001$); Caregiver grief-related stimuli elicited brain activity in regions identified with bereavement grief Follow-up: Decrease in grief scores from baseline ($M = 61.7, SD = 13.8$) to follow-up ($M = 55.1, SD = 15.2$), $d = 0.92$; Improvement in grief predicted by increased relative brain activation in the precuneus and anterior cingulate (different subregions from baseline)	MIT: weekly group meetings and take-home exercises PMR: provision of a compact disk with a PMR recording	Not stated	4

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5. MacCourt et al. (2017), Canada	QUANTITATIVE Controlled study using a mixed method design	<i>N</i> = 200 <i>n</i> = 123 IG <i>n</i> = 77 CG 61.9% spouses 23% adult children Mean age: 64.4 79% female	Newspaper advertisements, local print media, referrals from local Alzheimer's Society	No exclusion based on psychopathologies or ongoing psychotherapeutic treatment	Five methods of delivery in IG: individual face-to-face, individual by telephone, face-to-face group, telephone group, and online group Six possible sessions, two follow-ups	MM-CGI	Less grief in IG compared to CG ($p = .003$) Dementia grief t1 ($p < .001$) and no university education ($p = .047$) predicted a decrease in dementia grief at t2 Dementia grief in spouses decreased in IG but was still higher than for adult caregiving children ($p = .006$)	Introduction to transitions, dimensions of grief, living with grief, honoring grief, maintaining self, and enhancing resilience	Registered clinical counselors	3 IG or CG not randomized based on time of recruitment
6. Meichsner et al. (2016a), Germany	QUALITATIVE Qualitative study within RCT	<i>N</i> = 33 90.9% female	Newspaper advertisements, local print media, radio, internet, television, referrals from cooperating institutions or health care practitioners	Psychotherapeutic treatment or acute severe mental or physical illness in caregiver (exclusion)	Sequences from 61 therapy sessions	-	Acceptance of loss and change, overcoming avoidance of associated painful emotions via CBT and ACT	Grief intervention strategies were recognition and acceptance of loss and change, addressing future losses, normalization of grief, and redefinition of the relationship	Trained clinical psychologists or psychotherapists	5

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7. Meichsner & Wilz (2018), Germany	QUANTITATIVE RCT	<i>N</i> = 273 <i>n</i> = 139 IG <i>n</i> = 134 CG Mean age: 64.20 (<i>SD</i> = 11.04) 80.6% female	Referrals from cooperating institutions	Psychotherapeutic treatment or acute severe mental or physical illness in caregiver (exclusion)	Telephone based cognitive behavioral intervention with 12 individual therapy sessions for 6 months with one grief-specific intervention module	CGS Three assessment times (baseline before randomization, post-intervention assessment, after 6 months)	Reduced burden due to pre-death grief for IG but not CG after 6 months (Cohen's <i>d</i> = -0.361) Intervention effect after controlling for care situation and sociodemographic variables (Cohen's <i>d</i> = 0.248) Lower dementia grief for caregivers with care recipient at home compared to care recipients at care facilities after intervention (<i>p</i> = .008, Cohen's <i>d</i> = -0.324) Significant correlation between dementia grief and relationship to care recipient (<i>p</i> = .001, Cohen's <i>d</i> = -0.399), but not gender	1 of 10 intervention modules especially addressing grief-related aspects e.g., emotion-based coping-strategies and acceptance of the disease and the resulting changes	Trained clinical psychologists or psychotherapists	2

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8. Meichsner et al. (2019a), Germany	QUALITATIVE Case study	<i>N</i> = 2 64 y. spouse 53 y. adult child 100% female	Newspaper advertisements, local print media, radio, internet, television, presentations in groups or centers for family caregivers, referrals from cooperating institutions	Psychotherapeutic treatment or acute severe mental or physical illness in caregiver (exclusion)	Coding of 3 therapy sessions (each 50 min.) using qualitative Content Analysis	-	Therapy intervention strategies addressing grief and losses, tolerating difficult feelings and adaptation in line with the dementia grief model proved to be helpful	1 of 10 intervention modules especially addressing grief-related aspects e.g., emotion-based coping-strategies and acceptance of the disease and the resulting changes	Trained clinical psychologists or psychotherapists	5
9. Meichsner et al. (2019b), Germany	QUANTITATIVE RCT	<i>N</i> = 37 <i>n</i> = 19 IG <i>n</i> = 18 WCG 73% spouses 27 % adult children Mean age: 62.11 (<i>SD</i> = 9.67) 78.4% female	Newspaper advertisements, local print media, radio, internet, television, referrals from cooperating institutions or health care practitioners	Psychotherapeutic treatment or acute severe mental or physical illness in caregiver (exclusion)	Online CBT intervention for 8 weeks, adaptation of telephone-based CBT intervention with up to 10 individually applied therapy modules and exchange of 8 weekly messages with therapist	CGS Three assessment times (baseline, postintervention at 8 weeks after baseline, follow-up at 5 months after baseline)	No group differences in coping with dementia grief at postintervention (<i>p</i> = .125, Cohen's <i>d</i> = -0.171) or follow-up (<i>p</i> = .844, Cohens's <i>d</i> = -0.025); Subscale Absolute Loss decrease at postintervention (<i>p</i> = .049, Cohen's <i>d</i> = 0.315), but not at follow-up (<i>p</i> = .914, Cohen's <i>d</i> = -0.085) for IG	1 of 10 intervention modules especially addressing grief-related aspects e.g., emotion-based coping-strategies and acceptance of the disease and the resulting changes	Four female clinical psychologists with completed or nearly completed postgraduate CBT training program	2

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10. Paun & Cothran (2019), USA	QUANTITATIVE Single-group pilot study	<i>N</i> = 5 20% spouses 60% adult children 45 to 65 years (<i>n</i> = 2), 66 to 75 years (<i>n</i> = 2); and >75 years (<i>n</i> = 1) 75% female	Referrals from facility leadership in long term care	No exclusion based on psychopathologies or ongoing psychotherapeutic treatment	Video group-based intervention Standardized intervention manual 8 weekly 60-minute sessions	Survey questions with scores ranged from 0 (not at all) to 4 (very much) Two assessment time (baseline, postintervention after 8 weeks)	Agreement rate <i>M</i> = 3.6 (<i>SD</i> = 0.55) to survey question about group's helpfulness on dealing with dementia grief Using online video-based technology proved to be feasible with high acceptance rates	Knowledge, communication/ conflict resolution skills, and grief management skills	First author (O.P.)	4

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11. Scher et al. (2022), Britain	QUANTITATIVE and QUALITATIVE Single group intervention study	<i>N</i> = 31 84% female No CG	Recruited from other studies	No exclusion based on psychopathologies or ongoing psychotherapeutic treatment; priority for caregivers with higher grief scores (inclusion), high stress in prior grief-related interview (exclusion)	1 time evaluation	Survey questions covering usefulness, acceptability, and relevance of the animation MM-CGI-SF	94% found the animation very (68%) or somewhat (26%) relevant to their situation Qualitative analysis: helpful for understanding grief, targeting newer carers	Animation raising awareness of dementia grief	Developed by 11 experts	4
12. Supiano et al. (2021), USA	QUANTITATIVE Pilot intervention study	<i>N</i> = 25 32% spouses 48% adult children Mean age: 67.0 (<i>SD</i> = 12.7) 88% female No CG	Referrals from facility leadership in long term care	Positive scores on 4 of 9 mental health-related risk factors and minimum score of 4 on grief questionnaire as participation requirement (inclusion)	10-session multi-modal group psychotherapy, 120-minute session	ICG-r p-BGQ Two assessment times (baseline, postintervention)	Decrease in ICG severity (<i>p</i> < .001) Mean change in pre-loss grief, as measured by both the BGQ and the ICG	Psychoeducation, motivational interviewing, CBT techniques, prolonged-exposure techniques, memory work, mindfulness, self-care, and meaning-reconstruction activities; Additionally, participants invite a supportive other of their choosing to attend three of the sessions	Social workers	4

Note. ACT = Acceptance and Commitment Therapy; CBT = Cognitive-Behavioral Therapy; CG = Control Group; CGS = The Caregiver Grief Scale; ICG-r = Inventory of Complicated Grief pre-loss version; IG = Intervention Group; MIT = Mentalizing Imagery Therapy; MM-CGI = *Marwit* and *Meuser* Caregiver Grief Inventory; MM-CGI-SF = *Marwit* and *Meuser* Caregiver Grief Inventory-Short Form; NDRGEI = Non-Death Revised Grief Experience Inventory; p-BGQ = pre-loss Brief Grief Questionnaire; PMR = Progressive Muscle Relaxation; RCT = Randomized Controlled Trial; WCG = Wait-list Control Group.