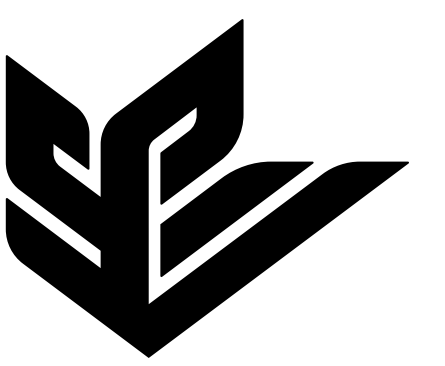


An Argument for Marriage and Family Therapy Treatment of Grief with Adolescent Clients



Nicole Wilson & Boone Butler

ABSTRACT

This proposal argues when treating adolescents who experience grief, Marriage and Family Therapy (MFT) treatment provides more beneficial outcomes for the processing of grief. Previous research suggests that adolescents who experienced exclusively family therapy exhibited decreases in internalizing behavior and their capacity to process their emotions was stronger comparative to their peers. Suggestions for further research to be conducted will prove that compared to individual therapy, MFT is more efficacious in treating adolescent grief. Further research suggestions include the utilization of Beck's Depression Inventory and a comparative analysis of paired data between two groups - MFT treatment versus individual treatment.

INTRODUCTION

Grief in Adolescence can Stifle Development

- Adolescents need to process grief in their lives in order to move forward in their development and in their lives (Graves et al., 2009).
- Parents who don't allow teens to process their grief can come across as gatekeepers to their child's processing abilities and being able to bring processing out into the open in family therapy helps diminish the teen's belief that they are suffering alone. (Johnson, 2005)
- Processing grief that occurs in or prior to adolescence is important for the development of individuals studied "to help their healthy development" (Johnson, 2005).
- Helping adolescents feel their emotions in response to the pain and losses that they have experienced/are experiencing facilitates the healthy development of using coping skills to create positive change (Kuehl, 2006)

Treatment of Grief Helps Adolescents Adjust

- On its own, psychotherapy helps teens' ability to adjust following loss. However, a combination of both individual and family therapy is best in treating grief reactions in teens because it allows teens the ability to experience family grieving, facilitate family support, decrease conflict, and finding positive ways for families to reorganize in response to grief and loss (Carr, 2009).

MFT Treatment of Adolescent Grief is More Efficacious than Individual Treatment

- In a study performed in 1995 on several different therapeutic interventions, authors Shadish et al. determined that behavioral therapies outperformed all other therapies studied, but systemic therapies outperformed them all thus providing strong evidence for family therapy modalities (Shadish et al., 1995).
- This research speaks to the positive outcomes of family therapy for adolescents processing grief; acknowledging that teens who engage in family therapy treatment report significantly lower levels of emotional distress, lessened problem behaviors, decreased conduct problems and family related stress, and reported higher levels of self-esteem (Rotheram et al., 2001).
- Teens who experienced family therapy treatment fared better than their peers who experienced exclusively individual therapy treatment (Lamp et al., 2019).
- In a 2009 study, adolescents who experienced individual therapy alone had no changes in their capacity to externalize and internalize behaviors in response to emotions whereas adolescents who experienced family therapy alone exhibited decreases in internalizing behavior thus their capacity to process their emotions was stronger comparative to their peers (Graves et al., 2009).

PRIMARY AIM AND HYPOTHESES

- RQ1: Compared to individual therapy, is MFT more efficacious in treating adolescent grief?
- H1: Marriage and Family Therapy (MFT) treatment will provide more beneficial outcomes for the processing of grief.

METHODS

PARTICIPANTS

- Researchers will study 50 teenagers, between the ages of 13 to 19 years of age, who are engaged in individual or family counseling for the therapeutic goal of addressing grief, located in the greater Seattle area.
- Research respondents will be recruited through sending out an email invitation to participate in the survey sent to four major grief-focused organizations in the greater Seattle area; Providence Hospital's Grief Support Services of King County, Virginia Mason's Grief Services Department, The Western Washington Bereavement Support Groups, and The Healing Center.
- Researchers will send out emails or make phone calls to the contacts listed at each of these sites, and once permission has been given, send a secondary email out that can be sent to respondents which will include the researchers contact information.
- From there, consent forms will be filled out and short interviews (virtual or on the phone preferred) will be conducted with each of the 50 respondents to explain the outline of the research study and to gain consent; researchers will then place those interviewed in either an "individual tx" or a "family tx" category.
- Researchers will stop searching for respondents once 25 respondents have been placed into each category.

PROCEDURES

- Data will be collected through virtual and/or phone interviews and will be sent a link to participate in Beck's Depression Inventory survey (BDI-II). The first interview will be conducted as a pre-research interview and a link to the survey will be sent at the start of participant's engagement (T1). The final interview will be conducted as a post-research interview and a link to the survey will be sent 6 months after the research study began (T2).
- Using the BDI-II client's scores would be compiled and totaled from the 21 questions it contains. Client's scores would then be compared to a scoring sheet that indicates four different levels of the severity of depression: 1) 0 to 9 - minimal depression 2) 10 to 18 - mild depression 3) 19 to 29 - moderate depression 4) 30 to 63 - severe depression.
- Beck's Depression Inventory assists therapists in monitoring changes over time and is a helpful assessment tool in mapping Client's improvement (or the success of current treatment methods). Predicted results will be focused on qualitative data. All data will be compiled into a spreadsheet for analysis over the course of the research study.

MEASURES

- Responses will help provide a comparison of the efficaciousness of individual therapy versus family therapy on an individual's abilities of working through their grief, understanding their current grief, and building a skillset and perspective towards handling future grief.
- These responses will be compiled and compared in a table in order to assess themes in each group, and to determine outcomes for each type of treatment.
- Scores of each respondent's responses to the Beck's Depression Inventory from the individual tx group will be compared to the responses from the family tx group, at both stages of therapy (pre and post).
- Scores will also highlight the average comparative score of the individual respondent's group in pre-test and post-test surveys versus the average comparative score of the family respondent's group in pre-test and post-test surveys. This comparison will be done in order to determine if scores increased/decreased between pre-test and post-test for either the individual or the family tx groups.

RESULTS

Analysis of the data will require information to be compiled in a spreadsheet tracking the different data collection points. Data will be collected and compared over two different times between the two groups; a pretest and a post-test, this data will be analyzed utilizing the Beck's Inventory Scoring System.

Results will be compared between the two groups at each of the two data points to prove the efficacy of the MFT focused treatment group and will prove the efficaciousness of this treatment modality with increasingly better scores on the BDI-II over the course of treatment.

This data will be analyzed using a one-way ANOVA test to determine the data's significance between variables presented in these two groups to examine the group differences on our outcome variable (decreased depression scores/addressing adolescent grief) between the group treated through Marriage and Family Therapy and the Individual group. We would further examine what those differences look like and then make further treatment recommendations based from what the data shows we should do with those differences.

Discussion

If data from this research confirms that the author's hypothesis is significant, and marriage and family therapy does show to provide more beneficial outcomes for the processing of grief for adolescents than individual therapy, then it would be important to continue study into this area: to either further confirm and justify these results, or to discover alternative efficacious outcomes.

Next steps suggested in this line of research would be to try and replicate the data with additional studies, potentially in different areas or with different groups of teenagers. Additionally, informing the therapeutic community at large either through publishing the data, attending conferences, and/or reaching out to larger MFT and individual therapy networks to let them know the validity of the study so they could employ this work with adolescents.

The research matters because helping adolescents through grief will help them get through pivotal developmental stages in their lives with least amount of impact possible; and if our research is significant enough to provide recommendations for decreasing the amount of treatment they need and/or providing the most efficient and efficacious treatment possible, then we will suggest that this is the type of treatment clinicians working with adolescent grief should use. Given that we do have treatment suggestions for treating grief within families through most widely known – Family Focused Grief Therapy, it would be helpful to have a treatment modality that is adolescent-specific to share with the community at large.

Social implications of the proposed research centers MFT at the front of study, if Marriage and Family Therapy proved to have more benefit than individual therapy this could change the narrative of how treatment of grief for adolescents is considered in the future through instead of focusing on sending individual adolescents to therapy, which can be ineffective if the adolescent is uninterested in pursuing treatment. Having families participate in treatment together and focusing on a higher utilization for MFT treatment, and family therapy focused interventions, could change the experience of treatment for adolescents and have a greater positive impact on their treatment process.