Draft Systematic Review

Number xx

Interventions to Improve Care of Bereaved Persons

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Preface

The Agency for Healthcare Research and Quality (AHRQ), through its Evidence-based Practice Centers (EPCs), sponsors the development of systematic reviews to assist public- and private-sector organizations in their efforts to improve the quality of healthcare in the United States. These reviews provide comprehensive, science-based information on common, costly medical conditions, and new healthcare technologies and strategies.

Systematic reviews are the building blocks underlying evidence-based practice; they focus attention on the strength and limits of evidence from research studies about the effectiveness and safety of a clinical intervention. In the context of developing recommendations for practice, systematic reviews can help clarify whether assertions about the value of the intervention are based on strong evidence from clinical studies. For more information about AHRQ EPC systematic reviews, see https://effectivehealthcare.ahrq.gov/about/epc/evidence-synthesis

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If you have comments on this systematic review, they may be sent by mail to the Task Order Officer named below at: Agency for Healthcare Research and Quality, 5600 Fishers Lane, Rockville, MD 20857, or by email to epc@ahrq.hhs.gov.

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Key Informants

In designing the study questions, the EPC consulted several Key Informants who represent the end-users of research. The EPC sought the Key Informant input on the priority areas for research and synthesis. Key Informants are not involved in the analysis of the evidence or the writing of the report. Therefore, in the end, study questions, design, methodological approaches, and/or conclusions do not necessarily represent the views of individual Key Informants.

Key Informants must disclose any financial conflicts of interest greater than $5,000 and any other relevant business or professional conflicts of interest. Because of their role as end-users, individuals with potential conflicts may be retained. The TOO and the EPC work to balance, manage, or mitigate any conflicts of interest.

The list of Key Informants who provided input to this report follows:

[To be included in the final report.]

Technical Expert Panel

In designing the study questions and methodology at the outset of this report, the EPC consulted several technical and content experts. Broad expertise and perspectives were sought. Divergent and conflicting opinions are common and perceived as healthy scientific discourse that results in a thoughtful, relevant systematic review. Therefore, in the end, study questions, design, methodologic approaches, and/or conclusions do not necessarily represent the views of individual technical and content experts.

Technical Experts must disclose any financial conflicts of interest greater than $5,000 and any other relevant business or professional conflicts of interest. Because of their unique clinical or content expertise, individuals with potential conflicts may be retained. The TOO and the EPC work to balance, manage, or mitigate any potential conflicts of interest identified.

The list of Technical Experts who provided input to this report follows:

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Peer Reviewers

Prior to publication of the final evidence report, EPCs sought input from independent Peer Reviewers without financial conflicts of interest. However, the conclusions and synthesis of the scientific literature presented in this report do not necessarily represent the views of individual reviewers. AHRQ may also seek comments from other Federal agencies when appropriate.

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Interventions to Improve Care of Bereaved Persons

Abstract

Objectives. Recently bereaved individuals face higher medical risks, including increased risk of morbidity and mortality, increased risk of suicide, and lower functional status and quality of life. This systematic review assesses the available evidence on screening, diagnosing, and treating those experiencing prolonged grief. Findings from this review will inform an independent subject matter expert panel that will assess the feasibility of developing consensus-based quality standards for high quality bereavement and grief care.

Data sources. We searched 14 databases through September 8, 2023, set up a submission for supplemental evidence portal, reference-mined pertinent reviews, and contacted experts.

Review methods. We followed a registered and published protocol, key informants and a multidisciplinary expert panel provided input. We followed the EPC methods guide, assessed risk of bias and applicability, and evaluated strength of evidence (SoE).

Results. In total, 191 studies met inclusion criteria (5 screening, 11 diagnosing, 172 grief interventions, and 3 grief disorder treatment). We identified numerous interventions for grief, including psychotherapy, pharmacotherapy, expert-facilitated support groups, peer-support, self-help interventions, and other interventions. From these we found moderate SoE of positive effects of psychotherapy on grief disorder symptoms, grief outcomes, and depression symptoms. We also found moderate SoE for positive effects of expert-facilitated support groups on grief symptoms and depression symptoms. Few studies reported on unintended consequences or harms of interventions.

We did not identify studies that evaluated universal screening (assessing everyone for grief), and very few and diverse studies evaluated a targeted screening approach for recently bereaved people. The small body of evidence evaluating the diagnostic accuracy of tools to identify grief and risk of grief disorder did not use a DSM or ICD grief disorder diagnosis as the reference standard. There was low SoE for good sensitivity, specificity, and AUC for the Inventory of Complicated Grief; evidence was insufficient for other tools. The body of evidence for patients diagnosed with grief disorders is small. We found low SoE for the beneficial effect of psychotherapy on grief disorder and grief symptoms.

Conclusions. A clinical diagnosis specific to grief has only recently been introduced and more research is needed on effective screening approaches and tools for diagnostic accuracy. A substantial body of evidence demonstrates positive effects of grief interventions on grief and depression symptoms, but more data are needed on the presence or absence of adverse events. Future research needs to assess the effects of treatment for people with a clinically diagnosed grief disorder.

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1. Introduction

1.1 Background

Bereavement – the state of having lost someone – and grief – the emotional response to the loss - are fundamental aspects of the life course and most individuals will experience the loss of someone during their lifetime.[1] In recent years, a growing number of individuals report experiencing grief and bereavement, due to both better identification of grief and grief-related needs, as well as a large aging population, the COVID-19 pandemic, and more frequent mass trauma events. Emotions related to grief can include feelings of deep sadness, longing, and shock.[2] In addition, recently bereaved individuals face higher medical risks, including increased risk of morbidity and mortality,[3-6] suicide,[7, 8] and lower functional status and quality of life.[3, 9]

Most individuals experience acute grief without formal intervention, yet a small subset of individuals develop more prolonged, complicated grief or grief with a high level of distress that extends 6 to 12 months following the death.[10-12] The terms and diagnoses of grief disorders have evolved over the last couple of decades. There have been several proposed diagnoses such as complicated grief disorder,[13] prolonged grief disorder,[12] complicated grief,[2] and persistent complex bereavement disorder.[14] Most recently, prolonged grief disorder was included in the ICD-11 in 2018[15] and classified as a formal disorder in the DSM-V TR in 2022.[14] Symptoms of prolonged grief disorder include persistent longing for the deceased person, difficulty accepting the death, emotional pain, and feelings of bitterness.[16, 17]

Given these various diagnoses, there has been a long debate in the field since the 1990s over whether and how intense grief should be classified as a mental disorder. On the one hand, potential consequences of the "medicalization" of grief and its characterization as a disorder include overdiagnosis, overtreatment, and loss of traditional and cultural methods of adapting to the loss of a loved one.[18] On the other hand, the prolonged grief disorder diagnosis may help clinicians identify and treat individuals who are suffering and could benefit from formal intervention, and facilitate insurance coverage of the treatment.[19]

There are a range of decisional dilemmas related to the screening and identification of bereaved individuals for grief and grief-related needs over time. The public health model for bereaved individuals focuses on identifying three groups: a) the bereaved population as a whole (*universal approach*), b) individuals who may be at risk for prolonged grief disorder (*selected approach*), and c) individuals who have signs or symptoms of a grief disorder (*indicated* approach).[20] Some argue that a universal approach to screening may overlook some individuals who need more tailored support, while engaging other individuals who may not need intervention.[21] In contrast, a selected or indicated approach may overlook the opportunity to support and intervene a wider group of bereaved individuals who could benefit.

Additionally, because the grief trajectory is cyclical, rather than staged,[22, 23] it can be challenging to determine the most appropriate time to conduct screening. The type and circumstances of death (e.g., expected vs unexpected), preparation for the death, awareness of prognosis, acceptance of death, and readiness to engage in bereavement can all play a role in grief processes and timing. While proactive and early screening provides an opportunity for early intervention during the normal bereavement process, screening that comes too early in an individual's bereavement process may at best be ineffective, and at worst, create undue distress and anxiety. In contrast, screening that happens later in the course of bereavement may miss a window of opportunity for intervention.

1. Introduction

There are numerous tools to screen for risk of poor bereavement outcomes at various time points, including pre-death, in the weeks following the death, and 6 months after the death.[24] Despite the variety of tools, there is little consensus or standardization regarding what to use when, and inconsistent implementation.[25-28]

In addition to screening, there are also several decisional dilemmas pertaining to appropriate treatment and interventions for grief. The same factors that might influence the timing and appropriateness of screening likely impact the adoption and effectiveness of grief interventions such as circumstances of the death (e.g., traumatic death, anticipated death, overdose, suicide), and place of death such as the ICU, relationship to the deceased person (e.g., child, spouse, estranged relationship), and social isolation and loneliness.[29] Further, when does normal grief cross a threshold into prolonged grief, and when is formal intervention likely to be most effective? Could bereaved individuals experiencing "normal" or typical grief still benefit from formal interventions, and if so, what types of interventions might be most useful?

There are a range of interventions to treat prolonged grief disorder including interpersonal psychotherapy, cognitive behavioral therapy, bereavement programs, peer support and group therapy. However, most studies on interventions to treat bereaved individuals are small pilot studies.[30] and results are mixed.[31] We know little about the contextual factors that could impact effectiveness and appropriateness of grief interventions.[32] Comorbid mental health conditions – both pre-existing as well as new onset - may play a particularly influential role, for example the interaction between grief and comorbid depression, and how this should be integrated into intervention. Cultural preferences may influence whether a bereaved individual engages in the intervention, and what types of interventions are likely to be useful and effective.Finally, questions remain regarding the feasible and appropriate follow-up of bereaved individuals identified as grieving and with grief-related needs. Follow-up screening can be useful to capture any new, maladaptive (or otherwise benefitting from intervention) responses to grieving, however it is complicated by the various settings in which bereaved individuals may interact. For example, bereavement support might be available in the hospital following an inpatient death, but service is often discontinued once the bereaved individual returns home. Community bereavement support may be available but access and use by bereaved individuals is limited. This gap between intervention and follow-up risks overlooking the potential for maladaptive grief response over the longer-term, when it may actually be more likely to develop.

Bereavement is a universal experience, and the resultant grief, while a natural emotional process, is impactful and for some, even deleterious, putting them at risk for adverse consequences. In the wake of the COVID-19 pandemic, and the rise in mass casualty events, including mass shootings, global conflicts and wars, and natural disasters, the need for effective identification and intervention for bereaved individuals is more pressing than ever. Given the various gaps in our knowledge of effective bereavement care, it is critical to synthesize current evidence and establish evidence-based standards for high quality grief and bereavement care.

1.2 Purpose and Scope

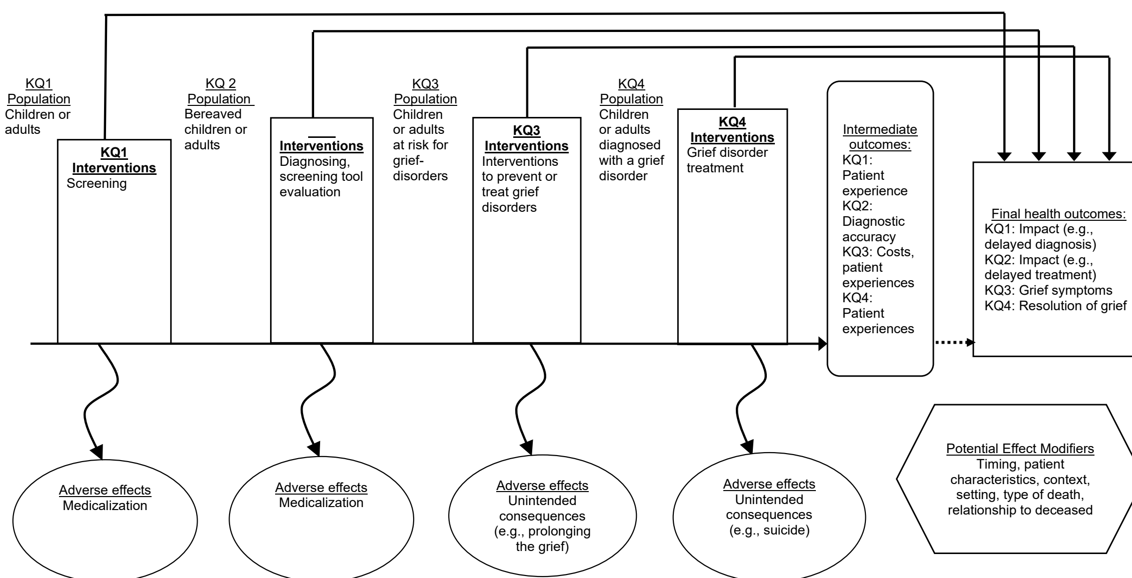
In 2023, Congress directed The Agency for Healthcare Research and Quality (AHRQ) to establish an evidence base for what constitutes high-quality bereavement and grief care. This systematic review will inform an independent subject matter expert panel which will assess the feasibility of developing consensus-based quality standards for high quality bereavement and grief care. That panel will be convened by the Substance Abuse and Mental Health Services

Administration (SAMHSA). The review addresses screening, diagnosing, grief interventions, and grief disorder treatment.

1.3 Logic Model

The review addressed four areas of interest: screening, diagnosis, interventions to prevent grief disorders, and the treatment of grief disorders. The analytic framework depicts the patient population, the interventions, and the outcomes that will be addressed in the evidence synthesis (Figure 1).

Figure 1. Analytic Framework



Notes: KQ key question

1.4 Key Questions

The key questions proposed for the systematic review, addressing screening approach (Key Question 1), screening tools (Key Question 2), bereavement interventions (Key Question 3), and maladaptive grief-related disorder interventions (Key Question 4) were generally supported by key informants, and slightly refined following their input. We sought input from six key informants; including a patient advocate, a caregiver representative, a supportive medicine physician, a clinical psychologist, an expert in spiritual grief, and a social work representative focusing on policy. Key informants emphasized that grief is nonlinear and differs by individual person, and noted that the lack of guidance around grief and bereavement care reinforces the need for a systematic review. Major considerations or revisions recommended by key informants included 1) the importance of extending the screening and follow-up period to more than 1-year following the loss; 2) the need for clinical interview or qualitative assessment in addition to standardized screening and diagnostic tools; 3) the importance of taking spiritual, religious, and cultural differences into account when screening, assessing, and diagnosing; and 4) the importance of considering different bereavement contexts including the type of death (e.g., illness), nature of the death (e.g., sudden death), setting of death (e.g., hospital), relationship to the deceased person (e.g., spouse), and age of the deceased person (e.g., child). Finally, key

informants also noted that screening and intervention can take place in the community beyond healthcare settings; for example, facilitated through religious institutions, support groups, and online organizations.

Following the described input, the key questions are as follows:

Key Question 1. What is the effectiveness and harms of universal screening people for bereavement and response to loss?

a. Timing: predeath, acute, or 6-12 months post loss, and more than 1 year post loss?
b. Does effectiveness vary by patient characteristic or setting?

Key Question 2. How accurate are tools to identify bereaved persons at risk for or with grief disorders?

Key Question 3. What are the effectiveness, comparative effectiveness, and harms of interventions for people at risk for grief disorders related to bereavement?

a. Timing: predeath, acute, or 6-12 months post loss, and more than 1 year post loss?
b. Does effectiveness vary by patient characteristic or setting?

Key Question 4. What are the effectiveness, comparative effectiveness and harms of interventions for people diagnosed with grief-related disorders?

a. Does effectiveness vary by patient characteristic or setting?

The report is organized around answering these key questions.

2. Methods

The methods for this systematic review follows the AHRQ Methods Guide for Effectiveness and Comparative Effectiveness Reviews (available at https://effectivehealthcare.ahrq.gov/topics/cer-methods-guide/overview). The systematic review was guided by the systematic review protocol. The final protocol is posted on the EHC website at https://effectivehealthcare.ahrq.gov/products/bereaved-persons/protocol. The review is registered in PROSPERO, a prospective registry for systematic reviews (CRD42023466057). The reporting follows the Preferred Items for Reporting in Systematic Reviews and Meta-Analyses (PRISMA).[33]

The topic of this report and preliminary Key Questions arose through a process involving the public and AHRQ. Key Informants gave input on the Key Questions to be examined; these KQs were posted on AHRQ's EHC website for public comment for 3 weeks and revised in response to comments. The project was supported by a multidisciplinary technical expert panel. The panel was established to provide different perspectives relevant to this complex topic. The panel informed the final protocol and panel members were asked to review the draft report.

2.1 Search Strategy

For primary research studies we searched PubMed (biomedical literature), EMBASE (pharmacology emphasis), CINAHL (allied nursing), PsycINFO (psychological literature), Social Work Abstracts (social work), and Dimensions (linked research data platform). Addressing bereavement is multidisciplinary, and multiple sources reduce the chances of missing relevant studies. Many different treatments have been suggested for bereaved people and many known interventions are not specific to addressing grief, such as psychotherapy. Hence, broader searches captured relevant and/or novel approaches. The search combined search terms for bereavement with broad diagnostic and treatment terms (rather than only a set of known tools or interventions). The search dates were inception through September 8, 2023. The search strategy is shown in the appendix. For quality assurance, the search strategy was peer reviewed.

We also searched US and international research registries (clinicaltrials.gov, ICTRP) to capture all relevant data regardless of the publication status. We identified existing reviews and used these for reference-mining. We searched the same databases used for primary research plus the Cochrane Database of Systematic Reviews and PROSPERO to systematically identify existing research syntheses. We also systematically searched for existing clinical practice guidelines, using the ECRI repository, G-I-N, MagicApp, and ClinicalKey. The guidelines were used to inform context and current clinical practice and as a further check that all relevant research studies have been identified. The identified systematic reviews and existing guidelines collection were an additional resource as part of the review.

We leveraged key informant, technical expert panel, and AHRQ partner knowledge to identify relevant data sources and research studies. We provided a list of included studies, together with all associated publications, and a list of excluded studies to facilitate this process. Finally, AHRQ set up a portal for submissions of Supplemental Evidence And Data for Systematic Reviews (SEADS) and published a notice on the Federal Register to encourage SEADS submissions. The SEADS process resulted in 17 citations that people suggested to review. All citations were obtained as full text and were screened in detail for eligibility in the review. The searches will be updated during public review of the draft report.

2. **Methods**

2.2 Eligibility Criteria

The eligibility criteria are shown in Table 1.

Table 1. Eligibility Criteria

Element	Inclusion Criteria	Exclusion Criteria
Population	KQ1: Children or adults KQ2-3: Children or adults who have experienced a human (including in utero) death of someone close to them or will do so in the near future (e.g., in a hospice setting) and who are at risk of being diagnosed with a grief disorder. KQ4: Children or adults diagnosed with a grief disorder (prolonged grief disorder, complicated grief, chronic grief disorder, persistent complex bereavement disorder) according to DSM (prolonged grief disorder) or ICD (ICD11 6B42, ICD10 F43.81, ICD9 309.0)	Studies on other forms than personal grief, such as community expressions of grief, public reactions to loss or trauma
Interventions	KQ1: Screening strategy evaluation with screening tool KQ2: Diagnostic strategy evaluation, diagnostic or screening tool KQ3: Interventions to prevent or treat grief disorder KQ4: Interventions to treat grief disorders	KQ1: Incidental or non-systematic identification of grief or reaction to loss KQ3-4: Interventions delivered by lay persons or non-healthcare professionals not applicable to a healthcare setting
Comparators	KQ1: No screening approach, usual care, or an alternative screening approach KQ2: Impact analyses required no tool or could use an alternative tool; diagnostic accuracy required, concordance with grief disorder diagnosis KQ3: No intervention, usual care, or an alternative intervention KQ4: Usual care or an alternative intervention	KQ1: No reference standard or method to detect the impact of screening KQ2: No reference standard to determine the accuracy of the diagnostic tool KQ3-4: No concurrent comparator
Outcomes	KQ1: Immediate experience (patient experience, medicalizing grief, abnormalizing grief, feeling of pathologizing a normal process), screening accuracy (e.g., correctly diagnosed with grief disorder), and impact (e.g., delayed diagnosis, underdiagnosis, overdiagnosis, delayed treatment, undertreatment due to missed diagnosis, overtreatment) KQ2: Diagnostic accuracy (e.g., sensitivity, specificity, accuracy, area under the curve, positive predictive value, negative predictive value, false positives, false negatives, grief disorder identification), impact (e.g., delayed diagnosis, underdiagnosis, overdiagnosis, effects of false positive test results, delayed treatment, undertreatment due to missed diagnosis, overtreatment), or patient experience KQ3: Grief symptoms, incidence of grief disorder, severity of grief disorder, any adverse events or unintended consequences of the intervention KQ4: Grief symptoms, resolution of grief disorder diagnosis, physical or mental health, quality of life, functional status, patient experience, costs, any adverse events or unintended consequences of the intervention	Clinician or organizational barriers to, opinions on, preferences to, or uptake of screening, diagnosing, or treatment of grief
Timing	Any, no restrictions regarding the timing of the intervention or follow up	
Setting	Any setting.	
Study Design	KQ1-2: Screening and diagnosis impact analyses and diagnostic accuracy studies KQ3-4: Randomized controlled trials (RCTs), clinical trials comparing two or more interventions, observational cohort	KQ1-2: Descriptions without information on the impact or accuracy of the screening approach or tool performance

Element	Inclusion Criteria	Exclusion Criteria
	studies comparing two or more intervention cohorts, controlled post-only studies, and case-control studies	KQ3-4: Studies without control group or concurrent group that does not receive the intervention or that receives a different intervention
Other limiters	Data published in English-language journal manuscript or trial records; relevant literature reviews will be retained for reference mining	Data only reported in abbreviated format (e.g., conference abstracts) and/or data only reported in non-English outlets

Notes: DSM = Diagnostic and Statistical Manual of Mental Disorders, ICD = international classification of diseases, KQ = key question

The review explicitly included children and adults given that there is a need for more information for both populations. The review is not limited to persons who have recently lost someone given that late effects can occur with a considerable delay. We included grieving populations where the death is imminent but has not yet occurred, for example, to capture interventions for relatives of a palliative care patient. Rather than restricting to a set of known or currently clinically indicated interventions, this review was designed to identify all available approaches that have been evaluated in appropriate research studies. This allowed us to identify novel and only recently established bereavement interventions which may offer valuable options for bereaved persons. Based on scoping searches to inform this protocol, we noted that authors have used many different outcome measures. Hence, we applied a broad outcome eligibility criterion to select studies that are eligible for this review.

We included a range of study designs, but studies needed to report on a comparator. For screening and diagnostic studies, we included screening and diagnostic analyses that assess the impact of the approach as well as diagnostic accuracy studies. For treatment studies, eligible study designs include concurrently controlled studies such as randomized controlled trials (RCTs), clinical trials comparing two intervention arms, observational cohort studies comparing two intervention cohorts, controlled post-only studies, and case-control studies. The other limiters domain clarifies that we included studies published in a scientific outlet (journal or research record). However, studies published in abbreviated form (e.g., conference abstracts) were excluded because they provided insufficient detail for detailed analyses. The review was restricted to primary research studies, but relevant scoping reviews, systematic reviews, evidence maps, and meta-analyses were retained for reference mining.

There were no publication date restrictions. Studies with data exclusively published in non-English language publications were excluded to ensure transparency. We obtained all published reports providing data on a study (a study is defined by the included participants), including trial records and multiple publications, and consolidated the information into one study record.

2.3 Screening Process

All citations retrieved by the literature searches were screened by at least one human literature reviewer and a DistillerSR software machine learning algorithm trained by the human reviewers to ensure that no relevant citation was missed. Any citations identified as potentially relevant by the algorithm that have not been selected for full text publication review was rescreened for relevance by an independent literature reviewer. Publications reporting on the same participants were consolidated into one study record. Uncontrolled studies exclusively published in non-English language publications were excluded.

2.4 Data Extraction

The data abstraction captured detailed information about eligible studies. We documented the screening approach and targeted population for screening approaches. We documented the triggers or decision rules prompting the screen, categorized populations (universal, selected, or indicated screening approach), and abstracted reported participant characteristics. We documented clinical setting, format, timing, and personnel involved. We abstracted tool characteristics (format, questions or items, answer mode, known psychometric characteristics), employed analysis, and the observed prognostic/diagnostic performance to address diagnostic tools. The information was collected together with clinical context variables (e.g., clinical setting, geographic region, cultural characteristics), recruitment strategy (e.g., routine care visit), and characteristics of participants (e.g., ethnicity, cultural identity) that may influence the performance of the tool.

The data abstraction for bereavement interventions included the setting and clinical context of the evaluation. We abstracted sufficient detail to be able to distinguish patient samples, including selection criteria for entering the research sample, demographics and other patient characteristics (e.g., comorbidity), relationship to the deceased person, type of death (e.g., unexpected), and timing of the intervention in the grieving process. We established a taxonomy of interventions based on identified interventions with input from the technical expert panel. The review differentiated the following interventions:

- Expert-facilitated support groups
- Psychotherapy
- Pharmacotherapy
- Peer support groups
- Non-psychotherapy / spiritual counseling
- Self-help interventions
- Other

We standardized the reporting format of the interventions to help facilitate comparisons across studies. Detailed evidence tables describe the intervention category (e.g., counselling, antidepressants), focus (individual or family target), intervention components (in particular for complex intervention), format (e.g., individual or group), involved personnel (e.g., psychiatrist, spiritual counselor), the timing relative to the experienced death, and the duration of the intervention. As important as the description of the intervention was the description of the comparator, i.e., what is the intervention compared against to determine its effects. We abstracted the outcome measure and what the observed results were.

We classified studies as meeting eligibility criteria for KQ4 when authors described a clinical diagnosis, either based on the ICD or the DSM. The ICD-10 criteria require:

1. Either a persistent and pervasive longing for the deceased OR a persistent and pervasive preoccupation with the deceased, AND
2. Any of the following examples of intense emotional pain: sadness, guilt, anger, denial, blame; difficulty accepting the death; feeling one has lost a part of one's self; an inability to experience positive mood; emotional numbness; difficulty in engaging with social or other activities, AND
3. Has persisted for an abnormally long period of time (more than 6 months at a minimum)

The DSM-5 criteria are as follows:

1. Death of someone close at least 12 months earlier, AND
2. The bereaved person experiences intense yearning or preoccupation, AND
3. Experiences at least 3 of 8 symptoms: identity disruption, disbelief, avoidance, emotional pain, difficulties moving on, numbness, a sense that life is meaningless, and loneliness, for at least one month AND
4. That cause distress or disability, AND
5. Exceed cultural and contextual norms, AND
6. Are not better explained by another mental disorder.

For all studies, we documented the eligibility criteria of the study and the included patients in the research sample. This included abstracting any definitions used in the study (e.g., complicated grief), given that there is little shared understanding and established terminology. We reserved Key Question 4 for patients with a clinical diagnosis to ensure applicability to clinical practice. We abstracted the treatment approach in detail together with the study design, analysis, and any framework for conceptualizing grief and measuring the effects of the intervention.

2.5 Risk of Bias Assessment

The review addressed different domains (screening, diagnosis, treatment) and different study designs were eligible across and within domains. We tailored the risk of bias assessment to the question the study is used to answers. It is important that studies can still be compared across, and we applied a set of evaluation criteria that focuses on the underlying risk of biases, rather than applying dozens of different study design-specific tools. Studies relevant to key question 1 and key question 2 were assessed with criteria consistent with domains assessed in QUIPS (Quality in Prognosis Studies) and QUADAS 2 (Revised Tool for the Quality Assessment of Diagnostic Accuracy Studies).[34-36] Studies relevant to key question 3 and key question 4 were assessed with criteria consistent with RoB 2 (Risk of Bias 2).[34-36]

For screening and diagnostic studies contributing to key question 1 and 2, we evaluated four domains: *Patients*: whether the selection of patients could have introduced bias, taking into account, for example, whether the study enrolled a consecutive or random sample, whether the data are not based on a retrospective case-control design, and whether the study avoided inappropriate or problematic exclusions from the patient pool. *Tool*: whether the conduct or interpretation of the applied tool could have introduced bias, taking into account whether the results of the screening approach or diagnostic test were interpreted without knowledge of the results of the reference standard and whether any thresholds or cut-offs were pre-specified (e.g., instead of determined in the study to maximize diagnostic performance). *Reference standard*: whether the reference standard, its conduct, or its interpretation may have introduced bias, taking into account the quality of the reference standard in correctly classifying the condition (e.g., a gold standard may not exist) and whether the reference standard results were interpreted without knowledge of the results of the index test approach or tool. *Design*: whether the conduct of the study may have introduced bias. The assessment took into account whether the interval between the tool and the reference standard was appropriate, whether the diagnosis of all patients is known, whether all patients were included in the analysis, and whether there were any additional confounders.

For each domain, we assessed the potential risk of bias in the study in order to identify high-risk of bias and low risk of bias studies. Consistent with QUADAS-2,[35] the critical appraisal

evaluated for each study and appraisal domain whether there are concerns regarding the applicability of the study results to the review question. This encompassed whether the patients included in the studies do not match the review question; whether the tool or approach, the conduct, or interpretation differ from the review question; or whether the target condition as defined by the reference standard does not fully match the review question.

For grief interventions (key question 3) and interventions for prolonged grief disorder (key question 4), we assessed the following domains:

Selection bias: assessed the randomization sequence and allocation concealment in RCTs as well as baseline differences and potential confounders in all studies. *Performance bias*: evaluated whether patient- or caregiver knowledge of the intervention allocation or circumstances such as the trial context may have affected the outcome. *Attrition bias*: considered the number of dropouts, any imbalances across study arms, and whether missing values may have affected the reported outcomes. *Detection bias*: assessed whether outcome assessors were aware of the intervention allocation, whether this knowledge could have influenced the outcome measurement, and whether the outcome ascertainment could differ between groups. *Reporting bias*: assessed Begg and Egger tests, and in the presence of suspected publication bias, we calculated an alternative estimate to determine whether the effect was robust in this sensitivity analysis. *Other sources of bias*: assessed other potential sources of bias such as early termination of studies, inadequate reporting of intervention details, and lack of intention-to-treat analyses.

Because we included experimental as well as observational studies, assessing confounding variables was of particular importance. Throughout, the critical appraisal was focused on how study design features may have affected the reported results. One goal of the appraisal was to identify high risk of bias studies for sensitivity analysis (e.g., to determine whether effects are primarily based on low-quality studies) as well as finding low-risk studies that can strengthen evidence statements through confirmation of results in strong studies. We incorporated the risk of bias results into the strength of evidence assessment and downgrade our confidence in evidence summaries in the presence of study limitations.

2.6 Data Synthesis and Analysis

Data are summarized in evidence tables by key question. The synthesis ordered findings by screening, diagnostic, treatment of grief, and treatment of prolonged grief disorder. For each approach, we further organized by comparators, and then within these comparisons, by outcome domain. We prioritized outcomes for the review synthesis with the help of the TEP to ensure a concise summary of findings. Selected as key outcomes were the following outcomes:

KQ1: *Any information on the clinical impact of the screening process, patient experience (e.g., impression of medicalizing, abnormalizing, or pathologizing grief; or feeling understood), any information on the validity and diagnostic accuracy of the screening tool or approach; adverse events associated with the screening procedure; administrative time; inter-rater reliability;* KQ2: *Patient experience; impression of medicalizing, abnormalizing, or pathologizing grief; test-retest reliability; most often reported diagnostic accuracy measure; any information on the clinical impact of a correct or incorrect diagnosis;* KQ3: *Incidence of grief disorder; severity of grief disorder; grief symptoms; quality of life; loneliness; suicidal ideation, attempted suicide, suicide completion; adverse health behaviors, unintended consequences of the intervention;* KQ4: *Grief symptoms; severity of grief disorder; continued meeting grief disorder criteria; depression symptoms; quality of life; loneliness; suicidal ideation, attempted suicide, suicide completion; substance use*

We used meta-analysis as a data-aggregation technique with appropriate meta-analysis models[37] which is in particular important given the many small studies that have been published to date. We reported point estimates together with 95 percent confidence intervals. Where studies cannot be combined statistically, we converted to measure-independent effect estimates (standardized mean differences, relative risk) and converted absolute numbers to rates and proportions to facilitate comparisons across studies. We tested for heterogeneity across reported results using graphical displays and the I-squared statistics. We explored potential sources of heterogeneity through subgroup analyses while recognizing that the ability of statistical methods to detect heterogeneity may be limited.[38] We assessed the effectiveness and any adverse events as well as the comparative effectiveness and safety of different interventions. For this, we evaluated any direct evidence from head-to-head comparisons of tools and treatments, and we explored indirect evidence through indirect analysis across studies using meta-regression. For the interpretation of findings, we took into account whether effects appear to be study design-independent (i.e., are shown in studies that allow strong evidence statements such as RCTs where available), and robust (e.g., effects are still shown after excluding high risk of bias studies). We assessed the potential for publication bias for all key outcomes using the Begg and the Egger test.[39, 40] The trim and fill method was used to provide alternative estimates where evidence of publication bias were detected.[41]

Discussions with key informants and content experts determined the following a priori subgroups: timing, patient characteristics, and settings. Regarding timing, we differentiated predeath, acute, or 6-12 months post loss, and more than 1 year post loss. Regarding patient characteristics, we distinguished between children and adults. In addition, we explored the potential effect of the relationship of study participants to the deceased, the type of death, and death setting.

2.7 Grading the Strength of the Body of Evidence

We applied the EPC strength of evidence criteria to evaluate the body of evidence, informed by GRADE guidance for prognostic, diagnostic, and treatment studies.[42] The strength of evidence assessment clearly documents uncertainty, outline the reasons for insufficient evidence where appropriate, and communicates our confidence in the findings.

The strength of evidence for each body of evidence (based on the Key Question, diagnostic and treatment approach, comparator, and outcome) was initially assessed by one researcher with experience in determining strength of evidence for each primary clinical outcome by following the principles for adapting GRADE (Grading of Recommendations Assessment, Development and Evaluation), outlined in the AHRQ methods guide.[43] The initial assessment was discussed in the team.

We formulated evidence statements for all identified key outcomes. We differentiated effectiveness and safety (compared to passive comparators such as no screening strategy, diagnostic test, or bereavement intervention) versus comparative effectiveness and safety (comparing two alternative strategies, tests, or interventions). In determining the strength of a body of evidence, the following domains were evaluated:

Study limitations: extent to which studies are likely to be protected from bias. *Consistency*: extent to which studies report the same direction or magnitude of effect graded as consistent, inconsistent, or unknown (in the case of a single study or no identified studies). *Directness*: whether the intervention and comparator were directly compared (i.e., in head-to-head trials) or indirectly (e.g., across studies). *Precision*: level of certainty of the estimate of effect, where a

precise estimate is one that allows a clinically useful conclusion. *Reporting bias*: we reviewed Begg and Egger tests and evaluate the trim and fill method derived estimate.

Bodies of evidence consisting of RCTs are initially considered as high strength, while bodies of comparative observational studies begin as low-strength evidence. However, the screening and diagnostic strategies unlikely included RCTs. In order to avoid ceiling effects, we used prospective studies starting as high strength of evidence rather than random assignment to tests or interventions. The strength of the evidence may have been downgraded based on the limitations described above. There are also situations where observational evidence may have been upgraded (e.g., large magnitude of effect, presence of dose-response relationship or existence of plausible unmeasured confounders) as described in the AHRQ Methods guides.[43]

A final strength of evidence grade was assigned by evaluating and weighing the combined results of the above domains. To ensure consistency and validity of the evaluation, the grades were be reviewed by the team of investigators. The strength of evidence was assigned an overall grade of high, moderate, low, or insufficient according to a four-level scale documented in Table 2.[44]

Table 2. Definitions of the grades of overall strength of evidence

Grade	Definition
High	We are very confident that the estimate of effect lies close to the true effect for this outcome. The body of evidence has few or no deficiencies. We believe that the findings are stable (i.e., another study would not change the conclusions).
Moderate	We are moderately confident that the estimate of effect lies close to the true effect for this outcome. The body of evidence has some deficiencies. We believe that the findings are likely to be stable, but some doubt remains.
Low	We have limited confidence that the estimate of effect lies close to the true effect for this outcome. The body of evidence has major or numerous deficiencies (or both). We believe that additional evidence is needed before concluding either that the findings are stable or that the estimate of effect is close to the true effect.
Insufficient	We have no evidence, we are unable to estimate an effect, or we have no confidence in the estimate of effect for this outcome. No evidence is available, or the body of evidence has unacceptable deficiencies, precluding reaching a conclusion.

The systematic review does not make any recommendations for practice, acknowledging that guidelines for practice have to take more aspects into account than the research evidence base. Instead, we provided a clear overview of the existing evidence base to date. We worked closely with stakeholders to ensure that we provide evidence statements that align with the areas of interest for the planned standard of care and guideline recommendations.

2.8 Applicability

Applicability was assessed in accordance with the AHRQ's Methods Guide. Factors that may affect applicability, which we have identified *a priori*, include type of loss, patient characteristics, intervention features, settings, and study design features. We addressed whether outcomes are different across studies that recruit different populations (e.g., age groups) or use different methods to implement the interventions of interest. We used this information to evaluate the applicability to clinical practice, paying special attention to the following: study eligibility criteria; demographic features of the enrolled population in comparison to the target population; characteristics of the intervention used (including the intervention personnel) in comparison with care models currently in use; and clinical relevance and timing of the outcome

measures. We assessed the situations in which the evidence is most relevant and to evaluate applicability to real-world clinical practice in typical U.S. settings.

2.9 Peer Review and Public Commentary

Experts in fields and individuals representing stakeholder and user communities were invited to provide external peer review of this systematic review; AHRQ and an associate editor will also provide comments. The draft report will be posted on the AHRQ website for 4 weeks to elicit public comment. We will address all reviewer comments, revising the text as appropriate. A disposition of comments table of peer and public comments will be posted on the EHC website 3 months after the Agency posts the final systematic review.

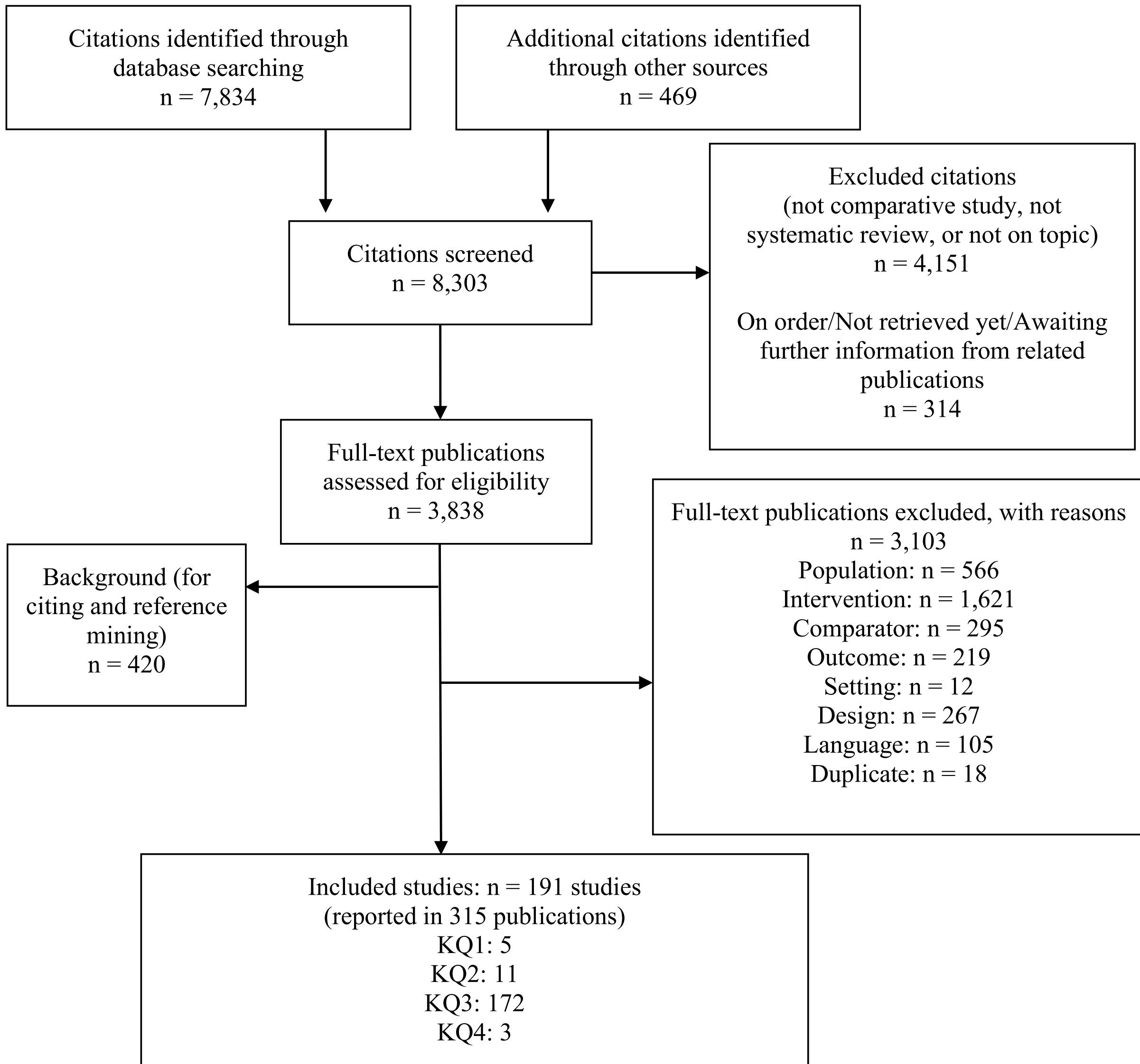
2.10 Use of Artificial Intelligence and/or Machine Learning

All citations retrieved by the literature searches were screened by at least one human literature reviewer and a DistillerSR software machine learning algorithm trained by the human reviewers to ensure that no relevant citation will be missed. Any citations identified as potentially relevant by the algorithm that had not been selected for full text publication review in the human review were rescreened for relevance by an independent literature reviewer.

3. Results

The literature searches identified 8,303 citations. Of these, we obtained 3,838 as full text. The flow diagram (Figure 2) describes the study flow through the literature review.

Figure 1. Flow Diagram



We identified 191 studies published in 315 publications.[11, 28, 45-357] Five studies addressing Key Question 1, 11 studies addressing Key Question 2, 172 studies addressing Key Question 3, and 3 studies addressing Key Question 4. Appendix B shows all included studies and documents the primary publication as well as multiple publications on the same study. A large number of publications were excluded because the intervention did not address grief specifically as documented in Appendix C.

3.1 Findings Key Question 1: What is the effectiveness and harms of universally screening people for bereavement and response to loss?

The following describes key points, an overview of results, and the summary of findings for the pre-specified outcomes.

3.1.1 Key Points Key Question 1

- Only a small body of evidence has addressed screening approaches, but all five studies reported at least one positive result of screening, such as feasibility, acceptability, or appropriate identification of a high-risk group.
- No study evaluated the clinical impact, administrative burden, the best time to screen for bereavement and response to loss, or rater-reliability of the screening tool.
- Heterogeneity of studies resulted in insufficient evidence for evidence statements regarding patient experience, validity and diagnostic accuracy of the screening tool or approach, adverse events associated with the screening process, or variation by patient characteristics or settings.

3.1.2 Result Overview Key Question 1

We identified 5 studies that addressed screening for grief.[59, 98, 134, 260, 306] Diagnostic accuracy studies are documented in the Key Question 2 result section. The earliest study meeting eligibility criteria was published in 1990.[59] Three of the identified studies were conducted in the US.[59, 134, 260] One study was conducted in Australia,[306] and one in the UK.[98] Three studies evaluated individual screening instruments, one study focused on the screening process of middle schools,[134] and one evaluated a tool used to help bereavement providers.[98] Only one study involved children,[134] the rest of the eligible studies addressed adults.

Most studies (4/5) were flagged as having a high risk of bias for either not using a reference standard or used an inadequate instrument. Only one study was not flagged for a high risk of bias in at least one category.[260] After considering all the various risks and forms of bias, two of the studies were deemed high risk, two were deemed low risk, and one moderate. The risk of bias further limits the conclusions we can draw from these collective studies.

The most frequent applicability issues were narrow eligibility criteria, i.e., studies addressed only a very specific population. The other issue relevant in this dataset is the setting being outside of the US. We did not identify any study that seems entirely not generalizable to US settings, but we do note where studies were not conducted in the US which potentially limits their applicability.

The identified studies were very diverse, addressing different settings and populations and utilizing different screening approaches. The data abstraction in Appendix D provides an overview of the aim, methods, and results of the studies in addition to more general descriptions of the study and participant characteristics. Studies addressed different questions relevant to screening and reported on different outcomes of interest. Table 3 provides a brief overview of the findings.

Identified screening studies included an evaluation of the performance of a tool by comparing it to the progression one year later.[59] The study concluded that the Risk Index may serve as a cost-effective means of assessing risk for complications during the first year of

bereavement. One study evaluated a school-based screening approach.[134] Results suggest that students who screened positive differed from those who screened negative during each step of the risk screening and referral, individual assessment, and treatment implementation process and the authors highlighted the utility of the group screen in differentiating between students with high versus low mental health needs. Three studies reported perceptions of staff working with the screening program, including a US program to identify complicated brief.[260] The authors concluded the program was acceptable to providers, feasible to implement and useful in identifying complicated grief in integrated primary care clinics.

One study elicited information from staff and relatives in a hospice setting. It concluded that the Grief and Bereavement Assessment tool may help caregivers more readily understand the benefits of palliative care involvement. The GABA is useful in identifying caregivers at risk, for example, when staff finds it difficult to decide how to follow up with caregivers.[306] A checklist tool evaluation for UK health visitors reported 54 percent of health visitors found the assessment tool very helpful and 41 percent moderately helpful, 2/3 found the tool useful for planning care; nearly all reported that all health visitors involved with sudden child death should have access to the assessment tool.[98]

3.1.3 Findings regarding Key Question 1a. Timing: predeath, acute, or 6-12 months post loss, and more than 1 year post loss?

Given the small number of studies, there was insufficient evidence to address this question.

3.1.4 Findings regarding Key Question 1.b. Does effectiveness vary by patient characteristic or setting?

In this small set of studies, we only identified 1 study addressing children, for example, all others addressed adults, hence we could not determine whether screening differed by patient characteristics. The geographic study (Australia, UK, US) and clinical setting (community, hospice, primary care, school) was different in each and we found insufficient data to address whether screening success systematically varies by setting.

3.1.5 Summary of Findings Key Question 1

Results across studies are documented in the summary of findings table (Table 3).

Table 3. Summary of findings and strength of evidence for screening

Intervention and Comparison	Key Outcome	Number of Studies	Findings	Strength of Evidence
Grief screening	Clinical impact of the screening process	0 studies	N/A	Insufficient
Grief screening	Patient experience	1 study[306]	One study reported positive effects of a grief assessment tool across different care settings (community-based home service, in-patient unit, consultation service in acute hospital)	Insufficient
Grief screening	Validity and diagnostic accuracy of	2 studies[59, 134]	Two studies reported evidence of the validity of a screening program correctly identifying subsequent	Insufficient

	the screening tool or approach		needs, but studies used different approaches in different settings and populations.	
Grief screening	Adverse events associated with the screening procedure	1 study[98, 260, 306]	One study assessed potential negative effects of screening relatives but concluded that the response to the tool was positive; a second study indicated that a screening program was acceptable to use for providers and feasible to implement; a third study indicated that caregivers feel quite isolated in their task and need supervision	Insufficient
Grief screening	Administrative time	0 studies	N/A	Insufficient
Grief screening	Inter-rater reliability	0 studies	N/A	Insufficient
KQ1a: Patient characteristics	All outcomes	N/A	N/A	Insufficient
KQ1b: Setting characteristics	All outcomes	N/A	N/A	Insufficient

Notes: C consistency (downgraded when results were conflicting or there were insufficient studies to assess the consistency across studies, including when no study was identified that reported on the outcome)

We determined the strength of evidence insufficient to make concrete evidence statements regarding screening. We found no study reporting on the outcomes of interest clinical impact, administrative time, and inter-rater reliability. The number of studies reporting on patient experience, validity of the tools, and adverse events of the screening procedure was small and it was not possible to evaluate the consistency of results across studies.

3.2. Findings Key Question 2: How accurate are tools to identify bereaved persons at risk for or with grief disorders?

The following describes key points, an overview of results, and the summary of findings for the pre-specified outcomes.

3.2.1 Key Points

- We reviewed 10 studies that evaluated tools to identify bereaved people at risk or with grief disorder.
- A small body of evidence reports good diagnostic accuracy of the Inventory of Complicate Grief (ICG).
- Diagnostic accuracy was based on health outcomes measured over time or a diagnostic interview assessing grief disorder symptoms. No studies applied DSM or ICD grief disorder diagnosis as the reference standard
- None of the studies reported on the test-retest reliability or the clinical impact of a correct or incorrect diagnosis. The evidence was also insufficient for concrete evidence statements on patient experience.

3.2.2 Result Overview

We identified 11 studies that evaluated tools to identify bereaved persons at risk for or with grief disorders.[28, 50, 63, 77, 136, 144, 156, 161, 187, 235, 240] All of the eligible studies were conducted in either the United States or Europe. The publication dates ranged from 1995 to 2020. All of the eligible publications addressed diagnostic accuracy studies except for two; one cohort study, and one crossover randomized controlled trial that addressed an additional diagnostic question.[136, 240]

The most common risk of bias issues we found with potential bias among the eligible studies were surrounding patient selection and the reference standard used, each affecting 40 percent of the publications. Only two studies were not flagged for a high risk of bias in any category evaluated.[77, 235] Most studies were categorized as being neither high nor low risk of bias.

The most frequent applicability issue was narrow eligibility criteria, i.e., studies addressed only a very specific intervention. None of the identified studies used the current DSM or ICD grief disorder criteria, limiting the generalizability of the study results. The other issue relevant is the setting being outside of the US for a third of the included studies. We did not identify any study that seems entirely not generalizable to US settings, but we do note where studies were not conducted in the US which potentially limits their applicability.

The identified studies were very diverse and the data abstraction in Appendix D provides an overview of the aim, methods, and results of the studies in addition to more general descriptions of the study and participant characteristics. Studies addressed different questions regarding diagnostic tools for grief and reported on different outcomes of interest. The diverse studies included a study assessing the effects of question placements in a bereavement assessment questionnaire.[144] Three studies evaluated the ICG. One study evaluated patient perceptions of the ICG items.[28] Two Italian studies compared ICG scores with a clinical assessment by experienced clinicians and reported favorable results.[77, 235]

One study reported prognostic validity for a tool that translated prolonged grief disorder diagnostic criteria into assessment items.[50] One study evaluated the predictive performance of a diagnostic algorithm that combined a grief symptom item with a depression scale and reported

positive results.[136] Two studies evaluated the prognostic performance of bereavement assessment tools and reported positive results.[161, 240] A study evaluating the prognostic performance of the PG-12 reported mixed results.[187]

3.2.3 Summary of Findings

The summary of findings table summarizes results across the studies that reported key outcomes, together with the strength of evidence (Table 4).

Table 4. Summary of findings and strength of evidence for Key Question 2 (diagnosis)

Intervention and Comparison	Key Outcome	Number of Studies	Findings	Reasons for downgrading	Strength of Evidence
Diagnosis using ICG or TRIG	Patient experience	1 study[28]	Mixed results regarding whether the ICG or the TRIG captures participants' feelings better	C	Insufficient
Diagnosis	Impression of medicalizing grief	0 studies	N/A	C	Insufficient
Diagnosis	Test-retest reliability	0 studies	N/A	C	Insufficient
Diagnosis	Diagnostic accuracy	3 studies[50, 136, 240]	PCBD tool sensitivity 50-100%, specificity 79-97% Grief and depression prediction model sensitivity 85%, specificity 69% IBACS AUC 0.84	C	Insufficient
Diagnosis using ICG	Sensitivity	2 studies[77, 235]	ICG sensitivity ranged from 83 to 92%	S	Low for good sensitivity
Diagnosis using ICG	Specificity	2 studies[77, 235]	ICG specificity ranged from 88 to 98%	S	Low for good specificity
Diagnosis using ICG	AUC	2 studies[77, 235]	ICG AUC ranged from 0.93 to 0.98	S	Low for good AUC
Diagnosis	Clinical impact of a correct or incorrect diagnosis	0 studies	N/A	C	Insufficient

Notes: AUC area under the curve, C consistency (downgraded when results were conflicting or there were insufficient studies to assess the consistency across studies, including when no study was identified that reported on the outcome); IBACS Indicator of Bereavement Adaptation Cruse Scotland, ICG Inventory of Complicated Grief, PCBD Persistent Complex Bereavement Disorder, TRIG Texas Revised Inventory of Grief

We downgraded the evidence for sensitivity, specificity, and AUC for the ICG because the reference standard is likely not identical with the current ICD or DSM diagnostic criteria. We downgraded all other tools as studies reported on unique variable combinations that have not been replicated yet in other studies and the consistency of results is unclear. We downgraded the strength of evidence for the lack of studies reporting on the key outcomes patient experience, impression of medicalizing grief, test-retest reliability, and clinical impact of a correct or incorrect diagnosis.

3.3 Findings Key Question 3: What are the effectiveness, comparative effectiveness, and harms of interventions for people at risk for grief disorders related to bereavement?

The following describes studies meeting inclusion criteria for key question 3.

3.3.1 Key Points Key Question 3

- A substantial body of evidence addressed psychotherapy, pharmacotherapy, expert-facilitated support groups, peer support, self-help approaches, and other interventions (writing and music, comprehensive support, integrative medicine and CAM). No study evaluated spiritual counselling.
- We found moderate strength of evidence (SoE) for the beneficial effect of psychotherapy on severity of grief disorder, grief symptoms, and depression symptoms.
- We found moderate SoE for the beneficial effect of expert-facilitated support groups on grief symptoms and depression symptoms.
- We found insufficient evidence to address expert-selected outcomes including incidence of grief disorder, adverse health behaviors, and unintended consequences of the intervention.
- There was insufficient evidence for the effect of peer support or self-help approaches.
- Across subgroups, we did not detect a systematic effect of the setting or timing of the intervention, but it should be noted that the analyses were limited by the small number of studies.

3.3.2 Results Overview Key Question 3

We identified 172 studies evaluating interventions to address bereavement.[45-47, 49, 51, 53-57, 60-62, 69, 71, 74, 76, 79-85, 92, 94, 97, 102-106, 109, 113-119, 121, 122, 124, 127, 129, 130, 132, 135, 137, 139-143, 146, 147, 150-152, 154, 155, 157-160, 162, 164, 166, 167, 170, 171, 175-177, 180, 182-186, 188, 190, 192, 194, 195, 197, 199, 201, 203, 204, 208, 210-212, 214-216, 218-220, 223, 227, 229, 231-234, 236, 238, 241-246, 249, 254-256, 263, 265-267, 270, 272-275, 277, 282, 283, 285-288, 294, 296, 298, 300, 303-305, 308-310, 313, 316, 317, 320, 322, 324, 326-328, 331-333, 335, 337-341, 343, 344, 347-349, 351, 353, 354, 357] The large body of evidence represents decades of bereavement intervention research. Studies addressed children and adults. Studies were conducted in diverse settings, but primarily outpatient, hospital, and hospice settings. Recruitment strategies varied widely, with some studies offering intervention in a particular institution (e.g., offered to all relatives of a dying patient) to media advertisements. We documented the unique studies in Appendix D.

Risk of bias issues included lack of randomization to intervention groups in clinical trials and cohort studies comparing two non-randomized, self-selected groups in a third of studies. Performance bias issues, where applicable included knowledge of group allocation; as few studies used placebo or attention-matched control groups. The dropout rate was a concern in some studies, in particular as many studies were already small to begin with. The lack of outcome assessor blinding was another flagged issue; especially as most outcomes of interest for this review could only be obtained through self-report. Other sources of bias included early termination of the study and an unclear study/participant flow.

3. Results

The most frequently flagged applicability issue was the setting. We documented all interventions evaluated in non-US settings. Cultural differences may limit the generalizability of findings across settings.

The following synthesis stratifies results by the pre-specified intervention type outlined in the methods section. The synthesis focuses on the results for the pre-specified key outcomes. More information about individual studies is shown in the evidence table in Appendix D.

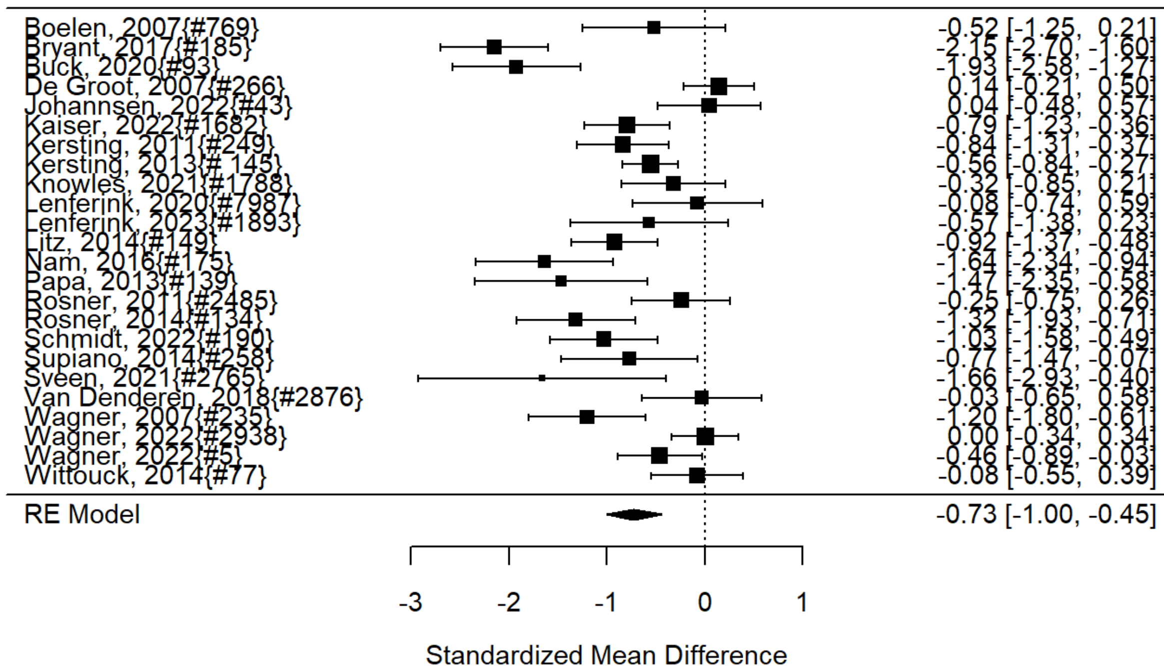
Psychotherapy

We identified 68 evaluations where psychotherapy was a key component of the intervention for bereaved participants. All studies that included psychopharmacological treatment, with or without concurrent psychotherapy, are documented in the next section. In addition, all interventions focusing on support in a group setting with a professional facilitator are documented in the expert-facilitated support group section regardless of the underlying treatment or psychoeducation model.

No identified psychotherapy study reported on grief disorder incidence using an ICD or DSM diagnosis to evaluate the effect of the intervention.

All studies reporting on grief disorder symptoms, using predominantly the ICG and PG-13, are shown in Figure 3.

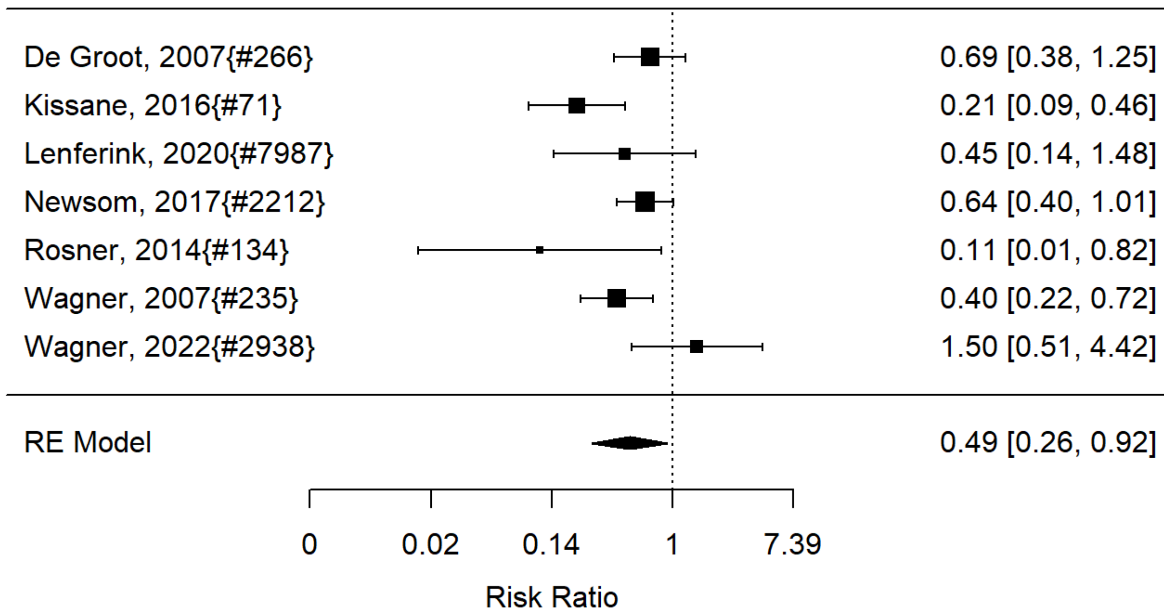
Figure 3: Effect of Psychotherapy on Grief Disorder Symptoms (SMD)



Across studies, we found a positive effect of psychotherapy on grief disorder symptoms (SMD -0.73; CI -1.00, -0.45; 24 studies, n=1600). However, there was evidence of heterogeneity

(I-squared 83%). Studies were diverse and many interventions were unique approaches that included multiple components. Several studies reported very positive effects of the intervention. The largest effects were found for an intervention combining exposure therapy for memories of the death with cognitive behavioral therapy[71] and a study evaluating accelerated resolution therapy that focused on rescripting and processing of distressing memories.[74] Restricting to the 19 RCTs found also a statistically significant effect (SMD -0.88; CI -1.19, -0.56); the heterogeneity was not reduced suggesting that the study design was not a key source of heterogeneity. There was evidence of publication bias (Egger p 0.03, Begg p 0.03) but an alternative model using the fill and trim method found a similar effect estimate (SMD -0.73; CI -1.00, -0.45) and the effect continued to be statistically significantly different from chance. Some identified studies reported on the outcome as a dichotomous measure as shown in Figure 4 (e.g., number of participants with complicated grief or prolonged grief based on a CGI cut off).

Figure 4. Effect of Psychotherapy on Grief Disorder Symptoms (RR)

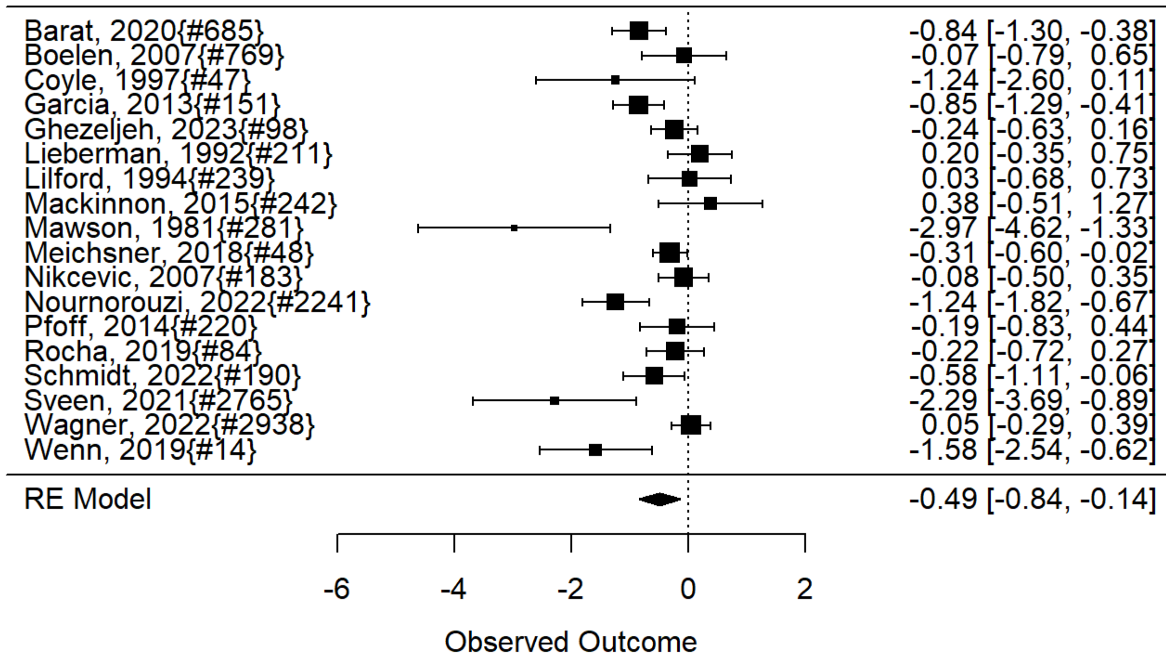


Using a dichotomous outcome, we also found a positive effect of psychotherapy (RR 0.49; CI 0.26, 0.92; 7 studies, n=921). There was some heterogeneity (I-squared 57%). Restricting to the 5 RCTs, the point estimate was similar, but the effect was not statistically significant anymore (RR 0.40; CI 0.13, 1.18). Heterogeneity in this sensitivity analysis was not reduced, indicating that the study design was not a key source of heterogeneity. There was no evidence of publication bias.

Studies reporting on grief symptoms are shown in Figure 5; studies used the PGS, TRIG, or other, study-specific measures.

3. Results

Figure 5. Effect of Psychotherapy on Grief Symptoms

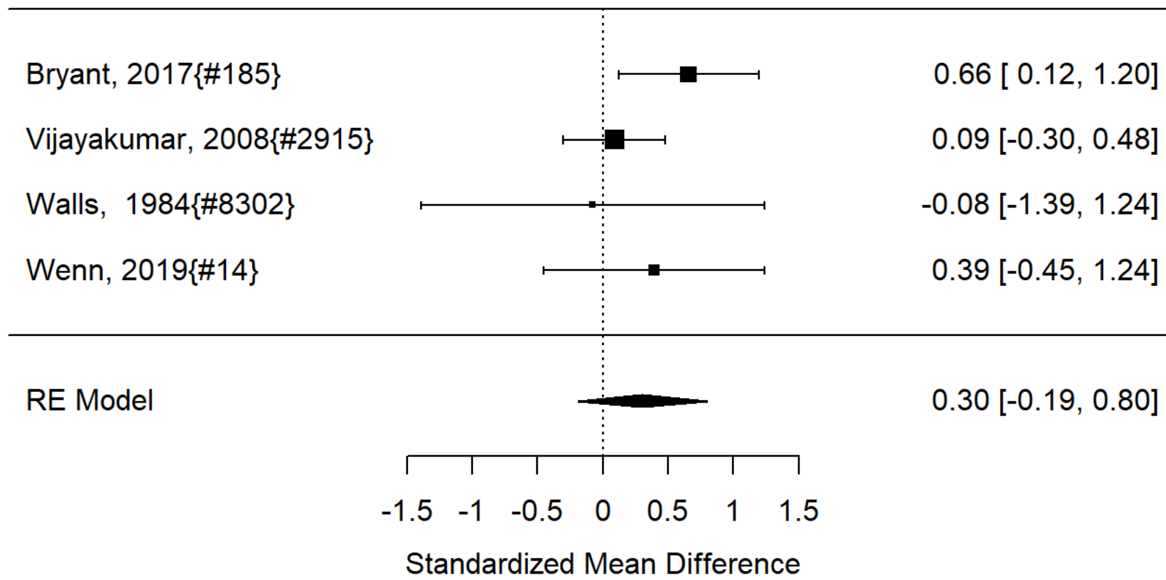


Across studies, we found a positive effect of psychotherapy on grief (SMD -0.49; CI -0.84, 0.14; 18 studies, n=1108). There was heterogeneity (I-squared 77%). Restricting to the 15 RCTs found a somewhat smaller but still statistically significant effect (SMD -0.55; CI -0.99, -0.11); the heterogeneity was not reduced indicating that the study design was not a key source of heterogeneity. There was no indication of publication bias.

Studies assessing the effect of psychotherapy on quality of life are shown in Figure 6.

3. Results

Figure 6. Effect of Psychotherapy on Quality of Life



Although all studies reported a positive effect, estimates varied and we did not detect a statistically significant effect of psychotherapy on quality of life (SMD 0.30; CI -0.19, 0.80; 4 studies, n=189). Heterogeneity was negligible (I-squared 24%). There was no indication of publication bias in this small set.

We did not identify studies reporting sufficient detail to compute effect sizes for loneliness or substance use.

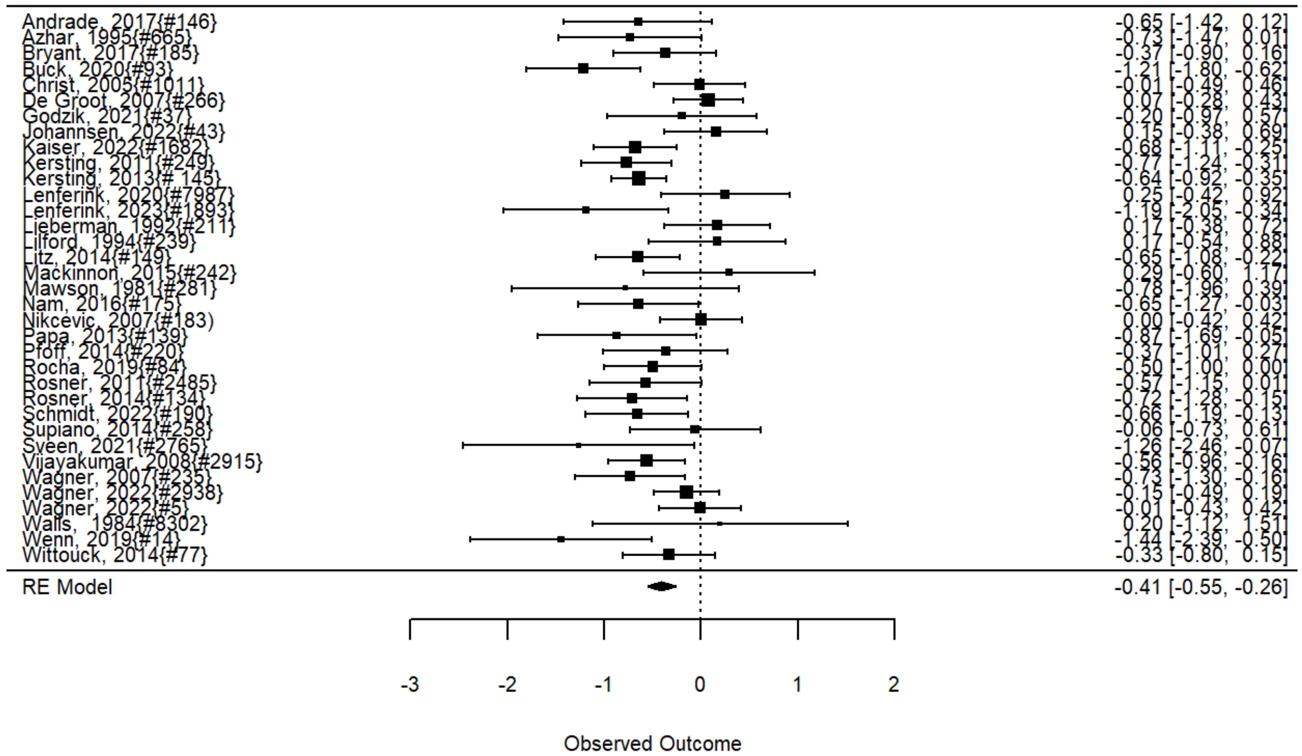
Two studies reported on suicidal ideation but used different measures that could not be combined. One found no systematic effect (SMD -0.22; CI -0.55, 0.12; 1 study, n=140)[343] while another study reported a positive effect (RR 1.06; CI 0.48, 2.33; 1 study, n=122).[94]

One study reported on an adverse health behavior outcome.[80] The study did not detect a systematic difference between studies (SMD 0.32; -0.29, 0.93; 1 study, n=55) based on the Child Behavior Checklist behavior problem scale.

Numerous studies reported on depression as shown in Figure 7.

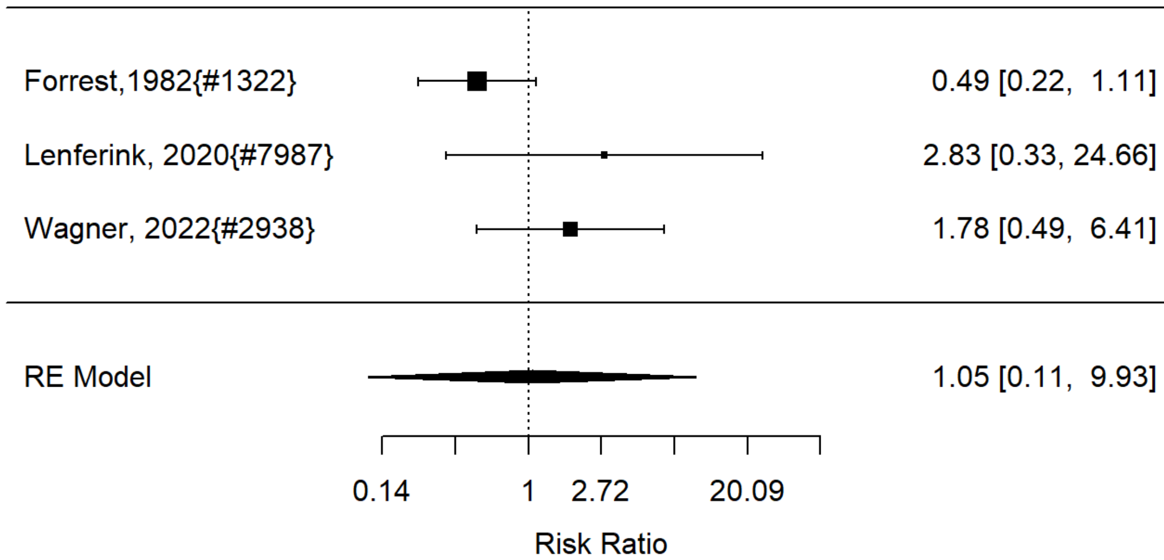
3. Results

Figure 7. Effect of Psychotherapy on Depression Symptoms (SMD)



Across studies, we found a positive effect of psychotherapy on depression symptoms (SMD 0.41; CI -0.55, -0.26; 35 studies, n=2065). There was some heterogeneity (I-squared 51%). Restricting to the 27 RCTs found a smaller but still statistically significant effect (SMD -0.50; CI -0.70, -0.30); the heterogeneity was not reduced, indicating that the study design was not a key source of heterogeneity. There was some indication of publication bias (Egger p 0.04, Begg p 0.19). An alternative effect estimate using the trim and fill method found a smaller effect, but the effect remained statistically significant (SMD -0.38; CI -0.52, -0.24). Studies reporting on depression as a dichotomous variable (e.g., number of participants with clinically relevant change in depression symptoms) are shown in Figure 8.

Figure 8. Effect of Psychotherapy on Depression Symptoms (RR)



None of the identified studies reported a statistically significant effect and the direction of effects varied (RR 1.05; CI 0.11, 9.93; 3 studies, n=210). There was some indication of heterogeneity (I-squared 52%). All studies were RCTs. There was no evidence of publication bias in this small set of studies.

We did not identify studies reporting sufficient detail to determine an estimate for unintended consequences of the intervention.

Other findings are documented in the evidence table in Appendix D.

Pharmacotherapy

We identified 3 relevant studies that evaluated the effect of pharmacotherapy in a bereaved study population, all were RCTs.[277, 349, 357] Pharmacotherapy included citalopram, nortriptyline, and diazepam. No two studies reported on the same outcome. Apart from the study evaluating diazepam, studies compared pharmacotherapy with other intervention components, including psychoeducation and psychotherapy. Studies reported on control groups that did not receive pharmacotherapy.

One complex intervention study that included citalopram reported on grief disorder symptoms and found a positive effect of the intervention (RR 0.65; CI 0.53, 0.79; 1 study, n=198).[309] The study also found positive effects on suicidal ideation associated with the intervention (RR 0.21; CI 0.07, 0.60; 1 study, n=198).

One study evaluating the effect of diazepam reported on grief symptoms in sufficient detail to compute an effect size; the study did not detect a difference between groups (SMD -0.07; CI -0.78, 0.65; 1 study, n=30).[349]

A further psychopharmacology study that evaluated nortriptyline in combination with psychotherapy reported on depression symptoms; the study did not detect a statistically significant difference between groups (RR 1.51; CI 0.86, 2.66, 1 study).[277]

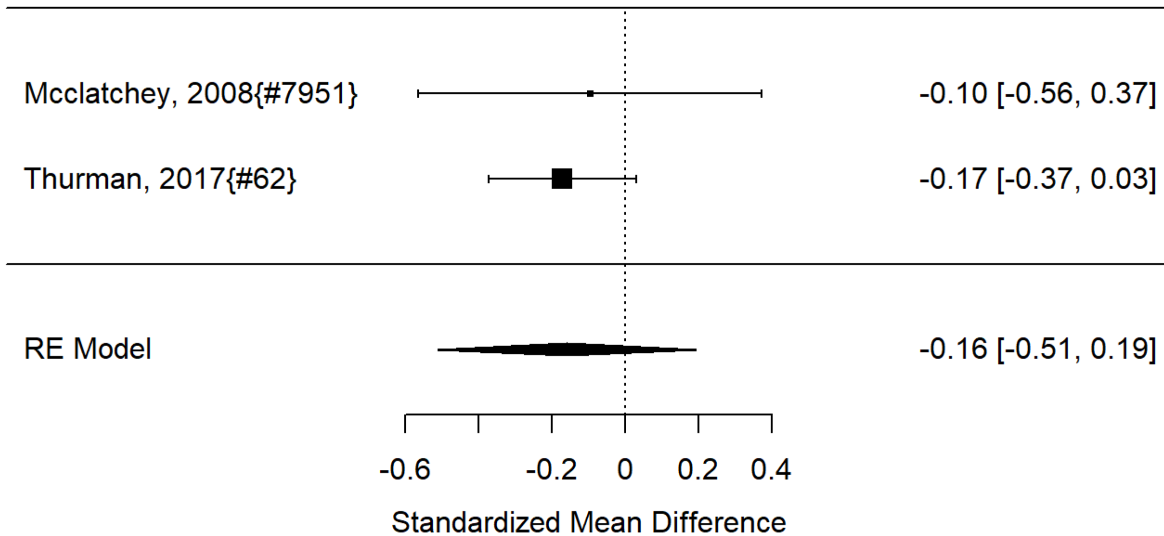
Studies did not report on the incidence of grief disorder; quality of life, or unintended consequences of the intervention to allow us to determine effect estimates.

Expert-facilitated Support Groups

We identified 35 studies evaluating expert-facilitated support groups. The content and frequency of the individual interventions varied, but all used a group setting and group support to address grief.

Studies reporting on grief disorder symptoms are documented in Figure 9.

Figure 9. Effect of Expert-facilitated Support Groups on Grief Disorder Symptoms

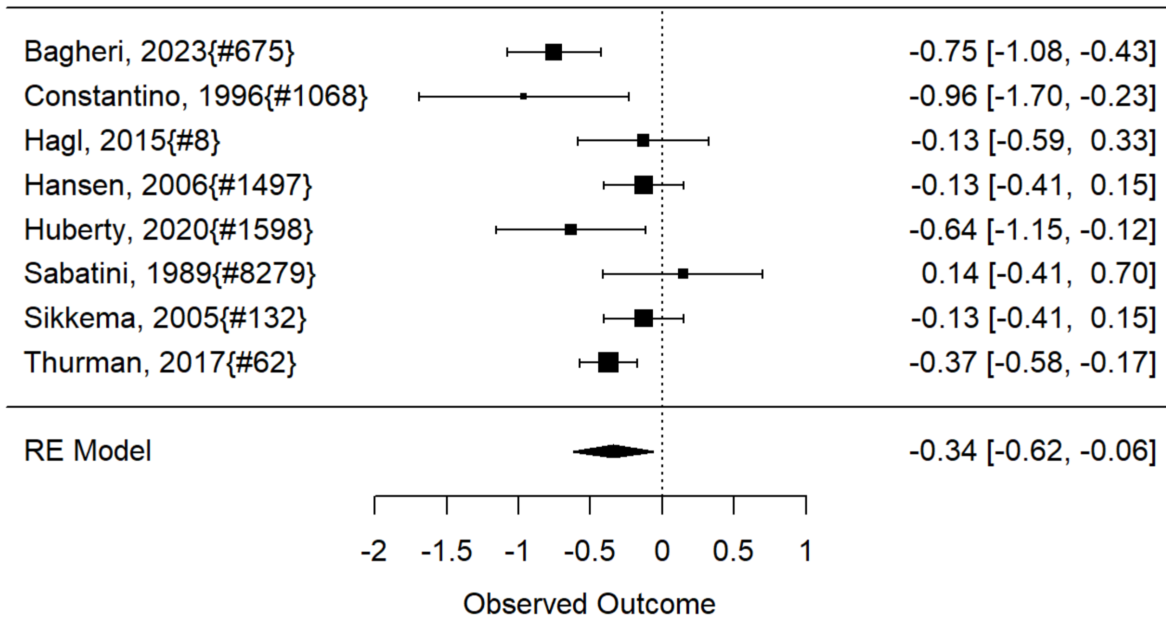


Across studies, we did not detect a systematic difference between groups (SMD -0.16; CI -0.51, 0.19; 2 studies, n=454).

Studies reporting on grief symptoms are shown in Figure 10.

3. Results

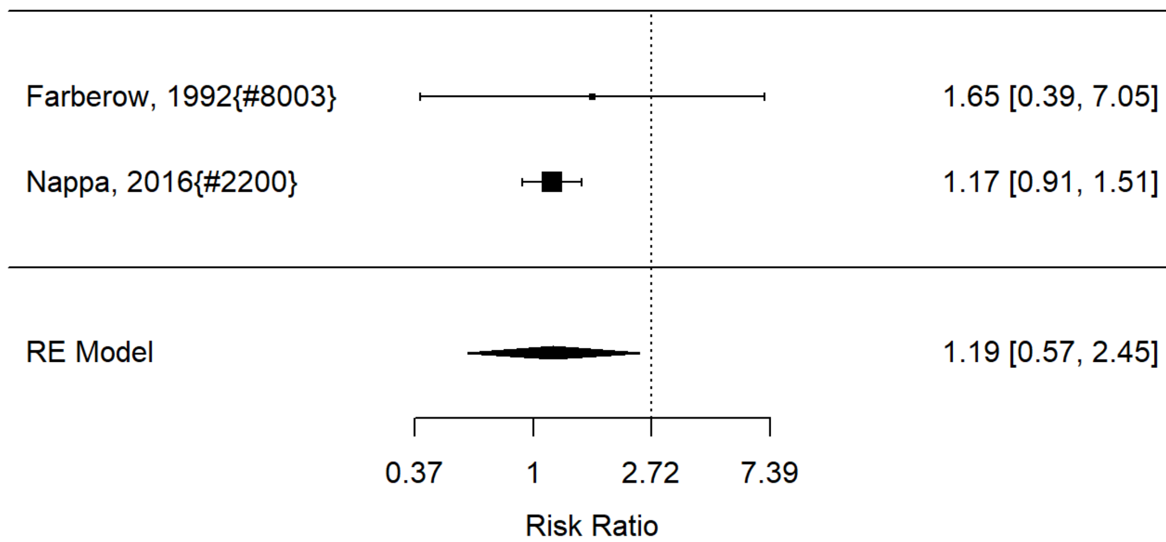
Figure 10. Effect of Expert-facilitated Support Groups on Grief Symptoms (SMD)



Across studies, we found a positive effect of expert-facilitated support groups on severity of grief disorder symptoms (SMD -0.34; CI -0.62, -0.06; 8 studies, n=1160). There was some indication of heterogeneity (I-squared 64%). Restricting to the 6 RCTs found a similar point effect (SMD -0.42; -0.76, -0.09); heterogeneity was not reduced. We did not detect publication bias. Studies reporting on grief as a categorical variable are documented in the Figure 11.

3. Results

Figure 11. Effect of Expert-facilitated Support Groups on Grief Symptoms (RR)



Across studies, the dichotomous outcome also found a statistically significant effect of the expert-facilitated support groups (RR 1.19; CI 0.57, 2.45; 2 studies, n=206). The small set did not detect heterogeneity and did not allow further analyses.

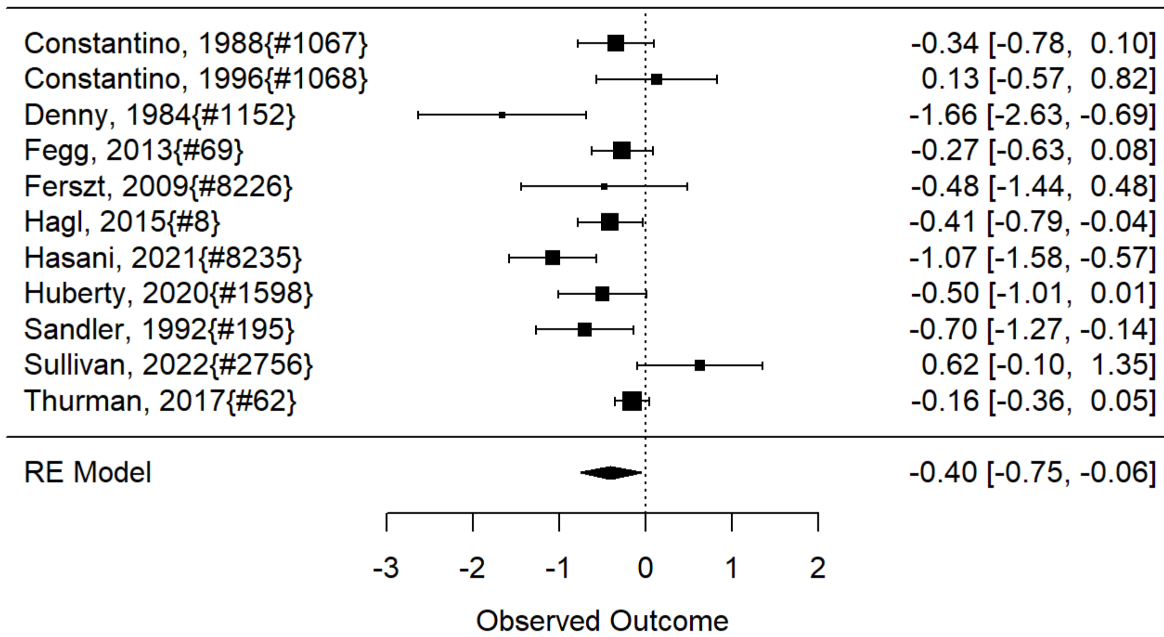
We identified two studies reporting on quality of life. Although all studies were positive, estimates varied considerably and we were not able to determine a meaningful effect estimate for expert-facilitated support groups on quality of life (SMD 0.33; CI -1.18, 2.46; 2 studies, n=584).[115, 141] The small set detected heterogeneity (I-squared 54%). Publication bias could not be assessed.

One study reported a positive effect on the number of participants with high suicidality (RR 0.19; CI 0.02, 2.04; 1 study, n=82).[114]

Two studies reported on adverse health behavior outcome (mean number of behavioral incidents, brief problem monitor).[81, 332] One of the studies found a positive effect and the studies could not combined to a meaningful effect estimate (SMD -0.04; CI -0.86, 0.79; 2 studies, n=508).

Studies reporting on depression symptoms are shown in Figure 12.

Figure 12. Effect of Expert-facilitated Support Groups on Depression Symptoms



Across the identified studies, we detected a positive effect of expert-facilitated support groups on depression symptoms (SMD -0.40; CI -0.75, -0.06; 11 studies, n=984). There was evidence of heterogeneity (I-squared 72%). Restricting the analysis to the 9 RCTs found a similar effect, but the estimate was not statistically significant (SMD -0.41; CI -0.86, 0.05). Heterogeneity was not reduced, suggesting that the study design was not a source of heterogeneity. There was no evidence of publication bias.

We did not detect studies reporting on substance use in sufficient detail to detect effects.

None of the studies reported numerical data on unintended consequences or adverse events to calculate effect sizes.

Other findings are documented in the evidence table in Appendix D.

Peer Support Groups

We identified 3 studies evaluating peer-support groups that were not facilitated by healthcare personnel.[129, 152, 272]

We did not identify studies reporting in sufficient detail to compute effect sizes for incidence of grief disorder; severity of grief disorder; grief symptoms; loneliness; suicidal ideation, attempted suicide, suicide completion; adverse health behaviors, or unintended consequences of the intervention.

One study reported on grief symptoms; the study reported there were no significant differences in the grief reactions between the intervention group and the control group but did

not provide sufficient detail to compute effect sizes.[272] Another study assessed quality of life but did not detect a systematic effect of the intervention (RR 0.63; CI 0.22, 1.79; 1 study, n=62).[338]

Two studies reported on unintended consequences of the intervention. One study reported that negative experiences included that it was emotionally draining, reemphasized what has been lost, feeling like an outsider (many stories worse than participant's).[129] A second study reported that respondents were very accepting of each other when asked about members talking too much, being negative, too dependent, gave advice or kept bringing up the same issues.[152]

Study details and findings on other outcomes are documented in the evidence table in Appendix D.

Self Help Interventions

We identified 7 interventions evaluating a self-help program. This included an acceptance and commitment therapy self-help intervention,[92] a writing tool booklet,[151] a cognitive behavioral therapy for insomnia online course,[127] an online self-guided grief-specific cognitive behavioral therapy intervention,[275] a multi-component web-based self-applied intervention,[102] an online self-help intervention (Making Sense of Grief),[103] and a DVD distributed in addition to a complex intervention in the NICU,[283] respectively.

We did not identify studies that reported on grief disorder incidence.

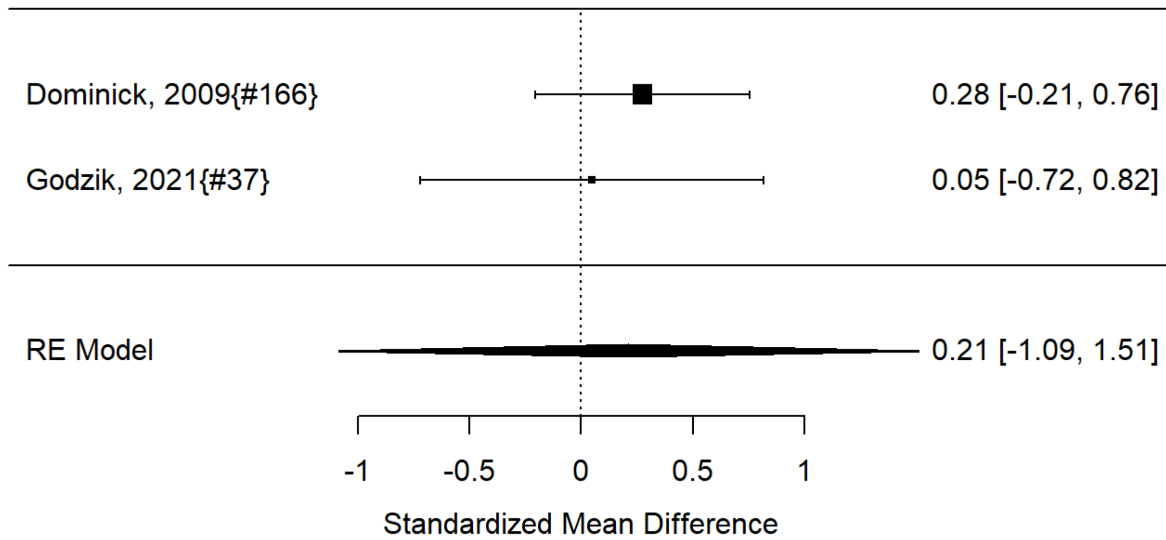
One study reported on grief disorder symptoms; the study did not detect a statistically significant effect (SMD -0.47; CI -0.96, 0.03; 1 study, n=65).[275]

One study evaluating the addition of a DVD to a comprehensive NICU program reported on grief symptoms but did not find any systematic effects (SMD 0.40; CI -0.23, 1.04; 1 study, n=68).[283]

The studies reporting on quality of life are shown in Figure 13.

3. Results

Figure 13. Effect of Self-Help Intervention on Quality of Life

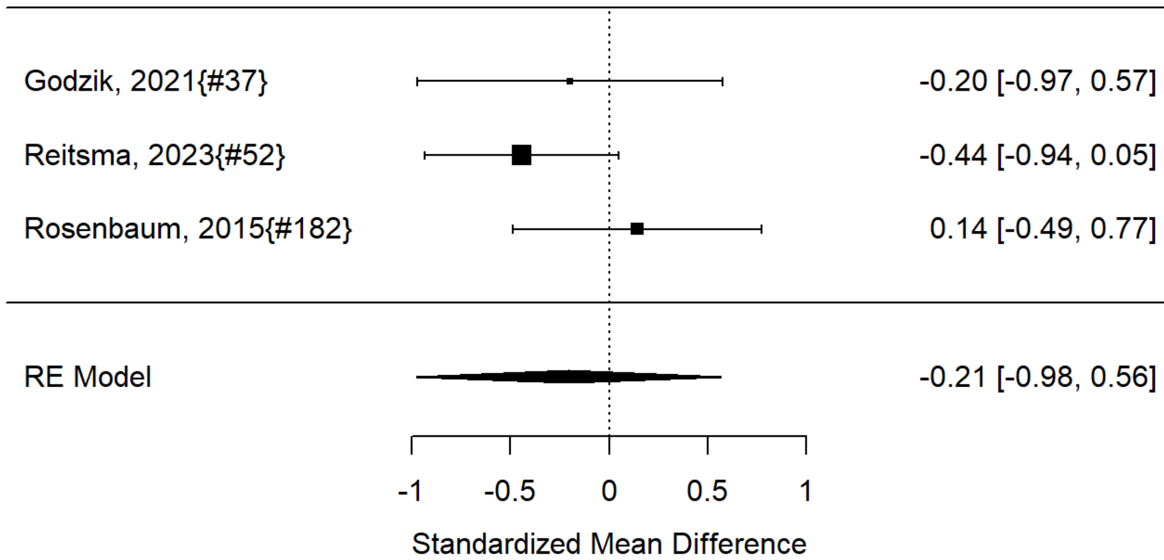


Although both studies were positive, we did not detect a statistically significant effect of self help interventions on quality of life due to the small trials reporting different effect estimates (SMD 0.21; CI -1.09, 1.51; 2 studies, n=93).

We did not identify self help intervention studies reporting on loneliness; suicidal ideation, or adverse health behaviors.

Studies reporting on depression symptoms are shown in the next forest plot (Figure 14).

Figure 14. Effect of Self-Help Intervention on Depression Symptoms



Study results varied and neither individual nor pooled effects were statistically significant for depressive symptoms (SMD -0.21; CI -0.98, 0.56; 3 studies, n=130). One of the studies also reported on a dichotomous depression outcome (number of participants with elevated depressed mood); the study did not detect a systematic effect of the intervention (RR 1.18; CI 0.71, 1.98; 1 study, n=73).[283]

Studies did not report on substance use or unintended consequences of the intervention to compute effect sizes.

Other findings are documented in the evidence table in Appendix D.

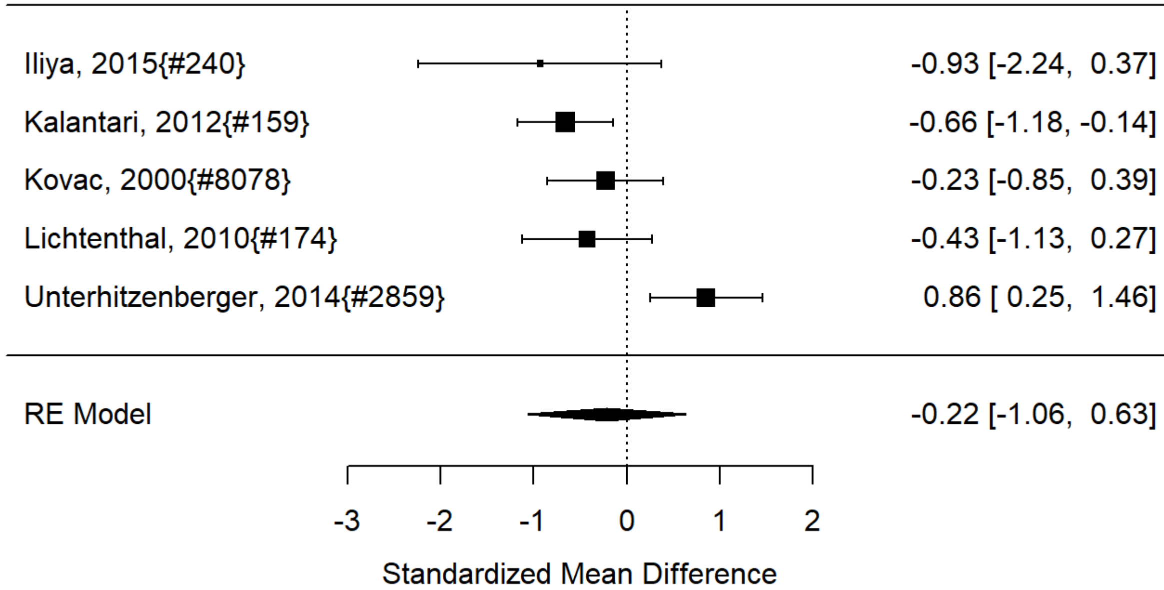
Other: Writing, Music, and Art

We identified additional studies that reported on an intervention other than psychotherapy, pharmacotherapy, expert-facilitated support groups, peer-support groups, or self-help groups. Studies evaluated diverse interventions, including writing workshops and music therapy for bereaved participants.

Studies evaluating writing or music interventions reporting on grief disorder symptoms are shown in Figure 15.

3. **Results**

Figure 15. Effect of Writing and Music Interventions on Grief Disorder Symptoms



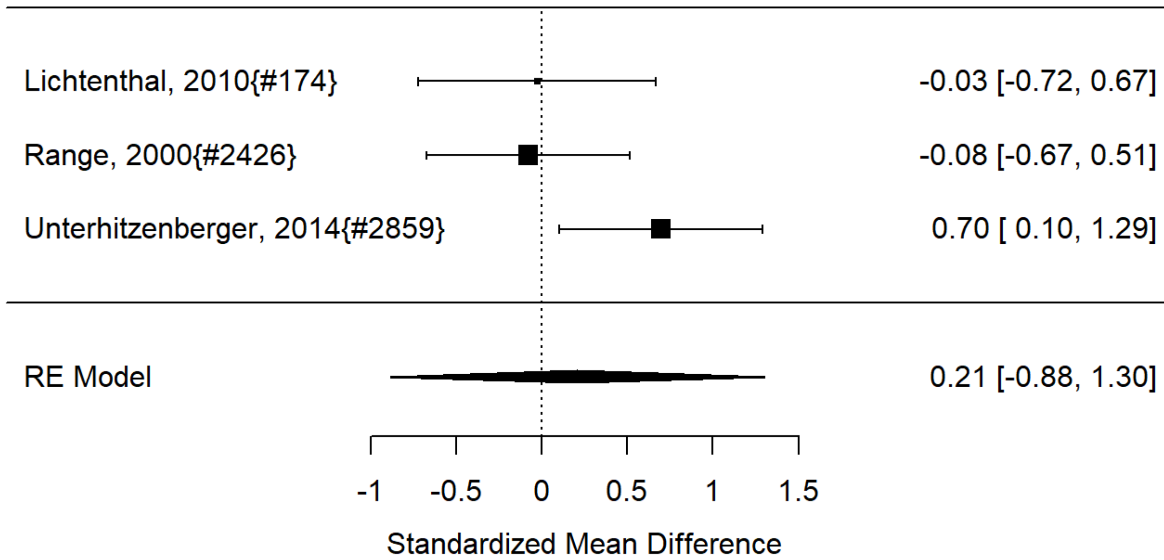
Across studies, we did not detect a systematic effect of the intervention (SMD -0.22; CI -1.06, 0.63; 5 studies, n=189). There was heterogeneity (I-squared 74%). All studies were RCTs. Although most studies reported positive effects, one writing exercise evaluation found worse outcomes in the intervention group.[337] There was no indication of publication bias.

Two studies reported on grief symptoms and both were positive, but effect estimates varied substantially and no meaningful summary estimate could be derived given the large confidence interval (SMD 0.22; CI -1.55, 1.99; 2 studies, n=89).[245, 273] The small set of small studies did not detect heterogeneity and there were insufficient studies for further analyses.

We did not detect studies reporting on quality of life, loneliness, suicide outcomes, or adverse health behaviors. Studies reporting on depression symptoms are shown in Figure 16.

3. Results

Figure 16. Effect of Writing and Music Interventions on Depression Symptoms



Across studies, we did not detect a systematic effect of writing workshops on depression symptoms (SMD 0.21; CI -0.88, 1.30; 3 studies, n=226). Heterogeneity was negligible (I-squared 49%). There was no evidence of publication bias.

None of the studies reported on substance use or unintended consequences.

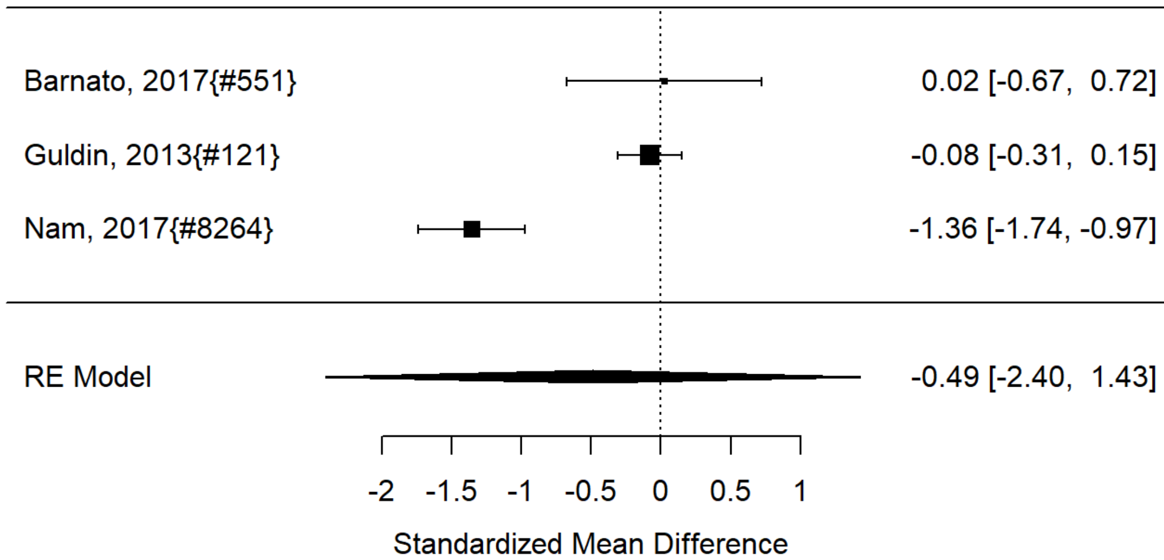
Other: Comprehensive Provider Support

We identified multiple intervention approaches that involved healthcare provider behavior and practice changes. Interventions included increased check-ins with relatives of dying patients, grief-focused interventions after stillbirth delivery, and scheduled home visits with bereaved participants.

Studies reporting on complicated grief symptoms are shown in Figure 17.

3. Results

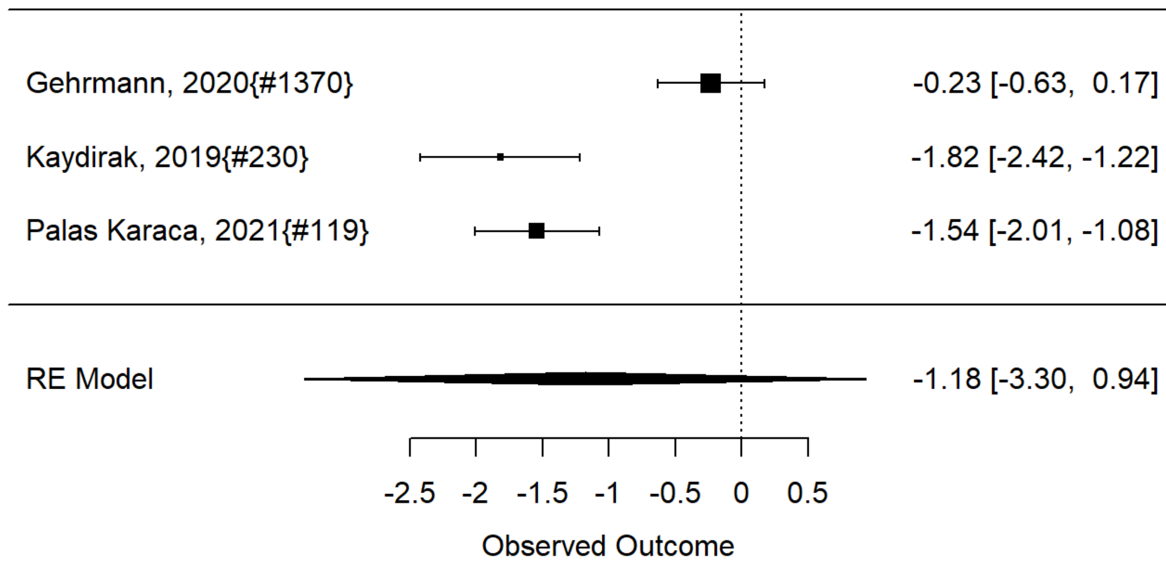
Figure 17. Effect of Comprehensive Support on Grief Disorder Symptoms



Across studies, we did not detect a systematic effect (SMD -0.49; CI -2.40, 1.43; 3 studies, n=455). The analysis detected heterogeneity (I-squared 93%). Restricting to RCTs left only one study, incidentally the one reporting a positive effect of a comprehensive restoration-focused intervention for older adults (SMD -1.36; CI -1.74, -0.97). One study reported on grief disorder symptoms (number of participants with PG-13 score 30+) and reported a positive effect of the intervention (RR 0.70; CI 0.51, 0.96; 1 study, n=686).[33]

Studies reporting on grief symptoms are shown in Figure 18.

Figure 18. Effect of Comprehensive Support on Grief Symptoms



Across studies, we did not detect a systematic effect of comprehensive support on grief symptoms (SMD -1.18; CI -3.30, 0.94; 3 studies, n=267). There was substantial heterogeneity (I-squared 92%). Study results varied, the largest effect was reported by a nursing interventions for termination of pregnancy.[219] A study reporting on a categorical grief outcome (number of grief symptoms) reported a positive effect of the support intervention (RR 0.32; CI 0.14, 0.76; 1 study, n=40).[76]

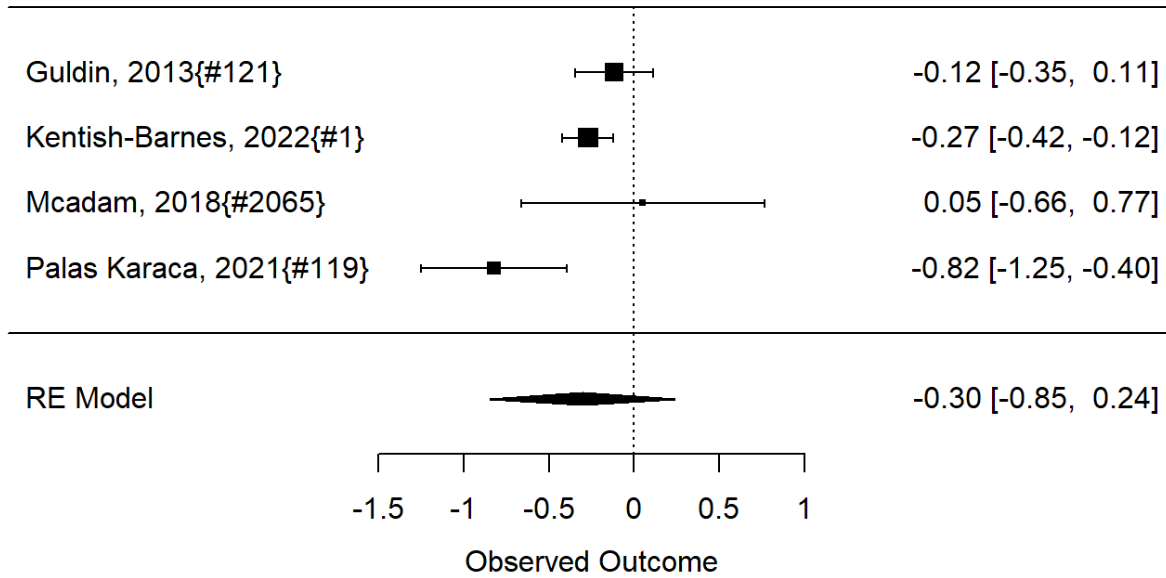
One study reported on quality of life and found a positive effect (SMD 0.37; CI 0.23, 0.51; 1 study, n=785).[33]

One study reported on loneliness; the study found a positive effect of community based suicide bereavement service (SMD -0.42; CI -0.82, -0.01; 1 study, n=116).[122] The study also reported positive results for the Suicidal Behaviors Questionnaire (SMD -0.52; CI -0.92, -0.11; 1 study, n=116).

Studies reporting on depression are shown in Figure 19.

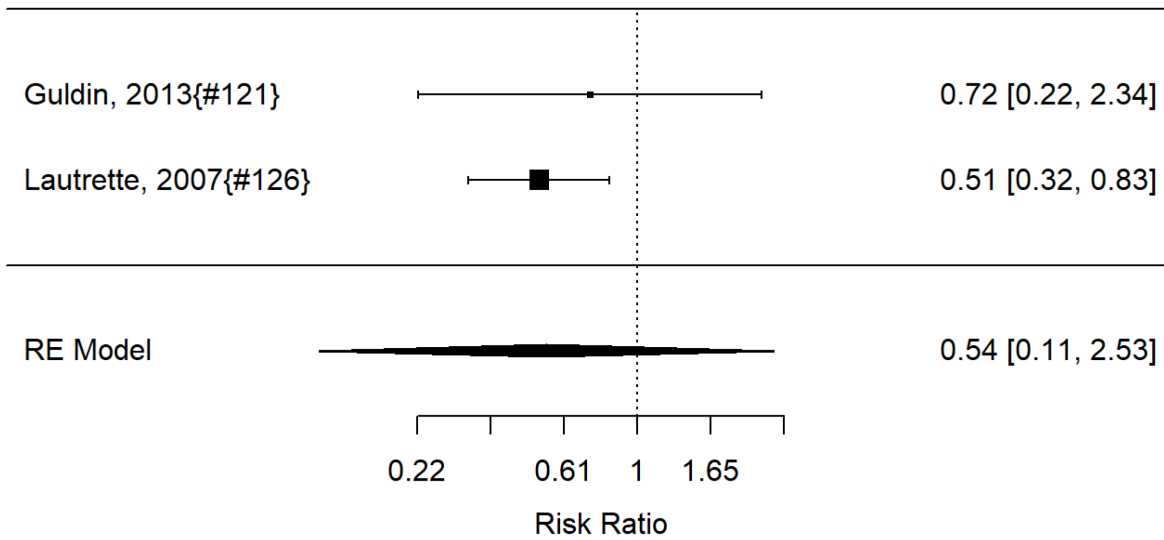
3. Results

Figure 19. Effect of Comprehensive Support on Depression Symptoms (SMD)



Across studies we did not detect a systematic effect of comprehensive support services on depression symptoms (SMD -0.30; CI -0.85, 0.24; 4 studies, n=1114). There was some evidence of heterogeneity (I-squared 77%). There was no indication of publication bias. Other studies reported on a categorical outcome as shown in Figure 20.

Figure 20. Effect of Comprehensive Support on Depression Symptoms (RR)



Across studies we did also not detect a systematic effect of comprehensive support services on depression symptoms using categorical data (RR 0.54; CI 0.11, 2.53; 2 studies, n=510). This small set of studies did not detect heterogeneity. There were insufficient studies to determine publication bias.

We did not identify studies reporting on substance use or unintended consequences of the interventions.

Other findings are documented in the evidence table in Appendix D.

Other: Integrative Medicine

Seven other interventions were identified. One reported on the use of Ayahuasca, one evaluated therapy dogs, two addressed Dan-jeon breathing, three focused on mindfulness, and one on intentional touch therapy.[109, 130, 171, 185, 249, 331, 354]

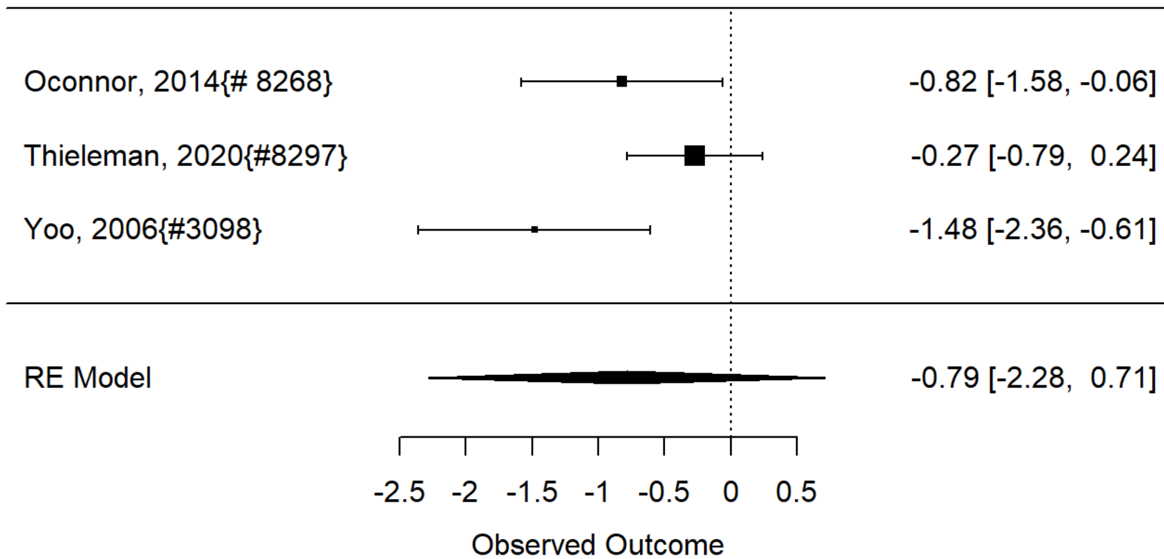
Two studies reported on prolonged or complicated grief symptoms.[109, 249] Although both studies were positive, estimates varied and could not be combined to a meaningful summary effect (SMD -0.68; CI -4.02, 2.65; 2 studies, n=62). The small set did not detect heterogeneity.

Two studies reported positive results for grief symptoms following intervention, however estimates varied widely, and no summary estimate could be determined (SMD -1.37; CI -8.73, 5.99; 2 studies, n=59). This included a therapy dog intervention (SMD -0.83; CI -1.55, -0.11)[109] and a Dan-jeon breathing group (SMD -1.99; CI -2.94, -1.05). The latter also reported positive results for quality of life (SMD 1.64; CI 0.75, 2.54; 1 study).[354] The Ayahuasca study compared

to peer support and concluded that grief symptoms improved more in this group but did not report sufficient detail to determine effect estimates.

Studies reporting on depression symptoms are shown in Figure 21.

Figure 21. Effect of Integrative Medicine Interventions on Depression Symptoms (SMD)



Across studies we did not identify a systematic effect of the intervention (SMD -0.79; CI -2.28, 0.71; 3 studies, n=118). There was heterogeneity (I-squared 65%). None of the studies in this analysis were RCTs. The studies did not report on other outcomes in sufficient detail to calculate effect sizes. The studies are described in more detail in Appendix D.

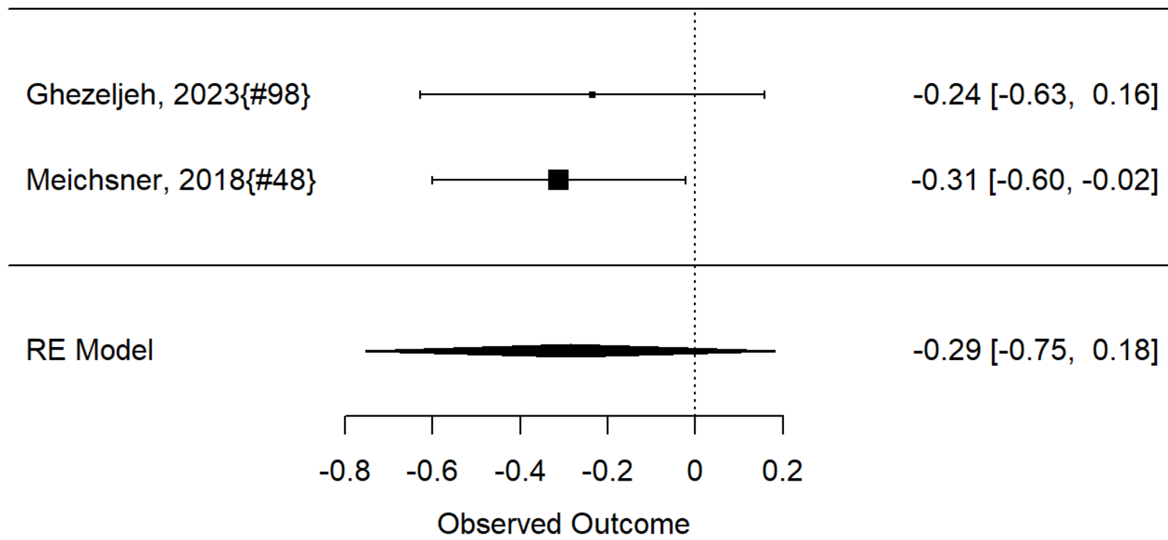
Findings Key Question 3a: Timing: predeath, acute, 6-12 months post loss, and more than 1 year post loss

Most studies included participants where the timing of the intervention relative to the experienced death varied. The following reports results for the pre-specified subgroups predeath, acute, 6-12 months post loss, and more than 1 year post loss. We restricted to analyses where at least three studies reported on the same outcome, these were either grief symptoms or grief disorder symptoms. Given the small number of studies in each category, we did not differentiate interventions further.

Interventions offered pre-death

Studies targeting caregivers of dying patients and reporting on grief symptoms are documented in Figure 22.

Figure 22. Effect of pre-death grief interventions on grief symptoms



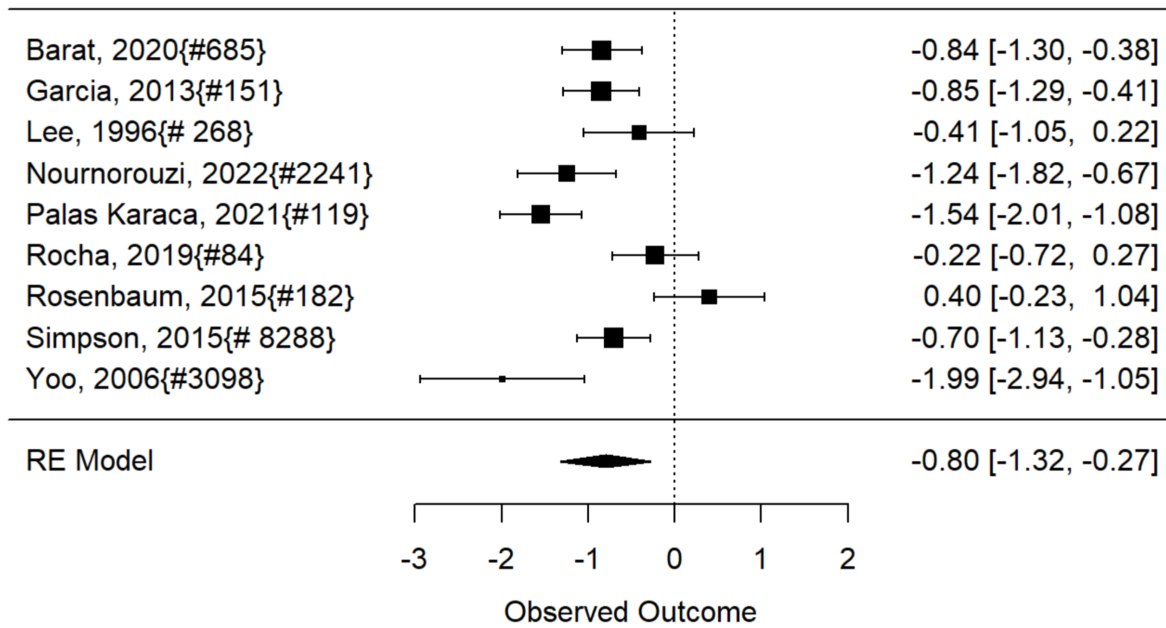
Although positive, intervention results were not statistically significantly different from control.

Interventions offered in acute period after loss

Studies providing interventions shortly after the loss are documented in Figure 23.

3. **Results**

Figure 23. Effect of acute grief interventions on grief symptoms

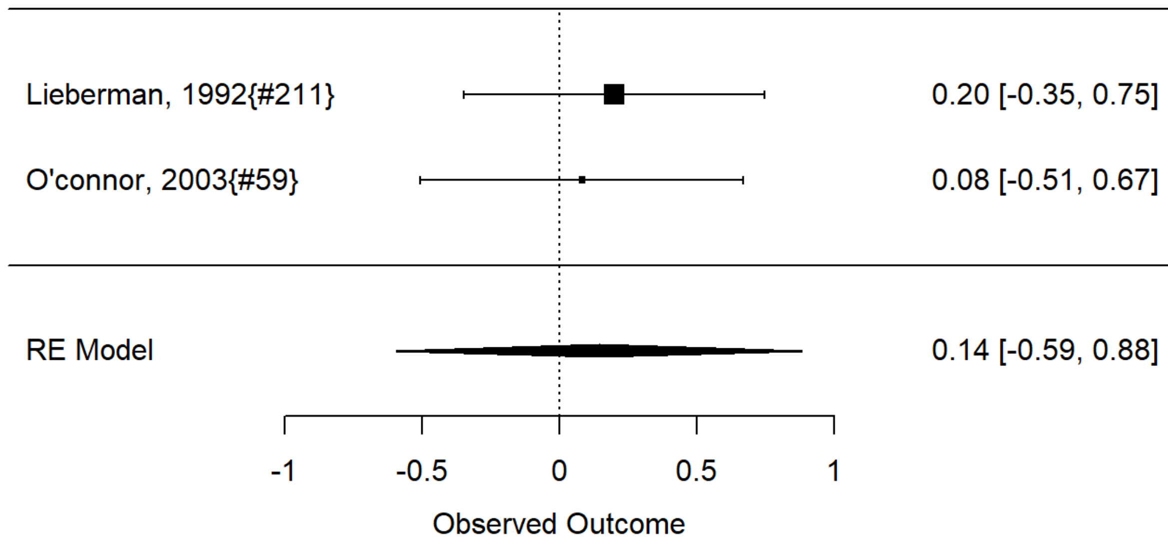


Across studies, effects of intervention (psychotherapy, comprehensive provider support, self-help interventions, expert-facilitated support groups) varied but were also mainly positive.

Intervention offered 6-12 months after loss

Studies targeting participants six months after the loss of the loved one are documented in Figure 24.

Figure 24. Effect of interventions delivered 6-12 months after loss on grief symptoms

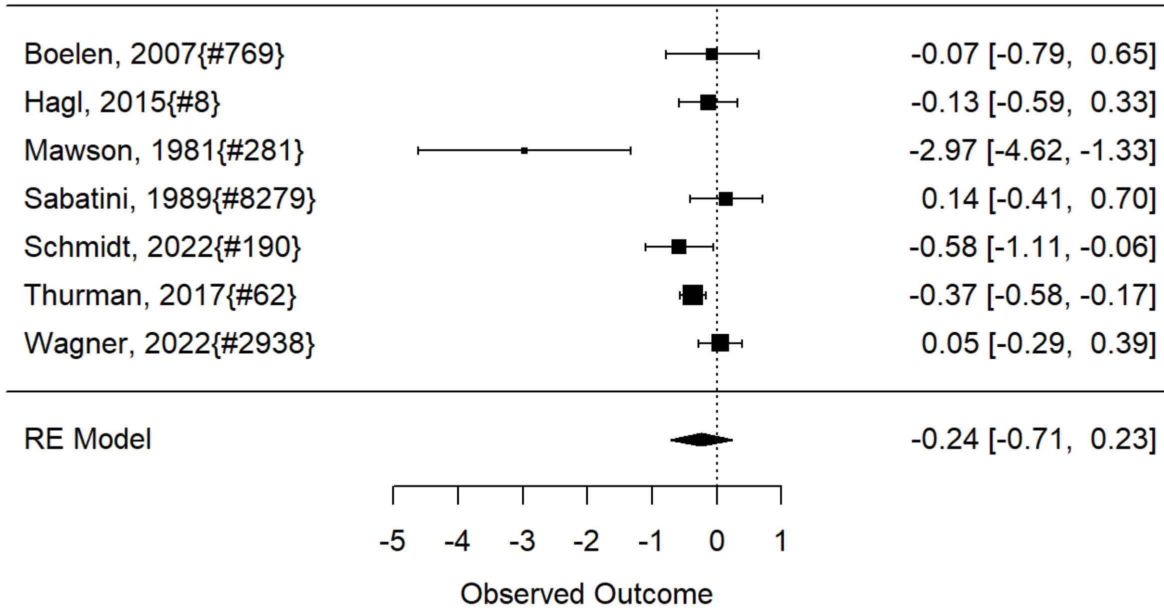


Across studies, effects of interventions (psychotherapy, writing) varied in this subgroup.

Intervention offered more than 1 year after loss

Studies reporting on interventions offered after one year or longer following the loss and reporting on grief disorder symptoms are documented in Figure 25

Figure 25. Effect of interventions delivered 1 year or more after loss on grief symptoms



Across studies, interventions (psychotherapy, writing) offered at least a year after the loss showed positive effects.

Across studies, we did not detect a statistically significant effect of the timing, but it should be noted that the analyses were limited by the small number of studies targeting specific time intervals.

Findings Key Question 3b: Does effectiveness vary by patient characteristic or setting?

We abstracted multiple patient and setting characteristics to determine whether the effects of the intervention vary with these characteristics.

Patient characteristics

In terms of patient characteristics, we determined first whether the participants were primarily described by the authors as characterized by grief or by complicated grief (despite the lack of a formal diagnosis). Whether participants were characterized as complicated grief did affect the outcome depression symptoms (continuous p 0.02, categorical 0.046). Across all interventions in participants characterized by grief, the effect of a grief intervention was smaller for continuous outcomes (SMD -0.18; CI -0.29, -0.08) than in participants characterized by complicated grief (SMD -0.48; CI -0.77, -0.19). The effect indicated that participants with complicated grief benefit more from grief interventions. However, the effect of categorical outcomes was based on two studies for one of the subgroups which reported different results and

the overall effect is difficult to interpret (grief RR 1.28; CI 0.85, 1.93; complicated grief RR 0.86; CI 0.00, 18463). We did not detect an effect for the outcome grief disorder symptoms (all p>0.05), but effects were borderline significant for continuous grief symptoms (p 0.06). We could not analyze effects on the outcomes grief incidence, quality of life, loneliness, suicide outcomes, adverse health behaviors, and unintended consequences of the intervention due to the lack of studies in the subgroups reporting on these outcome.

We also explored whether the effect of the intervention differed systematically depending on the relationship to the deceased. We compared studies where the loss involved a spouse, studies where the loss was a parent, and studies where the loss was a child of the bereaved person. We did not detect effects on grief disorder symptoms or depression symptoms (all p>0.05). We could not analyze effects on the outcomes grief incidence, quality of life, loneliness, suicide outcomes, adverse health behaviors, or unintended consequences of the intervention.

We also differentiated the age of the deceased person and compared studies exclusively in unborn children, children, adults, and elderly loved ones. We did not detect effects on grief symptoms or depression symptoms (all p>0.05). We could not analyze the effect of the age of the deceased person on the outcomes grief incidence, grief disorder symptoms, quality of life, loneliness, suicide outcomes, adverse health behaviors, unintended consequences of the intervention due to the lack of studies.

We also explored whether studies that restricted to participants experiencing an expected death (e.g., terminal cancer) or unexpected death (e.g., natural disaster). We did not detect a systematic effect on the outcome grief disorder symptoms, grief symptoms, quality of life, or depression (p>0.05). We could not analyze the effect on the outcomes grief incidence, grief disorder symptoms, loneliness, suicide outcomes, adverse health behaviors, or unintended consequences of the intervention due to the lack of studies.

We furthermore investigated whether studies focusing on violent deaths reported different effects of the interventions. We did not detect an effect for the outcomes grief disorder symptoms, grief symptoms, or quality of life (all p>0.05), but there was a borderline statistically significant effect for depression (p 0.05). We could not analyze the effect on the outcomes grief incidence, grief disorder symptoms, loneliness, suicide outcomes, adverse health behaviors, or unintended consequences of the intervention due to the lack of studies.

We also differentiated whether studies addressed children or adults. When differentiating pediatrics versus adult samples, we found borderline effects for grief disorder symptoms (p 0.07) and depression symptoms (p 0.09). We could not analyze the effect on the outcomes grief incidence, grief symptoms, quality of life, loneliness, suicide outcomes, adverse health behaviors, or unintended consequences of the intervention due to the lack of studies.

We also assessed whether the proportion of female participants systematically affected the results of the interventions. The proportion of female participants varied and we found some studies that were, for example, exclusively targeting widows and some exclusively widowers. Meta-regressions showed that the proportion of women was associated with the impact of the intervention for the outcome grief symptoms (p 0.02). However, the effect was based on a single study contributing to the male subgroup (the study reported a large but not statistically significant intervention effect on widowers.[85] The effect of the percent female was borderline for the outcome quality of life (p 0.07). We did not detect an effect on grief disorder symptoms or depression symptoms (all p>0.05). We could not analyze the effect on the outcomes grief incidence, grief disorder symptoms, loneliness, suicide outcomes, adverse health behaviors, or unintended consequences of the intervention due to the lack of studies.

Setting characteristics

Finally, we assessed the potential effect of the setting for US versus non-US studies. We did not detect systematic differences in the effect of the intervention on grief disorder symptoms, quality of life, or depression symptoms (all p>0.05). However, we found a borderline effect for grief symptoms (p 0.07). We could not analyze the effect on other outcomes due to insufficient number of studies.

We also differentiated the setting where the death had taken place. Most studies included participants where the loved ones had died in different settings and various circumstances. However, we also identified studies where interventions were introduced in a specific setting, for example in a hospice. We differentiated home, hospital, and hospice. We detected a borderline significant effect of the death setting for the outcome depression symptoms (p 0.08). We could not analyze the effect on other outcomes due to insufficient number of studies.

3.3.3 Summary of Findings

The summary of findings table (Table 5) documents the results across interventions for the outcomes of interest together with the reason for downgrading the strength of evidence and the determined strength of evidence category.

Table 5. Summary of findings and strength of evidence Key Question 3 (grief interventions)

Intervention and Comparison	Key Outcome	Number of Studies; Citations	Findings	Reason for downgrading	Strength of Evidence
Psychotherapy	Incidence of grief disorder	0 studies	N/A	C	Insufficient
Psychotherapy	Severity of grief disorder	26 studies[62, 71, 74, 94, 158, 162, 176, 177, 182, 184, 194, 195, 204, 234, 241, 256, 285, 286, 300, 326, 327, 339, 343, 344, 347, 353]	Favors intervention (SMD -SMD -0.73; CI -1.00, -0.45; RR 0.49; CI 0.26, 0.92)	C	Moderate for benefit
Psychotherapy	Grief symptoms	18 studies[55, 62, 85, 121, 124, 201, 203, 210, 214, 220, 243, 244, 266, 282, 300, 327, 343, 351]	Favors intervention (SMD -0.49; CI -0.84, 0.14; 18)	C	Moderate for benefit
Psychotherapy	Quality of life	4 studies[71, 341, 348, 351]	No systematic effect (SMD 0.30; CI -0.19, 0.80)	C	Low for no effect
Psychotherapy	Loneliness	0 studies	N/A	C	Insufficient
Psychotherapy	Suicidal ideation, attempted suicide, suicide completion	2 studies[94, 343]	Conflicting results (SMD -0.22; CI -0.55, 0.12; RR 1.06; CI 0.48, 2.33)	C	Insufficient
Psychotherapy	Adverse health behaviors	1 study.[80]	No systematic effect (SMD 0.32; -0.29, 0.93)	C	Insufficient
Psychotherapy	Depression symptoms	35 studies[49, 53, 71, 74, 80, 94, 118, 158, 162, 176, 177, 194, 195, 201, 203, 204, 210, 214, 234, 243, 256, 266, 282, 285, 286, 300, 326, 327, 341, 343, 344, 347, 348, 351, 353]	Favors intervention (SMD ¬0.41; CI -0.55 0.55; RR 1.05; CI 0.11, 9.93)	C	Moderate for benefit

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Psychotherapy	Unintended consequences of the intervention	0 studies	N/A	C	Insufficient
Pharmacotherapy	Incidence of grief disorder; Severity of grief disorder	0 studies	N/A	C	Insufficient
Pharmacotherapy (citalopram)	Grief disorder symptoms	1 study[309]	Favors intervention (RR 0.65; CI 0.53, 0.79; 1 study, n=198).	C	Low for benefit
Pharmacotherapy (citalopram)	Grief symptoms	1 RCT[309]	No systematic effect (SMD -0.07; -0.78, 0.65; 1 study, n=30)	C	Insufficient
Pharmacotherapy	Quality of life	0 studies	N/A	C	Insufficient
Pharmacotherapy (nortriptyline)	Depression symptoms	0 studies	N/A	C	Insufficient
Pharmacotherapy	Loneliness; Suicide outcomes; Adverse health behaviors	0 studies	N/A	C	Insufficient
Pharmacotherapy	Suicidal ideation	1 study[309]	Favors intervention (RR 0.21; CI 0.07, 0.60; 1 study, n=198)	C	Low for benefit
Pharmacotherapy	Unintended consequences of the intervention	0 studies	N/A	C	Insufficient
Expert-facilitated Support Group	Incidence of grief disorder	0 studies	N/A	C	Insufficient
Expert-facilitated Support Group	Severity of grief disorder	2 studies[216, 332]	No systematic effect (SMD -0.16; CI -0.51, 0.19)	C	Insufficient
Expert-facilitated Support Group	Grief symptoms	8 studies[54, 83, 140, 141, 154, 236, 313, 332]	Favors intervention (SMD -0.34; CI -0.62, -0.06; RR 1.19; CI 0.57, 2.45)	C	Moderate for benefit
Expert-facilitated Support Group	Quality of life	2 studies)[115, 141]	No systematic effect (SMD 0.33; CI -1.18, 2.46)	C	Insufficient
Expert-facilitated Support Group	Loneliness	0 studies	N/A	C	Insufficient
Expert-facilitated Support Group	Adverse health behaviors	1 study[81]	No systematic effect (SMD -0.15; CI -0.50, 0.20)	C	Insufficient
Expert-facilitated Support Group	Depression symptoms	11 studies[82, 83, 97, 115, 154, 296, 313, 332, 343, 354]	Favors intervention (SMD -0.40; CI -0.75, -0.06)	C	Moderate for benefit
Expert-facilitated Support Group	Suicidal ideation, attempted suicide, suicide completion	1 study[114]	Favors intervention (RR 0.19; CI 0.02, 2.04)	C	Low for benefit
Expert-facilitated Support Group	Unintended consequences of the intervention	0 studies	N/A	C	Insufficient

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Peer Support	Incidence of grief disorder; Severity of grief disorder	0 studies	N/A	C	Insufficient
Peer Support	Grief symptoms	1 study[272]	No systematic effect (estimate N/A)	C, I	Insufficient
Peer Support	Quality of life	1 study[338]	No systematic effect (RR 0.63; CI 0.22, 1.79)	C	Insufficient
Peer Support	Depression; Loneliness; suicide outcomes; adverse health behaviors	0 studies	N/A	C	Insufficient
Peer Support	Unintended consequences of the intervention	2 studies[129, 152]	No systematic effect (estimate N/A}	C, I	Insufficient
Self-help intervention	Incidence of grief disorder	0 studies	N/A	C	Insufficient
Self-help intervention	Severity of grief disorder	1 study[275]	No systematic effect (SMD -0.47; CI -0.96, 0.03)	C	Insufficient
Self-help intervention	Grief symptoms	1 study)[283]	No systematic effect (SMD 0.40; CI -0.23, 1.04)	C	Insufficient
Self-help intervention	Quality of life	2 studies[103, 127]	Both studies reported positive effects, but the estimates varied and no meaningful summary could be derived (SMD 0.21; CI -1.09, 1.51)	C	Insufficient
Self-help intervention	Loneliness; Suicide outcomes; Adverse health behaviors	0 studies	N/A	C	Insufficient
Self-help intervention	Depression symptoms	3 studies[127, 275, 283]	No systematic effect (SMD -0.21; CI -0.98, 0.56)	C	Low for no effect
Self-help Intervention	Unintended consequences of the intervention	0 studies	N/A	C	Insufficient
Other: Writing and Music	Grief disorder symptoms	5 studies[157, 164, 186, 199, 337]	No systematic effect (SMD -0.22; CI 1.06, 0.63)	C	Low for no effect
Other: Writing and Music	Grief symptoms	2 studies[245, 273]	Both studies reported positive effects, but the estimates varied and no meaningful summary could be derived (SMD 0.22; CI -1.55, 1.99)	C, I	Insufficient
Other: Writing and Music	Depression symptoms	3 studies[199, 273, 337]	No systematic effect (SMD 0.21; CI -0.88, 1.30)	C	Low for no effect
Other: Comprehensive Provider Support	Grief disorder symptoms	3 studies[56, 137, 232]	No systematic effect (RR 0.49; CI -2.40, 1.43	C	Low for no effect
Other: Comprehensive Provider Support	Grief symptoms	3 studies[122, 219, 255]	No systematic effect (SMD -1.18; CI -3.30, 0.94; RR 0.32; CI 0.14, 0.76)	C	Low for no effect

Other: Comprehensive Provider Support	Quality of life	1 study[33]	Favors intervention (SMD 0.37; CI 0.23, 0.51)	C	Low for benefit
Other: Comprehensive Provider Support	Loneliness	1 study[60]	Favors intervention (SMD -0.42; CI -0.82, -0.01)	C	Low for benefit
Other: Comprehensive Provider Support	Suicide ideation	1 study[60]	Favors intervention (SMD -0.52; CI -0.92, -0.11)	C	Low for benefit
Other: Comprehensive Provider Support	Depression symptoms	4 studies[137, 175, 215, 255]	No systematic effect (SMD -0.30; CI -0.85, 0.24; RR 0.54; CI 0.11, 2.53)	C	Low for no effect
Other: Integrative Medicine	Grief disorder symptoms	2 studies[109, 249]	Both studies reported positive effects, but the estimates varied and no meaningful summary could be derived (SMD -0.94; CI -1.68, -0.21)	C, I	Insufficient
Other: Integrative Medicine	Grief disorder symptoms	2 studies[109, 354]	Both studies reported positive effects, but the estimates varied and no meaningful summary could be derived (SMD -1.37; CI -8.73, 5.99)	C, I	Insufficient
Other: Integrative Medicine	Depression symptoms	3 studies[249, 331, 354]	No systematic effect (SMD -0.79; CI -2.28, 0.71)	C	Low for no effect
KQ3a: Effect of intervention timing	All key outcomes	N/A (meta-regression)	We did not detect systematic effects, but analyses were limited	D	Insufficient
KQ3b: Effect of Gender	Grief symptoms	N/A (meta-regression)	The proportion of women in the study was associated with the effect of the intervention on grief symptoms indicating that men and women may respond differently to the intervention, but few studies contributed to the analysis	D	Low for potentially differential effect
KQ3b: Effect of Grief Severity	Depression symptoms	N/A (meta-regression)	Grief severity was associated with the effect of the intervention on depressive symptoms and suggested that participants with more complicated grief benefit more from interventions, but analysis were limited	D	Low for potentially differential effect
KQ3b: Effect of Patient Characteristics	All key outcomes	N/A (meta-regression)	No systematic effect of relationship to deceased, age of deceased, expected (vs unexpected) death, violent death, adults (vs pediatric sample)	D	Low for potentially no effect
KQ3b: Effect of Setting	All key outcomes	N/A (meta-regression)	No systematic effect detected for US (vs non-US) or setting of the death of the loved one	D	Low for potentially no effect

Notes: D indirect comparison, I imprecision, C inconsistency

Reasons for downgrading strength of evidence included inconsistency in effect estimates across studies. We downgraded for imprecision in cases where no meaningful effect estimate across studies could be derived or no effect estimate could be quantified. We downgraded the strength of evidence addressing the subquestions given that all were based on indirect comparisons across studies rather than direct head-to-head comparisons within studies. We found

insufficient evidence for numerous key outcomes due to lack of identified studies (and where inconsistency could not be determined at all due to the absence of studies reporting on the outcome).

3.4. Key Question 4: What are the effectiveness, comparative effectiveness and harms of interventions for people diagnosed with grief-related disorders?

The following summarizes results for interventions addressing patients with a grief disorder diagnosis based on the DSM or ICD.

3.4.1 Key Points

- There is a small body of evidence reporting on patients diagnosed with grief disorders; all evaluated psychotherapy interventions.
- There was low SoE for the beneficial effect of psychotherapy for grief disorder symptoms, grief symptoms, and depression symptoms.
- None of the studies reported on the outcomes continued meeting grief disorder criteria, quality of life, loneliness, suicide outcomes, substance use, or unintended consequences.

3.4.2 Key Question 4 Results

We identified 3 studies reporting on the effects of an intervention for patients with a clinical grief disorder.[64, 111, 239] All reported on a psychotherapy intervention for individuals diagnosed with prolonged grief disorder. Two studies included bereaved adults with prolonged grief disorder, and one study included bereaved children and adolescents with grief disorder. One RCT[239] evaluated the effectiveness of a multimedia psychotherapy intervention among adults compared to therapy as usual (psychopharmacological therapy when needed, and psycho-oncological support). One RCT One RCT[64] examined the effects of a psychotherapy cognitive behavioral therapy intervention for children and adolescents to supportive counseling. The third study[111] was a quasi-experimental design of a narrative reconstruction psychotherapy intervention for adults with prolonged grief disorder.

The main source of potential bias in this small set was that not all of the identified studies used random allocation to treatment groups. The main area of concern for applicability was the generalizability of study results to the US setting.

One study[111] reported improvements in grief disorder symptoms (SMD -0.65; CI -1.38, -0.08; 1 study, n=33) and intrusive symptomatology, but no statistically significant improvements in depression symptoms (SMD -0.43; CI -1.15, 0.29, 1 study, n=33), potentially due to a small sample size of bereaved adults.

One RCT reported on grief symptoms and reported a positive effect (SMD -6.65; CI -8.32, -4.98; 1 study, n=36).[239] The study[239] reported improved cognitive, emotional, and behavioral symptoms, functional impairment, and separation distress as part of the PG-13 following six months after the invention among bereaved adults who participated in the intervention as opposed to those in the control group.

The comparative effectiveness study[64] found significantly greater improvements among children and adolescents receiving cognitive behavioral therapy compared to those receiving supportive counseling for the 3, 6, and 12 month follow up assessments. This study also found better outcomes in depression and PTSD symptoms for those receiving cognitive behavioral therapy in the long term at 12 months, whereas there was no effect in the short term.

None of the studies addressed quality of life, loneliness, suicide outcomes, substance use, or unintended consequences. Of note, the 3 studies included in Key Question 4 suggested that

interventions designed to treat individuals diagnosed with grief disorders may be particularly effective over time in the long term, yet future research is needed given the small body of evidence.

3.4.3 Findings KQ4a.Does effectiveness vary by patient characteristic or setting?

The identified evidence was insufficient to address this question.

3.4.4 Summary of Findings

The summary of findings table (Table 6) documents the results across interventions for the outcomes of interest together with the reason for downgrading the strength of evidence and the determined strength of evidence category.

Table 6. Summary of findings and strength of evidence Key Question 4 (grief disorder treatment)

Intervention and Comparison	Key Outcome	Number of Studies; Study Design	Findings	Reasons for downgrading	Strength of Evidence
Psychotherapy	Continued meeting grief disorder criteria	0 studies	N/A	C	Insufficient
Psychotherapy	Grief disorder symptoms	1 study[111]	Favors intervention (SMD -0.65; CI -1.38, -0.08)	C	Low for benefit
Psychotherapy	Grief symptoms	1 study[239]	Favors intervention (SMD -6.65; CI -8.32, -4.98)	C	Low for benefit
Psychotherapy	Depression symptoms	1 study[111]	No systematic effect (SMD -0.43; CI -1.15, 0.29)	C	Insufficient
Psychotherapy	Quality of life	0 studies	N/A	C	Insufficient
Psychotherapy	Loneliness	0 studies	N/A	C	Insufficient
Psychotherapy	Suicidal ideation, attempted suicide, suicide completion	0 studies	N/A	C	Insufficient
Psychotherapy	Substance use	0 studies	N/A	C	Insufficient
Psychotherapy	Unintended consequences	0 studies	N/A	C	Insufficient
KQ4a: Patient or setting characteristics	All outcomes	N/A	N/A	C	Insufficient

Note: C consistency (no studies or too few studies to judge consistency), S study limitations (small study potentially insufficient power to detect small effect)

We downgraded the strength of evidence for grief disorder symptoms and depression symptoms because we only identified one RCT (i.e., a strong study allowing robust evidence

statements) reporting on the outcome. We downgraded the effect for grief symptoms because it was based on a single study, and we could not determine the consistency across studies.

4. Discussion

There are important knowledge gaps and a lack of guidance around high quality grief and bereavement care, underscoring the need for this systematic review to synthesize existing evidence on bereavement screening, diagnostic tools, and interventions to identify individuals at risk for or with grief disorders. The majority of studies included in this review address Key Question 3 on the effectiveness, comparative effectiveness, and harms of interventions for people *at risk for but not yet diagnosed with*, grief disorder related to bereavement. This skew in the evidence may reflect the relative newness of the DSM-V-TR diagnostic criteria for prolonged grief disorder and the consequent under-identification of PGD, as well as the extant tension in the field related to classifying grief as a disorder and pathology versus a natural emotional process. It is likely that with greater use in practice of the DSM criteria and increased identification of PGD, research evidence around the effectiveness and harms of interventions specifically targeted to PGD will grow, underscoring the importance of future evaluations of the evidence base.

Our review confirms key informants' impressions that there is limited evidence for universal screening for grief and bereavement (KQ1). The five included studies were too heterogeneous to make evidence statements, addressing both adult and pediatric populations, multiple time points (pre-death, at the acute stage of death, and post death) and various settings. However, all five studies reported at least some positive effects of screening indicating the potential for bereavement screening to improve grief outcomes.

We also found a small body of evidence that addressed the identification of bereaved people at risk for or with a grief disorder (KQ2). None of the studies used a DSM or ICD grief disorder diagnosis as the gold standard. Instead, diagnostic accuracy was based on either health outcomes measured over time or a diagnostic interview assessing grief disorder symptoms. None of the studies reported on the test-retest reliability or the clinical impact of a correct or incorrect diagnosis. The evidence was also insufficient for concrete evidence statements on patient experience.

As noted above, the majority of studies included in this review addressed interventions for people *at risk for but not yet diagnosed with*, grief disorder related to bereavement (KQ3). These interventions included psychotherapy, pharmacotherapy, expert-facilitated support groups, peer support, self-help approaches, and other interventions (writing and music, comprehensive support, integrative medicine). We found moderate strength of evidence for some of these interventions such as psychotherapy, expert-facilitated support groups, and writing and music therapy in reducing severity of grief disorder, grief symptoms, and depression symptoms. We found low strength of evidence for pharmacotherapy in reducing grief disorder symptoms and suicidal ideation; similarly, we found low strength of evidence comprehensive provider support on improvements in suicidal ideation and loneliness, mainly due to the small effect sizes but suggests promising improvements. These findings suggest that there may be multiple options of varying effectiveness for supporting bereaved individuals living with grief, regardless of whether they are formally diagnosed with a grief disorder.

There is limited evidence on the effectiveness, comparative effectiveness, and harms of interventions for individuals specifically diagnosed with grief-related disorders. This may be in part due to as of yet limited application of diagnostic criteria for grief disorder in practice though further study would be needed to confirm this. Our review yielded only three studies that met the inclusion criteria; all three studies described psychotherapy interventions, one of which was a multimedia psychotherapy intervention combining visual and musical materials in a video. Each

of these studies demonstrated that bereaved individuals benefited from the intervention compared to the control group, suggesting the effectiveness of such interventions for individuals diagnosed with grief-related disorders. Moreover, some of the interventions identified in KQ3 such as psychotherapy and expert-facilitated support groups demonstrated moderate strength of evidence for bereaved individuals at risk for but not yet formally diagnosed with grief disorder; it is possible that these interventions could benefit individuals with diagnosed grief disorder as well. With greater use in practice of diagnostic criteria to differentiate normal grief from disordered grief, more evidence might become available to better understand the effectiveness and potential harms of various interventions for grief disorder.

4.1 Implications

Despite the large body of evidence identified in this report, there remain important gaps in our knowledge of various aspects of bereavement care. First, more research is needed to identify effective approaches to screening for bereavement, including evaluating the role of universal versus selected or indicated screening for bereavement. Such research should also evaluate the feasibility of implementing different approaches to screening in clinical practice; e.g., a universal approach may unduly burden ambulatory care settings without commensurate yield or impact and may be hard to integrate into existing workflows. Second, more research that utilizes a diagnostic gold standard to evaluate the accuracy of tools to identify bereaved persons at risk for or with grief disorder are needed. While a substantial body of evidence demonstrates positive effects of grief interventions on grief and depression symptoms, and promising evidence on reducing suicidality, more evidence is needed to identify the impact of interventions on other key outcomes such as morbidity, mortality, and quality of life. Additionally, we need more evidence on the presence and absence of unintended consequences, harms, and adverse events associated with interventions. It is as yet unknown the extent to which intervening on the grief process may have negative unintended consequences, particularly relative to the timing of the intervention. Evidence was also lacking on the differential effectiveness of interventions among subgroups; in particular, more research is needed to understand the role of interventions tailored to the bereavement context (e.g., mass casualty events) and population (e.g., school children, parents, older adults).

4.2 Strengths and Limitations

Our systematic review has established a large body of interventions for bereavement and identified multiple positive approaches. We searched a range of different databases and research sources by clinical indication and study design, and not by a set of known tools or interventions. Despite these strengths of the review, we restricted our review to studies published in English to ensure transparency and applicability of the evidence to future US recommendations. However, this approach may result in missed tools and interventions available in other countries and cultures.

In addition, the evidence identified in this review is limited given that grief has only been introduced as a clinical diagnosis in the ICD-11 in 2018 and the DSM-IV TR in 2022, which has implications for Key Question 1, 2, and 4. As such, Key Question 4 only includes studies published in or after 2018 because they use the most recent definition of prolonged grief disorder. We also found few studies using a clinical diagnosis to evaluate existing tools for screening and diagnosing. In addition, the evidence for the treatment of grief disorders is very sparse.

4.3 Applicability

We assessed all studies for general applicability to routine practice. Importantly, although the need for culturally sensitive and appropriate bereavement care is widely accepted, we found little information in existing studies on cultural considerations that shaped screening, diagnosing, or treating. This is critical for future research to address given that the variation in sociocultural practices and norms around grief and bereavement likely impacts the feasibility, appropriateness, and effectiveness of grief interventions. The main limitation in applicability among the identified studies was that the populations were not uniformly representative of routine practice. Many included studies were in non-US settings and while there is still some generalizability of the grief and bereavement experience across US and non-US populations, screening approaches and interventions are likely implemented and delivered very differently in US versus non-US health and community settings, given structural and cultural differences. Populations of interest in the included studies were highly heterogenous and included, for example, children and adolescents in school settings, siblings, parents, relatives of hospice decedents, hospital staff, and adults receiving care in various health care settings.

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Abbreviations and Acronyms

Acronym	Definition
AHRQ	Agency for Healthcare Research and Quality
EPC	Evidence-based Practice Center
KQ	Key question

Appendix A. Search Strategy

Search date: September 8, 2023

PubMed
#1
("bereavement"[MeSH Terms] OR "bereavement"[Title/Abstract] OR "bereavements"[Title/Abstract] OR "bereaved"[Title/Abstract] OR "bereaving"[Title/Abstract] OR "grief"[Title/Abstract] OR "grieving"[Title/Abstract] OR "mourning") AND (clinicaltrial[Filter] OR randomizedcontrolledtrial[Filter] OR systematicreview[Filter])

#2
(bereavement[MESH] OR bereavement[Title/Abstract] OR bereavements[Title/Abstract] OR bereaved[Title/Abstract] OR bereaving[Title/Abstract] OR persistent complex bereavement disorder[Title/Abstract] OR grief[Title/Abstract] OR grieving[Title/Abstract] OR mourning[Title/Abstract]) AND (prospective OR cohort OR controlled study OR comparative study OR controlled post-only OR concurrent comparator OR comparative effectiveness OR case control OR case-control OR prospective studies[MeSH] OR controlled trial)

#3
(bereavement[MESH] OR bereavement[Title/Abstract] OR bereavements[Title/Abstract] OR bereaved[Title/Abstract] OR bereaving[Title/Abstract] OR grieving[Title/Abstract] OR mourning[Title/Abstract] OR grief disorder[Title/Abstract] OR grief disorders[Title/Abstract] OR complex grief[Title/Abstract] OR complicated grief[Title/Abstract] OR abnormal grief[Title/Abstract] OR pathological grief[Title/Abstract] OR traumatic grief[Title/Abstract] OR unresolved grief[Title/Abstract] OR disenfranchised grief[Title/Abstract] OR unanticipated grief[Title/Abstract] OR grief distress[Title/Abstract] OR chronic grief[Title/Abstract] OR cumulative grief[Title/Abstract]) AND (Screening[Title/Abstract] OR identification tool[Title/Abstract] OR identification tools[Title/Abstract] OR diagnosis[Title/Abstract] OR diagnosing[Title/Abstract] OR diagnostic[Title/Abstract] OR sensitivity[Title/Abstract] OR specificity[Title/Abstract] OR assessment[Title/Abstract] OR diagnosis[MeSH])

#4
#1 OR #2 OR #3

PsycINFO
MAINSUBJECT.EXACT.EXPLODE("Bereavement") OR MAINSUBJECT.EXACT.EXPLODE("Prolonged Grief Disorder") OR tiab(bereavement OR bereavements OR bereaved OR bereaving OR "prolonged grief disorder" OR "grief disorder" OR "grief disorders" OR "complex grief" OR "complicated grief" OR "abnormal grief" OR "traumatic grief " OR "disenfranchised grief" OR "grief distress" OR "chronic grief" OR "cumulative grief")
AND
(MAINSUBJECT.EXACT.EXPLODE("Diagnosis") OR MAINSUBJECT.EXACT.EXPLODE("Psychological Assessment") OR

MAINSUBJECT.EXACT.EXPLODE("Psychosocial Assessment")) OR tiab(Screening OR "identification tool" OR "identification tools" OR diagnosis OR diagnosing OR diagnostic)
AND
Narrowed by: Peer Reviewed

CINAHL
(MH "Bereavement+") OR (MM "Bereavement Support (Saba CCC)")) OR TI (bereavement OR bereavements OR bereaved OR bereaving OR "prolonged grief disorder" OR "grief disorder" OR "grief disorders" OR "complex grief" OR "complicated grief" OR "abnormal grief" OR "traumatic grief " OR "disenfranchised grief" OR "grief distress" OR "chronic grief" OR "cumulative grief") OR AB (bereavement OR bereavements OR bereaved OR bereaving OR "prolonged grief disorder" OR "grief disorder" OR "grief disorders" OR "complex grief" OR "complicated grief" OR "abnormal grief" OR "traumatic grief " OR "disenfranchised grief" OR "grief distress" OR "chronic grief" OR "cumulative
grief")
AND
(MM "Diagnosis") OR TI (Screening OR "identification tool" OR "identification tools" OR diagnosis OR diagnosing OR diagnostic OR assessment) OR AB (Screening OR "identification tool" OR "identification tools" OR diagnosis OR diagnosing OR diagnostic OR assessment)
AND
Source Type: Academic Journals

Clinicaltrials.gov (classic site)
bereavement OR bereavements OR bereaved OR bereaving OR "prolonged grief disorder" OR "grief disorder" OR "grief disorders" OR "complex grief" OR "complicated grief" OR "abnormal grief" OR "traumatic grief " OR "disenfranchised grief" OR "grief distress" OR "chronic grief" OR "cumulative grief"
AND
Diagnosis OR diagnosis OR diagnosing OR diagnostic OR assessment OR Screening OR "identification tool" OR "identification tools"
AND
Status:Recruitment: Completed
OR
"grief distress" OR "chronic grief" OR "cumulative grief"
AND
Diagnosis OR diagnosis OR diagnosing OR diagnostic OR assessment OR Screening OR "identification tool" OR "identification tools"
AND
Status:Recruitment: Completed

EMBASE
#7
#3 AND #6

#6
#4 OR #5

#5
diagnosis:ab,ti OR diagnosing:ab,ti OR diagnostic:ab,ti OR assessment:ab,ti OR screening:ab,ti OR 'identification tool':ab,ti OR 'identification tools':ab,ti

#4
'psychologic assessment'/exp OR 'psychologic assessment':ab,ti OR 'psychological assessment':ab,ti

#3
#1 OR #2

#2
bereavement:ab,ti OR bereavements:ab,ti OR bereaved:ab,ti OR bereaving:ab,ti OR 'prolonged grief disorder':ab,ti OR 'grief disorder':ab,ti OR 'grief disorders':ab,ti OR 'complex grief':ab,ti OR 'complicated grief':ab,ti OR 'abnormal grief':ab,ti OR 'traumatic grief':ab,ti OR 'disenfranchised grief':ab,ti OR 'grief distress':ab,ti OR 'chronic grief':ab,ti OR 'cumulative grief':ab,ti

#1
'grief'/exp OR 'grief' OR 'prolonged grief'/exp

ICTRP
Fields searched as 'OR': Title, Condition, Intervention

(bereavement OR bereavements OR bereaved OR bereaving OR "prolonged grief disorder" OR "grief disorder" OR "grief disorders" OR "complex grief" OR "complicated grief" OR "abnormal grief" OR "traumatic grief " OR "disenfranchised grief" OR "grief distress" OR "chronic grief" OR "cumulative grief")
AND
(Diagnosis OR diagnosis OR diagnosing OR diagnostic OR assessment OR Screening OR "identification tool" OR "identification tools")

ECRI Guidelines Trust
bereav* OR grie*

Cochrane Database of Systematic Reviews
#1 MeSH descriptor: [Bereavement] explode all trees
#2 (Bereavement OR bereavements OR bereaved OR bereaving OR "grief disorder" OR "grief disorders" OR "complex grief" OR "complicated grief" OR "abnormal grief" OR "traumatic grief" OR "disenfranchised grief" OR "grief distress" OR "chronic grief" OR "cumulative grief"):ti,ab,kw (Word variations have been searched)

#3 MeSH descriptor: [Diagnosis] explode all trees
#4 screening OR "identification tool" OR "identification tools" OR diagnosis OR diagnosing OR diagnostic OR assessment
#5 #1 OR #2 846
#6 #3 OR #4 820554
#7 #5 AND #6 544

Social Work Abstracts
(Bereavement OR bereavements OR bereaved OR bereaving OR "grief disorder" OR" grief disorders" OR "complex grief" OR "complicated grief" OR "abnormal grief" OR "traumatic grief" OR "disenfranchised grief" OR "grief distress" OR "chronic grief" OR "cumulative grief") AND (Screening OR "identification tool" OR "identification tools" OR diagnosis OR diagnosing OR diagnostic OR assessment)
Limit: Source Type: All Journals

Dimensions
(Bereavement OR bereavements OR bereaved OR bereaving OR "grief disorder" OR" grief disorders" OR "complex grief" OR "complicated grief" OR "abnormal grief" OR "traumatic grief" OR "disenfranchised grief" OR "grief distress" OR "chronic grief" OR "cumulative grief" OR mesh_terms:bereavement) AND (Screening OR "identification tool" OR "identification tools" OR diagnosis OR diagnosing OR diagnostic OR assessment OR mesh_terms:diagnosis)
LIMIT: Publication Type: Article

PROSPERO
(Bereavement OR bereavements OR bereaved OR bereaving OR "grief disorder" OR" grief disorders" OR "complex grief" OR "complicated grief" OR "abnormal grief" OR "traumatic grief" OR "disenfranchised grief" OR "grief distress" OR "chronic grief" OR "cumulative grief" OR mesh_terms:bereavement) AND (Screening OR "identification tool" OR "identification tools" OR diagnosis OR diagnosing OR diagnostic OR assessment OR mesh_terms:diagnosis)
Limit:
Status of the Review: completed not published, review completed published

Guidelines International Network
Keyword searches: bereavement, bereaved

MAGICApp
Keyword searches: bereavement, bereaved

ClinicalKey
Keyword searches: bereavement, bereaved

Appendix B. List of Included Studies and Multiple Publications

1. Acierno R, Kauffman B, Muzzy W, et al. Behavioral Activation and Therapeutic Exposure vs. Cognitive Therapy for Grief Among Combat Veterans: A Randomized Clinical Trial of Bereavement Interventions. Am J Hosp Palliat Care. 2021 Dec;38(12):1470-8. doi: 10.1177/1049909121989021. PMID: 33504175. *IncludeDE_KQ3*

2. Adolfsson A, Berterö C, Larsson PG. Effect of a structured follow-up visit to a midwife on women with early miscarriage: a randomized study. Acta Obstet Gynecol Scand. 2006;85(3):330-5. doi: 10.1080/00016340500539376. PMID: 16553182. *IncludeDE_KQ3*

3. Aho AL, Tarkka MT, Astedt-Kurki P, et al. Evaluating a bereavement follow-up intervention for grieving fathers and their experiences of support after the death of a child--a pilot study. Death Stud. 2011 Nov-Dec;35(10):879-904. doi: 10.1080/07481187.2011.553318. PMID: 24501857. *IncludeDE_KQ3*

4. Alves D, Fernández-Navarro P, Baptista J, et al. Innovative moments in grief therapy: the meaning reconstruction approach and the processes of self-narrative transformation. Psychother Res. 2014;24(1):25-41. doi: 10.1080/10503307.2013.814927. PMID: 23885786. *Multiple publication*

5. Andrade AS, Moreira M, Sá M, et al. Randomized Controlled Trial of a Cognitive Narrative Crisis Intervention for Bereavement in Primary Healthcare. Behav Cogn Psychother. 2017 Jan;45(1):85-90. doi: 10.1017/s1352465816000345. PMID: 27618877. *IncludeDE_KQ3*

6. Aoun EG, Porta G, Melhem NM, et al. Prospective evaluation of the DSM-5 persistent complex bereavement disorder criteria in adults: dimensional and diagnostic approaches. Psychol Med. 2021 Apr;51(5):825-34. doi: 10.1017/s0033291719003829. PMID: 31941562. *IncludeDE_KQ2*

7. Aubin M, Vezina L, Verreault R, et al. A randomized clinical trial assessing a pragmatic intervention to improve supportive care for family caregivers of patients with lung cancer. Palliat Support Care. 2021 Apr;19(2):146-53. doi: 10.1017/S1478951520000711. PMID: 32924913. *IncludeDE_KQ3*

8. Ayers TS, Wolchik SA, Sandler IN, et al. The Family Bereavement Program: description of a theory-based prevention program for parentally-bereaved children and adolescents. Omega (Westport). 2013;68(4):293-314. doi: 10.2190/om.68.4.a. PMID: 24968618. *Multiple publication*

9. Azhar MZ, Varma SL. Religious psychotherapy as management of bereavement. Acta Psychiatr Scand. 1995 Apr;91(4):233-5. doi: 10.1111/j.1600-0447.1995.tb09774.x. PMID: 7625203. *IncludeDE_KQ3*

10. Bagheri L, Chaman R, Ghiasi A, et al. Cognitive behavioral counselling in post abortion grief: A randomized controlled trial. J Educ Health Promot. 2023;12:120. doi: 10.4103/jehp.jehp_474_22. PMID: 37397123. *IncludeDE_KQ3*

11. Barat S, Yazdani S, Faramarzi M, et al. The Effect of Brief Supportive Psychotherapy on Prevention of Psychiatric Morbidity in Women with Miscarriage: A Randomized Controlled Trial about the First 24-hours of Hospitalization. Oman Med J. 2020 May;35(3):e130. doi: 10.5001/omj.2020.48. PMID: 32550017. *IncludeDE_KQ3*

12. Barnato AE, Schenker Y, Tiver G, et al. Storytelling in the Early Bereavement Period to Reduce Emotional Distress Among Surrogates Involved in a Decision to Limit Life Support in the ICU: A Pilot Feasibility Trial. Crit Care Med. 2017 Jan;45(1):35-46. doi: 10.1097/CCM.0000000000002009. PMID: 27618273. *IncludeDE_KQ3*

13. Barrett CJ. Effectiveness of widows' groups in facilitating change. J Consult Clin Psychol. 1978 Feb;46(1):20-31. doi: 10.1037//0022-006x.46.1.20. PMID: 627663. *IncludeDE_KQ3*

14. Bartl H, Hagl M, Kotoučová M, et al. Does prolonged grief treatment foster posttraumatic growth? Secondary results from a treatment study with long-term follow-up and mediation analysis. Psychol Psychother. 2018 Mar;91(1):27-41. doi: 10.1111/papt.12140. PMID: 28737261. *Multiple publication*

15. Beckwith BE, Beckwith SK, Gray TL, et al. Identification of spouses at high risk during bereavement: a preliminary assessment of Parkes and Weiss' Risk Index. Hosp J. 1990;6(3):35-46. doi: 10.1080/0742-969x.1990.11882676. PMID: 2276716. *IncludeDE_KQ1*

16. Beem EE, Hooijkaas H, Cleiren MH, et al. The immunological and psychological effects of bereavement: does grief counseling really make a difference? A pilot study. Psychiatry Res. 1999 Jan 18;85(1):81-93. doi: 10.1016/s0165-1781(98)00135-8. PMID: 10195319. *IncludeDE_KQ3*

17. Black D, Urbanowicz MA. Family intervention with bereaved children. J Child Psychol Psychiatry. 1987 May;28(3):467-76. doi: 10.1111/j.1469-7610.1987.tb01767.x. PMID: 3597568. *IncludeDE_KQ3*

18. Boelen PA, de Keijser J, van den Hout MA, et al. Treatment of complicated grief: a comparison between cognitive-behavioral therapy and supportive counseling. J Consult Clin Psychol. 2007 Apr;75(2):277-84. doi: 10.1037/0022-006x.75.2.277. PMID: 17469885. *IncludeDE_KQ3*

19. Boelen PA, Lenferink LIM, Nickerson A, et al. Evaluation of the factor structure, prevalence, and validity of disturbed grief in DSM-5 and ICD-11. J Affect Disord. 2018 Nov;240:79-87. doi: 10.1016/j.jad.2018.07.041. PMID: 30059938. *IncludeDE_KQ2*

20. Boelen PA, Lenferink LIM, Spuij M. CBT for Prolonged Grief in Children and Adolescents: A Randomized Clinical Trial. Am J Psychiatry. 2021 Apr 1;178(4):294-304. doi: 10.1176/appi.ajp.2020.20050548. PMID: 33472391. *IncludeDE_KQ4*

21. Boerner K, Schulz R, Horowitz A. Positive aspects of caregiving and adaptation to bereavement. Psychol Aging. 2004 Dec;19(4):668-75. doi: 10.1037/0882-7974.19.4.668. PMID: 15584791. *Multiple publication*

22. Brent D, Melhem N, Donohoe MB, et al. The incidence and course of depression in bereaved youth 21 months after the loss of a parent to suicide, accident, or sudden natural death. Am J Psychiatry. 2009 Jul;166(7):786-94. doi: 10.1176/appi.ajp.2009.08081244. PMID: 19411367. *Multiple publication*

23. Brent DA, Melhem NM. Editorial: Prevention's Power: Depression Incidence Halved 15 Years After Participation in the Family Bereavement Program. J Am Acad Child Adolesc Psychiatry. 2023 Jun 14. doi: 10.1016/j.jaac.2023.03.025. PMID: 37328142. *Multiple publication*

24. Brodbeck J, Berger T, Biesold N, et al. The Role of Emotion Regulation and Loss-Related Coping Self-efficacy in an Internet Intervention for Grief: Mediation Analysis. JMIR Ment Health. 2022 May 6;9(5):e27707. doi: 10.2196/27707. PMID: 35522459. *Multiple publication*

25. Brown EJ, Goodman RF, Cohen JA, et al. An Exploratory Trial of Cognitive-Behavioral vs Client-Centered Therapies for Child-Mother Dyads Bereaved from Terrorism. J Child Adolesc Trauma. 2020 Mar;13(1):113-25. doi: 10.1007/s40653-019-00264-2. PMID: 32318234. *IncludeDE_KQ3*

26. Bryant RA, Kenny L, Joscelyne A, et al. Treating prolonged grief disorder: a randomized clinical trial. JAMA Psychiatry. 2014 Dec 1;71(12):1332-9. doi: 10.1001/jamapsychiatry.2014.1600. PMID: 25338187. *Multiple publication*

27. Bryant RA, Kenny L, Joscelyne A, et al. Treating Prolonged Grief Disorder: A 2-Year Follow-Up of a Randomized Controlled Trial. J Clin Psychiatry. 2017 Nov/Dec;78(9):1363-8. doi: 10.4088/JCP.16m10729. PMID: 28445631. *IncludeDE_KQ3*

28. Bryant RA, Kenny L, Joscelyne A, et al. Correction. Treating Prolonged Grief Disorder: A 2-Year Follow-Up of a Randomized Controlled Trial. J Clin Psychiatry. 2018 Jan/Feb;79(1). doi: 10.4088/JCP.18lcx12157. PMID: 29505180. *Multiple publication*

29. Buck HG, Benitez B, Mason T, et al. Exploring the role of expectancy in older US participants' response to an accelerated resolution therapy intervention for prolonged grief disorder. Health Soc Care Community. 2022 Nov;30(6):e4191-e8. doi: 10.1111/hsc.13813. PMID: 35396879. *Multiple publication*

30. Buck HG, Cairns P, Emechebe N, et al. Accelerated Resolution Therapy: Randomized Controlled Trial of a Complicated Grief Intervention. Am J Hosp Palliat Care. 2020 Oct;37(10):791-9. doi: 10.1177/1049909119900641. PMID: 31960705. *IncludeDE_KQ3*

31. Bui E, Simon NM, Robinaugh DJ, et al. Periloss dissociation, symptom severity, and treatment response in complicated grief. Depress Anxiety. 2013 Feb;30(2):123-8. doi: 10.1002/da.22029. PMID: 23212730. *Multiple publication*

32. Cameron J, Parkes CM. Terminal care: evaluation of effects on surviving family of care before and after bereavement. Postgrad Med J. 1983 Feb;59(688):73-8. doi: 10.1136/pgmj.59.688.73. PMID: 6844191. *IncludeDE_KQ3*

33. Carmassi C, Shear MK, Massimetti G, et al. Validation of the Italian version Inventory of Complicated Grief (ICG): a study comparing CG patients versus bipolar disorder, PTSD and healthy controls. Compr Psychiatry. 2014 Jul;55(5):1322-9. doi: 10.1016/j.comppsych.2014.03.001. PMID: 24721191. *IncludeDE_KQ2*

34. Chan EKH, O'Neill I, McKenzie M, et al. What works for therapists conducting family meetings: treatment integrity in family-focused grief therapy during palliative care and bereavement. Journal of Pain & Symptom Management. 2004;27(6):502-12. doi: 10.1016/j.jpainsymman.2003.10.008. PMID: 106492656. Language: English. Entry Date: 20050729. Revision Date: 20200708. Publication Type: Journal Article. *Multiple publication*

35. Chow AYM, Caserta M, Lund D, et al. Dual-Process Bereavement Group Intervention (DPBGI) for Widowed Older Adults. Gerontologist. 2019 Sep 17;59(5):983-94. doi: 10.1093/geront/gny095. PMID: 30137473. *IncludeDE_KQ3*

36. Christ GH, Raveis VH, Seigel K, et al. Evaluation of a preventive intervention for bereaved children. J Soc Work End Life Palliat Care. 2005;1(3):57-81. doi: 10.1300/J457v01n03_05. PMID: 17387069. *IncludeDE_KQ3*

37. Clow S, Olafson E, Ford J, et al. Addressing grief reactions among incarcerated adolescents and young adults using trauma and grief component therapy. Psychol Trauma. 2023 May;15(Suppl 1):S192-s200. doi: 10.1037/tra0001364. PMID: 36174159. *IncludeDE_KQ3*

38. Constantino RE. Comparison of two group interventions for the bereaved. Image J Nurs Sch. 1988 Summer;20(2):83-7. doi: 10.1111/j.1547-5069.1988.tb00036.x. PMID: 3378823. *IncludeDE_KQ3*

39. Constantino RE, Bricker PL. Nursing postvention for spousal survivors of suicide. Issues Ment Health Nurs. 1996 Mar-Apr;17(2):131-52. doi: 10.3109/01612849609035002. PMID: 8707534. *IncludeDE_KQ3*

40. Constantino RE, Sekula LK, Rubinstein EN. Group intervention for widowed survivors of suicide. Suicide Life Threat Behav. 2001 Winter;31(4):428-41. doi: 10.1521/suli.31.4.428.22044. PMID: 11775718. *IncludeDE_KQ3*

41. Coyle CT, Enright RD. Forgiveness intervention with postabortion men. J Consult Clin Psychol. 1997 Dec;65(6):1042-6. doi: 10.1037//0022-006x.65.6.1042. PMID: 9420366. *IncludeDE_KQ3*

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Appendix C. Excluded and Background Studies

This appendix shows the list of excluded studies with reasons for exclusion. We only recorded one reason per publications.

1. Hospice nursing. A special calling. Nursing. 1997 Jan;27(1):52-7. PMID: 9016084. *Design*

2. Long grieving. Harv Ment Health Lett. 2000 May;16(11):7. PMID: 10760972. *Design*

3. Grieving and surviving PPS. Home Healthc Nurse. 2001 May;19(5):267. doi: 10.1097/00004045-200105000-00003. PMID: 11985033. *Design*

4. Bereavement photography. J Vis Commun Med. 2006 Sep;29(3):132-4. doi: 10.1080/01405110601017300. PMID: 17162345. *Intervention*

5. Brain imaging can detect chronic grief. Mayo Clin Health Lett. 2009 Jan;27(1):4. PMID: 19180756. *Population*

6. The meaning of the grief experience for a male following bereavement of a significant other: a systematic review'. JBI Libr Syst Rev. 2009;7(34 Suppl):1-9. PMID: 27820325. *Intervention*

7. Noticeboard. Cancer Nursing Practice. 2010;9(10):8-. PMID: 55773831. Language: English. Entry Date: 20110131. Revision Date: 20191106. Publication Type: Article. *Design*

8. WHO Guidelines Approved by the Guidelines Review Committee. Guidelines for the Management of Conditions Specifically Related to Stress. Geneva: World Health Organization

Copyright © World Health Organization 2013.; 2013. *Population*

9. Bereavement needs assessment - Piloting a process. Progress in Palliative Care. 2014;22(3):143-9. doi: 10.1179/1743291X14Y.0000000082. PMID: 103947642. Language: English. Entry Date: 20140528. Revision Date: 20200708. Publication Type: Journal Article. *Outcome*

10. Diagnostic Criteria Not Accurate in Identifying Individuals With Persistent Complex Bereavement Disorder. Journal of Psychosocial Nursing & Mental Health Services. 2016;54(9):16-. doi: 10.3928/02793695-20160817-02. PMID: 117971858. Language: English. Entry Date: 20160915. Revision Date: 20161013. Publication Type: Article. *Intervention*

11. Recent Literature. Journal of Palliative Medicine. 2016;19(4):470-1. doi: 10.1089/jpm.2016.0039. PMID: 114193960. Language: English. Entry Date: 20160406. Revision Date: 20170403. Publication Type: Article. Journal Subset: Biomedical. *Intervention*

12. Management of Stillbirth: Obstetric Care Consensus No, 10. Obstet Gynecol. 2020 Mar;135(3):e110-e32. doi: 10.1097/aog.0000000000003719. PMID: 32080052. *Intervention*

13. Introduction to thematic issue. Depression and Anxiety. 2020;37(1):8. doi: https://doi.org/10.1002/da.22989. PMID: 2386388294; 2020-02243-001. *Design*

14. Aalbaek FS, Graff S, Vestergaard M. Risk of stroke after bereavement-a systematic literature review. Acta Neurol Scand. 2017 Oct;136(4):293-7. doi: 10.1111/ane.12736. PMID: 28220473. *Outcome*

15. Abbott CH, Prigerson HG, Maciejewski PK. The influence of patients' quality of life at the end of life on bereaved caregivers' suicidal ideation. J Pain Symptom Manage. 2014 Sep;48(3):459-64. doi: 10.1016/j.jpainsymman.2013.09.011. PMID: 24321508. *Intervention*

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Appendix D. Evidence Tables

Table D.1. KQ1 evidence table

Study ID	Population	Intervention	Results
Patel, 2019[260] N = 2425 US **Design:** CT **Setting**: Primary care **Setting of the place the person died:** N/A	**Study population:** primary care patients 18 years or older presenting with behavioral health problems, **Culture characteristics**: diverse and underserved **Relationship to deceased:** NA **Age of deceased:** N/A **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory or bereaved:** N/A **Female:** 71.9% Only reporting the gender of those who screened positive **Age:** 41.29 (13.4) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** % Black/African American : 31.1 % Asian : 2.6 % White : 25.4 % Multiracial : 25	**Aim:** Examine the acceptability, feasibility and outcome of a screening program consisting of both the Brief Grief Questionnaire and the Inventory of Complicated Grief, to screen for complicated grief. **Recruitment strategy:** Cooperated with medical center to institute and study the screening process **Grief or complicated grief:** Clinical diagnosis **Timing relative to death:** N/A **Screening approach:** Universal (i) identify death of someone close and the time since loss, (ii) screen for complicated grief using the Brief Grief Questionnaire and (iii) assess symptoms of complicated grief using the Inventory of Complicated Grief among those who screened positive on the Brief Grief Questionnaire (≥5). **Personnel:** Psychologist,Therapist	**Reference standard:** Clinical diagnosis Diagnosed based on Inventory of complicated grief Timing: Later diagnosis **Index test:** BGQ **Diagnostic accuracy results:** A screening program for identifying complicated grief was acceptable to providers, feasible to implement and useful in identifying complicated grief in integrated primary care clinics **Subgroup analysis**: NA
Dent, 2002[98] N = 122 UK **Design:** RCT **Setting**: Community **Setting of the place the person died:** N/A	**Study population:** Families who experienced sudden child death **Culture characteristics**: **Relationship to deceased:** parent **Age of deceased:** Child **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory or bereaved:** Bereaved **Female:** % N/A **Age:** N/A **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** N/A	**Aim:** To evaluate the use of a bereavement tool **Recruitment strategy:** Public Health visitors to bereaved parents were asked to implement the analysis **Grief or complicated grief:** N/A **Timing relative to death:** Mix post-death periods After death **Screening approach:** Bereavement assessment tool to help health care workers feel more at ease dealing with bereaved individuals **Personnel:** Other : UK health visitors	**Reference standard:** Other N/A Timing: N/A **Index test:** Other Bereavement assessment tool for caregivers **Diagnostic accuracy results:** 54% of health visitors found the assessment tool very helpful and 41% moderately helpful, 2/3 found the tool useful for planning care; nearly all reported that all health visitors involved with sudden child death should have access to the assessment tool. **Subgroup analysis**: NA

Grassetti, 2018[134] N = 168 US **Design:** Diagnostic accuracy study **Setting**: Other Middle schools **Setting of the place the person died:** N/A Middle schools	**Study population:** Students suspected of posttraumatic stress (PTS) and maladaptive grief (MG) , who are referred by their school for the screening. **Culture characteristics**: **Relationship to deceased:** child **Age of deceased:** N/A **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory or bereaved:** N/A **Female:** % N/A **Age:** Middle school aged **Min age: Max age:** **Age subgroup**: Pediatrics **Ethnicity:** N/A	**Aim:** To delineate best practices for referring, assessing, and retaining students suspected of posttraumatic stress and maladaptive grief in school-based treatment **Recruitment strategy:** School referral **Grief or complicated grief:** Grief and complicated grief **Timing relative to death:** N/A N/A **Screening approach:** Indicated Referred by teacher, then by counselor for screening, if the screening is positive they are referred for individual evaluation, then if indicated referred for group therapy **Personnel:** Psychologist,Counselor,Other : teacher	**Reference standard:** Other Treatment completion Timing: Later diagnosis **Index test:** Other Evaluating the bereavement referral process for public schools **Diagnostic accuracy results:** Results suggest that students who screened positive differed from those who screened negative during each step of the risk screening and referral, individual assessment, and treatment implementation process. The finding supports the utility of the group screen in differentiating between students with high versus low mental health needs. **Subgroup analysis**: NA
Sealey, 2023[306] N = 19 Australia **Design:** Diagnostic accuracy study **Setting**: Hospice **Setting of the place the person died:** Hospice	**Study population:** Caregiver to hospice patient **Culture characteristics**: **Relationship to deceased:** mix **Age of deceased:** N/A **More death details:** Expected death Not violent death **Anticipatory or bereaved:** Anticipatory death **Female:** 73.68% **Age:** **Min age:** 30 **Max age:** 86 **Age subgroup**: Adults **Ethnicity:** N/A	**Aim:** To evaluate using a grief questionnaire in a hospice setting **Recruitment strategy:** Administered by palliative care services **Grief or complicated grief:** Clinical diagnosis **Timing relative to death:** Pre Pre-death **Screening approach:** Selected Pilot-testing a questionnarie in three service models of palliative care (community based in-home service, in-patient unit, consultative service in acute teaching hospital) **Personnel:** Psychologist,Psychiatrist	**Reference standard:** Other N/A Timing: N/A **Index test:** Other : Grief and Bereavement Assessment (GABA) GABA (Grief and Bereavement Assessment), a brief, self-report measure that could be used to screen caregivers prior to the patient's death when they are in contact with the palliative care service **Diagnostic accuracy results:** The majority of family caregivers found the GABA easy to complete; 2/19 reportedthatthe GABA was difficult to complete (both were men caring for an adult child). One caregiver stated, "you know they [clinicians] are telling you what's happening, but it's not until you fill that in [the GABA] that the penny really drops down." The service providers described that they and other staff would be unwilling to use the GABA because doing so would "open a can of worms… and [staff] are not equipped to deal with what comes out" (clinical nurse) and that

			the questions should be asked “unless you’ve actually got a procedure in place” (nurse manager) to manage responses. They were also concerned that the GABA would add to workloads: “you are going to need an hour and a half or two hours to sort that out” (nurse manager). They described being reticent to move away from their present assessment practice that did not involve a caregiver self-report: “What we use as the gold standard at the moment is really knowing the patients’ families and knowing and talking to them, and us being involved with them as a team…and us collaborating together” (physician). One clinician nurse manager of the consultative service stated that she used the GABA to facilitate dialogue with caregivers (it also gives us a conversation point,the ability to get to know the family a bit more).The GABA may help caregivers more readily understand the benefits of palliative care involvement. The GABA is useful in identifying caregivers at risk, e.g., when staff finds it diffuclt to decide how to follow up with caregivers. **Subgroup analysis**: NA
Beckwith, 1990[59] N = 72 US **Design:** Diagnostic accuracy study **Setting**: Hospice **Setting of the place the person died:** Hospice	**Study population:** Spouses of patients who died in hospice **Culture characteristics**: **Relationship to deceased:** spouse **Age of deceased:** Adult **More death details:** Expected death Not violent death **Anticipatory or bereaved:** Bereaved **Female:** 69.8% **Age:** 60.63 (9.88) **Min age:** 28 **Max age:** 80 **Age subgroup**: Adults **Ethnicity:** N/A	**Aim:** Evaluate the utility of the Parkes and Weiss Risk Index in predicting outcome during the first year of bereavement in spouses of deceased hospice patients **Recruitment strategy:** Done by staff in hospice **Grief or complicated grief:** Grief and complicated grief **Timing relative to death:** Acute Immediately **Screening approach:** Universal Predicting bereavement severity **Personnel:** Psychologist,Social worker,Other : nurse	**Reference standard:** Other Bereavement inventory 12 months later, 13 questions about included financial needs, weight change, change in sleep, change in health, increased use of drugs, crying, expression of guilt, expression of anger, expression of depression, expression of loneliness/isolation, thoughts of suicide, expression of anxiety, need of intervention Timing: Later diagnosis **Index test:** Other : Parkes and Weiss’ Risk Index Risk Index (Parkes and Weiss), 8 item questionnaire; include assessment of Number of Children Under 14, Social

			Class, Employment, Pining, Anger, Self-Reproach, Relationship, and a Global Assessment of How the Person Will Cope **Diagnostic accuracy results:** Scores on the Bereavement Inventory were significantly higher for individuals in the high-risk group than for those individuals in the low risk group at 3 ($p<0.05$) and were higher at 12 months ($p <0.10$). The Risk Index may serve as a cost-effective means of assessing risk for complications during the first year of bereavement. **Subgroup analysis**: Participant age,Patient characteristics,Other number of children under 14, Social Class, Employment, Relationship, Clinging, Blame, Employment, Anger, and Global Assessment of How Person Will Cope individuals in the high-risk group were younger ($t = 2.05$, $df = 71$, $p < .05$)

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Table D.2. KQ2 evidence table

Index Test	Study ID	Population	Results	Results (continued)
ICG	Carmassi, 2014[77] N = 221 Italy **Design:** Diagnostic accuracy study **Setting**: Outpatient **Screening or diagnosing approach:** ICG to distinguish CG, PTSD, BIPOLAR, and Healthy participants **Timing relative to death:** At least 6 months after **Anticipatory or bereaved:** N/A	**Study population:** Adults where loss had occurred at least 6 months before enrollment, patients were enrolled in two prior clinical studies **Culture characteristics**: **Other participants:** PTSD, Bipolar, and healthy **Recruitment strategy:** Recruited from an outpatient psychiatric hospital **Grief or complicated grief:** Clinical diagnosis **Relationship to deceased:** NA **Setting of the place the person died:** N/A **Age of deceased person:** N/A **More death details:** N/A expected/unexpected N/A violent/nonviolent **Female:** 67.2% **Age:** 51.16 (13.99) **Min age: Max age:** **Age subgroup**: Age unclear **Ethnicity:** N/A	**Aim:** To distinguish complicated grief from bipolar disorder, PTSD, and healthy controls **Personnel:** unclear **Reference standard:** Clinical diagnosis Clinical diagnosis, patients were interviewed with the Structured Clinical Interview for DSM-IV Axis I disorders (SCID-I/P) as part of their diagnostic evaluation by experienced psychiatrists Timing: Concurrent **Index test:** ICG **Diagnostic accuracy results:** High internal consistency (Cronbach's alpha 0.47) and diagnostic accuracy (sensitivity 83%, specificity 88%, AUC 0.93) of the ICG based on a diagnostic interview. **Inventory of complicated grief:** ICG (Inventory of Complicated Grief, Italian version), cut-off 30 Sensitivity: 83 Specificity: 88 Accuracy: AUC: 0.93 Other AUC: p<0.001 Alpha: 0.947 Internal consistency: Each item had a substantive correlation with the total and provided a relevant contribution to the scale because alpha decreased when each item in turn was deleted **PG-13**	Cont: **Other tests:** **Subgroup**: NA

			Texas Inventory of Grief	
ICG	Nanni, 2014[235] N = 60 Italy **Design:** Diagnostic accuracy study **Setting**: Outpatient **Screening or diagnosing approach:** Predicting complicated grief from pre-loss scores **Timing relative to death:** Pre-death **Anticipatory or bereaved:** Anticipatory death	**Study population:** Family members of terminally ill patients admitted to hospice **Culture characteristics**: N/A **Other participants:** Bereaved not meeting criteria for complicated grief **Recruitment strategy:** Through hospice **Grief or complicated grief:** Complicated grief **Relationship to deceased:** mix **Setting of the place the person died:** Hospice **Age of deceased person:** Adult **More death details:** Expected death Not violent death **Female:** 75% **Age:** **Min age:** 29 **Max age:** 81 **Age subgroup**: Adults **Ethnicity:** N/A	**Aim:** To predict complicated grief 6 months after death from pre-death scores **Personnel:** unclear **Reference standard:** Other ICG-SCI (Inventory of Complicated Grief Structured Clinical Interview) Timing: Later diagnosis **Index test:** ICG **Diagnostic accuracy results:** The ICG was a valid instrument based on the diagnostic interview (AUC 0.98). **Inventory of complicated grief:** ICG (Inventory of Complicated Grief), pre-loss score 49+ Sensitivity: 92 Specificity: 98 Accuracy: AUC: 0.98 Other AUC: Alpha: Internal consistency: **PG-13** **Texas Inventory of Grief**	Cont: **Other tests:** **Subgroup**: NA
ICG,Texas Inventory of Grief	Prigerson, 1995[28] N = 97 US **Design:** Diagnostic accuracy study **Setting**: Outpatient **Screening or diagnosing approach:** Implemented the Inventory of Complicated Grief and	**Study population:** Conjugally bereaved elders with medical problems that were well controlled (with medications not known to have psychotropic effects) and appeared to be stable, who had been interviewed with the Lifetime Version of the Schedule for Affective Disorders and Schizophrenia at entry into the original study were eligible; participants found to have had a personal history of psychiatric disorder other than minor depression or anxiety, or who were	**Aim:** To evaluate the impact of completing the ICG and TRIG **Personnel:** unclear **Reference standard:** Other N/A Timing: Concurrent **Index test:** ICG,Texas Inventory of Grief **Diagnostic accuracy results:** The ICG was well tolerated. 85% preferred the ICG to the TRIG (comments: the ICG questions	Cont: **Other tests:** **Subgroup**: NA

	looked to see if the groups (positive and negative for complicated grief) were meaningfully different. **Timing relative to death:** **Anticipatory or bereaved:** N/A	receiving psychiatric treatment were excluded **Culture characteristics**: N/A **Other participants:** 27 with non-complicated grief bereavement **Recruitment strategy:** Recruited from a previous study **Grief or complicated grief:** Complicated grief **Relationship to deceased:** spouse **Setting of the place the person died:** N/A **Age of deceased person:** Adult **More death details:** N/A expected/unexpected N/A violent/nonviolent **Female:** 73% **Age:** 66 (6.15) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** % White : 96	were more comprehensive and easier for me to understand and respond to, the wording and choice of feelings seemed closer to bringing out my feelings), but othere stated tht TRIG was not as personal or seemed to express feelings more clearly **Inventory of complicated grief:** ICG (Inventory of Complicated Grief), 19 item questionnaire to determine complicated grief Sensitivity: Specificity: Accuracy: R2 = 0.999 AUC: Other AUC: Alpha: 0.94 Internal consistency: **PG-13** **Texas Inventory of Grief** TRIG (Revised Inventory of Grief)	
Other	Boelen, 2018[63] N = 280 Netherlands **Design:** Diagnostic accuracy study **Setting**: N/A **Screening or diagnosing approach:** To predict disturbed grief **Timing relative to death:** At least 5 months but less than 10 years ago **Anticipatory or bereaved:** N/A	**Study population:** Community sample, at least 18 years of age and bereaved more than 5 months but less than 10 years ago **Culture characteristics**: N/A **Other participants:** Bereaved without disturbed grief **Recruitment strategy:** Recruited via professional and lay mental health care workders (e.g., grief counsellors, therapists) **Grief or complicated grief:** Complicated grief **Relationship to deceased:** mix **Setting of the place the person died:** N/A **Age of deceased person:** Unclear	**Aim:** To evaluate the prognostic validity of different scales compared to 1 year after participating in the study **Personnel:** Counselor **Reference standard:** Other Summ score 29 itmes of ICG-R 1 year later Timing: Later diagnosis **Index test:** Other **Diagnostic accuracy results:** People meeting criteria for caseness of both PCBD and PGD at time 1 had significantlyhigher depression and PTSD scores at time 2, compared to participants not meeting these criteria. Meetingcriteriafor PCBD-caseness	Cont: **Other tests:** DSM-5 criteria translated into items **Subgroup**: NA

		More death details: N/A expected/unexpected N/A violent/nonviolent **Female:** % N/A **Age:** 53.83 (13.92) **Min age:** 18 **Max age:** **Age subgroup**: Adults **Ethnicity:** N/A	at time 1 predicted more severe depression, PTSD-avoidance, PTSD-hyperarousal, and PTSD-total (but not more severe overall disturbed grief and PTSD-intrusions) at time 2. Meeting criteria for PGD-caseness at time 1 was not associated with symptom-levels of overall disturbed grief, depression, the three PTSD-clusters, and PTSD-total at time 2, when controlling for baseline symptom-levels. **Inventory of complicated grief:** Sensitivity: Specificity: Accuracy: AUC: Other AUC: Alpha: Internal consistency: **PG-13** **Texas Inventory of Grief**	
Other : Becks depression inventory,	Gulden, 2011[136] N = 276 Denmark **Design:** Cohort study **Setting**: Community **Screening or diagnosing approach:** Questionnaire set sent by mail with the Inventory of Complicated Grief-Revised (ICG-R); The Beck Depression Inventory (BDI); The Harvard Trauma Questionnaire-Part IV	**Study population:** Bereaved, 8 weeks post loss **Culture characteristics**: **Other participants:** Not experiencing complicated grief **Recruitment strategy:** Contacted through the Danish Central Person Register or through at home palliative care **Grief or complicated grief:** Complicated grief **Relationship to deceased:** mix **Setting of the place the person died:** N/A **Age of deceased person:** Children and adults/elderly	**Aim:** Predicting complicated grief symptoms 6 months after bereavement **Personnel:** unclear **Reference standard:** Other Score of 43+ on ICG (Inventory of Complicated Grief) 6 months after bereavement Timing: Later diagnosis **Index test:** Other : Becks depression inventory, **Diagnostic accuracy results:** Six months after bereavement, the model allowed the detection of 85.2% of bereaved patients with complicated grief, defined by a score of 10 or above on the BDI or	Cont: **Other tests:** BDI (Beck Depression Inventory) plus affirmation of "Even while my relative was dying, I felt a sense of purpose in my life" **Subgroup**: NA

	(HTQ-16); The Crisis Support Scale (CSS) [17]; Coping Style Questionnaire (CSQ); Sense of Coherence (SOC); Satisfaction with Life Scale (SWLS); and The NEO Personality Inventory (NEO-PI-R). **Timing relative to death:** 2 months after death **Anticipatory or bereaved:** N/A	**More death details:** N/A expected/unexpected N/A violent/nonviolent **Female:** 42% **Age:** **Min age:** 15 **Max age:** 83 **Age subgroup**: Mixed age **Ethnicity:** N/A	a score of 5 or above on the Item C (sensitivity 85%, specificity 69%, with positive predictive value of 40.4% and negative predictive value of 95.1%). **Inventory of complicated grief:** Sensitivity: Specificity: Accuracy: AUC: Other AUC: Alpha: Internal consistency: **PG-13** **Texas Inventory of Grief**	
Other : DSM-5 Criteria	Aoun, 2020[50] N = 138 US **Design:** Diagnostic accuracy study **Setting**: Community **Screening or diagnosing approach:** To predict grief trajectories **Timing relative to death:** Average 8 months post-death at baseline, followed up at 21, 32, 68, and 90 months **Anticipatory or bereaved:** Bereaved	**Study population:** Primary caregivers of offspring of deceased individuals, predominantly females with an average age of 44.2 years **Culture characteristics**: **Other participants:** **Recruitment strategy:** Through advertisement and through medical examiners **Grief or complicated grief:** Clinical diagnosis **Relationship to deceased:** spouse,other : Any primary caregiver to the offspring of the diseased. (Ex-spouse, sibling, etc.) **Setting of the place the person died:** Other Various (e.g., home, hospital) **Age of deceased person:** Adult **More death details:** Unexpected death Mixed violent and nonviolent **Female:** 89.1% N/A **Age:** 44.2 (8.3) **Min age:** 27 **Max age:** 71	**Aim:** To examine the performance of the Diagnostic and Statistical Manual of Mental Disorders-fifth edition (DSM-5) persistent complex bereavement-related disorder (PCBD) criteria in bereaved adults to identify prolonged grief cases determined prospectively. **Personnel:** Psychologist,Social worker **Reference standard:** Other N/A Timing: Concurrent **Index test:** Other : DSM-5 Criteria **Diagnostic accuracy results:** The original PCBD (requiring 6 criterion C symptoms) criteria correctly identified later persistent complex bereavement disorder cases (57.9–94.7%) with perfect specificity (100%) but low to high sensitivity (5.6–81.3%); however, its sensitivity increased when revising criterion C to require ⩾3	Cont: **Other tests:** DSM-5 criteria for persistent complex bereavement disorder translated into scale items **Subgroup**: NA

		Age subgroup: Adults **Ethnicity:** N/A	(45.5– 94.1%). The dimensional approach showed high sensitivity (50–100%) and specificity (79–97%). **Inventory of complicated grief:** Sensitivity: Specificity: Accuracy: AUC: Other AUC: Alpha: Internal consistency: **PG-13** **Texas Inventory of Grief**	
Other : Grief Evaluation Measure	Jordan, 2005[161] N = 92 US **Design:** Diagnostic accuracy study **Setting**: N/A **Screening or diagnosing approach:** Correlating grief scores one year apart **Timing relative to death:** Within the last two years **Anticipatory or bereaved:** N/A	**Study population:** Adult who lost someone within the last 2 years **Culture characteristics**: **Other participants:** N/A **Recruitment strategy:** Recruited from several sources, including bereavement programs at various hospices and medical settings in the United States **Grief or complicated grief:** Complicated grief **Relationship to deceased:** mix **Setting of the place the person died:** N/A **Age of deceased person:** N/A **More death details:** N/A expected/unexpected N/A violent/nonviolent **Female:** 75% **Age:** 52.0 (14.1) **Min age:** 18 **Max age:** 83 **Age subgroup**: Adults **Ethnicity:** % Black/African American : 2	**Aim:** To determine ability of the time 1 GEM scores to forecast the status of respondents one year later **Personnel:** unclear **Reference standard:** Clinical diagnosis N/A Timing: Later diagnosis **Index test:** Other : Grief Evaluation Measure **Diagnostic accuracy results:** The GEM sections (except physical quality of life) successfully predicted psychological adjustment of the participants 1 year after the initial evaluation. The GEM offers the most comprehensive clinical assessment tool for bereaved individuals currently available. **Inventory of complicated grief:** Sensitivity: Specificity:	Cont: **Other tests:** GEM (Grief Evaluation Measure), a thorough, 7 section evaluation **Subgroup**: NA

		% White : 92 % Multiracial : 2	Accuracy: AUC: Other AUC: Alpha: Internal consistency: **PG-13** **Texas Inventory of Grief**	
Other : Indicator of Bereavement Adaptation Cruse Scotland	Newsom, 2016[240] N = 196 UK **Design:** Crossover RCT **Setting**: Outpatient **Screening or diagnosing approach:** All patients were screened at baseline and 18 months later by four validated instruments and the new test to evaluate validity. **Timing relative to death:** at least 6 months **Anticipatory or bereaved:** Bereaved	**Study population:** residents of Scotland (age 18+) who had been bereaved for at least six months, had requested bereavement support from CBCS, had yet to receive counseling services, and had no cognitive disabilities **Culture characteristics**: The current study was conducted in Scotland, where the instrument was developed, including guidelines for risk factor assessment that were found to be culturally appropriate for a British population. **Other participants:** **Recruitment strategy:** Done as part of a response to their request for help **Grief or complicated grief:** Complicated grief **Relationship to deceased:** mix **Setting of the place the person died:** N/A **Age of deceased person:** Adult **More death details:** Mixed unexpected and expected Mixed violent and nonviolent **Female:** 78% **Age:** 51.86 (11.32) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** N/A	**Aim:** Assess the validity of the Indicator of Bereavement Adaptation Cruse Scotland (IBACS), which measures severity of grief symptoms and risk of developing complications. **Personnel:** Psychologist **Reference standard:** Other Four validated assessment instruments were administered: CORE-R, ICG-R, IES-R, SCL-90-R Timing: Concurrent **Index test:** Other : Indicator of Bereavement Adaptation Cruse Scotland **Diagnostic accuracy results:** Results at time 2 showed AUC 0.84 ($p < 0.01$, 95% CI 0.77, 0.90), indicated the IBACS is a good diagnostic instrument for assessing complicated grief. **Inventory of complicated grief:** Sensitivity: Specificity: Accuracy: AUC: Other AUC: Alpha: Internal consistency: **PG-13**	Cont: **Other tests:** IBACS (Indicator of Bereavement Adaptation Cruse Scotland) **Subgroup**: NA

			Texas Inventory of Grief	
Other : questionnaire question order	Hauksdottir, 2006[144] N = 61 Sweden **Design:** RCT **Setting**: Community **Screening or diagnosing approach:** Evalute impact of order of questions **Timing relative to death:** 6 years **Anticipatory or bereaved:** Bereaved	**Study population:** Men who lost a wife to cancer, with at least 14 days notice, in1999, who, at the time of the study were living in Sweden, had a registered phone number and were under 80 years of age **Culture characteristics**: **Other participants:** **Recruitment strategy:** Mail **Grief or complicated grief:** Grief **Relationship to deceased:** spouse **Setting of the place the person died:** N/A **Age of deceased person:** Adult **More death details:** Expected death : at least 14 days notice Not violent death **Female:** 0% **Age:** Mean 64.4 **Min age:** 31 **Max age:** 78 **Age subgroup**: Adults Mean 64.4 **Ethnicity:** N/A	**Aim:** To determine if the order of questions in a study on men who have lost a wife in cancer affects self-assessed measures of psychological morbidity **Personnel:** unclear **Reference standard:** Other N/A Timing: Concurrent **Index test:** Other : questionnaire question order **Diagnostic accuracy results:** Psychological morbidity is assessed as higher when questions appear in the end, rather than the beginning, of a bereavement-related questionnaire. In order to avoid a detrimental bias in a study on bereavement, psychological morbidity is probably best measured first in such a questionnaire. **Inventory of complicated grief:** Sensitivity: Specificity: Accuracy: AUC: Other AUC: Alpha: Internal consistency: **PG-13** **Texas Inventory of Grief**	Cont: **Other tests:** Questionnaire 1: begins with questions about the wife's disease and ended with the respondent's current wellbeing (morbidity-last group) Questionnaire 2: reversed order (morbidity-first group) **Subgroup**: NA
PG-13	Lai, 2017[187] N = 33 Italy	**Study population:** Caregiver of terminally ill patients **Culture characteristics**: N/A **Other participants:** N/A	**Aim:** To predict subsequent persistent complicated bereavement disorder **Personnel:** Psychologist **Reference standard:** Other	Cont: **Other tests:** **Subgroup**: NA

	Design: Diagnostic accuracy study **Setting**: Outpatient **Screening or diagnosing approach:** Diagnostic interview at arrival in the hospice and symptoms assessed assessed 33 days after the loss **Timing relative to death:** Before death **Anticipatory or bereaved:** Anticipatory death	**Recruitment strategy:** Offered at hospice **Grief or complicated grief:** Grief and complicated grief **Relationship to deceased:** NA **Setting of the place the person died:** Hospice **Age of deceased person:** N/A **More death details:** Expected death Not violent death **Female:** 70% 100% of the treatment group was female **Age:** 55 (10) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** N/A	Symptoms 33 days after the loss Timing: **Index test:** PG-13 **Diagnostic accuracy results:** PG-12 score at time 1 was not able to predict the DSM V diagnosis of PCBD 33 days after loss for all patients, but when the treatment variable was added (accepted and adhered to treatment vs not), the regression model was significant (p<0.001). **Inventory of complicated grief:** Sensitivity: Specificity: Accuracy: AUC: Other AUC: Alpha: Internal consistency: **PG-13** PG-12 (Prolonged Grief Disorder Questionnaire) **Texas Inventory of Grief**	

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Table D.3. KQ3 evidence table

Intervention	Study	Population	Intervention	Results
Comprehensive support	Kentish-Barnes, 2022[33] NCT02955992 N = 875 France **Design:** Cluster RCT	**Study population:** Relatives who were most involved with the ICU team of patients older than 18 years with an ICU length of stay 2 days or longer **Culture characteristics**: participants obtained from 34 hospitals medical centers in France **Recruitment strategy:** Approached in ICU **Grief or complicated grief:** Grief **Relationship to deceased:** mix **Age of deceased:** Adults and elderly **More death details:** Expected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** **Female:** 68% **Age:** 55.5 (range 46.25–65) control, 53 (range 44–63) intervention **Min age:** 44 **Max age:** 63 **Age subgroup**: Adults 55.5 (range 46.25–65) control, 53 (range 44–63) intervention **Ethnicity:** N/A	**Personnel:** Other : Physician, nurse **Setting**: Hospital **Setting of the place the person died:** Hospital **Intervention:** Comprehensive support Support strategy with 3 meetings of the physician and nurse in charge of the patient with the relative, with the goal of allowing the relative to express emotions, ask questions, check understanding of the medical information, and be assured that care to the patient would continue until the death **Target:** Individual bereaved person **Duration:** During patient's ICU stay to after the patient's death **Control:** TAU Best standard of care in terms of support and communication with relatives of dying patients, end of life family conferences **Comparator:** NA **Additional comparator:** NA **Follow-up:** 6 weeks	PG-13 (Prolonged grief-13 questionnaire) score 30 or above The incidence was 15% in the intervention and 21% in the control group (0.03). QODD (Quality of death and dying); range 0-10; changes from baseline (1 month) At 1 month, the relatives' experience, quality of death and dying as assessed by the relatives, and relatives' satisfaction were all significantly better in the intervention group than the control group. HADS (Hospital anxiety and depression scale); range 0-42 Although HADS depression subscores were signifcantly lower in the intervention group at 3 and 6 months, the proportion of relatives with scores greater than 7 did not differ significantly at any timepoint. PTSD: proportion of relatives whose scores indicated a high risk of PTSD at 3 and 6 months were all significantly better in the intervention group than the control group. **Subgroup analysis:** NA
Psychotherapy	Boelen, 2021[64] Trial ID N/A N = 134	**Study population:** Children and adolescents with prolonged grief disorder; distressing and disabling prolonged grief disorder symptoms	**Personnel:** Therapist **Setting**: Outpatient	IPG-C (Inventory of Prolonged Grief for Children) Both treatments yielded moderate to large effect

	Netherlands **Design:** RCT	as the primary problem and reason for seeking treatment after loss of a close relative **Culture characteristics**: N/A **Recruitment strategy:** Recruited from outpatient clinics - either self-referred or referred by local professional **Grief or complicated grief:** Clinical diagnosis **Relationship to deceased:** mix **Age of deceased:** Children and adults/elderly **More death details:** Mixed unexpected and expected Mixed violent and nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 37.79 months **Female:** 52.2% **Age:** 13.1 (2.84) **Min age:** 8 **Max age:** 18 **Age subgroup**: Pediatrics **Ethnicity:** N/A	**Setting of the place the person died:** Other mixed **Intervention:** Psychotherapy Cognitive behavioral therapy Grief-Help 9 individual 45-minute sessions of, with 1 session every 1 or 2 weeksif possible and five 45-minute sessions with parents or caretakers were planned in parallel; manualized treatment based on a cognitive-behavioral model postulating that three processes maintain acute grief: insufficient integration of the loss with preexisting knowledge (fueling separation distress); rigid negative thinking about oneself, life, and one's ability to deal with the loss; and a propensity to fear and avoid reminders ofthe loss (termed "anxious avoidance") and to withdraw from normal routines and activities that could foster adjustment ("depressive avoidance") **Target:** Individual bereaved person **Duration:** 9 weeks **Control:** NA **Comparator:** Psychotherapy Supportive counseling, based on nondirective treatments for grief and PTSD in children and adolescents; it is explained that difficulties in recovery from loss may coincide with emotional, social, and practical problems and that talking about these proble **Additional comparator:** NA **Follow-up:** 12 weeks	sizes across prolonged grief disorder but compared with supportive counseling, CBT Grief-Help resulted in significantly greater reductions in prolonged grief disorder symptoms at all posttreatment assessmen Children's Depression Inventory Both treatments yielded improvements but CBT Grief-Help was more successful in alleviating depression. PTSD: Intervention group 4.58 (5.13), control group 8.40 (9.88), lower is better **Subgroup analysis:** Other : In a regression analyses, Older participants benefited more from CBT Grief-Help (compared with supportive counseling) than younger participants. Participants who lost a parent benefited more from CBT Grief-Help (compared with supportive counseling) than those who lost another rela
Psychotherapy	Wagner, 2022[344] DRKS00011514	**Study population:** Siblings with a loss of a sibling (>1 month ago), age between 16 and 65 years, with	**Personnel:** Therapist **Setting**: Online	ICG (Inventory of Complicated Grief)

	N = 86 Germany **Design:** RCT	internet access, knowledge of German, and signed informed consent; excluded were acute suicidality, severe levels of depression, psychotic experience, bipolar disorder, increased substance use, borderline personality disorder **Culture characteristics**: **Recruitment strategy:** Recruited in cooperation with the German Society for Bereaved Parents and Bereaved Siblings and via social media platforms **Grief or complicated grief:** Grief **Relationship to deceased:** other : Sibling **Age of deceased:** N/A **More death details:** Mixed unexpected and expected Mixed violent and nonviolent,N/A violent/nonviolent : sudden death, long-term illness, accident, suicide **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Mean of 4.11 (8.3 SD) years since death of sibling **Female:** 96.5% **Age:** 31.5 (9.3) **Min age:** 18 **Max age:** 59 **Age subgroup**: Adults **Ethnicity:** N/A	**Setting of the place the person died:** N/A **Intervention:** Psychotherapy Online program for bereaved siblings that lasted 6 weeks with two 45-min structured writing assignments based on cognitive behavioral therapy each week along with received individual therapeutic feedback from study therapists **Target:** Individual bereaved person **Duration:** 6 weeks **Control:** Wait list Participants in the waiting group started the program 6 weeks after baseline **Comparator:** NA **Additional comparator:** NA **Follow-up:** 0 weeks	Symptoms of prolonged grief disorder improved significantly in the intention-to-treat analyses from preto post-measurement compared with the control group. BDI-II (Beck-Depression-Inventory) Symptoms of depression improved significantly in the intention-to-treat analyses from preto post-measurement compared with the control group. PTSD, posttraumatic cognitions, survivor guilt, experience in social systems, social support, protective buffering: In the intervention group, all primary and secondary outcomes decreased significantly from baseline to 12-month follow-up. **Subgroup analysis:** NA
Expert-facilitated support groups	Chow, 2019[79] N = 125 Other Hong Kong **Design:** Cluster RCT	**Study population:** Older adults (60 years or older) whose spouse had died within the previous 2 years who scored with relatively high scores on a measure of complicated grief (i.e., > 22 on the Inventory of Complicated Grief); exclusion criteria were loss of	**Personnel:** Counselor **Setting**: Other social service units, medical service units **Setting of the place the person died:** N/A	ICG (Chinese Inventory of Complicated Grief) Both groups had lower levels of grief reaction and depression at the postintervention and follow-up assessments but effects

		a child or parent in the previous 2 years, remarriage since the bereavement, residence in a long-term care facility, receipt of psychiatric treatment before the death of the spouse (excluding treatment for reactive depression), and impaired mental function sufficient to affect participation in interviews **Culture characteristics**: **Recruitment strategy:** Recruited from medical service units (hospitals and geriatric clinics) and social service units (district counseling and social centers for elderly people) **Grief or complicated grief:** Complicated grief >22 in ICG **Relationship to deceased:** spouse **Age of deceased:** Adults and elderly **More death details:** Mixed unexpected and expected,N/A expected/unexpected : sudden illness, chronic illness, accident, suicide, other Mixed violent and nonviolent,N/A violent/nonviolent : sudden illness, chronic illness, accident, suicide, other **Anticipatory vs. bereaved:** Anticipatory or bereaved,Other : sudden illness, chronic illness, accident, suicide, other **Timing at the beginning of the intervention:** Mean time since loss in months 15.0 (SD 26.3) **Female:** 81.6% **Age:** 74.3 (7.5) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:**	**Intervention:** Expert-facilitated support groups Dual-process (equal emphasis on loss- and restoration-oriented coping) bereavement group intervention-Chinese integrated new cultural elements into the original DPBGI; led by experienced bereavement counselors, offered in a group format **Target:** Individual bereaved person **Duration:** 8 weeks **Control:** NA **Comparator:** Expert-facilitated support groups Conventional loss-oriented intervention (loss-oriented bereavement group intervention-Chinese (LOBGI-C)) comprising the loss-oriented component only, which is typical of the standard of care in community-based bereavement support groups **Additional comparator:** NA **Follow-up:** 4 weeks	were larger in the dual process bereavement group (effect size 0.56). De Jong Gierveld Loneliness Scale The dual process group experienced reductions in emotional and social loneliness, the loss oriented group did not. HADS (Hospital Anxiety and Depression Scale) Both groups had lower levels of grief reaction and depression at the postintervention and follow-up assessments, but effects were larger in the dual process group. **Subgroup analysis:** NA

		N/A		
Expert-facilitated support groups	Hagl, 2015[140] Trial ID N/A N = 119 Other Bosnia and Herzegovina **Design:** CT birthdates used	**Study population:** Women whose husbands were confirmed dead or missing during war in Bosnia and Herzegovina **Culture characteristics**: Balkan **Recruitment strategy:** Mothers with children recruited at three elementary schools where many families had experienced the loss of the father and husband in war **Grief or complicated grief:** Grief **Relationship to deceased:** spouse : Husband **Age of deceased:** Adult **More death details:** Unexpected death Violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 6-9 years **Female:** 100% **Age:** 38.26 (5.11) **Min age:** 28 **Max age:** 55 **Age subgroup**: Adults **Ethnicity:** N/A	**Personnel:** Therapist **Setting**: Community **Setting of the place the person died:** Other war **Intervention:** Expert-facilitated support groups Group therapy sessions of 120-min duration, beginning with the third session women were encouraged to enter a direct dialogue with their husbands; therapeutic team consisted of two female specialists in trauma psychology for 7 weeks **Target:** Individual bereaved person **Duration:** 7 weeks **Control:** Attention-matched control Support group; overall treatment goals and topics were the same as in the dialogical exposure group; difference was that the women were not encouraged to enter into a direct dialogue with the deceased **Comparator:** NA **Additional comparator:** NA **Follow-up:** 12 weeks	GI (Grief Inventory), traumatic grief score In multivariate regression, dialogical treatment was associated with more improvement in traumatic grief (p 0.05). GHQ (General Health Questionnaire) Depression scale, at 2 months In multivariate regression, dialogical treatment was associated with more improvement (p 0.05). Impact of Event Scale: Intervention group improved significantly more (p .05); General Health Questionnaire-28, total: No significant difference. **Subgroup analysis:** Patient characteristics Type of loss (death vs missing in action) significantly associated with intrusion symptoms (Impact of Event Scale) at 2 months.
Psychotherapy	Nesci, 2021[239] Trial ID N/A N = 36 Italy **Design:** RCT	**Study population:** Adults who experienced a loss from at least six months, with a diagnosis of Prolonged Grief Disorder **Culture characteristics**: **Recruitment strategy:** Referred to their CLP Unit by general practitioners (GPs) or psychiatrists of the Italian NHS for prolonged grief disorder (ICD-11) (=56).	**Personnel:** Psychologist,Psychiatrist,Therapist **Setting**: Unclear not sure if inpatient: Consultation Liaison Psychiatry (CLP) Unit within our University Hospital **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Multimedia psychotherapy plus psycho-pharmacology, multimedia	PG-13 Cognitive, Emotional, and Behavioral Symptoms score At follow up experimental group had significantly lower separation distress (p<.001) and "cognitive, emotional, and behavioral symptoms" scores than the Control group.

		Grief or complicated grief: Clinical diagnosis **Relationship to deceased:** NA **Age of deceased:** N/A **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** N/A **Timing at the beginning of the intervention:** At least 6 months post **Female:** 86.1% **Age:** mean age 59 **Min age:** 39 **Max age:** 82 **Age subgroup**: Adults mean age 59 **Ethnicity:** N/A	psychotherapy involves a multimedia artist who combines visual and musical materials chosen by the patient into a video; patient and therapist watch the video together, explore new meanings in the life of the deceased and look for new perspectives in the patient's life; pharmacological therapy was prescribed (when needed) by the same psychiatrist who had recruited all patients **Target:** Individual bereaved person **Duration:** 8 sessions **Control:** TAU Therapy as usual (psychopharmacological therapy when needed, and psycho-oncological support) **Comparator:** NA **Additional comparator:** NA **Follow-up:** 6 weeks	Functional impairment (from PG-13) significantly lower in intervention group at follow up. Exact scores not reported. **Subgroup analysis:** NA
Psychotherapy	Wenn, 2019[351] ACTRN12613001270707 N = 22 Australia **Design:** RCT	**Study population:** Bereaved adults with prolonged grief symptomatology (PGD Scale cut-off score of ≥26);participants taking medication (antidepressants/mood stabilisers), need to have commenced 1month prior to enrolment and the dosage remain the same during the research; those with substance abuse, high suicidal ideation or pre-existing psychotic/bipolar/neurological disorder excluded **Culture characteristics**: **Recruitment strategy:** Radio and TV advertisements, print media/websites/ flyers in shopping centres, bereavement groups,	**Personnel:** Psychologist **Setting**: Community university psychology clinic or a community centre **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Metacognitive therapy focuses on unhelpful thought processes that maintain psychological disorders; various therapeutic techniques such as detached mindfulness, attention training technique and behavioral experiments are used; six 2-hour sessions, 1 day per week	Prolonged Grief Disorder Scale Intervention group experienced significantly greater improvement (p< .001) Quality of Life Enjoyment and Satisfaction Questionnaire Intervention group experienced significantly greater improvement (p < .01) Depression Anxiety Stress Scales-21 (DASS-21), depression scale

		palliative care services and mental health providers **Grief or complicated grief:** Complicated grief PGD Scale cut-off score of ≥26 **Relationship to deceased:** spouse,parent,child **Age of deceased:** Children and adults/elderly **More death details:** Mixed unexpected and expected Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Ranged from 6 to 72 months; mean 24 (18.4) months **Female:** 95.5% **Age:** 62 (11.2) **Min age:** 38 **Max age:** 78 **Age subgroup**: Adults **Ethnicity:** N/A	**Target:** Individual bereaved person **Duration:** 6 weeks **Control:** Wait list Wait list **Comparator:** **Additional comparator:** **Follow-up:** 1.5 weeks	Intervention group experienced significantly greater improvement (p < .001) Depression Anxiety Stress Scales-21 (DASS-21), Anxiety scale: Intervention group experienced significantly greater improvement (p = .003) **Subgroup analysis:** NA
Self-help interventions	Davis, 2020[92] Trial ID N/A N = 106 Australia **Design:** RCT	**Study population:** Carers for patients diagnosed as in the last 6 months of life **Culture characteristics**: **Recruitment strategy:** Recruited from two inpatient units within the South Coast of NSW, Australia; invited by clinicians **Grief or complicated grief:** N/A Patient still living **Relationship to deceased:** mix : 40% spouse **Age of deceased:** Adult **More death details:** Expected death Not violent death	**Personnel:** Social worker,Other : clinical staff (social workers, nurses, registrars, and doctors) **Setting**: Hospital Palliative care ward **Setting of the place the person died:** Hospital **Intervention:** Self-help interventions Acceptance and commitment therapy self-help intervention for grief and psychological distress in carers of patients in palliative care; plus a self-help booklet and telephone support call **Target:** Individual bereaved person	PG-13 (Prolonged Grief Disorder-13) Both intervention and control groups reported a decrease in grief symptoms; difference between groups was not statistically significant. Hospital Anxiety and Depression Scale: difference between groups was not statistically significant. **Subgroup analysis:** NA

		Anticipatory vs. bereaved: Anticipatory death **Timing at the beginning of the intervention:** Within the last 6 months of their loved one's loss **Female:** 73% **Age:** 58.39 (12.90) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** N/A	**Duration:** 1 month **Control:** TAU Psychosocial support was available to all carers before and after the patients' death **Comparator:** NA **Additional comparator:** NA **Follow-up:** 6 weeks	
Integrative medicine, CAM	Koegler, 2015[185] Trial ID N/A N = 130 Germany **Design:** RCT	**Study population:** Adult relatives of palliative care patient (life expectancy 6 months), without severe psychiatric disease or significant cognitive impairment **Culture characteristics**: **Recruitment strategy:** Recruited by palliative care dept **Grief or complicated grief:** N/A Pre-death **Relationship to deceased:** mix : 61.5% spouse / partner **Age of deceased:** Children and adults/elderly **More death details:** Expected death Not violent death **Anticipatory vs. bereaved:** Anticipatory death **Timing at the beginning of the intervention:** Pre death **Female:** 70.8% **Age:** 54.3 (13.4) **Min age:** 21 **Max age:** **Age subgroup**: Adults **Ethnicity:** N/A	**Personnel:** Therapist **Setting**: Hospital Palliative care ward **Setting of the place the person died:** Hospital **Intervention:** Integrative medicine, CAM EBT (Existential Behavioural Therapy) groups (six sessions, 22 hours in total) were led by trained psychotherapists; information on mindfulness was given during the first meetings, with formal mindfulness practice at every session (e.g., following one's breath while noticing and letting go of all thoughts, feelings and sensations) for at least 15 minutes; CD recordings with mindfulness exercises were given and participants were encouraged to practice at home at least twice a day for a minimum of 10 minutes along with informal mindfulness (i.e., performing daily activities mindfully, e.g., brushing teeth, preparing meals) **Target:** Individual bereaved person **Duration:** 6 sessions for 22 hours total	WHOQOL-Brief (World Health Organization Quality of Life) Mindfulness measured by Cognitive and Affective Mindfulness Scale-Revised (CAMS-R) was associated with high quality of life at follow-up; no comparisons between groups presented. BSI (Brief Symptom Inventory) depression subscale Mindfulness measured by Cognitive and Affective Mindfulness Scale-Revised (CAMS-R) was associated with lower depression at follow-up; no comparisons between groups presented. CAMS-R (Cognitive and Affective Mindfulness Scale-Revised) significantly correlated with lower psychological distress (Brief Symptom Inventory - subscales depression, anxiety, somatization) and GSI (global severity index).

			Control: TAU Treatment-as usual control group **Comparator:** NA **Additional comparator:** NA **Follow-up:** 12 weeks	**Subgroup analysis:** NA
Comprehensive support	Aho, 2011[47] Trial ID N/A N = 103 Other Finland **Design:** Cluster RCT	**Study population:** Grieving fathers whose child died at age 3 years or younger (including perinatal deaths at 22 weeks gestation or fetuses over 500 g) **Culture characteristics**: Scandinavian **Recruitment strategy:** All Finnish University hospitals recruited fathers immediately after the death of their child **Grief or complicated grief:** Grief **Relationship to deceased:** parent **Age of deceased:** Child **More death details:** Mixed unexpected and expected : 58% expected Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Telephone call 1 week following death, meeting 2-6 weeks following death **Female:** 0% **Age:** intervention mean 35.5, control 33 **Min age:** 22 **Max age:** 58 **Age subgroup**: Adults intervention mean 35.5, control 33 **Ethnicity:** N/A	**Personnel:** Other : Peer supporters, health care personnel **Setting**: Hospital **Setting of the place the person died:** Hospital **Intervention:** Comprehensive support Comprehensive support package: tailored information letters, poems, stories, peer contact with fathers, home visit, and health care personnel's contact with fathers via meeting/telephone call **Target:** Individual bereaved person **Duration:** 6 weeks **Control:** TAU Routine hospital care **Comparator:** NA **Additional comparator:** NA **Follow-up:** 6 weeks	HGRC (Hogan Grief Reactions Checklist) Intervention group fathers exhibited fewer grief reactions and statistically significantly stronger personal growth than control group fathers. **Subgroup analysis:** NA
Writing, music, art	Holtslander, 2016[151] Trial ID N/A	**Study population:** Adults ages 60 or older, had resided with and provided care for a spouse with	**Personnel:** Other : registered nurse research assistant (RN-RA)	HGRC (Hogan Grief Reaction Checklist)

	N = 23 Canada **Design:** RCT	advanced cancer who died within the last 18 months **Culture characteristics**: **Recruitment strategy:** Letters of invitation sent by palliative care services programs to family caregivers at least three months after the person receiving palliative care had died **Grief or complicated grief:** Grief **Relationship to deceased:** spouse **Age of deceased:** Adults and elderly **More death details:** Expected death : cancer Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** within 18 months **Female:** 65% **Age:** Mean 72 years **Min age:** 61 **Max age:** 85 **Age subgroup**: Adults Mean 72 years **Ethnicity:** % White : 100	**Setting**: Community **Setting of the place the person died:** Other 7 experienced home death, others not specified **Intervention:** Writing, music, art Finding Balance is a self-administered writing tool that describes the three processes of finding balance, with specific examples from others in similar situations and writing exercises to encourage reflection, expression of emotions, and personal and creative ways to find balance; patients encouraged to write daily **Target:** Individual bereaved person **Duration:** 2 weeks **Control:** Wait list Wait list received intervention at second visit **Comparator:** NA **Additional comparator:** NA **Follow-up:** 0.5 weeks	The Hogan Grief Reaction Checklist (HGRC) stopped early as it was found to be especially difficult. Three participants withdrew after the first visit because it was too distressing for them to go through this measure. The treatment group showed a statistically significant increase in restoration-oriented coping and higher oscillation activity. **Subgroup analysis:** NA
Psychotherapy	Black, 1987[61] Trial ID N/A N = 83 UK **Design:** RCT	**Study population:** Children aged 16 or under when parent died; parent had recently died in the hospital or medical practice **Culture characteristics**: **Recruitment strategy:** Families were identified with the aid of the records clerks of four hospitals and twelve general practices, where the family doctor was then contacted to obtain permission to include the family in the study **Grief or complicated grief:** Grief	**Personnel:** Social worker **Setting**: Community **Setting of the place the person died:** Other Home, Hospital **Intervention:** Psychotherapy Family therapy, 6 sessions, spaced at 2-3-week intervals, taking place at home, to promote mourning, improve communication; therapists were all experienced psychiatric social workers, who worked in child guidance/child psychiatric settings and who had received former	No significant differences between groups in behavior problems (sleep, appetite disorders, mood, crying, ease of communication, smoking, drugs, alcohol), school problems, or health; unclear what instruments used **Subgroup analysis:** NA

		Relationship to deceased: child,other : Families **Age of deceased:** Adult **More death details:** Mixed unexpected and expected Mixed violent and nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 2 months after death **Female:** 50.0% **Age:** Mean not reported **Min age:** 3 **Max age:** 16 **Age subgroup**: Pediatrics Mean not reported **Ethnicity:** N/A	training in bereavement counselling **Target:** Family (entire family targeted) **Duration:** 12 to 18 weeks **Control:** No intervention No intervention **Comparator:** NA **Additional comparator:** NA **Follow-up:** 24 weeks	
Self-help interventions	Godzik, 2021[127] Trial ID N/A N = 30 US **Design:** RCT	**Study population:** Older adults (aged 55 years or older) who experienced the death of a loved one within the past 5 years and reported insomnia symptoms **Culture characteristics**: **Recruitment strategy:** Social media bereavement group and email lists directed to those associated with hospice and palliative care **Grief or complicated grief:** Grief **Relationship to deceased:** NA **Age of deceased:** N/A **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 0-5 years **Female:** 76.6% **Age:** 65.39 (1.55)	**Personnel:** Other : Online **Setting**: Online **Setting of the place the person died:** N/A **Intervention:** Self-help interventions Cognitive Behavioral Therapy for Insomnia was administered via an online software program with learning activities and modules generated based on traditional in-person therapy programs and included six core learning modules time-released over a 6-week period, including interactive content, reading materials, and sleep diaries for an expected average of three hours weekly with instruction to complete a short interactive tutorial that 'unlocked' the access to the each module **Target:** Individual bereaved person **Duration:** 6 weeks	WHOQOL BREF (World Health Organization Quality of Life Abbreviated), within-person change physical domain) The CBT-I group reported improvement in both physical (p 0.003) and psychological (p 0.03) quality of life, and no significant change in other quality of life measures (social: p 0.13 or environmental: p 0.40); the control group reported improvements only DASS-21 (Depression Anxiety Stress Scale Short Form); within-person change The CBT-I group reported improvement in depression (p 0.001) and no significant change in anxiety (p 0.62). While the change in depression scores for the

		Min age: 55 **Max age:** 84 **Age subgroup**: Adults **Ethnicity:** % White : 100	**Control:** Attention-matched control Six psychoeducational modules on healthy life practices were accessed via drop-box, including videos (pre-recorded materials that participants were able to watch on-demand with a list of the modules with the recommended viewing order was provided), readings, and interactive activities to complete on a weekly basis time-matched to the modules in the experimental group **Comparator:** NA **Additional comparator:** NA **Follow-up:** 2 weeks	CBT-I participants was significant from baseline to week 8, it should be noted that both the pre- and ISI (Insomnia Severity Index); the intervention group performed no better than the attention control group (p = 0.30) over time. **Subgroup analysis:** NA
Comprehensive support	Olinda Pruitt Johnson, 2015[160] Trial ID N/A N = 40 US **Design:** RCT	**Study population:** Women who experienced complete spontaneous miscarriages in the first or second trimester between 8 and 20 weeks gestation **Culture characteristics**: **Recruitment strategy:** Obstetric emergency center **Grief or complicated grief:** Grief **Relationship to deceased:** parent **Age of deceased:** Unborn **More death details:** Unexpected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** at time of miscarriage **Female:** 100% **Age:** 27.0 (7.0) **Min age:** 18 **Max age:** 42 **Age subgroup**: Adults **Ethnicity:**	**Personnel:** Other : Obstetric emergency center staff **Setting**: Hospital **Setting of the place the person died:** Hospital **Intervention:** Comprehensive support Early identification and labeling of the participant's room and chart for acknowledgement of the loss, offer of chaplain services or notification of the woman's personal spiritual leader, honor of any special request such as baptism, special ceremony, or prayer, a packet of flower seeds of remembrance to be planted at home, a soft plush care bear, other physical mementos if applicable, participation in a naming ceremony, completion of a self-addressed sympathy card, routine discharge orders with instructions to return to the ED with complaints of fever, pain, and/or excessive	PGS (Perinatal grief scale) total score Statistically significant difference between the intervention and control group (p .001); regarding subscales, intervention group had significantly lower levels of despair (p 0.000), no significant differences between the groups on active grieving (p 0.0 **Subgroup analysis:** NA

		% Black/African American : 22.5 % Hispanic or Latino : 52.5 % White : 17.5 Other : Other: 7.5%	bleeding, a return appointment time, a 15-minute telephone call 1 week later **Target:** Individual bereaved person **Duration:** 1 hour **Control:** No intervention Treatment as usual alone, routine emergency department care **Comparator:** NA **Additional comparator:** NA **Follow-up:** 0.25 weeks	
Psychotherapy	Scruby, 1989[305] Trial ID N/A N = 30 Canada **Design:** RCT	**Study population:** Bereaved key persons of cancer patients cared for on the palliative care unit **Culture characteristics**: **Recruitment strategy:** Head nurses in palliative care unit referred key persons of cancer patients **Grief or complicated grief:** Grief **Relationship to deceased:** mix : spouse, children, other close relatives **Age of deceased:** N/A **More death details:** Expected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 3 weeks **Female:** 73.3% **Age:** 62.5 median **Min age:** 31 **Max age:** 85 **Age subgroup**: Adults 62.5 median **Ethnicity:** N/A	**Personnel:** Other : Nurse **Setting**: Other Home **Setting of the place the person died:** Hospital **Intervention:** Psychotherapy Bereavement Counselling was implemented using the Lindemann Model Grief Management with the same nurse once week for five consecutive weeks, with each weekly session being less than one hour duration and having particular focus: 1. review the relationship; 2. note changes emotional reactions; 3. discuss fear insanity; 4. express feelings anger, guilt, loss; 5. formulation future plans **Target:** Individual bereaved person **Duration:** 5 weeks **Control:** No intervention No intervention **Comparator:** NA **Additional comparator:** **Follow-up:** 18 weeks	Heimler Scale of Social Functioning (life satisfaction, frustration); No dramatic change had occurred over the duration of the experiment suggesting little if any effect due to treatment group membership. **Subgroup analysis:** NA
Psychotherapy	Johannsen, 2022[158]	**Study population:** Adults with clinically significant grief symptoms	**Personnel:** Psychologist	PG-13 prolonged grief symptoms

	NCT03384615 N = 82 Denmark **Design:** RCT	at 11 months post-loss (≥25 on the PG-13) of a family member (spouse or parent) **Culture characteristics**: **Recruitment strategy:** Recruited from The Aarhus Bereavement study, which is a longitudinal cohort study following participants over time, investigating natural and pathological grief reactions **Grief or complicated grief:** Complicated grief Prolonged Grief-13 (PG-13) **Relationship to deceased:** spouse,parent **Age of deceased:** Adults and elderly **More death details:** Expected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 11 months **Female:** 67.1% **Age:** 60.49 (13.64) **Min age:** 23 **Max age:** 83 **Age subgroup**: Adults **Ethnicity:** N/A	**Setting**: Outpatient university affiliated **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Compassion-focused group therapy led by psychologists has its roots in evolutionary psychology, neuropsychology, attachment theory, and Buddhism; 8 group sessions of 2 hours and 15 min duration, including a 15-min break; each session consisted of psychoeducation, an experiential exercise, group discussions, and introduction to home practice **Target:** Individual bereaved person **Duration:** 8 weeks **Control:** Wait list Wait list; no constraints regarding self-sought support and/or professional help, and offered to participate in a CFT group upon completion of the data collection **Comparator:** NA **Additional comparator:** NA **Follow-up:** 6 weeks	No significant difference between groups. Center for Epidemiologic Studies Short Depression Scale (CES-D), 6 months No significant difference between groups Posttraumatic stress symptoms (PCL), 6 months: Intervention 17.42 (10.72), Wait list 17.30 (9.53), lower better Well-being (WHO-5), 6 months: Intervention 48.00 (24.85), Wait list 47.59 (22.82) , higher better PTSD symptoms: Intervention group improved more (p = .04), Well-being: no significant group difference **Subgroup analysis:** NA
Psychotherapy	Lund, 2010[208] Trial ID N/A N = 298 US **Design:** RCT	**Study population:** Recently widowed women and men age 50+ **Culture characteristics**: **Recruitment strategy:** Letters sent to potential participants identified from death certificate data, trained research assistant contacted them by telephone 5-7 days after letters were mailed **Grief or complicated grief:** Grief **Relationship to deceased:** spouse : Or partner	**Personnel:** unclear **Setting**: N/A **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Dual Process Model of coping with bereavement identifies loss-orientation and restoration-orientation as concurrent types of stressors and coping processes; 14 weekly sessions of 90 minutes	The intervention group showed slightly higher use of restoration-orientation coping initially, but improved at similar levels and reported similar high degree of satisfaction with participation as the comparator group. The intervention group also showed **Subgroup analysis:** NA

		Age of deceased: Adult **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Mean 4 months **Female:** 61% **Age:** 69.5 (10.6) **Min age:** 50 **Max age:** 93 **Age subgroup**: Adults **Ethnicity:** % Black/African American : 4 % Hispanic or Latino : 2 % Asian : 6 % White : 87 % Multiracial : 1	each focused only on restoration-orientation features **Target:** Individual bereaved person **Duration:** 14 weeks **Control:** NA **Comparator:** Psychotherapy received only the loss-orientation (LO) features in their intervention **Additional comparator:** NA **Follow-up:** 16 weeks	
Psychotherapy	Coyle, 1997[85] Trial ID N/A N = 10 US **Design:** RCT	**Study population:** Men hurt by the abortion decision of a partner **Culture characteristics**: **Recruitment strategy:** Newspaper advertisement **Grief or complicated grief:** Grief **Relationship to deceased:** parent **Age of deceased:** Unborn **More death details:** Mixed unexpected and expected Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** **Female:** 0% **Age:** mean age = 28 (no SD) **Min age:** 21 **Max age:** 43 **Age subgroup**: Adults mean age = 28 (no SD) **Ethnicity:**	**Personnel:** Psychologist **Setting**: N/A **Setting of the place the person died:** Other abortion **Intervention:** Psychotherapy Forgiveness program of weekly 90-minute sessions based on the psychological variables and units of the forgiveness model, addressing anger, helplessness, guilt, relationship problems, and grief; for 12 weeks **Target:** Individual bereaved person **Duration:** 12 weeks **Control:** Wait list 12 week waiting period with no intervention; control participants were each contacted at least once a month by the experimenter during the 12 week waiting period **Comparator:** NA	PGS (Perinatal Grief Scale) Intervention group had significantly greater improvement than control group (p 0.05). **Subgroup analysis:** NA

		N/A	**Additional comparator:** NA **Follow-up:** 3 weeks	
Psychotherapy	Meichsner, 2018[220] Trial ID N/A N = 273 Germany **Design:** RCT	**Study population:** Primary home caregivers of a person diagnosed with dementia, have no acute physical or mental illness, and receive no ongoing psychotherapeutic treatment **Culture characteristics**: **Recruitment strategy:** Participants were recruited nationwide via newspapers and cooperating institutions **Grief or complicated grief:** Grief **Relationship to deceased:** mix **Age of deceased:** Elderly **More death details:** Expected death Not violent death **Anticipatory vs. bereaved:** Anticipatory death **Timing at the beginning of the intervention:** Before death **Female:** 80.6% **Age:** 64.20 (11.04) **Min age:** 23 **Max age:** 91 **Age subgroup**: Adults **Ethnicity:** N/A	**Personnel:** Psychologist **Setting**: Other Telephone **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Individual therapy sessions, 50-minutes each, conducted via telephone for 6 months **Target:** Individual bereaved person **Duration:** 6 months **Control:** No intervention Participants received written information on dementia and caregiving **Comparator:** NA **Additional comparator:** NA **Follow-up:** 12 weeks	CGS (Caregiver Grief Scale) pre-death grief Pre-death grief symptoms improved from baseline to follow-up in the intervention group, but not in the control group. **Subgroup analysis:** NA
Self-help interventions	Reitsma, 2023[275] Trial ID N/A N = 65 Netherlands **Design:** RCT	**Study population:** Dutch adults, bereaved at least three months earlier during the COVID-19 pandemic with clinically relevant persistent complex bereavement disorder (PCBD), posttraumatic stress disorder (PTSD), and/or depression **Culture characteristics**: Dutch **Recruitment strategy:** Advertisements on social media including Google Ads	**Personnel:** Psychologist **Setting**: Online **Setting of the place the person died:** N/A **Intervention:** Self-help interventions Online self-guided grief-specific Cognitive Behavioral Therapy intervention including exposure, cognitive restructuring, and	TGI-CA (Traumatic Grief Inventory - Clinician Administered) early persistent complex bereavement disorder Both groups showed improvement from baseline, but the intervention group showed a significantly greater reduction in grief disorder severity than the control group (p 0.001).

		Grief or complicated grief: Grief and complicated grief **Relationship to deceased:** mix : 43.1% lost parent, 36.9% lost spouse **Age of deceased:** Children and adults/elderly **More death details:** Mixed unexpected and expected : 61.5% illness (other than COVID-19), 24.6% COVID, others unexpected Mixed violent and nonviolent : 1.5% accident, 6.2% suicide **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** at least 3 months after death; mean 179.83 (76.04) days **Female:** 84.6% **Age:** 53.82 (12.91) **Min age:** 26 **Max age:** 80 **Age subgroup**: Adults **Ethnicity:** N/A	behavioral activation assignments for 8 weeks **Target:** Individual bereaved person **Duration:** 8 weeks **Control:** Wait list waiting period of 8 weeks before which they started treatment **Comparator:** NA **Additional comparator:** NA **Follow-up:** 2 weeks	PHQ-9 (Patient Health Questionnaire-9) Depression symptoms Both groups improved from baselined and the intervention group showed a significantly greater reduction in depression symptoms than the control group (p .05). PCL-5 (PTSD): intervention group showed a significantly greater reduction in depression symptoms than the control group (p .05). **Subgroup analysis:** NA
Writing, music, art	O'Connor, 2003[245] Trial ID N/A N = 69 Australia **Design:** Cohort study	**Study population:** Bereaved family members whose relative died died up to 1 year previously **Culture characteristics**: **Recruitment strategy:** Recruited through Silver Chain Grief Support Service in Perth and by sending letters and through community newspaper articles **Grief or complicated grief:** Grief **Relationship to deceased:** mix **Age of deceased:** Adults and elderly **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** N/A	**Personnel:** Other : Writing facilitator **Setting**: Community **Setting of the place the person died:** N/A **Intervention:** Writing, music, art Writing therapy workshop **Target:** Individual bereaved person **Duration:** 1 day **Control:** No intervention Control group did not attend the workshop **Comparator:** Other **Additional comparator:** NA **Follow-up:** 0.5 weeks	CBI (Core Bereavement Items) A general trend towards reduction of grief over time in both groups that was not dependent on the intervention. There was a greater increase in self-care for the intervention group than for the control group but it was not statistically significant. A general over time toward improved general health that did not depend on the intervention. sh

		Timing at the beginning of the intervention: 12 months **Female:** 71% **Age:** mean 57.23 **Min age:** 31 **Max age:** 86 **Age subgroup**: Adults mean 57.23 **Ethnicity:** N/A		**Subgroup analysis:** NA
Pharmacotherapy	Shear, 2016[309] NCT01179568 N = 395 US **Design:** RCT	**Study population:** Bereaved adults with Complicated Grief (CG); patients with co-occurring substance abuse, psychosis, mania, and cognitive impairment were excluded; two-thirds had co-occurring depression; 39% had co-occurring PTSD **Culture characteristics**: **Recruitment strategy:** Referred from counselors, physicians, friends, family members and recruited using public outreach - print, broadcast, and internet media **Grief or complicated grief:** Complicated grief structured clinical interview for CG (who scored 30 or greater on the Inventory of Complicated Grief (ICG)) **Relationship to deceased:** mix : 36.5% lost spouse, 20.3% lost child, 28.6% lost parent **Age of deceased:** Children and adults/elderly **More death details:** Mixed unexpected and expected : 20.3% illness over 1 month Mixed violent and nonviolent : 33.4% violent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 4.7 (7.2) years	**Personnel:** Therapist **Setting**: Outpatient **Setting of the place the person died:** N/A **Intervention:** Pharmacotherapy Citalopram (flexible dosing), psychoeducation, grief monitoring, and encouragement to engage in activities; also manualized Complicated Grief Therapy 16 weekly sessions which included imaginal and situational revisiting procedures and work with memories and pictures **Target:** Individual bereaved person **Duration:** 16 weeks **Control:** Placebo Placebo and no Complicated Group Therapy **Comparator:** Psychotherapy Complicated Grief Therapy plus placebo **Additional comparator:** Pharmacotherapy Citalopram (flexible dosing) without complicated grief treatment **Follow-up:** 5 weeks	Complicated grief-anchored clinical Global Impression scale: rating of “much improved” or “very much improved” A significantly higher proportion of patients receiving CGT with placebo vs placebo alone were “much improved” or “very much improved” at 16 weeks (p = .002); adding citalopram did not significantly increase improvement rates Suicidal ideation, 20 weeks Complicated grief treatment (CGT) with citalopram was associated with significantly lower suicidal ideation than citalopram alone (p = .003); CGT with placebo was significantly lower than placebo alone (p = .02) No adverse events reported **Subgroup analysis:** Patient characteristics No significant evidence of interaction between medication and major depressive disorder

		Female: 78.0% **Age:** 53.0 (14.5) **Min age:** 18 **Max age:** 95 **Age subgroup**: Adults **Ethnicity:** % Black/African American : 9.9 % Hispanic or Latino : 11.4 % White : 82.3 Other : Other: 7.8%		
Expert-facilitated support groups	Thurman, 2017[332] NCT02368808 N = 453 South Africa **Design:** RCT	**Study population:** Sesotho speaking female adolescents in the Free State province of South Africa, enrolled in the ninth grade and reported experiencing a loss; adolescents who had experienced the death of one or both parents were given priority; not eligible if unable to give informed assent due to cognitive or psychiatric impairment **Culture characteristics**: Sesotho-speaking girls in South Africa living in an area with high rates of orphanhood and high HIV prevalence **Recruitment strategy:** Routinely used school-based intake process identifying orphans and vulnerable children eligible for services **Grief or complicated grief:** Grief **Relationship to deceased:** mix : 45.3% lost parent **Age of deceased:** Adults and elderly **More death details:** Mixed unexpected and expected : About 75% were due to illness Mixed violent and nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Average 4.5 years since loss	**Personnel:** Social worker **Setting**: Community **Setting of the place the person died:** N/A **Intervention:** Expert-facilitated support groups Curriculum-based support group incorporating cognitive behavioral therapy principles, indigenous games and songs, contextually relevant stories and scenarios, and discussions about cultural rituals and traditions surrounding death within eight weekly interactive 90 min sessions facilitated by trained social workers or social auxiliary workers **Target:** Individual bereaved person **Duration:** 8 weeks **Control:** Wait list Wait list received treatment as usual **Comparator:** NA **Additional comparator:** NA **Follow-up:** 3 weeks	ICG (Inventory of Complicated Grief) Intervention group improved more than wait list group (p 0.015). CBI-G (grief subscale of the Core Bereavement Items) Intervention group showed a reduction in normative grief but it was not statistically significant (p 0.269). BPM-P (Brief Problem Monitor Parent Form) Intervention group showed significantly greater improvement than control group (p 0.017). CES-DC (Center for Epidemiological Studies–Depression Scale for Children) Intervention group showed significantly greater improvement than control group (p 0.009) with an average reduction of 2.7 points. Intervention group showed significantly greater reduction in intrusive grief IGTS compared to controls (p 0.001).

		Female: 100% **Age:** 14.5 (1.2) **Min age:** 13 **Max age:** 17 **Age subgroup**: Pediatrics **Ethnicity:** % Black/African American : 100		sh **Subgroup analysis:** NA
Expert-facilitated support groups	Fegg, 2013[115] Trial ID N/A N = 160 Germany **Design:** RCT	**Study population:** Adult informal caregivers of palliative patients (life expectancy ≤ 6 months according to the patient's physician) **Culture characteristics**: **Recruitment strategy:** 3 hospitals in Munich **Grief or complicated grief:** Grief **Relationship to deceased:** mix : Spouse/ partner 61.7% **Age of deceased:** Children and adults/elderly **More death details:** Expected death Not violent death **Anticipatory vs. bereaved:** Anticipatory or bereaved **Timing at the beginning of the intervention:** Pre-death and post-death at baseline **Female:** 69.9% **Age:** 54.5 (13.2) **Min age:** 23 **Max age:** 88 **Age subgroup**: Adults **Ethnicity:** N/A	**Personnel:** Therapist **Setting**: Hospital **Setting of the place the person died:** Hospital **Intervention:** Expert-facilitated support groups Existential behavioral therapy treatment consisted of six group sessions totaling 22 hours, groups had a maximum of 10 participants, each group had a different leader (behavioral therapist) **Target:** Individual bereaved person **Duration:** 22 hours (6 meetings) **Control:** TAU No special comparative treatment, participants were free to use the spectrum of available support at the institution or elsewhere **Comparator:** NA **Additional comparator:** NA **Follow-up:** 12 weeks	Quality of life numeric rating scale Intervention group improved more than comparison group (p .002). BSI (Brief Symptom Inventory) Depression scale Intervention group improved more than control group (p 0.04). No significant difference between groups in somatization score (p 0.79). **Subgroup analysis:** NA
Psychotherapy	Shear, 2014[310] NCT01244295 N = 151 US **Design:** RCT	**Study population:** Adults 50 years or older with Complicated Grief, 67.5% had current or prior Major Depressive Disorder; those with current substance use disorder (in the past 6 months), a lifetime history of psychotic disorder, current bipolar I disorder, active suicidality requiring hospitalization, a Mini-Mental State	**Personnel:** Psychologist,Social worker **Setting**: Outpatient **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Complicated Grief Treatment based on attachment theory; one	ICG (Inventory of Complicated Grief) Complicated grief symptoms response to treatment Rate of response was greater for CGT than for IPT (70.5% vs 30.0%) p < .001; CPT group had significantly

		Examination score below 24, or a pending lawsuit or disability claim related to the death or who were undergoing concurrent psychotherapy were excluded **Culture characteristics**: **Recruitment strategy:** Community outreach, including advertising **Grief or complicated grief:** Complicated grief at least 30 on the Inventory of Complicated Grief and clinical interview **Relationship to deceased:** mix : 46.4% lost a spouse or partner; 27.2% lost a parent; 18.5% lost a child; and 7.9% lost another relative or a friend **Age of deceased:** Children and adults/elderly **More death details:** Mixed unexpected and expected Mixed violent and nonviolent : 13.2% violent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Median 3.2 years, Range 0.5–45.3 years **Female:** 81.5% **Age:** 66.1 (8.9) **Min age:** 50 **Max age:** 91 **Age subgroup**: Adults **Ethnicity:** % Hispanic or Latino : 7.9 % White : 86.1	session per week, each session contained both loss-focused and restoration-focusedcomponents for 16 weeks **Target:** Individual bereaved person **Duration:** 16 weeks **Control:** NA **Comparator:** Psychotherapy Interpersonal psychotherapy delivered according to a published manual; one session per week for 16 weeks; therapists used a grief focus, accompanied by a secondary focus on role transition or interpersonal disputes if indicated **Additional comparator:** NA **Follow-up:** 5 weeks	greater improvement (p = .01) GRAQ (Grief-Related Avoidance Questionnaire) Differences between groups not statistically significant BDI (Beck Depression Inventory) Difference between groups not statistically significant Work and Social Adjustment Scale: CGT Improved more than IPT, p = .006 **Subgroup analysis:** Participant age,Patient characteristics No statistically significant moderating effects on response by race, educational level, sex, time since the loss, relationship to the deceased, violent death, antidepressant or anxiolytic use, presence of current major depression, PTSD, panic disorder, ge No effect of age on outcomes
Psychotherapy	Kissane, 2016[182] N = 620 US **Design:** RCT	**Study population:** Relatives of patients with a survival prognosis of less than 1 year (on the basis of judgment of the treating oncologist) based on perception by one family member of reduced relational	**Personnel:** Psychologist,Psychiatrist,Therapist **Setting**: Outpatient **Setting of the place the person died:** Unclear unspecified, participants were screened in	Prolonged grief disorder diagnosis based on CGI cut off Using the threshold for clinical cases on the CGI categorically, which

		functioning using the Family Relationships Index, geographic accessibility to treatment, children age 12 years or older who were able to complete questionnaires, and willingness of at least three family members, including the patient with cancer, to attend therapy **Culture characteristics**: N/A **Recruitment strategy:** Recruited from cancer center, hospital, Visiting Nursing Service, and hospice service **Grief or complicated grief:** Grief **Relationship to deceased:** mix **Age of deceased:** Adult **More death details:** Expected death Not violent death **Anticipatory vs. bereaved:** Anticipatory or bereaved **Timing at the beginning of the intervention:** 1 year or less before death **Female:** 60% **Age:** N/A **Min age: Max age:** **Age subgroup**: Adults N/A **Ethnicity:** % Black/African American : 9.8 % Hispanic or Latino : 11 % Asian : 3.2 % White : 81.8 Other : Other: 1.8%	outpatient clinics or homes for hospice care, 13% of patients did not die **Intervention:** Psychotherapy Family therapy with 10 family-focused grief therapy sessions in which families tell the story of illness and therapists explore each family's communication, cohesiveness, and conflict resolution alongside family values, beliefs, roles, and expectations **Target:** Family (entire family targeted) **Duration:** 3 months **Control:** TAU Standard care **Comparator:** Psychotherapy Family therapy with 6 family-focused grief therapy sessions in which families tell the story of illness and therapists explore each family's communication, cohesiveness, and conflict resolution alongside family values, beliefs, roles, and expectations **Additional comparator:** NA **Follow-up:** 13 weeks	represents a diagnosis of PGD, 15.5% family members showed caseness in the control group, 12.1% in the six session group, and 3.3% in the 10 session group (P=.048) BDI (Beck Depression Index) No significant treatment effects were found on the BDI. **Subgroup analysis:** Patient characteristics A treatment by family type interaction was found (p 0.001) and better outcomes were shown for low-communicating and high-conflict groups compared with low-involvement families.
Psychotherapy	Wittouck, 2014[353] Trial ID N/A N = 83 Belgium **Design:** Cluster RCT	**Study population:** Adults who lost loved one through suicide between 3 months and 2 years prior **Culture characteristics**: **Recruitment strategy:** Police victim services and primary health-care victim services, websites of relevant organizations, employees and	**Personnel:** Psychologist **Setting**: Other Home **Setting of the place the person died:** Other suicide, setting not specified **Intervention:** Psychotherapy Cognitive behavior therapy (CBT) 2 hour home visits, 4 times by a	ITG (Inventory of Traumatic Grief) maladaptive grief symptoms No significant effect of group. Grief Cognitions Questionnaire

		students at university medical center received mailing, brochures were sent to all public libraries **Grief or complicated grief:** Complicated grief **Relationship to deceased:** mix : 39.7% lost a child, 24.1% lost partner/ spouse **Age of deceased:** Children and adults/elderly **More death details:** Unexpected death : suicide Violent death : suicide **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Between 3 months and 2 years **Female:** 75.9% **Age:** 48.6 (13.3) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** N/A	clinical psychologist, comprised of psychoeducation regarding suicide, specific aspects of bereavement by suicide, and coping with bereavement **Target:** Individual bereaved person **Duration:** 8 months **Control:** TAU Treatment as usual **Comparator:** NA **Additional comparator:** NA **Follow-up:** 8 weeks	No significant effect of group on any of the 9 subscales. BDI-II (Beck Depression Inventory, Version 2), item 9 Logistic regression analysis, with the baseline value of suicidal ideation entered as a covariate, revealed no significant effect of the intervention on the occurrence of suicidal ideation. BDI-II (Beck Depression Inventory) No significant effect of group. No significant difference between groups in improvement on Beck Hopelessness Scale. **Subgroup analysis:** NA
Peer support groups	Raitio, 2015[272] Trial ID N/A N = 136 Other Finland **Design:** Cluster RCT	**Study population:** Grieving mothers whose child had died at age three years or younger (including perinatal deaths at 22 weeks of gestation or fetuses over 500 g) **Culture characteristics**: **Recruitment strategy:** Hospitals where child died contacted mothers **Grief or complicated grief:** Grief **Relationship to deceased:** parent **Age of deceased:** Child **More death details:** Mixed unexpected and expected : 54% unexpected	**Personnel:** Other : peer support specialists and healthcare workers **Setting**: Other Home **Setting of the place the person died:** Hospital **Intervention:** Peer support groups A support package consisting of information on the process of mourning and contact information for peer supporters and healthcare personnel, peer supporters contacted the parents via telephone (about a week following the death of the child) and at a later date as a home visit, contact by the health care professionals	HGRC (Hogan Grief Reactions Checklist) for dimensions of grief There were no significant differences in the grief reactions between the intervention group and the control group. Greater support from the healthcare professionals was associated with stronger personal growth. **Subgroup analysis:** Patient characteristics There was a correlation between

		Mixed violent and nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Immediately after the death of the child **Female:** 100% **Age:** **Min age:** 19 **Max age:** 47 **Age subgroup**: Adults **Ethnicity:** N/A	with parents occurred as a meeting (2–6 weeks following the death), if not possible a post-discharge contact by telephone by the primary nurse present at the time of the child's death in the hospital **Target:** Individual bereaved person **Duration:** 6 weeks **Control:** Attention-matched control Routine hospital care **Comparator:** NA **Additional comparator:** NA **Follow-up:** 6 weeks	the received amounts of social support and the grief reactions, less spousal support was associated with stronger grief reactions and more spousal support enhanced personal growth.
Psychotherapy	Rocha, 2019[282] Trial ID N/A N = 91 Portugal **Design:** RCT	**Study population:** Women who terminated pregnancy due to serious medical condition or high risk of disease **Culture characteristics**: **Recruitment strategy:** Recruited from prenatal clinics **Grief or complicated grief:** Grief **Relationship to deceased:** parent : 100% **Age of deceased:** Unborn **More death details:** N/A expected/unexpected : termination of pregnancy Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Immediately after termination of pregnancy **Female:** 100% **Age:** intervention group age = 33.3 (6.66) and control group age = 32.3 (5.97)	**Personnel:** Psychologist **Setting**: Outpatient prenatal diagnosis institutions **Setting of the place the person died:** Hospital **Intervention:** Psychotherapy Crisis intervention based on cognitive narrative therapy composed of 4 sessions: decision, subjectivation, metaphorization, and projecting **Target:** Individual bereaved person **Duration:** 4 weeks **Control:** TAU Treatment as usual for women after termination of pregnancy **Comparator:** NA **Additional comparator:** NA **Follow-up:** 6 weeks	PGS (Perinatal Grief Scale) No significant difference between the intervention and control groups (p 0.227). BDI (Beck Depression Inventory) Both groups showed improvement from baseline; difference between groups not significant (p 0.544). **Subgroup analysis:** NA

		Min age: Max age: **Age subgroup**: Adults intervention group age = 33.3 (6.66) and control group age = 32.3 (5.97) **Ethnicity:** N/A		
Self-help interventions	van der Houwen, 2010[340] Trial ID N/A N = 757 Multiple countries Online, participants mainly resided in US and UK **Design:** RCT	**Study population:** Adults, native English speaker, having experienced the death of a first-degree relative, still being significantly distressed by this loss **Culture characteristics**: **Recruitment strategy:** (1) via the Internet through websites, forums, and e-mail groups that focus on bereaved persons, (2) via organizations and support groups for the bereaved **Grief or complicated grief:** Grief **Relationship to deceased:** mix : 30.4% lost spouse/ partner, 42.5% lost child **Age of deceased:** Children and adults/elderly **More death details:** Mixed unexpected and expected Mixed violent and nonviolent : 12.2% suicide, 22.1% homicide or accident **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Less than 6 months since death to more than 5 years since death **Female:** 93.5% **Age:** 43.22 (10.98) **Min age:** 18 **Max age:** 81 **Age subgroup**: Adults **Ethnicity:** N/A	**Personnel:** Psychologist **Setting**: Online **Setting of the place the person died:** N/A **Intervention:** Self-help interventions Structured confrontational writing assignments, 5 assignments following three phases, exposure, cognitive reappraisal, and integration and restoration **Target:** Individual bereaved person **Duration:** 7 weeks **Control:** Wait list Wait list **Comparator:** NA **Additional comparator:** NA **Follow-up:** 6 weeks	Grief reactions measured using 9 items formulated on the criteria for complicated grief proposed for DSM-V Grief decreased at 6 months but no significant effect of group (p .45) CES-D (Center for Epidemiological Studies-Depression) Scale Depression decreased at 6 months but no significant effect of group (p .37) **Subgroup analysis:** Patient characteristics Contrary to expectations, baseline grief levels did not moderate the efficacy of the intervention for grief (p .68) or depressive symptoms (p .48). According to Table 3, greater age (p .05) and education (p .001) were associated with decreased grief in

Psychotherapy	Buck, 2020[74] NCT03484338 N = 54 US **Design:** RCT	**Study population:** Adults experienced death of loved one at least 12 months prior, with complicated grief plus PTSD **Culture characteristics**: **Recruitment strategy:** Recruited from large hospice where loved one had died **Grief or complicated grief:** Complicated grief **Relationship to deceased:** mix **Age of deceased:** Children and adults/elderly **More death details:** Expected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** At least 12 months; mean 24.3 **Female:** 85% **Age:** 68.7 (7.2) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** % Hispanic or Latino : 13 % White : 93	**Personnel:** Therapist **Setting**: Unclear recruited from hospice list of bereaved, unclear if intervention took place there **Setting of the place the person died:** Hospice **Intervention:** Psychotherapy Accelerated resolution therapy includes imaging rescripting, memory reconsolidation, guided visualization with use of eye movements, desensitization and processing of distressing memories, and in-vitro exposure to future feared triggers; delivered by a trained therapist using a standard manualized protocol **Target:** Individual bereaved person **Duration:** 4 weeks **Control:** Wait list Wait list **Comparator:** NA **Additional comparator:** NA **Follow-up:** 2 weeks	ICG (Inventory of Complicated Grief) Intervention group improved more (p <0.0001). Center for Epidemiologic Studies Depression Scale (CESD) Intervention group improved more (p <0.0001) PTSD Checklist (PCL-5): Intervention group improved more (p <0.0001) **Subgroup analysis:** Patient characteristics In aggregate, treatment effects did not appear to differ substantially by baseline levels of Complicated Grief, PTSD, and depressive symptoms
Self-help interventions	Dominguez-Rodriguez, 2023[102] Dominguez-Rodriguez[101] NCT04638842 N = 114 Mexico **Design:** RCT	**Study population:** Adults who experienced loss of a loved one within the last 6 months and reported symptoms of depression, anxiety, or stress; those with psychotic disorders were excluded **Culture characteristics**: Latino **Recruitment strategy:** Social media **Grief or complicated grief:** Grief **Relationship to deceased:** mix **Age of deceased:** Children and adults/elderly	**Personnel:** Psychologist **Setting**: Online **Setting of the place the person died:** N/A **Intervention:** Self-help interventions Free web-based self-applied multicomponent intervention consisting of 12 modules developed by psychologists with techniques based on cognitive behavioral therapy, behavioral	ICG (Inventory of Complicated Grief) Statistically significant reduction in complicated grief scores (p <0.001) compared to control group. PSRS (Plutchik Suicide Risk Scale) Statistically significant reduction in suicide risk scores (p <0.004) compared to control group.

		More death details: Mixed unexpected and expected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Within 6 months **Female:** 90.4% **Age:** Intervention: 45.7 (10.5), Control: 34.4 (10.4) **Min age:** 21 **Max age:** 62 **Age subgroup**: Adults Intervention: 45.7 (10.5), Control: 34.4 (10.4) **Ethnicity:** N/A : Presumably Mexican	activation therapy, mindfulness, and positive psychology **Target:** Individual bereaved person **Duration:** 36 days **Control:** Wait list Wait list **Comparator:** NA **Additional comparator:** NA **Follow-up:** 3 weeks	CESD (Center For Epidemiologic Studies Depression Scale) Statistically significant reduction in depression scores (p <0.001) compared to control group. Statistically significant reduction in hopelessness scores (p 0.003) as measured by the Beck Hopelessness Scale (BHS). Means and SDs not reported **Subgroup analysis:** NA
Psychotherapy	Ghezeljeh, 2023[124] Trial ID N/A N = 200 Iran **Design:** RCT	**Study population:** First-degree relatives of cancer patients who had the most responsibility for caregiving during the last 3 months **Culture characteristics**: Religious culture of Iran makes a strong relationship between caregivers and patients, so they willingly accept patient's problems and see their responsibilities as moral commitment and divine duty; family caregivers in Iran may be at higher risk of psych **Recruitment strategy:** Relatives of dying cancer patients at oncology center of university hospital **Grief or complicated grief:** Grief **Relationship to deceased:** mix **Age of deceased:** Children and adults/elderly **More death details:** Expected death : Cancer Not violent death **Anticipatory vs. bereaved:** Anticipatory death	**Personnel:** Other : nurse **Setting**: Hospital oncology center in Firozgar hospital **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Combined family-based dignity intervention and expressive writing where caregivers first participated in a 60-90 minute interview session by a trained nurse experienced in counseling, then were instructed to explore their deepest thoughts in emotions while writing for 20 minutes in three different sessions in a week **Target:** Individual bereaved person **Duration:** 1 week **Control:** TAU Routine care such as family counseling and meaning therapy by a palliative medicine specialist **Comparator:** Psychotherapy Family-based dignity intervention (FBDI) for each caregiver in a 60-	AGS-13 (Anticipatory Grief Scale) All groups showed improvement from baseline (p .05). No significant differences between groups (p .14), but adjusted for baseline scores, the family dignity group scored better than the control group (p .02). **Subgroup analysis:** NA

		Timing at the beginning of the intervention: Before death of a loved one **Female:** 63% **Age:** intervention group age = 40.24 (11.93), comparator group age = 38.96 (11.45), 3rd comparison group age = 37.78 (9.61), control group age = 38.30 (10.26) **Min age: Max age:** **Age subgroup**: Adults intervention group age = 40.24 (11.93), comparator group age = 38.96 (11.45), 3rd comparison group age = 37.78 (9.61), control group age = 38.30 (10.26) **Ethnicity:** N/A	90 minute interview session by a trained nurse who was experienced in counseling **Additional comparator:** Other Expressive writing intervention in which caregivers were instructed to explore their deepest emotions and thoughts in a 20 minute writing session held 3 times in one week **Follow-up:** 0.5 weeks	
Expert-facilitated support groups	Constantino, 2001[84] Trial ID N/A N = 60 US **Design:** RCT	**Study population:** Widowed survivors of spouse's suicide **Culture characteristics**: **Recruitment strategy:** Advertisements in local newspapers, television, and radio; community referrals including clergy, mental health professionals, and funeral home directors **Grief or complicated grief:** Grief **Relationship to deceased:** spouse **Age of deceased:** Adult **More death details:** Unexpected death : Suicide Mixed violent and nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Length of widowhood at baseline ranged from 1 to 27 months **Female:** 78.7% **Age:** no mean age (SD)	**Personnel:** Other : Nurse **Setting**: Community **Setting of the place the person died:** Community **Intervention:** Expert-facilitated support groups Bereavement Group Postvention (BGP) administered in 90 minute weekly sessions for 8 weeks **Target:** Individual bereaved person **Duration:** 8 weeks **Control:** Attention-matched control Social Group Postvention (SGP), 90 minute weekly session over 8 weeks; provided for personal insights, role clarification, recreation and leisure; weekly activities such as going out to dinner, a movie, event, or picnic **Comparator:** NA **Additional comparator:** NA	GEI (Grief Experience Inventory) No effect of group. BDI (Beck Depression Inventory) No effect of group. No effect of group on Brief Symptom Inventory or Social Adjustment Scale. **Subgroup analysis:** NA

		Min age: 24 **Max age:** 70 **Age subgroup**: Adults no mean age (SD) **Ethnicity:** % Black/African American : 6.4 % Asian : 2.1 % White : 91.5	**Follow-up:** 12 weeks	
Pharmacotherapy	Reynolds, 1999[277] Pasternak, 1991[259] Trial ID N/A N = 80 US **Design:** RCT	**Study population:** Met Schedule for Affective Disorders and Schizophrenia—Lifetime Version (SADS-L) and the Research Diagnostic Criteria (RDC) criteria for current major depressive episode (nonpsychotic and nonbipolar, with no history of chronic intermittent depression or dysthymia) with the onset of the episode required to fall in the period between 6 months before and 12 months after the death of loved one, and a bereavement intensity score of 45 or more on the Texas Revised Inventory of Grief **Culture characteristics**: **Recruitment strategy:** Recruited over a 7-year period; self-referred in response to print advertisements or letters sent from the investigators to surviving spouses identified in obituaries; relatively few patients were clinically referred **Grief or complicated grief:** Complicated grief 45 or more on the Texas Revised Inventory of Grief **Relationship to deceased:** mix : 82.5% spouse **Age of deceased:** Adults and elderly **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved	**Personnel:** Psychologist,Psychiatrist,Other : Clinicians, master of social work, master of education **Setting**: Outpatient **Setting of the place the person died:** N/A **Intervention:** Pharmacotherapy Nortriptyline plus interpersonal psychotherapy, psychotherapy treatment was delivered weekly during 50-minute sessions by experienced clinicians (two masters of social work, one master of education, and one doctoral-level clinical psychologist) and the starting dose of nortriptyline was 25 mg h.s. for the first week, increased in 25-mg increments each week thereafter on the basis of clinical and blood level data **Target:** Individual bereaved person **Duration:** 16 weeks **Control:** Placebo Placebo administered in a medication clinic, no psychotherapy **Comparator:** Pharmacotherapy Nortriptyline alone, no therapy **Additional comparator:** Psychotherapy	Remission according to 17-item Hamilton depression scale (score of 7 or lower for 3 consecutive weeks) The overall dichotomous outcome (remission/ no remission) linear model with age as a covariate detected a significant drug effect ($p<0.03$) but no main effect of interpersonal psychotherapy (p 0.89) and no nortriptyline-by-interpersonal psychotherapy inter **Subgroup analysis:** NA

		Timing at the beginning of the intervention: 7–9 months (median=32 weeks) **Female:** 72.5% **Age:** Nortriptyline + psychotherapy 67.4 (7.1), Nortriptyline 65.6 (6.6), Psychotherapy 69.5 (5.5), Placebo = 63.2 (7.2) **Min age:** 50 **Max age:** 81 **Age subgroup**: Adults Nortriptyline + psychotherapy 67.4 (7.1), Nortriptyline 65.6 (6.6), Psychotherapy 69.5 (5.5), Placebo = 63.2 (7.2) **Ethnicity:** % White : 91.25	Psychotherapy treatment was delivered weekly during 50-minute sessions by experienced clinicians **Follow-up:** 24 weeks	
Psychotherapy	Beem, 1999[103] Trial ID N/A N = 18 Netherlands **Design:** RCT	**Study population:** Widows bereaved for 3 months who lost spouse after a minimum period of 1 week in a life threatening situation **Culture characteristics**: **Recruitment strategy:** Contacted via a letter at 2 months bereaved (info obtained from the deaths on file at registry office), a call was attempted a week later **Grief or complicated grief:** Grief **Relationship to deceased:** spouse **Age of deceased:** Adult **More death details:** Expected death N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 3 months **Female:** 100% **Age:** 58.6 (4.9) **Min age:** 45 **Max age:** 64 **Age subgroup**: Adults **Ethnicity:**	**Personnel:** Counselor **Setting**: Outpatient **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Group grief counseling, 13 sessions over 4 months; the first and last sessions were 5 hours long, the other sessions were 2.5 hours each; central elements were rebuilding a new relationship with the deceased and getting in touch with your own needs and feelings **Target:** Individual bereaved person **Duration:** 4 months **Control:** No intervention Not offerred any treatments or interventions **Comparator:** NA **Additional comparator:** NA **Follow-up:** 4 weeks	SCL-90 depression scale No difference in improvement between groups. The SCL-90 also measures anxiety, agoraphobic behavior, somatisation, insufficiency, interpersonal sensitivity, hostility and sleep disturbances; there was no effect of intervention. Exact scores not reported by group. **Subgroup analysis:**

		N/A		
Comprehensive support	Palas Karaca, 2021[255] Trial ID N/A N = 104 Turkey **Design:** RCT	**Study population:** Women who experienced miscarriage before 23rd week during 4 month period; those with severe mental disorders, those who planned abortion, and those who used assisted reproductive techniques were excluded **Culture characteristics**: Turkish **Recruitment strategy:** All hospital maternity clinic patients who miscarried and met inclusion criteria **Grief or complicated grief:** Grief **Relationship to deceased:** parent **Age of deceased:** Unborn **More death details:** Unexpected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Immediately after miscarriage **Female:** 100% **Age:** Not reported **Min age:** 18 **Max age:** **Age subgroup**: Adults Not reported **Ethnicity:** N/A : Presumably Turkish	**Personnel:** Other : Nurse **Setting**: Hospital maternity ward **Setting of the place the person died:** Hospital **Intervention:** Comprehensive support Nurse support based on Swanson's Caring Theory (SCT); includes patient guidebook and weekly visit or phone visit once per week for 6 weeks **Target:** Individual bereaved person **Duration:** 6 weeks **Control:** TAU Treatment as usual **Comparator:** NA **Additional comparator:** NA **Follow-up:** 1.5 weeks	Mourning Scale (Celik, 2006), Total Intervention group improved more than usual care group (p .001) DASS (Depression Anxiety Stress Scale) Depression subscale Intervention group improved more than usual care group (p .001) Intervention improved more than usual care group on anxiety (p .001) and Beck's Hopelessness Scale (p .04) **Subgroup analysis:** NA
Comprehensive support	Guldin, 2013[137] NCT01292512 N = 402 Denmark **Design:** Cluster RCT	**Study population:** Participants aged 17 above, recently bereaved due to a loss to cancer, registered with a Danish GP, no cognitive impariment and sufficient Danish language skills **Culture characteristics**: N/A **Recruitment strategy:** Consecutively recruited following the death of a cancer patient in Danish hospitals **Grief or complicated grief:** Grief	**Personnel:** Other : General Practitioner **Setting**: Primary care **Setting of the place the person died:** Hospital **Intervention:** Comprehensive support General practitioners were informed of bereaved patients baseline risk assessment, additionally recieving informational	ICG-R (Inventory of Complicated Grief) Larger improvements in ICG-R scores were found in the intervention group than in the control group (14.73; 13.14–16.32/15.57; 13.77–17.38). BDI - II (Beck's Depression Inventory II) Scores

		Relationship to deceased: mix **Age of deceased:** Adult **More death details:** Expected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 8 weeks following loss **Female:** 71% **Age:** control mean 50 (range 18-83), intervention 51.8 (range 20-87) **Min age:** 18 **Max age:** 87 **Age subgroup**: Adults control mean 50 (range 18-83), intervention 51.8 (range 20-87) **Ethnicity:** N/A	pamphlets on complicated grief symptoms, 2–4 the dual-process model of adaptive coping and GP's recieved training on how to assess complicated grief and simple suggestions on how to support the patient, further, patients were encouraged to reach out to their GP if they displayed symptoms of depression or complicated grief **Target:** Clinicians **Duration:** 13 **Control:** TAU Treament as usual alone **Comparator:** NA **Additional comparator:** NA **Follow-up:** 13 weeks	Severe depression (score 29-63) based on BDI-II Proportion with severe depression was 3% in the intervention, 4% in the control group. **Subgroup analysis:** NA
Psychotherapy	Shear, 2005[308] Trial ID N/A N = 102 US **Design:** RCT	**Study population:** Adults meeting criteria for complicated grief **Culture characteristics**: **Recruitment strategy:** Professional referral, media advertisement, and self -referral; a subgroup (n=26) was recruited from the clinic with predominantly low income African American patients **Grief or complicated grief:** Complicated grief **Relationship to deceased:** mix : 27.3% spouse/ partner, 27.3% parent, 27.3% child **Age of deceased:** Children and adults/elderly **More death details:** Mixed unexpected and expected Mixed violent and nonviolent : 33% violent **Anticipatory vs. bereaved:** Bereaved	**Personnel:** Therapist **Setting**: Outpatient Clinic **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Complicated grief treatmen, 3 phases delivered according to a manual protocol; discussion of the loss, focus on personal life goals; trauma-like symptoms addressed by retelling the story of the death and exercises of confrontation of avoided situations; modified from imaginal and in vivo exposure used for PTSD; 16 sessions over 16 to 20 weeks **Target:** Individual bereaved person **Duration:** 16 to 20 weeks (16 sessions) **Control:** NA **Comparator:** Psychotherapy	ICG (Inventory of Complicated Grief) No significant difference in improvement between groups (p = .18) Beck Depression Inventory Difference in improvement not statistically significant (p = .10) Beck Anxiety Inventory: Difference in improvement not statistically significant (p = .41); Work and Social Adjustment Scale: Difference in improvement not statistically significant (p = .06) **Subgroup analysis:** Patient characteristics No statistically significant differences in response based on race, age, sex, time since the loss, or

		Timing at the beginning of the intervention: 6 months to 36.5 years; median 2.3 years **Female:** 87.4% **Age:** 48.4 (12.6) **Min age:** 18 **Max age:** 85 **Age subgroup**: Adults **Ethnicity:** % Black/African American : 22.0 % White : 75.8	Interpersonal psychotherapy (IPT) as described in a published manual, 3 phases,; psychotherapists used a grief focus, sometimes accompanied by a secondary focus on role transition or interpersonal disputes.; 16 sessions over 16 to 20 weeks **Additional comparator:** NA **Follow-up:** 4 weeks	relationship to the deceased. Patients taking antidepressant medication had marginally better response rates. Patients who lost a loved one through viole
Comprehensive support	Lautrette, 2007[190] NCT00331877 N = 108 France **Design:** RCT	**Study population:** Adult family members of patients expected to die within a few days in intensive care unit **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** Grief **Relationship to deceased:** mix : Most lost parent or spouse **Age of deceased:** Adult **More death details:** Mixed unexpected and expected N/A violent/nonviolent **Anticipatory vs. bereaved:** Anticipatory death **Timing at the beginning of the intervention:** Intervention during end-of-life conferences **Female:** 73% **Age:** Median 54 for both control and intervention group, for interquartile range control is 46-64 and intervention is 47-58 **Min age:** 18 **Max age:** **Age subgroup**: Adults Median 54 for both control and intervention group, for interquartile range control is 46-64 and intervention is 47-58 **Ethnicity:** Other : 87% French descent	**Personnel:** Other : ICU physicians **Setting**: Hospital **Setting of the place the person died:** Hospital **Intervention:** Comprehensive support Families were given a brochure on bereavement and the end-of-life conference was specifically modeled with objective to: value and appreciate what the family members said, to acknowledge the family members' emotions, to listen, to ask questions that would allow the caregiver to understand who the patient was as a person, and to elicit questions from the family members **Target:** Individual bereaved person **Duration:** Three intervention conferences, median 30 mins each **Control:** TAU Received customary practice in end-of-life conferences **Comparator:** NA **Additional comparator:** NA **Follow-up:** 3 weeks	Hospital Anxiety and Depression Scale (HADS) measures subscale score from 0 (no distress) to 21 (severe distress) and scores above 8 considered to indicate clinal symptoms of anxiety or depression Number of patients w depression (HADS) Scores indicating symptoms of depression were lower in the intervention group than control group (p 0.003). PTSD prevalence measured by Impact of Events Scale (IES > 30): Fewer intervention patients had PTSD at follow up (p .01). **Subgroup analysis:** NA

Expert-facilitated support groups	Sikkema, 2005[313] Sikkema, 2004[312]; Sikkema, 2006[311] Trial ID N/A N = 267 US **Design:** RCT	**Study population:** HIV+ or diagnosed with AIDS men and women, had experienced the loss of a loved one to AIDS within the previous two years, desired intervention due to distress from this loss, and were not currently psychotic or cognitively impaired **Culture characteristics**: HIV positive persons coping with AIDS-related loss **Recruitment strategy:** Recruitement through printed media and personal contacts with HIV/AIDS service organizations and care providers **Grief or complicated grief:** Grief **Relationship to deceased:** mix : partner, friends, child **Age of deceased:** Children and adults/elderly **More death details:** Expected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Within the previous two years **Female:** 36.2% 85 women, 150 men **Age:** 40.3 (7.0) **Min age:** 21 **Max age:** 60 **Age subgroup**: Adults **Ethnicity:** % Black/African American : 53 % Hispanic or Latino : 12.7 % White : 28 Other : Other: 6.3%	**Personnel:** Therapist,Social worker **Setting**: Outpatient **Setting of the place the person died:** N/A **Intervention:** Expert-facilitated support groups Cognitive-behavioral and support group, bereavement coping group intervention led by therapists, focusing on improving coping skills in bereaved HIV positive adults who have lost loved ones through AIDS-related deaths; the intervention is specifically tailored to address the unique issues surrounding HIV/AIDS, co-therapists delivered the treatment over a course of 12 weekly 90-minute sessions, the group format combined semi-structured cognitive-behavioral and support group approaches, specific strategies for dealing with problems of grief included establishing a sense of control and predictability; anger expression and management; resolution of guilt; promoting self-mastery through empowerment; and development of new relationships, for 12-weeks **Target:** Individual bereaved person **Duration:** 12 weeks **Control:** TAU Offered individual psychotherapy upon request, approximated what clients would receive by their own initiation in a community setting and provided by master's and doctoral level therapists who were not specifically trained in the	GRI (Grief Reaction Index) Women in the intervention group demonstrated significant reductions in grief symptoms over men in both conditions and women in the comparison condition. FAHI (Functional Assessment of HIV Infection) Significant pre-post by treatment condition interactions are all in the direction of positive change in the experimental condition. Thus, participants in the treatment condition (bereavement group aimed at improving coping with grief) reported improved qu Hamilton Rating Scale Depression Women in the intervention group demonstrated significant reductions in depressive symptoms over men in both conditions and women in the comparison condition. Men and women participating in the group intervention demonstrated significantly more reduction in psychiatric distress than controls. **Subgroup analysis:** Patient characteristics Women in the group intervention demonstrated significant reductions in grief and depressive symptoms over men in bothconditions;

			bereavement coping intervention model **Comparator:** NA **Additional comparator:** NA **Follow-up:** 3.5 weeks	brief cognitive-behavioral group interventions for coping with grief have a positive impact on the psychiatric functioning of
Psychotherapy	Rosner, 2014[286] Rosner, 2015[284] NCT01433653 N = 51 Germany **Design:** RCT	**Study population:** Adults meeting diagnosis of prolonged grief disorder; they had an average of 2.5 comorbid diagnoses; patients experiencing psychosis, severe substance dependence, suicidality, unstable use of psychotropic drugs, or concurrent psychotherapeutic treatment were excluded **Culture characteristics**: **Recruitment strategy:** Word-of-mouth, referrals from health care professionals or clergy, and newspaper articles, magazine articles, and radio interviews **Grief or complicated grief:** Complicated grief **Relationship to deceased:** mix **Age of deceased:** Children and adults/elderly **More death details:** Mixed unexpected and expected : 39% "non-natural" Mixed violent and nonviolent : 39% "non-natural" **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** at least 6 months; range 6 months to 37 years **Female:** 86% **Age:** 47.53 (14.72) **Min age:** 20 **Max age:** 78 **Age subgroup**: Adults **Ethnicity:**	**Personnel:** Psychologist **Setting**: Outpatient **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Prolonged Grief Cognitive Behavior Therapy, at least 20 sessions, completed during 9 to 11 months; sessions were 50 minutes with the exception of two 90 minute sessions **Target:** Individual bereaved person **Duration:** over 20 to 50 weeks; treatment frequency was adapted to the personal circumstances of the participants - the usual reasons for treatment prolongation were illness, vacation, or new losses **Control:** Wait list Wait list with waiting period set at four months or longer with 6 months average **Comparator:** NA **Additional comparator:** NA **Follow-up:** 11.5 weeks	PG-13 (Prolonged Grief-13) Prolonged Grief-13, percent recovered (< 31 score) Intervention group had significantly greater mean improvement (p <0.001), significantly more recovered patients (p 0.003). Symptom Checklist-90 (SCL-90) -Revised, depression scale Intervention group had significantly greater mean improvement (p <.01) No significant difference between groups in improvement on SCL-90 Global Severity Rating: and SCL-90 anxiety scale **Subgroup analysis:** Other : patient's relationship to the deceased, namely, a child or other form of kinship, and according to the type of death, namely, a natural or non-natural death

		N/A		
Psychotherapy	Swanson, 2009[328] NCT00194844 N = 341 US **Design:** RCT	**Study population:** Couples were deemed eligible if both agreed to participate; reported an unplanned, unexpected loss of pregnancy prior to 20 weeks gestation; were in a self-proclaimed committed relationship, geographically accessible, and within 3 months of loss; **Culture characteristics**: **Recruitment strategy:** Recruitment posters, print and media ads, pamphlets in healthcare facilities **Grief or complicated grief:** Grief **Relationship to deceased:** parent **Age of deceased:** Unborn **More death details:** Unexpected death : Miscarriage N/A violent/nonviolent : Miscarriage **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** First year after miscarriage - mean 1 month **Female:** 50% **Age:** Nurse caring (NC) women: 32.7 (22.7), men: 33.8 (6.8) Self-caring (SC) women: 32.0 (5.3), men: 33.8 (6.3) Combined caring (CC) women: 32.5 (5.8), men: 34.1 (6.2) Control women: 32.5 (6.5), men: 34.0 (7.7) **Min age: Max age:** **Age subgroup**: Adults Nurse caring (NC) women: 32.7 (22.7), men: 33.8 (6.8) Self-caring (SC) women: 32.0 (5.3), men: 33.8 (6.3) Combined caring (CC) women: 32.5 (5.8), men: 34.1 (6.2)	**Personnel:** Other : Nurse **Setting**: Community **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Nurse caring (three 1-hour counseling sessions that took place in their homes or an alternate private location) based on Swanson's Caring Theory and Meaning of Miscarriage Model and offered 1, 5, and 11 weeks after enrollment **Target:** Couples **Duration:** 11 weeks **Control:** No intervention Control (no treatment) **Comparator:** Self-help interventions Self-caring (SC), a lower cost, self-administered, mailed intervention with three videos approximately 18 minutes each and workbook modules with seven daily questions that elicited reflective writing **Additional comparator:** Psychotherapy Combined caring (CC), consisting of one counseling session plus the first self care module at the end of their only counseling session delivered by nurses and the next two self care modules mailed **Follow-up:** 13 weeks	MGI (Miscarriage Grief Inventory) with pure grief and grief-related emotions subscales Outcomes reported by gender. Nurse care had the overall broadest positive impact on couples' resolution of grief. Grief resolution (PG and GRE) was accelerated by self care for women and combined care for men. Median estimate of the difference in recovery CES-D (Center for Epidemiological Studies-Depression scale) Women who received NC resolved depression faster than women in the control, CC, or SC conditions. For men, although NC offered no benefit over the control condition for resolving depression, both NC and no treatment were substantially more effective than **Subgroup analysis:** NA

		Control women: 32.5 (6.5), men: 34.0 (7.7) **Ethnicity:** % Black/African American : 4.1 % Hispanic or Latino : 3.2 % American Indian or Alaska Native : 1.3 % Asian : 5.9 % White : 85.5		
Psychotherapy	Dowling, 2006[106] Trial ID N/A N = 56 UK **Design:** Cluster RCT	**Study population:** Adults with intellectual disabilities (IDs) who had experienced a significant bereavement (e.g. a parent or sibling had died); exclusion criterion was a diagnosis of dementia or psychosis **Culture characteristics**: Bereaved adults with intellectual disabilities **Recruitment strategy:** Participants drawn from a range of residential and day care facilities in South-west London and from L'Arche residential communities in various parts of the UK. **Grief or complicated grief:** Grief **Relationship to deceased:** parent,other : Sibling **Age of deceased:** N/A **More death details:** N/A expected/unexpected : The relatively small numbers in the study did not allow factors such as time since bereavement, the nature of the loss, the degree of ID, age and gender, to be examined. N/A violent/nonviolent : The relatively small numbers in the study did not allow factors such as time since bereavement, the nature of the loss, the degree of ID, age and gender, to be examined. **Anticipatory vs. bereaved:** Bereaved	**Personnel:** Counselor **Setting**: Community **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Counselling delivered by volunteer bereavement counsellors at a fixed setting of their choice, usually at home or in their day centre with an average of 15 1-hour sessions, initially offered on a weekly basis and latterly fortnightly **Target:** Individual bereaved person **Duration:** **Control:** NA **Comparator:** Other 'Integrated intervention', offering bereavement-specific support delivered by two people who already knew the participant well, i.e. their usual formal (paid) or informal (e.g. family) carers based in the usual home (loss-oriented grief work) and day sett **Additional comparator:** NA **Follow-up:** weeks	Measures used included: Aberrant Behavior Checklist – Community (ABC-C), Health of the Nation Outcome Scales for People with Learning Disabilities (HoNOS-LD). The counselling intervention resulted in measurable gains both clinically and in terms of quali **Subgroup analysis:** NA

		Timing at the beginning of the intervention: The relatively small numbers in the study did not allow factors such as time since bereavement, the nature of the loss, the degree of ID, age and gender, to be examined. **Female:** % The relatively small numbers in the study did not allow factors such as time since bereavement, the nature of the loss, the degree of ID, age and gender, to be examined. **Age:** **Min age: Max age:** **Age subgroup**: Age unclear **Ethnicity:** N/A		
Expert-facilitated support groups	Sandler, 2003[294] Trial ID N/A N = 156 US **Design:** RCT	**Study population:** Death of a biological parent or parent figure, death occurrence between 4-30 months before the program, at least one child between 8 and 16 years of age, at least one child and one caregiver willing to be randomly assigned to the intervention or control group and participate in the assessments, caregiver and child could complete assessment in English, neither caregiver nor any child was currently receiving other mental health or bereavement services, children were not in a special class for the mentally handicapped, and family was not planning to move out of the area in the next 6 months **Culture characteristics**: **Recruitment strategy:** Mail solicitation and personal presentations to agencies that have contact with bereaved children,	**Personnel:** Other : Trained clinician **Setting**: N/A **Setting of the place the person died:** N/A **Intervention:** Expert-facilitated support groups The Family Bereavement Program where children, caregivers, and adolescents each met in separate groups for 12 two hour sessions **Target:** Family (entire family targeted) **Duration:** 12 weeks **Control:** Attention-matched control Caregivers, children, and adolescents received three books at 1 month intervals, relating to adult, child, or adolescent grief; books were accompanied by a syllabus that briefly outlined the	The intervention group showed greater improvement in internalizing and externalizing problems than the control group, but only dor girls and those who had higher problem scores at baseline. **Subgroup analysis:** NA

		newspaper articles, and media presentations **Grief or complicated grief:** Grief **Relationship to deceased:** child **Age of deceased:** Adults and elderly **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Not specified **Female:** 46% **Age:** 11.39 (2.43) **Min age:** 8 **Max age:** 16 **Age subgroup**: Mixed age **Ethnicity:** % Black/African American : 7 % Hispanic or Latino : 16 % American Indian or Alaska Native : 3 % Asian : 1 % White : 67	important issues covered in the books **Comparator:** NA **Additional comparator:** NA **Follow-up:** 11 weeks	
Psychotherapy	Papa, 2013[256] NCT01556048 N = 25 US **Design:** RCT	**Study population:** Adults with Prolonged Grief Disorder; significant impairment due to chronic yearning and/or emotional pain that had endured over 6 months accompanied by five of the following: feeling shocked, angry, and/or numb from the loss; diminished sense of self and meaning; trouble accepting their loss, trusting others, and moving on; and avoidance of reminders - exclusion criteria were suicidal or homicidal ideation, a history of psychotic symptoms or bipolar disorder, current psychosocial treatment	**Personnel:** Therapist **Setting**: N/A not reported **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Behavioral Activation: identify goal-directed, rewarding activities specific to the individual client; identify behaviors and contexts that can be shaped to promote change; and identify patterns of avoidance and practical roadblocks that interfere with completion of the identified activities and goals - at least one hour long session per week for 12 weeks	ICG-R (Inventory of Complicated Grief–Revised) Intervention group improved significantly more than wait list. Depression Anxiety Stress Scales (DASS) depression scale Intervention group improved significantly more than wait list. PTSD Checklist–Specific (PCL-S): Intervention 29.64 (9.38), Wait list 42.80 (13.77) **Subgroup analysis:** NA

		focused on grief symptoms, or substance abuse **Culture characteristics**: **Recruitment strategy:** Advertisements on Craigslist.com, local newspapers, and radio stations, flyers posted in the community, and brochures provided to local mental health resources and primary care offices **Grief or complicated grief:** Complicated grief **Relationship to deceased:** NA **Age of deceased:** Children and adults/elderly **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 6 months to 10 years **Female:** 88% **Age:** 49 **Min age:** 22 **Max age:** 72 **Age subgroup**: Adults **Ethnicity:** % Hispanic or Latino : 4 % American Indian or Alaska Native : 4 % White : 92	**Target:** Individual bereaved person **Duration:** 12 weeks **Control:** Wait list Wait list (delayed start at week 12) **Comparator:** NA **Additional comparator:** NA **Follow-up:** 3 weeks	
Psychotherapy	Kersting, 2013[176] N/A N = 228 Germany **Design:** RCT	**Study population:** Parents having lost a child during pregnancy because of miscarriage, termination due to medical indications, or stillbirth **Culture characteristics**: **Recruitment strategy:** Radio, TV, and newspaper announcements; also health professionals and clinics	**Personnel:** Psychologist,Therapist **Setting**: Online **Setting of the place the person died:** Unclear **Intervention:** Psychotherapy Cognitive behavioral online intervention; patients received writing assignments based on the	ICG (Inventory of Complicated Grief) In ANOVA, intervention was associated with greater improvement (p 0.01). Brief Symptom Inventory - Depression scale

		notified parents affected by pregnancy loss **Grief or complicated grief:** N/A **Relationship to deceased:** parent **Age of deceased:** Unborn **More death details:** Unexpected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Mean 9.93 months (SD 24.11 months) **Female:** 92.1% **Age:** 34.18 (5.15) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** N/A	cognitive-behavioral treatment protocol from their therapist, which were personalized by the therapist for each participant; no interactive computer exercises or multimedia presentations were involved; two weekly 45-minute writing assignments over a 5-week period **Target:** Individual bereaved person **Duration:** 5 weeks **Control:** Wait list Wait list1 **Comparator:** **Additional comparator:** **Follow-up:** 1 weeks	In ANOVA, intervention was associated with greater improvement (p<0.01) PTSD at 5 weeks, measured by Impact of Event Scale-Revised: Intervention 17.64 (12.22), Control 28.27 (11.81) **Subgroup analysis:** NA
Psychotherapy	Andrade, 2017[49] N = 29 Portugal **Design:** RCT	**Study population:** Recently bereaved persons (less than one month after loss) **Culture characteristics**: **Recruitment strategy:** Participants were recruited by primary health care medical staff **Grief or complicated grief:** Grief **Relationship to deceased:** NA **Age of deceased:** N/A **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** N/A **Timing at the beginning of the intervention:** less than one month after loss **Female:** % **Age:**	**Personnel:** Therapist **Setting**: Primary care **Setting of the place the person died:** N/A **Intervention:** Psychotherapy A cognitive-narrative program with four weekly 60 minute sessions using therapeutic techniques of recall, cognitive and emotional subjectification, metaphorizing, and projecting **Target:** Individual bereaved person **Duration:** 4 weeks **Control:** TAU Treatment as usual alone **Comparator:** NA **Additional comparator:** NA **Follow-up:** 6 weeks	Beck Depression Inventory scale scores Levels of depression were lower in the intervention group but results were not statistically significant (p 0.06) Traumatic Stress was measured using the Impact of Events Scale-Revised (IES-R), statistically significant results in emotional numbing IES-R sub-scale were observed (p 0.02). **Subgroup analysis:** NA

		Min age: Max age: **Age subgroup**: Age unclear **Ethnicity:**		
Psychotherapy	Litz, 2014[204] N = 87 US **Design:** RCT	**Study population:** Bereaved caregivers of recently deceased patients who had been treated at the Dana-Farber Cancer Institute in Boston, Massachusetts with significant PGD (post grief disorder) and functional impairment in social, occupational, or household responsibilities as indexed on the PG-13 (prolonged grief scale), internet access, and a minimum age of 21 years **Culture characteristics**: **Recruitment strategy:** Participants from Dana-Farber Cancer Institute in Boston, Massachusetts, targeted between 3 and 6 months post-loss **Grief or complicated grief:** Complicated grief **Relationship to deceased:** mix **Age of deceased:** N/A **More death details:** Expected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 3 to 6 months post death **Female:** 67.9% **Age:** 55.37 (10.30) no min age, no max age **Min age: Max age:** **Age subgroup**: Adults no min age, no max age **Ethnicity:** N/A	**Personnel:** Therapist **Setting**: N/A **Setting of the place the person died:** Hospital **Intervention:** Psychotherapy Cognitive-behavioral therapist-assisted Internet-delivered intervention to provide bereaved individuals with psycho-education about loss and grief to reduce the dysfunction associated with post grief disorder **Target:** Individual bereaved person **Duration:** 6 weeks **Control:** Wait list Wait list for intervention **Comparator:** NA **Additional comparator:** NA **Follow-up:** 4.5 weeks	PG-13 (Prolonged Grief Inventory) Scale Scores Both groups improved from baseline, but the intervention group showed greater improvement than the control group (p<0.001). BDI (Beck Depression Inventory) Scale Score Both groups improved from baseline, but the intervention group showed greater improvement in depression symptoms than the control group (p<0.001). **Subgroup analysis:** NA

Psychotherapy	Schut, 1997[304] N = 105 Netherlands **Design:** RCT	**Study population:** Widows and widowers under the age of 65 who reported medium to high levels of distress (according to General Health Questionnaire) 11 months after their loss **Culture characteristics**: **Recruitment strategy:** Participants located through obituary notices in national and local newspapers, mailed a letter introducing the study, followed up by a phone call to ask for participation **Grief or complicated grief:** Grief **Relationship to deceased:** spouse **Age of deceased:** Adult **More death details:** Mixed unexpected and expected Mixed violent and nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 11 months since loss **Female:** 76% **Age:** 54.2 (9.8) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:**	**Personnel:** Social worker **Setting**: Unclear not specified **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Counseling, 7 sessions administered by social workers with the first 4 on a weekly basis and last 3 on a biweekly basis, aimed to reestablish dynamics of the grief process and manage behaviors and cognition with a problem-focused protocol **Target:** Individual bereaved person **Duration:** 10 weeks **Control:** No intervention Non-intervention control group **Comparator:** Psychotherapy Counseling, 7 sessions administered by social workers with the first 4 on a weekly basis and last 3 on a biweekly basis, aimed to reestablish dynamics of the grief process and manage behaviors and cognition with an emotion focused protocol **Additional comparator:** NA **Follow-up:** 14 weeks	All General Health Questionnaire scores improved, the main intervention (problem-focused) had a 35% improvement, the comparator (emotion-focused) had a 26% improvement, and the control had a 20% improvement. **Subgroup analysis:** Patient characteristics Subgroup analyses on gender reports Cohen's d, For women in main intervention (problem-focused) 1.84, for women in comparator (emotion-focused) 0.76, for men in main intervention (problem-focused) 0.20, for men in comparator (emotion focused) 1.16
Psychotherapy	Garcia, 2013[121] N/A N = 87 Spain **Design:** Cluster RCT	**Study population:** Widows age 70 or younger, 3 months or less since partner's death; those experiencing the following were excluded :loss of a child in the previous three years, loss of two or more close relatives in the previous year, partner's death by suicide or AIDS; current psychiatric problems or bedridden **Culture characteristics**:	**Personnel:** Other : Primary care MD **Setting**: Primary care **Setting of the place the person died:** Other 70.1% hospital, 24.1% home **Intervention:** Psychotherapy Face-to-face manualized intervention by family physician focusing on relational, emotional, and psychoeducational support;	Grief Experience Inventory, Despair scale At 24 months, no statistically significant difference between groups in Despair, Anger, Guilt, Social Isolation, Loss of Control, Rumination, Somatization or Death anxiety scale. Intervention group improved more on Depersonalization scale (p = .026).

		Recruitment strategy: Recruited by their family physicians **Grief or complicated grief:** N/A **Relationship to deceased:** spouse : widows **Age of deceased:** Adult **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** **Female:** 100% **Age:** 59.0 (8.1) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** N/A,Other : Spain (Basque)	seven 45 minute sessions over 13 months **Target:** Individual bereaved person **Duration:** 13 months **Control:** Attention-matched control Seven regular medical appointments over 13 months **Comparator:** **Additional comparator:** **Follow-up:** 24 weeks	General Health Questionnaire (GHQ - 28): Control group showed more improvement (p = .022) **Subgroup analysis:** Other : Effect was not modified by baseline age (p ¼ .6990), morbidity, Bereavement Risk Index, or prior threatening experiences of the widows, nor by the duration of the relationship between the widows and their partners
Psychotherapy	Navidian, 2017[238] Navidian, 2018[237] Trial ID N/A N = 100 Iran **Design:** RCT	**Study population:** Participants over 18 years old, literate, with no history of still birth/miscarriage in previous pregnancies, or history of mental disorders, and absence of other stressful events in the past year, and the perinatal loss occurred at more than 22 weeks gestational age **Culture characteristics**: **Recruitment strategy:** eligible women who had recently experienced still birth (maximum four weeks) were identified through the office of births registration in the maternity hospital by telephone and then were evaluated in terms of inclusion criteria, invited to local health center to recieve information about consenting to participation in the study **Grief or complicated grief:** Grief PTSD	**Personnel:** Counselor **Setting**: Outpatient **Setting of the place the person died:** Hospital **Intervention:** Psychotherapy Psychological counseling, 4 sessions with the predetermined structure and content, in small groups, at their local health center for 2 weeks **Target:** Individual bereaved person **Duration:** 2 weeks **Control:** TAU Treatment as usual alone **Comparator:** NA **Additional comparator:** NA **Follow-up:** 0.50 weeks	A mean decrease in the severity of post-traumatic stress symptoms of 85.2 (70.2) was found in the intervention group and 98.4 (14.1) in the control group, independent t-test showed that the severity of post-traumaticstress symptoms after psychological gri **Subgroup analysis:** NA

		Relationship to deceased: parent : mother **Age of deceased:** Unborn **More death details:** Unexpected death N/A violent/nonviolent : stillbirth **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Maximum of 4 weeks post-stillbirth **Female:** 100% **Age:** Mean and SD for intervention 29.6 (6.88), control 29.9 (6.90) **Min age: Max age:** **Age subgroup**: Adults Mean and SD for intervention 29.6 (6.88), control 29.9 (6.90) **Ethnicity:**		
Psychotherapy	Nam, 2016[231] Trial ID N/A N = 89 Korea **Design:** RCT	**Study population:** Persons with complicated grief who experienced a loss of a loved one at least six months earlier; those prescribed medication for mental health problems were excluded **Culture characteristics**: **Recruitment strategy:** Recruited from two community senior centers and one hospice service **Grief or complicated grief:** Complicated grief Brief Dimensional CG Assessment **Relationship to deceased:** NA **Age of deceased:** Unclear **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved	**Personnel:** Therapist **Setting**: Outpatient **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Complicated grief treatment, a psychotherapeutic treatment approach based on attachment theory and the dual-process model; consists of several cognitive and behavioral techniques such as revisiting the loved one's loss and re-envisioning one's own future life without the deceased person; 8 weekly sessions about 2 hours each; each patient was asked for a support person to attend sessions and received psychoeducation to help bereaved client progress; those who could not bring in a	ICG (Inventory of Complicated Grief) Intervention group showed significantly greater improvement ($p<0.001$). Geriatric Depression Scale Intervention group showed significantly greater improvement ($p < .001$) Work and Social Adjustment Scale: Intervention group showed significantly greater improvement ($p < .001$) **Subgroup analysis:** Other : Having a supporting person Having a supporting person was statistically associated with more improvement on all 3 measures (only intervention group had support person option)

		Timing at the beginning of the intervention: 412 to 495 days **Female:** 51.7% **Age:** 67.45 (2.79) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** N/A,Other : Presumably Korean	support person received a weekly phone-call by therapist **Target:** Individual bereaved person **Duration:** 8 weeks **Control:** NA **Comparator:** Non-psychotherapy / spiritual counseling Supportive counseling, 8 weekly sessions about 2 hours each **Additional comparator:** NA **Follow-up:** 3 weeks	
Writing, music, art	Kalantari, 2012[164] N = 64 Iran **Design:** RCT	**Study population:** War bereaved students, Farsi as native language, educated in the Iran education system for ages 12 to 18 **Culture characteristics**: Conducted in Iran on Afghan refugee students, Afghanistan consistently exposed to major armed-conflicts **Recruitment strategy:** Approached a school that is specific to war bereaved students/refugees **Grief or complicated grief:** Grief **Relationship to deceased:** child **Age of deceased:** Adult **More death details:** Unexpected death : War Violent death : War **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Range of distance from the loss was from 2 to 17 years with mean of 10.77 (3.71) years **Female:** 52% **Age:** Intervention group 14.58 (1.68), control group 15.03 (1.87) **Min age: Max age:**	**Personnel:** unclear **Setting**: Other School **Setting of the place the person died:** Other War **Intervention:** Writing, music, art Unstructured and structured writing, 3 consecutive days of two 15 minute guided sessions plus treatment as usual **Target:** Individual bereaved person **Duration:** 3 days **Control:** TAU Treatment as usual alone **Comparator:** **Additional comparator:** NA **Follow-up:** 0.1 weeks	TGIC (Traumatic Grief Inventory for Children) The experimental group decreased symptoms significantly ($p<0.001$), while they increased in the control group. **Subgroup analysis:** NA

		Age subgroup: Pediatrics Intervention group 14.58 (1.68), control group 15.03 (1.87) **Ethnicity:**		
Expert-facilitated support groups	Goodkin, 1999[132] Trial ID N/A N = 197 US **Design:** RCT	**Study population:** Homosexual men (HIV-1 seropositive and seronegative), aged 18 to 65, lost a close friend or intimate partner to AIDS in the 6 months prior, english language proficiency **Culture characteristics**: **Recruitment strategy:** Local media outreach, fliers in locations frequented by homosexual clientel and use of referrals **Grief or complicated grief:** Grief **Relationship to deceased:** mix : Friend or intimate partner **Age of deceased:** Adult **More death details:** Expected death : AIDS Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Maximum of 6 months prior **Female:** 0% **Age:** 38.5 (9.3) **Min age:** 18 **Max age:** 65 **Age subgroup**: Adults **Ethnicity:**	**Personnel:** Therapist **Setting**: Outpatient **Setting of the place the person died:** Hospital **Intervention:** Expert-facilitated support groups Support group intervention, weekly 90 minute bereavement therapy sessions, stressor-support-coping model (psychological destress, life stressors, social support and coping style); for 10 weeks **Target:** Individual bereaved person **Duration:** 10 weeks **Control:** Other 4 phone calls over the 10 week period to assess clinical status, avoiding any theraputic interactions during the duration of the interviews **Comparator:** NA **Additional comparator:** NA **Follow-up:** 2.50 weeks	TIG (Texas Inventory of Grief) Psychological distress and grief were reduced in the intervention group both with and without control for other distressing factors, grief level was reduced in the intervention group only when this factor was controlled for, the control group had lower le **Subgroup analysis:** NA
Self-help interventions	Dominick, 2009[103] Trial ID N/A N = 68 US **Design:** RCT	**Study population:** Individuals who experienced the expected, natural death of an older relative or loved one in the last 1-6 months **Culture characteristics**: **Recruitment strategy:** Through classified advertisements, e-mail, newsletters, word of mouth, work	**Personnel:** unclear **Setting**: Online **Setting of the place the person died:** N/A **Intervention:** Self-help interventions Internet self-help intervention on the website Making Sense of Grief	Attitude measured with a Post-intervention questionnaire Attitude improved in the intervention group, but worsened in the control group (p 0.001).

		online sources, flyers, and computer labs/centers **Grief or complicated grief:** Grief **Relationship to deceased:** NA **Age of deceased:** Elderly **More death details:** Expected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 1- 6 months after death **Female:** 86.6% **Age:** 46.5 (11.9) **Min age:** **Max age:** **Age subgroup**: Adults **Ethnicity:** % Black/African American : 20.9 % Hispanic or Latino : 3.0 % Asian : 1.5 % White : 73.1 % Multiracial : 1.5	**Target:** Individual bereaved person **Duration:** 3-5 days **Control:** TAU Usual care **Comparator:** NA **Additional comparator:** NA **Follow-up:** 0.07 weeks	Self-efficacy improved with greater magnitude in the intervention group than the control group (p 0.011). State anxiety improved in the intervention group and worsened in the control group (p 0.024). **Subgroup analysis:** NA
Psychotherapy	Marmar, 1988[212] Trial ID N/A N = 61 US **Design:** RCT	**Study population:** Women who sought treatment for unresolved grief reactions 4 months to 3 years after the death of their husbands with no past or present psychotic illness, no previous psychiatric hospitalization, no history. of alcohol or drug abuse with substantial impairment, no concurrent psychological treatment, and no pending litigation that might compromise the confidentiality of research records **Culture characteristics**: **Recruitment strategy:** N/A **Grief or complicated grief:** Grief **Relationship to deceased:** spouse **Age of deceased:** Adult	**Personnel:** Therapist **Setting**: N/A **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Brief dynamic psychotherapy with experienced clinicians consisting of a 12-session, once a week, time-limited dynamic psychotherapy aimed at reviewing condlicts involved in the subject's relation with the deceased spouse that might impede mourning **Target:** Individual bereaved person **Duration:** 12 weeks **Control:** NA **Comparator:** Peer support groups	Beck Depression Inventory Scale Scores Both groups improved from baseline, but the intervention group showed greater improvement in depression symptoms than the comparator group (p<0.001). Clinician rating on Brief Psychiatric Rating Scale for Neuroticism showed improvement in the intervention group, but not in the comparator group. **Subgroup analysis:** NA

		More death details: N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 4 months to 3 years after the death **Female:** 100% **Age:** 58 (12) **Min age:** 26 **Max age:** 82 **Age subgroup**: Adults **Ethnicity:** N/A	Mutual help groups consisting of 5-8 subjects and the group leader which met once a week for 12 sessions that were 1.5 hours each **Additional comparator:** NA **Follow-up:** 12 weeks	
Writing, music, art	Lichtenthal, 2010[199] Trial ID N/A N = 68 US **Design:** RCT	**Study population:** Undergraduate students who reported experiencing a significant interpersonal loss, were age 18 or older, experienced an interpersonal loss that was considered significant, were willing to write and answer questions about this loss experience, were able to comfortably "think" and write in English, and had the ability to provide informed consent **Culture characteristics**: **Recruitment strategy:** Advertised online to students in introductory psychology courses and through flyers detailing the inclusion criteria that were posted in campus buildings **Grief or complicated grief:** Grief and complicated grief **Relationship to deceased:** mix **Age of deceased:** N/A **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved	**Personnel:** unclear **Setting**: N/A **Setting of the place the person died:** N/A **Intervention:** Writing, music, art Writing assignment, participants were asked to write about their deepest thoughts and emotions relatedto their loss **Target:** Individual bereaved person **Duration:** 1 week **Control:** Attention-matched control Emotional disclosure: participants were asked to describe the room in which they were seated and to minimize the expression of emotion in their writing **Comparator:** Other Benefit-finding: participants were asked to focus on any positive life changes that have come about as a result of their loss experience **Additional comparator:** Other	ICG-R-SF (Inventory of ComplicatedGrief-Revised-ShortForm) prolonged grief disorder Grief Disorder severity improved from baseline to follow-up in the intervention, CER comparator, and comparison groups, but were not sustained in the control group; reduction in Grief Disorder symptoms were particularly pronounced in the CER comparator g CES-D (Center for Epidemiological Studies-Depression Scale) depression symptoms measured with Depression symptoms improved from baseline in all groups. Physical health improved over time in all treatment groups. sh

		Timing at the beginning of the intervention: Different for each participant **Female:** 52.9% **Age:** 19.7 (3.5) **Min age:** 18 **Max age:** 40 **Age subgroup**: Adults **Ethnicity:** % Black/African American : 4.4 % Hispanic or Latino : 4.4 % Asian : 14.7 % White : 66.2	Sense-making: participants were asked to focus on making sense of the event by exploring what causes they attributed the loss to and by constructing a narrative about how this event fit into their lives and into their assumptions about the way the world w **Follow-up:** 3 weeks	**Subgroup analysis:** NA
Psychotherapy	Nam, 2016[234] Trial ID N/A N = 42 Korea **Design:** RCT	**Study population:** Adults with complicated grief who sought bereavement support **Culture characteristics**: **Recruitment strategy:** Recruited from hospice and community service centers; trained community service workers screened candidates **Grief or complicated grief:** Complicated grief screened with Brief Dimensional Complicated Grief Assessment **Relationship to deceased:** spouse : 73.8%,other : friend: 26.2% **Age of deceased:** Adult **More death details:** Mixed unexpected and expected : 76.2% natural causes, 21.4% accident Mixed violent and nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Mean 8.4 months **Female:** 57.1% **Age:** 45.57 (13.04) **Min age:** 21 **Max age:** 73 **Age subgroup**: Adults **Ethnicity:**	**Personnel:** Therapist,Other : "mental health professional with a doctoral degree" **Setting**: N/A not reported; subjects were "identified by community service workers." **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Bereaved participant and a chosen supporter received psychoeducation on complicated grief and helpful social support; four 60-min weekly sessions over 4 weeks **Target:** Individual bereaved person **Duration:** 4 weeks **Control:** Other Bereaved participant (no supporters) received psychoeducation on complicated grief; two 60-min weekly sessions over 4 weeks **Comparator:** NA **Additional comparator:** NA **Follow-up:** 2 weeks	ICG (Inventory of Complicated Grief) Intervention group experienced significantly greater improvement ($p < 0.001$). CES-D (Center for Epidemiologic Studies Depression Scale) Intervention group experienced significantly greater improvement ($p = 0.02$) **Subgroup analysis:** Participant age,Patient characteristics Age, sex, time since loss, and accidental death (as opposed to natural death) were not statistically associated with ICG outcome; spousal loss had a significant effect but unclear in which direction. Spousal loss, accidental death, and female sex were si

		N/A : presumably Korean		
Self-help interventions	Rosenbaum, 2015[283] NCT01926080 N = 160 US **Design:** RCT	**Study population:** English-speaking parents who babies died in the neonatal intensive care unit (NICU) **Culture characteristics**: **Recruitment strategy:** NICU staff notified the research-team clinicians when an infant died **Grief or complicated grief:** Grief **Relationship to deceased:** parent **Age of deceased:** Unborn **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** participants recruited immediately following death **Female:** 68.5% **Age:** N/A **Min age: Max age:** **Age subgroup**: Adults N/A **Ethnicity:** % Black/African American : 16.4 % White : 78.1	**Personnel:** Social worker,Chaplain,Other : NICU nurses **Setting**: Hospital **Setting of the place the person died:** Hospital **Intervention:** Self-help interventions DVD plus comprehensive support; Interdisciplinary NICU care, 90 minute DVD (Grieving in the NICU - Mending Broken Hearts When a Baby Dies) divided into 5 chapters in addition to care by an interdisciplinary NICU team of neonatologists, nurses, social workers, chaplains, and patient-care associates, a CD created with photographs, a memory packet, locks of baby's hair, plaster hand- and foot-prints, the gown in which the baby is dressed after death, a ring for the mother, and engraved necklace for the father **Target:** Family (entire family targeted) **Duration:** 90 minutes **Control:** Attention-matched control Comprehensive care alone; care by an interdisciplinary NICU team of neonatologists, nurses, social workers, chaplains, and patient-care associates, a CD created with photographs, a memory packet, locks of baby's hair, plaster hand- and foot-prints, the gown in which the baby is dressed after death, a ring for the mother, and engraved necklace for the father, without DVD	Grief measured with the Perinatal Grief Score Grief symptoms improved in both groups, but the intervention group showed a greater improvement in grief symptoms than the control group (p 0.36). CES-D (Center for Epidemiologic Studies-Depression) Questionnaire Elevated depressed mood at 3 months Depression improved in both groups, but the intervention group showed greater improvement in depression symptoms than the control group (p 0.75). **Subgroup analysis:** NA

			Comparator: NA **Additional comparator:** NA **Follow-up:** 12 weeks	
Psychotherapy	Nikcevic, 2007[243] Trial ID N/A N = 127 UK **Design:** CT	**Study population:** women attending for a routine scan at 10-14 weeks gestation and found to have a missed miscarriage, spoke and read English fluently, no history of perinatal death, no elective termination for fetal abnormality and recurrent miscarriage, are not under current psychological or psychiatric care **Culture characteristics**: **Recruitment strategy:** intervention groups were recruited from the Harris Birthright Research Centre, where women with a diagnosis of missed miscarriage were offered the option of further investigations **Grief or complicated grief:** Grief **Relationship to deceased:** parent **Age of deceased:** Unborn **More death details:** N/A expected/unexpected : early miscarriage Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Not specified **Female:** 100% **Age:** CER comparator group mean age = 34.3 (4.6), intervention group mean age = 36.2 (3.7), and control group mean age = 34.3 (4.1) **Min age: Max age:** **Age subgroup**: Adults CER comparator group mean age = 34.3 (4.6), intervention group mean age =	**Personnel:** Psychologist **Setting**: N/A **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Medical investigation to ascertain the cause of miscarriage; 5 weeksafter the scan they had a medical consultation to discuss the results of the investigations then received further psychological counseling **Target:** Individual bereaved person **Duration:** 50 minutes **Control:** No intervention no specific post-miscarriage counseling **Comparator:** Other women had a medical investigation to ascertain the cause of miscarriage; 5 weeks after the scan they had a medical consultation to discuss the results of the investigations then received no further psychological counseling **Additional comparator:** NA **Follow-up:** 4 weeks	Level of grief assessed by a modified version of the Texas Grief Inventory All groups showed improvement from baseline, but the intervention group showed the greater improvement in grief symptoms than the control and comparator groups. Depression assessed by the HADS (Hospital Anxiety and Depression Scale) All groups improved from baseline, but the intervention group showed greater improvement than the comparator and control groups. **Subgroup analysis:** NA

		36.2 (3.7), and control group mean age = 34.3 (4.1) **Ethnicity:** % White : 94.5		
Psychotherapy	Bryant, 2017[71] Bryant, 2014[70] ACTRN12609000229279 N = 80 Australia **Design:** RCT	**Study population:** Adults with Prolonged Grief Disorder attending a Traumatic Stress Clinic with bereavement at least 12 months earlier; those over age 70 or with a history of psychosis, current substance dependence, borderline personality disorder, or severe suicidal risk were excluded **Culture characteristics**: **Recruitment strategy:** Recruited from a university affiliated Traumatic Stress Clinic **Grief or complicated grief:** Complicated grief cutoff of 50 on the Complicated Grief Assessment **Relationship to deceased:** spouse : 30%,parent : 30%,child : 31% **Age of deceased:** Children and adults/elderly **More death details:** Mixed unexpected and expected : 54% chronic illness, 20% sudden illness Mixed violent and nonviolent : 15% accident, 11.25% suicide **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 3 to 4 years **Female:** 86.25% **Age:** 52.9 (12.1) **Min age:** 18 **Max age:** 69 **Age subgroup**: Adults **Ethnicity:** N/A	**Personnel:** Psychologist **Setting**: Outpatient **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Exposure plus cognitive behavior therapy techniques; 4 individual sessions of exposure therapy for memories of the death - the person was guided to provide accounts of their emotional, cognitive, sensory, and somatic reactions, 10 weekly 2-hour group therapy sessions **Target:** Individual bereaved person **Duration:** 10 weeks **Control:** Other Cognitive behavior therapy alone, 2-hour group therapy sessions using CBT techniques; plus 4 weekly 1-hour individual sessions where participants could discuss anything they wished for 10 weeks **Comparator:** NA **Additional comparator:** NA **Follow-up:** 24 weeks	ICG (Inventory of Complicated Grief) Intervention group improved more (p 0.016). WHOQOL - BREF (World Health Organization Quality of Life short-form) Psychological Intervention group improved more BDI-2 (Beck Depression Inventory, Second Edition) Intervention group improved more **Subgroup analysis:** NA
Psychotherapy	Schmidt, 2022[300]	**Study population:** Adults who lost a loved one to suicide and met the	**Personnel:** Therapist	ICG (Inventory of Complicated Grief)

	Treml, 2021[334] DRKS00025009 N = 58 Germany **Design:** RCT	criteria for prolonged grief disorder (PGD) based on the PG-13 scale; 56.1% were in a relationship and 59.6% had children **Culture characteristics**: German **Recruitment strategy:** Via the Internet, social media, press information, as well as links and flyers sent to psychology websites, insurance companies, churches, support groups, clinics and medical practices **Grief or complicated grief:** Complicated grief Prigerson et al. (2009) criteria, which share some overlap with but do not fully match the ICD-11 PGD diagnosis **Relationship to deceased:** mix : 33% lost child, 19% lost parent, 19% lost sibling **Age of deceased:** Children and adults/elderly **More death details:** Unexpected death : suicide Violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Minimum 14 months **Female:** 86% **Age:** 44.47 (14.25) **Min age:** 22 **Max age:** 79 **Age subgroup**: Adults **Ethnicity:** N/A	**Setting**: Online **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Internet-based cognitive-behavioral grief therapy, a 5-week therapist-guided online intervention involving structured writing assignments and feedback, consisting of three phases: (1) self-confrontation, (2) cognitive restructuring, and (3) social sharing, with participants completing two writing assignments per week and receiving detailed written feedback from therapists after every two assignments in the first two phases and after each assignment in the final phase **Target:** Individual bereaved person **Duration:** 5 weeks **Control:** Wait list Wait list control group (WCG), which did not receive any intervention during the 5-week waiting period and then received the same Internet-based cognitive-behavioral grief therapy (ICBGT) as the intervention group after the waiting period ended **Comparator:** NA **Additional comparator:** NA **Follow-up:** 3 weeks	Intervention group improved more ($p < .001$) GEQ (Grief Experience Questionnaire) Intervention group improved more ($p = 0.002$) Beck Depression Inventory (BDI 2) Intervention group improved more ($p = .024$) No significant difference in Brief Symptom Inventory (BSI) Global Severity Index, but intervention group had greater decrease in BSI Positive Symptom Total ($p = .032$) **Subgroup analysis:** Patient characteristics Predictors of treatment response: "Higher self-efficacy was associated with a greater reduction in grief ($p = .001$)." "Higher attachment anxiety ($p = .017$) was associated with a higher reduction in grief." "Higher pre-test grief symptoms ($p = .006$) we
Expert-facilitated support groups	Murphy, 1998[227] 76 Trial ID N/A N = 261 US	**Study population:** Parents of child who died by accident, homicide, or suicide who was between the ages of 12 and 28 years of age and not married at the time of death **Culture characteristics**:	**Personnel:** Psychologist,Psychiatrist **Setting**: Community meeting rooms at community college or office buildings	Control group improved more than intervention group (p 0.02). No difference between groups in improvement in overall mental distress (p

	Design: RCT	**Recruitment strategy:** Mailed letters to families identified through death certificates at coroner's office **Grief or complicated grief:** Grief **Relationship to deceased:** parent **Age of deceased:** Children and adults/elderly **More death details:** Unexpected death Violent death : accident, homicide, suicide **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 6 weeks to 7 months **Female:** 65.5% **Age:** 45.0 (6.01) **Min age:** 32 **Max age:** 61 **Age subgroup**: Adults **Ethnicity:** % White : 86	**Setting of the place the person died:** Community **Intervention:** Expert-facilitated support groups Support group meetings of information-giving and skill-building support offered in the first hour followed by emotion-focused support; 10 week, 2 hour sessions **Target:** Individual bereaved person **Duration:** 10 weeks **Control:** No intervention No intervention **Comparator:** NA **Additional comparator:** NA **Follow-up:** 6 weeks	.13) or PTSD total score (p .59) at 6 months among women. Among men, control group improved more than the intervention group in PTSD score (p .05) but no statistical significance re **Subgroup analysis:** Patient characteristics The intervention appeared to be the more beneficial for mothers than fathers.
Expert-facilitated support groups	Rachel, 1977[274] N/A N = 64 Australia **Design:** RCT	**Study population:** Widows were assessed following their husbands death within the first seven weeks of the death of their husbands being at risk for postberavement morbidity **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** Grief **Relationship to deceased:** spouse **Age of deceased:** Adult **More death details:** N/A expected/unexpected Not violent death,Violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Within the first seven	**Personnel:** Psychiatrist,Social worker,Other : Community nurses **Setting**: Other Contacted through Social Security Department **Setting of the place the person died:** N/A **Intervention:** Expert-facilitated support groups The intervention was completed by trained psychiatrists, community nurses and social workers testing variety levels of psychodynamic sophistication. The intermediate goals of the intervention were the promotion of normal grieving expression of bereavement affects, and the accomplishment of a significant degree of mourning review of positive and negative	**Subgroup analysis:** NA

		weeks following the deaths of their husbands **Female:** % N/A **Age:** N/A **Min age: Max age:** **Age subgroup**: Adults N/A **Ethnicity:** N/A	aspects of lost relationship and gradual going over and giving up **Target:** Individual bereaved person **Duration:** 13 months **Control:** No intervention No intervention or treatment was given to the control group **Comparator:** NA **Additional comparator:** NA N/A **Follow-up:** 13 weeks	
Expert-facilitated support groups	Sandler, 1992[296] Trial ID N/A N = 144 US **Design:** RCT	**Study population:** Through letters to a random sample of surviving spouses of individuals ages 25-50 who had died within the prior 2 years. Participants were identified through State Health Department Death Certificates and constituted the subsample of deaths that would be most likely to include a surviving child in the target age group of 7-17 years. The second recruitment source was through referrals to the program by community agencies such as churches or mortuaries. A total of 26 families with one or more children in the target age range were recruited from these sources. **Culture characteristics**: **Recruitment strategy:** Attending at least nine sessions of the family adviser program and one meeting of the grief workshop was the minimal criterion for designating participants as having received the program. These criteria ensured at least minimal exposure to activities designed to change each of the theoretical mediating processes.	**Personnel:** Psychologist,Counselor,Social worker **Setting**: Outpatient **Setting of the place the person died:** Unclear **Intervention:** Expert-facilitated support groups Family grief workshop, phase 1 was a structured three-session workshop that was attended by up to 8 bereaved families per session, the workshop was designed to accomplish two objectives: (a) to fulfill the perceived needs of bereaved families to meet with other families who had similar experiences, and (b) to improve the warmth of the parent-child relationship, highly structured 12-session family adviser program, explicitly targeted for change the participants' levels on each of the four putative mediators identified in the model, the program description highlights the hypothesized links between each program component and the	The depression scale was converted to z scores. **Subgroup analysis:** NA

		Grief or complicated grief: Grief Depression and conduct grief **Relationship to deceased:** parent,child **Age of deceased:** Adults and elderly **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Individuals ages 25-50 who had died within the prior 2 years. **Female:** 86.1% **Age:** 5.8 **Min age:** 7 **Max age:** 17 **Age subgroup**: Mixed age **Ethnicity:** % Black/African American : 2.7 % Hispanic or Latino : 8.3 % American Indian or Alaska Native : 1.4 % Asian : 1.4 Other info : 0 % White : 81.9 % Multiracial : 4.2 Other	mediating processes in the theoretical model. **Target:** Family (entire family targeted) **Duration:** 4-6 months **Control:** Other A 6-month delayed treatment control (C) condition, if more than one child in the family was 7 to 17 years old, one child was randomly selected, as the target child to be assessed. The parent and target child in each family were assessed on all variables prior to random assignment to conditions and 6 months later. **Comparator:** Other The second assessment occurred after the completion of the program for the T group and prior to the beginning of the delayed program for the C group. **Additional comparator:** NA **Follow-up:** weeks	
Peer support groups	Gold, 2021[129] Trial ID N/A N = 32 US **Design:** RCT	**Study population:** Bereaved mothers residing in Michigan, 18 or older, able to read English, had given birth to a stillbirth baby or had an infant death in the first month of life **Culture characteristics**: **Recruitment strategy:** Bereaved mothers recruited through a prior study with the Michigan Mothers Study **Grief or complicated grief:** Grief **Relationship to deceased:** parent	**Personnel:** None **Setting**: Online **Setting of the place the person died:** N/A **Intervention:** Peer support groups Anonymous online loss support group **Target:** Individual bereaved person **Duration:** 6 weeks **Control:** TAU	Being part of a community Positive experience of being part of a support group included being part of a community. Positive experiences of being part of a support group included giving back and experiencing a safe space to talk about ongoing grief. **Subgroup analysis:** NA

		Age of deceased: Unborn **More death details:** N/A expected/unexpected Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Not specified **Female:** 100% **Age:** 37 (7) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** % Black/African American : 13 % White : 87	Participants were text weekly links to two articles about coping with perinatal loss (also sent to the intervention and comparator groups) but did not enroll in an online support group **Comparator:** Peer support groups Women were asked to go to Share Pregnancy and Infant Loss Support, a national nonprofit which runs a closed Facebook group for parents with perinatal loss, at least twice weekly and read postings by other group members **Additional comparator:** NA **Follow-up:** 2 weeks	
Expert-facilitated support groups	Lake, 1987[188] Trial ID N/A N = 78 US **Design:** RCT	**Study population:** women experiencing perinatal death (delivery of a fetus 20 weeks or more gestation or weighing at least 500 gm that either stillborn or died within 2 hours of birth) and provided informed consent **Culture characteristics**: **Recruitment strategy:** N/A **Grief or complicated grief:** Grief **Relationship to deceased:** parent **Age of deceased:** Unborn **More death details:** N/A expected/unexpected Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** intervention began 6 months after death **Female:** 100% **Age:** intervention group mean age was 25.39 and control group mean age was 23.93.	**Personnel:** Social worker,Other : perinatal nurse **Setting**: Outpatient **Setting of the place the person died:** Hospital **Intervention:** Expert-facilitated support groups timely meetings with the patient, her family, and one or more members of the perinatal grief support team; two meetings before hospital discharge, another at 4 to 6 weeks after discharge, and a third at 4 to 6 months; grief support and comfort objectives were established for each meeting **Target:** Family (entire family targeted) **Duration:** 6 months **Control:** TAU routine hospital care and no intervention from the grief support team **Comparator:** NA **Additional comparator:** NA	Grief Inventory Score measured using Self-Rating Grief Index Questionnaire There was no statistically significant difference between the treatment and control groups on overall grief score **Subgroup analysis:** NA

		Min age: Max age: **Age subgroup**: Age unclear intervention group mean age was 25.39 and control group mean age was 23.93. **Ethnicity:** % Black/African American : 52.9 % White : 47.1	**Follow-up:** 6 weeks	
Psychotherapy	Lieberman, 1992[201] Trial ID N/A N = 78 US **Design:** RCT	**Study population:** surviving spoused of individuals who died of cancer 4-10 months before at two local medical centers **Culture characteristics**: **Recruitment strategy:** enlisted cooperation and sponsorship of the deceased spouses' oncologist who contacted each surviving spouse by mail; investigators followed oncologist's letter with a letter announcing the project and a phone call to describe the project in detail and urge each to participate **Grief or complicated grief:** Grief **Relationship to deceased:** spouse **Age of deceased:** Adult **More death details:** Expected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** enrolled in study 4-10 months after death **Female:** 72% **Age:** mean age = 56.7, no SD reported, no min age, no max age **Min age: Max age:** **Age subgroup**: Adults mean age = 56.7, no SD reported, no min age, no max age **Ethnicity:** % White : 100	**Personnel:** Counselor **Setting**: N/A **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Brief group psychotherapy led by experienced clinicians, eight 80-minute sessions, approximately 10 members in each brief psychotherapy group **Target:** Individual bereaved person **Duration:** 8 weeks **Control:** No intervention untreated control **Comparator:** NA **Additional comparator:** NA **Follow-up:** 12 weeks	Grief measured using scales developed in previous bereavement research (Lieberman & Videka-Sherman, 1986) Grief symptoms in both the control group and intervention group improved between baseline and follow up; The control group reported a greater reduction in grief symptoms than the intervention group. Depression measured using three Hopkins Symptom Checklist scales Both intervention and control groups reported improvements in depression symptoms from baseline; the control group reported a greater reduction in depression symptoms than the intervention group. **Subgroup analysis:** NA

Expert-facilitated support groups	Smith, 2009[320] Trial ID N/A N = 235 US **Design:** RCT	**Study population:** HIV-positive men and women with health care provider verification of HIV-positive serostatus, loss of a loved one to AIDS not less than 1 month or more than 2 years ago, not currently psychotic, and no more than mild cognitive impairment **Culture characteristics**: **Recruitment strategy:** recruited in New York, NY and Milwaukee, WI through printed media and contacts with AIDS service organizations and health care providers **Grief or complicated grief:** Grief **Relationship to deceased:** mix **Age of deceased:** N/A **More death details:** N/A expected/unexpected : death from AIDS Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** death occurred between 1 months and 2 years prior at baseline **Female:** 36% **Age:** mean age was 40 (no SD reported) **Min age:** 21 **Max age:** 60 **Age subgroup**: Adults mean age was 40 (no SD reported) **Ethnicity:** % Black/African American : 53 % Hispanic or Latino : 13 % White : 28 % Multiracial : 6	**Personnel:** Therapist **Setting**: **Setting of the place the person died:** N/A **Intervention:** Expert-facilitated support groups 12 week cognitive behavioral-coping intervention group focused on coping with loss and being HIV-positive with 8-10 participants each and led by 2 trained master- or doctoral-level therapists; semistructured 90 minute group sessions **Target:** Individual bereaved person **Duration:** 12 weeks **Control:** TAU community-standard of care in which participants were offered individual therapy upon request **Comparator:** NA **Additional comparator:** NA **Follow-up:** weeks	GRI (Grief Reaction Index) grief symptoms Changes in coping were related to decreased grief in participants in the intervention group. Depressive Symtpoms measured using the SCL-90-R (Symptom Checklist-90-Revised), SIGH-AD Changes in coping were related to decreased depression in participants in the intervention group. **Subgroup analysis:** NA
Expert-facilitated support groups	Hilliard, 2007[147] Trial ID N/A	**Study population:** children who had experienced the death of a loved one with the past 2 years	**Personnel:** Therapist,Social worker **Setting**: Other public schools	Grief symptoms measured using the BP (Bereavement

	N = 26 US **Design:** CT	**Culture characteristics**: **Recruitment strategy:** N/A **Grief or complicated grief:** Grief **Relationship to deceased:** mix **Age of deceased:** N/A **More death details:** Mixed unexpected and expected Mixed violent and nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** death occurred within the past 2 years at baseline **Female:** 46% **Age:** mean age 8 (no SD reported) **Min age:** 5 **Max age:** 11 **Age subgroup**: Pediatrics mean age 8 (no SD reported) **Ethnicity:** N/A	**Setting of the place the person died:** N/A **Intervention:** Expert-facilitated support groups Orff-based music therapy group of 8 weekly sessions utilizing live music, various rhythm instruments, and four-voice xylophone ensemble **Target:** Individual bereaved person **Duration:** 8 weeks **Control:** Wait list No contact for 8 weeks after the pretest, followed by 8 weekly sessions of music therapy **Comparator:** Expert-facilitated support groups Social work-based grief sessions such as play therapy, use of sand trays, counseling, discussion, drama, and various art-based interventions; music in any form was not utilized, for 8 weeks **Additional comparator:** NA **Follow-up:** 2 weeks	Group Questionnaire for Parents and Guardians) There were significant differences between the control and intervention groups (p<0.05) and the control and comparator groups (p<0.05). There were no significant differences between the intervention and comparator groups (p>0.05). Participants in the comp **Subgroup analysis:** NA
Psychotherapy	Pfoff, 2014[266] Trial ID N/A N = 38 US **Design:** RCT	**Study population:** Bereaved older adults and the elderly who had lost a spouse at least two months prior to study period, but less than two years before, had stable or no medical issues, and sleep issues **Culture characteristics**: **Recruitment strategy:** Via advertisements, flyers, personal contact, and presentations at senior centers, funeral homes and churches **Grief or complicated grief:** Grief **Relationship to deceased:** spouse **Age of deceased:** Unclear	**Personnel:** Therapist **Setting**: N/A **Setting of the place the person died:** N/A **Intervention:** Psychotherapy One-on-one therapy sessions at which a therapist discusseda weekly activity diary; completion of a diary of 17 daily events and the time at which they occurred; Functional Therapy therapists taught healthy sleep practices as well as factors and behaviors influencing sleep; each therapy session started with a brief	TRIG (Texas Revised Inventory for Grief) scale score The Hamilton Rating Scale for Depression (HRSD) scale score The study confirmed the hypothesis that therapy which emphasizes sleep could accrue benefits in both sleep and depression. Functional therapies may be more easily administered and/or more acceptable to the bereaved senior than

		More death details: N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 86 - 498 days **Female:** 78.9% **Age:** 72 (6.9) **Min age:** 60 **Max age:** 84 **Age subgroup**: Adults **Ethnicity:** N/A : Note, the article mentions an appendix that may have this information in it	questionnaire regarding recent events that may have influenced lifestyle regularity, and ended with a Beck Depression Inventory; the main body of the session followed the Social Rhythm Therapy treatment manual involving steps towards a more regular and active lifestyle; the therapist and participant developed and set goals to increase the events completed and the regularity with which these events were done, as well as implementing healthy sleep practices, and reviewed progress made **Target:** Individual bereaved person **Duration:** 10 sessions over six months **Control:** TAU Each session started with a brief questionnaire regarding recent events that may have influenced their level of grief, and ended with a Beck Depression Inventory; for the week before each session, the participant was required to complete a grief diary including the nature and frequency of particular grief triggers (times, places and events); the main body of the session followed the Emotion Focused Treatment manual as modified for bereavement, involving steps towards identifying the events that trigger grief attacks and exploring the emotions that result in a reflective listening approach, therapists were	emotion-based ones. Thus, th Sleep quality; alertness at waking; anxiety **Subgroup analysis:** NA

			three Master's or Doctorate level trained therapists **Comparator:** NA **Additional comparator:** NA **Follow-up:** weeks	
Psychotherapy	Acierno, 2021[45] Trial ID N/A N = 155 US **Design:** RCT	**Study population:** US combat veterans with complicated grief; actively psychotic or "demented" persons, patients with suicidal ideation and those with substance dependence were excluded **Culture characteristics**: Veterans **Recruitment strategy:** Recruited from Veterans Affairs PTSD, Depression, and Anxiety treatment clinics **Grief or complicated grief:** Complicated grief 55 or higher on the Inventory of Complicated Grief-R **Relationship to deceased:** other : Military colleagues **Age of deceased:** Adult **More death details:** N/A expected/unexpected : Combat deaths Violent death : combat **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** mean 16.7 years **Female:** 18.7% **Age:** 46.68 (12.7) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** % Black/African American : 56.1 % Hispanic or Latino : 7.1 % American Indian or Alaska Native : 0.6 % Asian : 1.3	**Personnel:** Therapist **Setting**: Online telemedicine (though participants could elect to receive treatment exclusively in person, exclusively via home telemedicine, or a mixture) **Setting of the place the person died:** Other Combat (primarily Middle East) **Intervention:** Psychotherapy Behavioral Activation and Therapeutic Exposure for Grief leverages evidence-based components for PTSD (therapeutic exposure) and Major Depressive Disorder (behavioral activation); targets avoidance/withdrawal behaviors while promoting active and social coping; over 75% of sessions delivered via home-based telemedicine; one 60 minute session per week for 7 weeks **Target:** Individual bereaved person **Duration:** 7 weeks **Control:** NA **Comparator:** Psychotherapy Cognitive Behavior Therapy for Grief (CBT-G); over 75% of sessions delivered via home-based telemedicine; one 60 minute session per week for 7 weeks **Additional comparator:** NA **Follow-up:** 6 weeks	ICG-R (Inventory of Complicated Grief-Revised) No significant difference in improvement between groups; follow up scores not reported by group Beck Depression Inventory version II (BDI-II) No significant difference in improvement between groups; follow up scores not reported by group PTSD Checklist version 5: No significant difference in improvement between groups; follow up scores not reported by group **Subgroup analysis:** NA

		% Native Hawaiian or Pacific Islander : 3.2 % White : 33.5 % Multiracial : 5.2,Other : "More than one race of Other"		
Expert-facilitated support groups	Hilliard, 2001[146] Trial ID N/A N = 18 US **Design:** CT	**Study population:** Children who had experienced the death of a loved one with the past 2 years, had an overall bereavement score of two on the International Bereavement Group Questionnaire for Parents/Guardian, parent/guardian consent, and at least one specific behavioral or emotional problem exhibited by the child believed to be related to the loss **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** Complicated grief **Relationship to deceased:** NA **Age of deceased:** Unclear **More death details:** Mixed unexpected and expected Mixed violent and nonviolent **Anticipatory vs. bereaved:** N/A **Timing at the beginning of the intervention:** Within 2 years **Female:** % N/A **Age:** N/A **Min age: Max age:** **Age subgroup**: Pediatrics N/A **Ethnicity:** % Black/African American : 55 % White : 44	**Personnel:** Counselor,Therapist **Setting**: Other public elementary schools **Setting of the place the person died:** N/A **Intervention:** Expert-facilitated support groups Music therapy: 8 one-hour sessions (held in a private school room with table and chairs during the school day) including singing, song-writing, rap-writing, rhythmic improvisation, structured drumming, lyric analysis, and music listening **Target:** Individual bereaved person **Duration:** 8 weeks **Control:** No intervention No intervention administered to control group **Comparator:** NA **Additional comparator:** **Follow-up:** 2 weeks	The Behavior Rating Index for Children (home) scale scores Intervention group scale scores were lower than the baseline ($p < 0.05$) and control group scale scores were higher than the baseline ($p < 0.05$) Depression Self-Rating Scale scores Both groups reported no changes from baseline. **Subgroup analysis:**
Pharmacotherapy	Warner, 2001[349] N = 35 UK **Design:** RCT	**Study population:** Individuals whose partner had died at the Royal Free Hospital or the North London Hospice and who lived within a defined catchment area **Culture characteristics**: N/A	**Personnel:** unclear **Setting**: N/A **Setting of the place the person died:** Hospital **Intervention:** Pharmacotherapy	BPQ (Bereavement Phenomenology Questionnaire) Score All groups improved from baseline, but the placebo

		Recruitment strategy: Recruitment took place over an 18-month period, where investigators approached individuals whose partner had died at the Royal Free Hospital or the North London Hospice and who lived within a defined catchment area **Grief or complicated grief:** Grief **Relationship to deceased:** spouse **Age of deceased:** N/A **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Not specified **Female:** 53.3% **Age:** intervention group mean age = 72 (12) and control group mean age = 67 (13) **Min age: Max age:** **Age subgroup**: Age unclear intervention group mean age = 72 (12) and control group mean age = 67 (13) **Ethnicity:** N/A	Diazepam, participants were given a bottle of 20 tablets of 2 mg diazepam which would be available to them for the following 6 weeks and were allowed to take up to 3 tablets a day **Target:** Individual bereaved person **Duration:** 6 weeks **Control:** Placebo Participants were given a bottle of 20 placebo tablets which would be available to them for the following 6 weeks and were allowed to take up to 3 tablets a day **Comparator:** Other Non-randomized participants who completed questionnaires only (were not administered any sort of treatment of placebo) **Additional comparator:** NA **Follow-up:** 7 weeks	group showed the most improvement. **Subgroup analysis:** NA
Comprehensive support	Kaydirak, 2019[219] N = 77 Turkey **Design:** RCT	**Study population:** Patients with acceptance of termination of pregnancy by physicians, State Anxiety Inventory-2 (STAI-2) score lower than 42, patient age of at least 18 years, gestational age more than 20 weeks, signing of informed consent form to participate in study, no history of psychosomatic disease **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** Grief	**Personnel:** unclear : Nurses are the only personnel specified **Setting**: Hospital **Setting of the place the person died:** Unclear termination of pregnancy, so most likely in hospital, but not mentioned in text **Intervention:** Comprehensive support Medical Termination Nursing Support Program; nursing practice and supportive care based on the Roy adaptation model, aiming to	PGS (Perinatal Grief Scale), active grief, difficulty coping, and despair Active grief, difficulty in coping, and despair were significantly reduced with time 6 to 8 weeks after the perinatal loss. The mean scores of the Perinatal Grief Scale were significantly. lower in experimental groups (p<0.001)

		Relationship to deceased: parent **Age of deceased:** Unborn **More death details:** N/A expected/unexpected : termination of pregnancy Not violent death **Anticipatory vs. bereaved:** Other : intervention was administered throughout the process of terminating pregnancy **Timing at the beginning of the intervention:** **Female:** 100% **Age:** 30.10 (4.98) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** N/A	increase compliance and life expectancy by assisting women in overcoming mourning through adaptation to physiological, self-concept, role function, and mutual dependence areas, with emphasis on counseling, coordination, and collaboration within a healthcare team **Target:** Individual bereaved person **Duration:** 6-8 weeks **Control:** Attention-matched control Treatment as usual alone **Comparator:** NA **Additional comparator:** NA **Follow-up:** 2 weeks	Coping score improved in the intervention group (e.g., optimism p 0.001). sh **Subgroup analysis:** NA
Psychotherapy	Kissane, 2006[180] N = 81 Australia **Design:** RCT	**Study population:** relatives of terminally ill patients between ages of 35 and 70 years given a prognosis of 6 months, adequate command of English, geographical accessibility, a living partner, one or more children older than 12 years old, families at risk of poor psychosocial outcome **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** Grief **Relationship to deceased:** other : each participant represents a family of person who died **Age of deceased:** Adult **More death details:** Expected death Not violent death **Anticipatory vs. bereaved:** Anticipatory death **Timing at the beginning of the intervention:** Participants enrolled ~6 months before death and study	**Personnel:** Therapist,Social worker **Setting**: N/A not specified **Setting of the place the person died:** Unclear Not specified **Intervention:** Psychotherapy Family-focused grief therapy provided by 16 qualified social workers, involving standardized training, manual review, workshops, and supervision, delivered in hospital or family homes, with therapy sessions audiotaped, reviewed, and discussed in weekly peer group meetings, achieving fidelity and competence, and including core elements like grief-related questions, communication assessment, conflict resolution, and cohesiveness **Target:** Family (entire family targeted)	Brief Symptom Inventory scale score measures general psychological morbidity symptoms were statistically significantly reduced in the intervention group compared to control (p<0.01) Beck Depression Inventory scale score measures depressive symptoms depression symptoms were statistically significantly reduced in the intervention group compared to control (p<0.01) **Subgroup analysis:** Other subgroups consist of the types of dysfunctional families (51% were families intermediate between well functioning and

		continued 13 months post-bereavement **Female:** % **Age:** **Min age: Max age:** **Age subgroup**: Mixed age **Ethnicity:** N/A	**Duration:** 13 months **Control:** Attention-matched control Did not receive any formal psychological treatment beyond the standard palliative care provided by home-care programs **Comparator:** NA **Additional comparator:** **Follow-up:** 13 weeks	dysfunctional, 26% were sullen, and 23% hostile). Results indicated that sullen families benefit the most from family focused therapy, wh
Psychotherapy	Wagner, 2007[347] Wagner, 2006[345] N/A N = 55 Switzerland **Design:** RCT	**Study population:** Adults bereaved with symptoms of intrusion, avoidance, and maladaptive behavior; those with substance abuse, depression, suicidal ideation, dissociative symptoms, or risk of psychosis were excluded **Culture characteristics**: **Recruitment strategy:** Announcements in print media, advertisements and links posted on psychology websites and websites of organizations for bereaved persons **Grief or complicated grief:** Complicated grief "pre-determined cut-off score" not reported **Relationship to deceased:** mix : 61% lost a child, 10% lost spouse/partner, 12% lost sibling **Age of deceased:** Children and adults/elderly **More death details:** Mixed unexpected and expected : 36% disease Mixed violent and nonviolent : 26% accident, 20% homicide or suicide **Anticipatory vs. bereaved:** Bereaved	**Personnel:** Psychologist **Setting**: Online **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Internet-based program based on cognitive behavioral techniques shown effective for PTSD; involves imaginal exposure to bereavement cues, cognitive therapy for cognitive restructuring with dysfunctional thoughts being identified and challenged; two weekly 45-minute writing assignments over five weeks, with the therapist and patient communicating exclusively by e-mail **Target:** Individual bereaved person **Duration:** 5 weeks **Control:** Wait list Wait list **Comparator:** **Additional comparator:** NA **Follow-up:** 1 weeks	Impact of Events Scale, Intrusion score measuring a cluster of complicated grief symptoms Clinically significant change: score less than 35 on Impact of Events Scale combined avoidance and intrusion scores Significant condition times pre-post effect on intrusion and avoidance symptoms and significantly greater proportion of intervention patients experienced clinically significant change compared to wait list patients (p<0.001). Brief Symptom Inventory (BSI), depression score In MANOVA analyses, significant condition x pre-post effect on depression (p < .01) and anxiety (p<.01) Short Form 12: regarding Mental Health and Physical Health scores, no significant condition x pre-post effect **Subgroup analysis:** NA

		Timing at the beginning of the intervention: Mean 4.6 (6.6) years , range 14 months to 29 years **Female:** 92% **Age:** 37.0 (10.2 **Min age:** 19 **Max age:** 68 **Age subgroup**: Adults **Ethnicity:** N/A : German speaking		
Psychotherapy	Lilford, 1994[203] N = 57 UK **Design:** RCT	**Study population:** women who had lost a baby by termination of pregnancy or by stillbirth/neonatal death and gave informed consent to participate in the randomized study **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** Grief **Relationship to deceased:** parent **Age of deceased:** Unborn **More death details:** N/A expected/unexpected : pregnancy loss/termination Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** **Female:** % **Age:** 33.1 (6.0) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** N/A	**Personnel:** Counselor,Therapist **Setting**: Outpatient **Setting of the place the person died:** Unclear Not specified, but most likely in hospital (pregnancy loss/termination) **Intervention:** Psychotherapy Independent counseling by an experienced psychotherapist for as long as both the patient and counsellor felt was beneficial **Target:** Couples **Duration:** 16-20 months **Control:** Attention-matched control no addition counseling with independent counsellor **Comparator:** NA **Additional comparator:** **Follow-up:** 16 weeks	Texas Inventory of Grief Scale Scores Grief symptoms decreased from baseline in both groups, but control group showed non-statistically significant greater improvement than the intervention group (p 0.46) Irritability Depression and Anxiety Scale Score Depression symptoms were worse in the intervention group than the control group after counseling (p 0.33) **Subgroup analysis:** Unclear : Intervention group is split based on number of counseling sessions, but results presented are inconsistent and convoluted
Writing, music, art	Iliya, 2015[157] Trial ID N/A N = 10 US **Design:** RCT	**Study population:** Subjects from low-income, urban neighborhood in greater NYC; death of a loved one at least 6 months prior, dually diagnosed with Axis 1 mental illness and Complicated Grief (CG); exclusion criteria were acute	**Personnel:** Other : Music therapist **Setting**: Outpatient **Setting of the place the person died:** N/A **Intervention:** Writing, music, art	ICG-R (Inventory of Complicated Grief–Revised) Intervention group had significantly greater improvement (p 0.03).

		psychiatric instability (i.e., symptoms requiring inpatient hospitalization) and poor English language skills **Culture characteristics**: African American and Caribbean American ethnic backgrounds, Medicaid reliance **Recruitment strategy:** Recruited via professional referral from three outpatient mental health clinics, via clinician not affiliated with the research study that identified potential participants **Grief or complicated grief:** Complicated grief **Relationship to deceased:** mix : 10% spouse, 20% child, 20% parent **Age of deceased:** Children and adults/elderly **More death details:** Mixed unexpected and expected Mixed violent and nonviolent : 30% violent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Mean 7.8 (8.2) years **Female:** 70% **Age:** 46.1 (11.3) **Min age:** 21 **Max age:** 65 **Age subgroup**: Adults **Ethnicity:** % Black/African American : 80	Music therapy, where bereaved adults could sing improvised imaginal dialogues with their deceased loved one, 8 to 10 individual 45-min sessions over a 10-week period; plus usual care for pre-existing mental illness (day group program) **Target:** Individual bereaved person **Duration:** 10 weeks **Control:** TAU Usual care for mental illness: day group program or weekly individual therapy **Comparator:** NA **Additional comparator:** NA **Follow-up:** 2.5 weeks	**Subgroup analysis:** Patient characteristics Females improved more, but significance tests not conducted due to small sample size
Psychotherapy	MacKinnon, 2015[210] Trial ID N/A N = 26 Canada **Design:** RCT	**Study population:** Adults experiencing bereavement and seeking support; those with impaired daily functioning, experiencing prolonged grief disorder, grieving the death of a child under age 18, or grieving a suicide or homicide were excluded	**Personnel:** Therapist **Setting**: Community **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Meaning-based group counseling, an original and manualized	RGEI (Revised Grief Experiences Inventory) Both groups improved; statistical tests not conducted. CES-D (Center for Epidemiological Studies Depression scale)

		Culture characteristics: Quebecois **Recruitment strategy:** Posters displayed at various healthcare agencies **Grief or complicated grief:** Grief **Relationship to deceased:** mix : 42.3% lost parent, 38.5% lost spouse **Age of deceased:** Adult **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 6 weeks to 2 years **Female:** 84.6% **Age:** Intervention: 52.36 (19.18), Control: 45.00 (15.31) **Min age: Max age:** **Age subgroup**: Adults Intervention: 52.36 (19.18), Control: 45.00 (15.31) **Ethnicity:** % Hispanic or Latino : 3.8 % Asian : 3.8 % White : 84.6 Other : Arabic 3.8%	intervention developed for adults experiencing uncomplicated grief; comprised of various semi-structured meaning-based tasks and themes; 12 weekly sessions of 90 minutes **Target:** Individual bereaved person **Duration:** 12 weeks **Control:** TAU Treatment-as-usual bereavement support group **Comparator:** NA **Additional comparator:** NA **Follow-up:** 6 weeks	Both groups improved; statistical tests not conducted. Intervention and control groups improved on State-Trait Anxiety Inventory, Integration of Stressful Life Experiences Scale, and several Hogan Grief Reaction Checklist (HGRC) subscales; intervention group improved scores on Purpose in Life Test while cont **Subgroup analysis:** NA
Psychotherapy	Kersting, 2011[177] N = 83 Germany **Design:** RCT	**Study population:** mothers who had lost a child during pregnancy through miscarriage, termination of pregnancy due to fetal anomaly, or stillbirth. living in a German-speaking country, being a German native speaker, having access to the internet, signing informed consent, 18+, NO serious mental health problems, substance abuse/dependence, psychotherapy **Culture characteristics**: **Recruitment strategy:** Online then by phone	**Personnel:** unclear **Setting**: Online **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Cognitive behavioral internet-based therapy, involving writing 10 different essays **Target:** Individual bereaved person **Duration:** 5 weeks **Control:** No intervention	ICG (Inventory of complicated grief) The reduction in grief was significantly higher in the treatment group than in the waiting list control group, as indicated by the significant group × time interaction effect on grief (p 0.001). Depression Brief symptom Inventory The reduction in grief was significantly higher in the treatment group than in the

		Grief or complicated grief: Grief and complicated grief **Relationship to deceased:** parent **Age of deceased:** Unborn **More death details:** N/A expected/unexpected Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** **Female:** 100% **Age:** 34.3 (5.34) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** N/A	Randomly assigned to wait for 5 weeks **Comparator:** NA **Additional comparator:** **Follow-up:** 3 weeks	waiting list control group, as indicated by the significant group × time interaction effect on depression (p<0.001). Traumatic stress and overall mental health were also significantly better over time and with the treatment. **Subgroup analysis:** NA
Psychotherapy	Holland, 2009[150] N = 224 US **Design:** RCT	**Study population:** Family caregivers of Alzheimer's patients, participating in another study, who lost their loved one during the course of the study and completed at least one follow-up assessment. **Culture characteristics**: **Recruitment strategy:** Participants in another existing study were recruited **Grief or complicated grief:** Complicated grief **Relationship to deceased:** mix **Age of deceased:** Adults and elderly **More death details:** Expected death Not violent death **Anticipatory vs. bereaved:** Anticipatory death **Timing at the beginning of the intervention:** Before and after **Female:** 84.4% **Age:** 63.7 (13.4)	**Personnel:** unclear **Setting**: Outpatient **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Intervention varied across sites, and multiple components were used, including psychoeducation, behavioral interventions, environmental modifications, and support **Target:** Individual bereaved person **Duration:** 18 months **Control:** TAU "For three of the sites, the control condition was termed minimal support and involved periodic check-in phone calls to the caregiver; however, the remaining three sites used a usual care control condition" **Comparator:**	Complicated Grief On average, active interventions showed a statistically significant effect on normal grief symptoms (d 0.28), TRIG (Texas Revised Inventory of Grief) On average, active interventions exhibited a trend toward improvement on complicated grief symptoms (d 0.25) Center for Epidemiological Studies—Depression On average, active interventions demonstrated little impact on depressive symptoms (d 0.09). **Subgroup analysis:** NA

		Min age: Max age: **Age subgroup**: Adults **Ethnicity:** % Black/African American : 20.1 % Hispanic or Latino : 13.8 % White : 66.1	**Additional comparator:** **Follow-up:** weeks	
Psychotherapy	Supiano, 2014[326] Trial ID N/A N = 39 US **Design:** RCT	**Study population:** Adults at least 60 years old who lost a significant family member or friend more than 6 months prior; those with active suicidality, active substance abuse, positive dementia screen, or pending lawsuit related to the death were excluded; most had current or prior depression **Culture characteristics**: White Utah residents; Utah has large Mormon population **Recruitment strategy:** Announcement in Caring Connections: A Hope and Comfort in Grief Program listserv and University of Utah Health Center postings **Grief or complicated grief:** Complicated grief at least 5 on Brief Grief Questionnaire **Relationship to deceased:** mix : 62% spouse / partner **Age of deceased:** Children and adults/elderly **More death details:** Mixed unexpected and expected : 53% expected Mixed violent and nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Mean 3.15 years **Female:** 82.4% **Age:** 67.6 (6.5)	**Personnel:** Counselor,Social worker **Setting**: Outpatient University clinic **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Complicated grief group therapy; designed to be 16 weeks in length, 2 hours each session, process involved guided discussion, and structured activities such as “revisiting the story of the death,” “identifying and working on personal goals,” “inviting a significant other to attend a session,” “having an imaginal conversation with the deceased,” and “bringing in pictures and memorabilia" - homework was assigned in each session and was closely related to intervention activities **Target:** Individual bereaved person **Duration:** 16 weeks **Control:** TAU Support group referred to as "treatment as usual" by authors **Comparator:** NA **Additional comparator:** NA **Follow-up:** 5 weeks	PG-13 (Prolonged Grief Disorder Scale) Intervention group had significantly greater improvement (p<0.001). Beck Depression Inventory, Version 2 (BDI-II) No significant difference by group Beck Anxiety Inventory: Intervention group improved more than TAU (p = .021) **Subgroup analysis:** NA

		Min age: 60 **Max age:** **Age subgroup**: Adults **Ethnicity:** % White : 100		
Psychotherapy	Piper 2001[267] Trial ID N/A N = 139 Canada **Design:** RCT	**Study population:** Adults patients experiencing complicated grief; 73.8% of patients had an Axis I diagnosis, most frequently major depression (54.2%) and dysthymia (8.4%); 55.1% of patients had an Axis II diagnosis, most frequently avoidant (26.2%), dependent (13.1%), borderline (9.3%), and obsessive-compulsive (4.7%); Research coordinator matched patients on the basis of Quality of Object Relations score, psychological mindedness score, use of medication and when possible, gender and age **Culture characteristics**: **Recruitment strategy:** Recruited from large, multifaceted, psychiatric outpatient service located within a 600-bed university hospital **Grief or complicated grief:** Complicated grief 10 or higher on the PGI, or the Intrusion or avoidance subscales of the IES **Relationship to deceased:** mix : 45% lost parent, 14% lost partner **Age of deceased:** Children and adults/elderly **More death details:** N/A expected/unexpected : Not reported N/A violent/nonviolent : Not reported **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** mean 9.0 (10.7) years. range 0.25 to 47 years	**Personnel:** Psychologist,Social worker,Other : occupational therapist **Setting**: Outpatient **Setting of the place the person died:** N/A Not reported **Intervention:** Psychotherapy Group interpretive therapy, one 90-minute session per week for 12 weeks; primary objective was to enhance the patients' insight about repetitive conflicts (intrapsychic and interpersonal) and trauma; , the therapist encourages the patients to explore uncomfortable emotions and withholds immediate praise and gratification **Target:** Individual bereaved person **Duration:** 12 weeks **Control:** NA **Comparator:** Psychotherapy Supportive group therapy, one 90-minute session per week for 12 weeks; the primary objective was to improve the patients' immediate adaptation to their life situations through the provision of support and problem solving **Additional comparator:** NA **Follow-up:** 3 weeks	TRIG (Texas Revised Inventory of Grief) Distress, % with reliable and clinical improvement Frequency of patients who achieved both clinical significance and reliable change was higher in interpretive than supportive therapy (p 0.036). Life dissatisfaction Effect size was 0.46 favoring interpretive therapy. Beck Depression Inventory Beck Depression Inventory , % with clinical and reliable improvement P values not reported The frequency of patients who achieved both clinical significance and reliable change in anxiety was higher in interpretive than supportive therapy (p = .017) **Subgroup analysis:** Patient characteristics For grief symptoms, a significant interaction effect was found for quality of object relations (QOR); high-QOR patients improved more in interpretive therapy and low-QOR patients improved more in supportive therapy

		Female: 77% **Age:** 43.0 (10.3) **Min age:** 19 **Max age:** 67 **Age subgroup**: Adults **Ethnicity:** % White : 90		
Writing, music, art	O'Connor, 2005[246] Trial ID N/A N = 35 US **Design:** RCT	**Study population:** Bereaved adults, mostly white females **Culture characteristics**: **Recruitment strategy:** Advertisements and group presentations through hospices, hospitals, mental health clinics, and university classes **Grief or complicated grief:** Grief **Relationship to deceased:** mix : 51.7% lost parent, 24.1% lost spouse **Age of deceased:** N/A **More death details:** Mixed unexpected and expected : 52% expected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 1 to 16 months; mean 5.5 months **Female:** 86.2% **Age:** Intervention: 37, Control: 45 SD not reported **Min age:** 19 **Max age:** 63 **Age subgroup**: Adults Intervention: 37, Control: 45 SD not reported **Ethnicity:** % Black/African American : 6.9 % Hispanic or Latino : 6.9 % American Indian or Alaska Native : 6.9 % White : 72.4 Other : Other: 6.9%	**Personnel:** Psychologist **Setting**: Community University **Setting of the place the person died:** N/A **Intervention:** Writing, music, art Disclosure writing, adapted for bereavement from Pennebaker's written disclosure paradigm; subjects write for 20 minutes on each of 3 days, which varied from 7 to 14 days apart **Target:** Individual bereaved person **Duration:** 2 weeks **Control:** Attention-matched control Attention control writing - subjects were asked to write about their day in the most objective way; subjects write for 20 minutes on each of 3 days, which varied from 7 to 14 days apart **Comparator:** NA **Additional comparator:** NA **Follow-up:** 0.5 weeks	BDI (Beck Depression Inventory-II) No significant effect of group. No significant effect of group on outcomes: Impact of Event Scale, Beck Anxiety Inventory, Impact of Events Scale; Positive and Negative Affect Scale. **Subgroup analysis:** Patient characteristics Authors hypothesized that vagal tone, as reflected by subject's respiratory sinus arrhythmia (RSA), would be associated with improvement in depression; participants with the highest RSA benefited most from the written disclosure

Psychotherapy	de Groot, 2007[94] ISRCTN66473618 N = 74 Netherlands **Design:** Cluster RCT	**Study population:** First degree relatives, aged > 15 years, and spouses of people who had committed suicide between 1 September 1999 and 1 January 2002 in the norther part of the Netherlands **Culture characteristics**: **Recruitment strategy:** Coroners reported cases of suicide to the research team and provided data on age and sex, date of death, and name of general practitioner; investigators wrote to practitioners to ask them to mediate between bereaved families and the research team for participation **Grief or complicated grief:** Complicated grief **Relationship to deceased:** other : first degree family **Age of deceased:** N/A **More death details:** Unexpected death N/A violent/nonviolent : suicide **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Intervention began 3-6 months after death **Female:** 32.8% **Age:** mean (SD) age of intervention group = 43 (13.7) and mean (SD) age of control group = 43 (13.5) **Min age: Max age:** **Age subgroup**: Mixed age mean (SD) age of intervention group = 43 (13.7) and mean (SD) age of control group = 43 (13.5) **Ethnicity:** N/A	**Personnel:** Counselor **Setting**: N/A **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Grief counseling program where each family was counseled by one nurse with an interval of two to three weeks (four sessions of two hours at the families' homes); program addressed problems of complete family system rather than individual members **Target:** Family (entire family targeted) **Duration:** 2 -3 weeks **Control:** TAU Care as usual **Comparator:** NA **Additional comparator:** NA **Follow-up:** 10.5 weeks	TRGR2L (traumatic grief evaluation of response to loss) traumatic grief score Number of participants with maladaptive grief reactions based on complicated grief criteria Both intervention and control groups showed improvement from baseline. Participants in the control group experienced maladaptive grief reactions at a higher rate than participants in the intervention group. Number of participants with suicidal ideation Both groups improved from baseline, but the intervention group showed a greater improvement in the number of participants with suicidal ideation than the control group. Mean depression score Both groups showed improvement from baseline. **Subgroup analysis:** NA

Other	Lee, 1996[192] Trial ID N/A N = 39 UK **Design:** RCT	**Study population:** Women who experienced a miscarriage at 6 to 19 weeks; those with a previous miscarriage, were under psyc care, or were intending to terminate pregnancy were excluded **Culture characteristics**: **Recruitment strategy:** Nursing staff contact all patients who had a miscarriage **Grief or complicated grief:** Grief **Relationship to deceased:** parent : miscarriage **Age of deceased:** Unborn **More death details:** Unexpected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 2 weeks **Female:** 100% **Age:** 29.3 (6.1) **Min age:** 19 **Max age:** 42 **Age subgroup**: Adults **Ethnicity:** N/A	**Personnel:** Psychologist **Setting**: Other Home **Setting of the place the person died:** Hospital **Intervention:** Other Psychological debriefing; one time, one hour, at home **Target:** Individual bereaved person **Duration:** 1 day **Control:** No intervention No intervention **Comparator:** NA **Additional comparator:** NA **Follow-up:** 4 weeks	IES (Impact of Events Scale), intrusive thoughts scale No significant group effect. HAD (Hamilton Anxiety & Depression) depression score No significant group effect. No significant effect of group on anxiety or avoidance. **Subgroup analysis:** NA
Psychotherapy	Mawson, 1981[214] N = 12 UK **Design:** RCT	**Study population:** Adults with "morbid grief" at least one year after loss, with no behavioral treatment for symptoms **Culture characteristics**: **Recruitment strategy:** Not reported **Grief or complicated grief:** Complicated grief "morbid grief" **Relationship to deceased:** mix : 58.3% lost spouse, 33.3% lost parent **Age of deceased:** Adults and elderly	**Personnel:** Psychologist,Psychiatrist,Other : Nurse therapist **Setting**: N/A Not reported **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Guided mourning treatment; during treatment sessions the patient was exposed to avoided or painful memories, ideas or situations, both in imagination and real life, related to loss of the	Texas Inventory of Grief Intervention improved more than control group (p 0.05). Wakefield depression questionnaire Difference between groups not significant at 10 weeks. Unclear if differences in Anxiety, Fear, Compulsions, and Social adjustment at 10 weeks are statistically significant.

		More death details: Mixed unexpected and expected : 11 cancer, 1 heart attack Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 1 to 10 years **Female:** 91.7% **Age:** Median: Intervention 42, Control 54 **Min age:** 28 **Max age:** 61 **Age subgroup**: Adults Median: Intervention 42, Control 54 **Ethnicity:** N/A	deceased; 3 times weekly for 2 weeks; also assigned to write at least one page daily about relationship with the deceased **Target:** Individual bereaved person **Duration:** 2 weeks **Control:** Attention-matched control Attention control sessions where the patient was encouraged to avoid thinking of the deceased, and to give as little attention as possible to such painful memories or thoughts; 3 times weekly for 2 weeks; also assigned to write at least one page daily about relationships to friends or relatives who mean a lot to you, and think about them as often as you can, look at photos of your friends or valued relatives each day **Comparator:** NA **Additional comparator:** NA **Follow-up:** 2.5 weeks	**Subgroup analysis:** NA
Comprehensive support	Adolfsson, 2006[46] Trial ID N/A N = 88 Sweden **Design:** RCT	**Study population:** women in a medium-sized town in the southwest of Sweden who had experienced an early miscarriage, visited the gynecological outpatient clinic for a miscarriage before 13 weeks gestation, were over 18 years age and Swedish speaking; participants were excluded if the pregnancy was kept secret from the next of kin, they had an extrauterine pregnancy, or suspicion of extrauterine pregnancy **Culture characteristics**: **Recruitment strategy:** Women who had visited the gynecologic outpatient clinic for a miscarriage before 13 weeks of gestation were	**Personnel:** Other : Midwife **Setting**: Outpatient **Setting of the place the person died:** N/A **Intervention:** Comprehensive support A structured conversation with one midwife lasting 60 minutes; focused on the woman's own experience of her miscarriage, what she had lost and gained, and who she could share her losses with; women were asked about their feelings, how to go public, the risk of being reminded of their loss, facing the risk of a new miscarriage, etc.; midwife treats	PGS (Perinatal Grief Scale, Swedish shor version) grief symptoms There was a greater reduction in grief symptoms in the intervention group than in the control group and this reduction was non-significant (p 0.43). **Subgroup analysis:** NA

		informed of the study by the gynecologists and were offered a follow-up visit to a midwife 21-28 days later; a letter with information about the study and a scheduled time for a follow-up visit were sent to all the women **Grief or complicated grief:** Grief **Relationship to deceased:** parent **Age of deceased:** Unborn **More death details:** N/A expected/unexpected : miscarriage Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 21-28 days after miscarriage **Female:** 100% **Age:** mean age was 31.3 **Min age:** 20 **Max age:** 42 **Age subgroup**: Adults mean age was 31.3 **Ethnicity:** N/A	women with dignity, is competent and skillful, and gives her clear information to facilitate the grieving process **Target:** Individual bereaved person **Duration:** 1 hour **Control:** TAU Met one of five midwives during a 30 minute visit; midwives asked women about general health and any complications after their miscarriages; did not ask about the women's feelings and emotions and conversation only continued if the woman took initiative of asking further questions **Comparator:** NA **Additional comparator:** NA **Follow-up:** 3 weeks	
Expert-facilitated support groups	Kay, 1993[167] Trial ID N/A N = 132 US **Design:** RCT	**Study population:** Recently widowed Mexican American women; most had a low income and low educational levels and lived with family members; 41% preferred Spanish while 47% classified themselves as bilingual **Culture characteristics**: Mexican American **Recruitment strategy:** Community workers used public records published in local newspapers and information from area funeral homes **Grief or complicated grief:** Grief and complicated grief	**Personnel:** Social worker **Setting**: Community **Setting of the place the person died:** N/A **Intervention:** Expert-facilitated support groups Expert facilitated support group meetings, weekly for 6 months then biweekly for 3 months; every aspect was geared to Mexican American culture, with bilingual facilitators'; meetings dealt with problems related to sense of loss, mood swings, urgent needs for assistance with economic / legal difficulties, depressive behavior,	EMOT (emotional symptoms score), change from baseline to 12 months Intervention group improved more than control group (p .01). Life Satisfaction (Self-Anchoring Ladder), change since baseline Intervention group improved more than control group (p .02). BDI (Beck Depression Inventory), change from baseline

		Relationship to deceased: spouse **Age of deceased:** Adults and elderly **More death details:** Mixed unexpected and expected Mixed violent and nonviolent : Mainly nonviolent; 12 suicide or homicide **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 1 to 8 months, median 3 months **Female:** 100% **Age:** Not reported **Min age:** 29 **Max age:** 84 **Age subgroup**: Adults Not reported **Ethnicity:** % Hispanic or Latino : 100	social relationships with family members, learning how to live alone, developing independence, and taking on new roles and social relationships **Target:** Individual bereaved person **Duration:** 9 months **Control:** No intervention No intervention **Comparator:** NA **Additional comparator:** NA **Follow-up:** 12 weeks	No significant effect of group. Anxiety: Intervention group improved more than control group (p .001). **Subgroup analysis:** NA
Comprehensive support	Barnato, 2017[56] NCT01902784 N = 32 US **Design:** CT	**Study population:** surrogates whose loved one were incapacitated and on life-support; english speaking, no chance of evolving legal issues with the hospital (as perceived by bedside nurses), and not a paid caregiver **Culture characteristics**: **Recruitment strategy:** Surrogates were approached in person at the bedside of patient in the ICU to obtain proxy consent for patient medical record review (to asses trial eligibility, i.e. patient death) and surrogate consent for re-contact; if patient died, surrogates were re-contacted by mail 1 week after death and by phone 2 weeks after death to obtain consent for continued participation, collect baseline measures of symptoms burden, and allocate to treatment arm **Grief or complicated grief:** Grief and complicated grief	**Personnel:** Social worker **Setting**: N/A **Setting of the place the person died:** Hospital **Intervention:** Comprehensive support Home visits, 1-2 hours or telephone call by a trained interventionist (licensed social worker) at approximately 4 weeks after the death, involved non-judgmental elicitation of story of events leading up to patient's ICU admission, ICU experience and decision process, and aftermath of patient's death **Target:** Individual bereaved person **Duration:** 1-2 hours **Control:** Wait list Mailed letter of condolence, a Newly Bereaved newsletter with information about grief, a guide with grief support resources, and	ICG (Inventory of Complicated Grief) Control and intervention groups reported a high symptom burden that decreased between baseline and the 6 month follow-up. **Subgroup analysis:** NA

		Relationship to deceased: mix **Age of deceased:** N/A **More death details:** Expected death N/A violent/nonviolent **Anticipatory vs. bereaved:** Anticipatory death **Timing at the beginning of the intervention:** recruiting began pre-death and participants were enrolled in the study after death **Female:** 71.9% **Age:** 55.5 (11.8) no min age, no max age **Min age: Max age:** **Age subgroup**: Adults no min age, no max age **Ethnicity:** % Black/African American : 3.1 % Hispanic or Latino : 3.1 % White : 93.8	invitation to complete a storytelling interview after 6 months **Comparator:** NA **Additional comparator:** NA **Follow-up:** 6 weeks	
Psychotherapy	Azhar, 1995[53] N = 30 Other Malaysia **Design:** RCT	**Study population:** patients with major depression diagnosed according to DSM-III-R criteria attending the psychotherapy clinic of the Universiti Sains Malaysia Hospital between 1992 to 1993 and were determined to have experienced the loss of a loved one based on the religious questionnaire screening **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** Grief **Relationship to deceased:** NA **Age of deceased:** N/A **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** N/A	**Personnel:** Therapist **Setting**: Outpatient **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Religious psychotherapy plus antidepressant (dothiepin, 100-150 mg/day) plus weekly supportice psychotherapy, religious psychotherapy in form of discussions of religious issues specific to the patients (for example, the reading of verses of the Koran and Hadith, the encouragement of prayers, etc.) in the cognitive behavioral approach and using collaborative empiricism; 12 to 16 psychotherapy sessions **Target:** Individual bereaved person	Hamilton Depression Rating Scale scores No significant difference between control and intervention groups at baseline. Significant improvement in depressive symptoms were found in the intervention group as compared with the control groups on day 30 (p 0.001), 90 (p 0.01), and 180 (p 0.05) respe **Subgroup analysis:** NA

		Timing at the beginning of the intervention: Not specified **Female:** 63.3% **Age:** 37.5 **Min age: Max age:** **Age subgroup**: Age unclear **Ethnicity:** N/A	**Duration:** 6 months **Control:** Attention-matched control Antidepressant medication (dothiepin, 100-150 mg/day) plus weekly supportive psychotherapy with no additional religious psychotherapy **Comparator:** NA **Additional comparator:** **Follow-up:** 6 weeks	
Expert-facilitated support groups	Bagheri, 2023[54] Trial ID N/A N = 168 Iran **Design:** RCT	**Study population:** Women with positive history of abortion, 2-12 months after miscarriage, aged over 18 years, and have the ability to speak and understand Persian language **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** Grief **Relationship to deceased:** parent **Age of deceased:** Unborn **More death details:** N/A expected/unexpected : pregnancy loss and termination Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Not specified **Female:** 100% **Age:** Intervention group: 28.75 (4.76) Control group: 28.53 (5.5) **Min age: Max age:** **Age subgroup**: Adults Intervention group: 28.75 (4.76) Control group: 28.53 (5.5) **Ethnicity:** N/A	**Personnel:** Counselor **Setting**: Outpatient **Setting of the place the person died:** N/A **Intervention:** Expert-facilitated support groups Cognitive-behavioral counseling, six (30-40 minute) sessions held weekly conducted as group discussion including cognitive assessment, providing information abot grief, its process and components, normalizing its emotional and behavioral consequences of grief process, identifying dysfunctional irrational. beliefs and their emotional behavioral and physical consequences, helping the bereaved find a way to organize their life without the deceased **Target:** Individual bereaved person **Duration:** 6 weeks **Control:** No intervention Received routine care such as checking of vital signs and bleeding **Comparator:** NA	Post-Abortion Grief Score Grief symptoms in the intervention group were statistically significantly reduced after the 3 month follow up ($p < 0.001$) and grief symptoms in the intervention group were statistically significantly reduced as compared to the control group ($p < 0.001$) **Subgroup analysis:** NA

			Additional comparator: **Follow-up:** 3 weeks	
Psychotherapy	Barat, 2020[55] Trial ID N/A N = 79 Iran **Design:** RCT	**Study population:** Being diagnosed with miscarriage (pregnancy loss under 20 weeks), a history of the first or second spontaneous abortion or induced abortion (therapeutic abortion, in response to a health condition of the women or fetus, or elective abortion, for other reasons), age between 18 and 40 years old, and those with at least five years of formal education **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** Grief **Relationship to deceased:** parent **Age of deceased:** Unborn **More death details:** N/A expected/unexpected : pregnancy loss/termination Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 24 hours after miscarriage **Female:** 100% **Age:** N/A **Min age: Max age:** **Age subgroup**: Adults N/A **Ethnicity:** N/A	**Personnel:** Therapist **Setting**: Hospital **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Brief supportive psychotherapy: common elements include making an emotional connection, following the affect, letting it linger, encouraging catharsis, building alliance, and emphasizing the patient's strengths (but not avoiding negative affect) **Target:** Individual bereaved person **Duration:** Two hours **Control:** Attention-matched control Placebo two-hour counseling session held by a midwife in a private room during the first 24 hours of hospitalization where midwife encouraged patient to talk about thee experience of the miscarriage and to ask medical questions about the miscarriage; midwife answered questions of the patients, assessed results and implications with respect to the medical management after miscarriage, and aspects for planning future pregnancies and controlling general health **Comparator:** NA **Additional comparator:** NA **Follow-up:** 4 weeks	PGS (Perinatal Grief Scale) score Grief symptoms in the intervention group statistically significantly improved after intervention and were statistically significantly lower than the control group (p 0.003) **Subgroup analysis:** NA
Psychotherapy	Boelen, 2007[62] Trial ID N/A	**Study population:** Adults having suffered a loss more than 2 months ago, meeting “refined” criteria for	**Personnel:** Psychologist **Setting**: Outpatient	ICG-R (Inventory of Complicated Grief Revised)

	N = 54 Netherlands **Design:** CT allocation method of "minimization"	Complicated Grief according to Traumatic Grief Evaluation of Response to Loss instrument; those with substance abuse or dependence, psychotic symptoms, severe depression with risk of suicide, and or already receiving psychotherapy were excluded **Culture characteristics**: **Recruitment strategy:** Referral from local professionals, self-referral, newspaper and Internet advertisements **Grief or complicated grief:** Complicated grief at least 25 on the ICG **Relationship to deceased:** mix : 27.8% spouse, 22.2% child, 27.8% parent **Age of deceased:** Children and adults/elderly **More death details:** Mixed unexpected and expected Mixed violent and nonviolent : 16.7% violent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Mean 44.58 (79.04) months; median 2 years **Female:** 74.1% **Age:** 43.63 (13.14) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** N/A	**Setting of the place the person died:** N/A **Intervention:** Psychotherapy Cognitive restructuring, 6 sessions, followed by 6 sessions of exposure therapy(ET); sessions were 45 min duration conducted in at least 12 weeks; based on principles of identifying, challenging, and changing negative cognitions; exposure techniques were used to confront avoided recollections **Target:** Individual bereaved person **Duration:** 12 weeks **Control:** TAU Supportive counseling (SC) - did not address cognitions and gave no instructions for exposure **Comparator:** Psychotherapy 6 sessions of exposure therapy (ET) followed by 6 sessions of cognitive restructuring (CR); researchers investigated if the order of the two intervention types affected outcomes; sessions were 45 min duration conducted in at least 12 weeks; **Additional comparator:** NA **Follow-up:** 6 weeks	Group that received ET then CT improved significantly more (p < . 05) in Anova analysis TRIG (Texas Revised Inventory of Grief) No significant difference among groups at 6 months General psychology, measured by Symptom Checklist 90 (SCL-90): Group that received ET then CT improved significantly more than control group (p < . 05) in Anova analysis **Subgroup analysis:** NA
Psychotherapy	Brown, 2020[69] Trial ID N/A N = 40 US	**Study population:** Children whose fathers worked for emergency services and were killed during the attack on 9/11; children were excluded if they (1) had exposure to	**Personnel:** Therapist **Setting**: Other caregivers chose location (e.g. study site, their homes)	EGI-TG (Extended Grief Inventory - Traumatic Grief) grief symptoms Both groups showed improvement from baseline.

	Design: RCT	child abuse and expressed abuse-related psychopathology (2) had severe developmental delays (3) had psychotic disorder (4) their behavior deemed dangerous to themselves or others **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** Grief **Relationship to deceased:** spouse : 24 mothers of child participants (i.e. wives of deceased person),child **Age of deceased:** Adult **More death details:** Unexpected death Violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** participants enrolled in study anywhere between 6 months to 2 years after death of father **Female:** 39% **Age:** 9.4 (4.0) caregivers had mean age of 39.2 (5.4) **Min age: Max age:** **Age subgroup**: Pediatrics caregivers had mean age of 39.2 (5.4) **Ethnicity:** % Black/African American : 10 % White : 90	**Setting of the place the person died:** Community **Intervention:** Psychotherapy Trauma-Focused Cognitive Behavioral Therapy for traumatic grief consisting of 16 individual 45-minute sessions in parallel for each child-parent dyad; joint parent-child sessions conducted at sessions 8 and 16 **Target:** Other **Duration:** 16 weeks **Control:** NA **Comparator:** Psychotherapy Client-Centered Therapy, a child/parent-centered treatment in which the therapist focuses on developing a trusting therapeutic relationship that builds validation and self-efficacy while giving the client control; 16 individual 45-minute sessions in paral **Additional comparator:** NA **Follow-up:** 12 weeks	Comparator group showed more improvement from baseline than the intervention group. Comparator group had a lower (better) score at the 12 month follow-up than the intervention group. Functional impairment assessed by the Global Assessment Scale (GAS) Both groups showed improvements from baseline. Intervention group showed a greater reduction in functional impairment at 12 month follow-up. Intervention group also showed a higher (better) score at the 12 month follow up than the comparator group. Depression symptoms assessed using the Behavioral Assessment System for Children Intervention group showed a greater improvement in depression symptoms from baseline than the comparator group. The Child PTSD Symptom Scale (CPSS) was used to assess the severity of PTSD in children. Score in both the intervention group and comparator group did not uniformly increase or decrease, so not improvement or deterioration of PTSD severity can be conclude

				Subgroup analysis: NA
Comprehensive support	Cameron, 1983[76] Trial ID N/A N = 59 Canada **Design:** Cohort study	**Study population:** close relatives of Palliative Care Unit (PCU) patients (undergoing terminal cancer care) who were exposed to comprehensive service programs provided on this unit to both the dying and their families **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** Grief **Relationship to deceased:** mix **Age of deceased:** N/A **More death details:** Expected death Not violent death **Anticipatory vs. bereaved:** Anticipatory or bereaved **Timing at the beginning of the intervention:** Before, during, and after death **Female:** % **Age:** intervention group mean age was 50.4 and control group mean age was 56.9 **Min age: Max age:** **Age subgroup**: Adults intervention group mean age was 50.4 and control group mean age was 56.9 **Ethnicity:** N/A	**Personnel:** Other : Palliative Care Unit Staff **Setting**: Hospital **Setting of the place the person died:** Hospital **Intervention:** Comprehensive support Palliative Care Unit comprehensive service programs provided to both the dying and their families: facilitating expression of anticipatory grief, providing optimal care and symptom control for the dying, fostering open communication between the patient and loved ones, encouraging the survivor to be present at the time of death, encouraging relatives to view the body; a staff member, present to support the family as required, touched the body unobtrusively and a commemorative prayer was read by all present, family, and staff if the family agreed **Target:** Individual bereaved person **Duration:** Not specified **Control:** No intervention A matched group of 20 relatives of patients who had died of cancer in other wards of the same teaching hospital; did not receive the services or anything similar to that provided in the Palliative Care Unit **Comparator:** NA **Additional comparator:** **Follow-up:** weeks	Number of Grief Symptoms measured by asking systematic questions covering psychological aspects of bereavement and mental health The intervention group reported a mean of 4.5 grief symptoms, while the control group reported a mean of 14 grief symptoms. The intervention group's count shows better adjustment to their bereavement than the control group ($p < 0.002$). **Subgroup analysis:** NA

Psychotherapy	Christ, 2005[80] N = 212 US **Design:** RCT	**Study population:** Families where both parents lived in the home, one of whom was being treated for terminal cancer, with child aged 7 to 17 with no psyc history **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** N/A **Relationship to deceased:** child **Age of deceased:** Adult **More death details:** Expected death Not violent death **Anticipatory vs. bereaved:** Anticipatory death **Timing at the beginning of the intervention:** Intervention lasts from less than 6 months before death to 6 months after death **Female:** 48% **Age:** **Min age:** 7 **Max age:** 17 **Age subgroup**: Adults **Ethnicity:** % Black/African American : 4 % Hispanic or Latino : 6 % White : 83 % Multiracial : 7 N/A	**Personnel:** Social worker **Setting**: Other home **Setting of the place the person died:** Unclear Not reported **Intervention:** Psychotherapy Parent guidance model indirectly targets children through intervention with the healthy parent. Aims to enhance the surviving parents' ability to (1) sustain competence in providing support and care for children, (2) provide an environment in which children are able to express painful or conflicting feelings, thoughts, and fantasies about the loss, and (3) maintain consistency and stability in the children's environment. Involves 6 or more 60- to 90-minute therapeutic interviews during the terminal stage of the illness and 6 or more after the death, some of which include the children. **Target:** Family (entire family targeted) **Duration:** 1 year **Control:** Attention-matched control Parent telephone support every 4 to 8 weeks. **Comparator:** **Additional comparator:** **Follow-up:** 14 weeks	Child Behavior Checklist (CBCL) behavior problem scale Intervention group scored higher at baseline, and had greater decrease than control group, but not statistically significant Children's Depression Inventory Difference not statistically significant State-Trait Anxiety Inventory: lower (better) mean score at post-death for intervention group compared to control, but difference not statistically significant **Subgroup analysis:** Other In a multivariate regression analysis, gender was significant: 10% of the variance in state anxiety score change and depression score change from pre-death to post-death was accounted for by being a girl with a surviving father (p = . 01 for both).
Expert-facilitated support groups	Constantino, 1988[82] N/A N = 150 US **Design:** RCT	**Study population:** Widows aged 50 or older, recruited through radio and newspaper ads **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** N/A	**Personnel:** Other : Nursing doctoral students **Setting**: Community **Setting of the place the person died:** Unclear Not reported **Intervention:** Expert-facilitated support groups	Beck Depression Inventory Mean depression score significantly lower at 1 year for intervention group (p <.01). Social adjustment group mean score increased over time.

		Relationship to deceased: spouse **Age of deceased:** Adult **More death details:** Mixed unexpected and expected Mixed violent and nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 12 were widowed less than 1 year, 52 were widowed 1 - 5 years, 37 were widowed 6 - 10 years, 10 were widowed 11 to 15 years, 6 were widowed 16 to 20 years **Female:** 100% **Age:** 58 **Min age:** 50 **Max age:** 79 **Age subgroup**: Adults **Ethnicity:** % Black/African American : 9.4 % Hispanic or Latino : 7.6 % American Indian or Alaska Native : 1.7 % Asian : 2.6 % White : 90.4 Other : Numbers provided by authors do not add up correctly	Bereavement crisis intervention group, conducted by trained leader who was active listener, theme planner, mental health educator leading discussions and providing insight into members' plight, one 90 minute session per week for 6 weeks **Target:** Individual bereaved person **Duration:** 6 weeks **Control:** No intervention No intervention **Comparator:** Other Planned social activities such as flower show, play, museum, etc, one per week for 6 weeks, basically an attention control. **Additional comparator:** **Follow-up:** 12 weeks	At 1 year, mean Revised Social Adjustment Score decreased more (lower better) in the intervention group. **Subgroup analysis:** NA
Expert-facilitated support groups	Constantino, 1996[83] N = 32 US **Design:** RCT	**Study population:** Widows and widowers of persons who died by suicide were recruited through advertisements in local newspapers, television, and radio **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** N/A **Relationship to deceased:** spouse **Age of deceased:** Adult **More death details:** Unexpected death	**Personnel:** Other : Psychiatric nurse **Setting**: Community **Setting of the place the person died:** Unclear Suicide, unclear setting but likely at home **Intervention:** Expert-facilitated support groups Bereavement Group Postvention (BGP) led by psychiatric mental health nurse to promote the psychosocial well-being of surviving spouses, aims include reduction in depression,	Grief Experience Inventory, death anxiety Statistical tests between groups not reported. Follow up score (SD) by group - Intervention, then Control: Despair 6.50 (4.99), 7.31 (5.33); Anger/ hostility 4.50 (2.00), 5.88 (1.46); Guilt 1.38 (1.46), 2.06 (1.77); Social isolation 2.88 (2.03), 2.88 (2 Beck Depression Inventory

		N/A violent/nonviolent : Suicide, not necessarily violent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Not reported **Female:** % Not reported **Age:** 43 Age range not reported, SD of mean not reported **Min age:** **Max age:** **Age subgroup**: Adults Age range not reported, SD of mean not reported **Ethnicity:** N/A	psychological distress, and grief - focus on mediating grief reactions through therapeutic group interactions and activities, one 90 minute session per week for 8 weeks **Target:** Individual bereaved person **Duration:** 8 weeks **Control:** Attention-matched control Social Group Postvention - Personal insights, role clarification, and behavioral changes are fostered within the contexts of socialization, recreation, and leisure, one 90 minute session per week for 8 weeks **Comparator:** **Additional comparator:** **Follow-up:** 2 weeks	Significance test not reported Social Adjustment Scale at follow up: Intervention 1.81 (0.38), Control 1.87 (0.30) significance tests not reported **Subgroup analysis:** NA
Expert-facilitated support groups	Denny, 1984[97] N = 22 US **Design:** RCT	**Study population:** Substance abusers who had completes at least 3 months of treatment, had a primary psychiatric diagnosis, and a secondary diagnosis of drug and alcohol dependency **Culture characteristics**: Until recent times, there has been a tendency for Americans, including professionals, to avoid discussions of death **Recruitment strategy:** 22 substance abusers were chosen from a pool of 30 hospital patients who had been diagnosed by the program psychologist as having unresolved grief issues **Grief or complicated grief:** Complicated grief **Relationship to deceased:** mix **Age of deceased:** N/A	**Personnel:** Therapist **Setting**: Hospital **Setting of the place the person died:** N/A **Intervention:** Expert-facilitated support groups Grief group therapy for five sessions **Target:** Individual bereaved person **Duration:** 5 weeks **Control:** Attention-matched control Post-test Beck Depression Inventory and posttest questionnaire were administered at the same time that treatment group members read aloud and discussed their good-bye letters	Beck DepressionInventory Score The intervention group significantly greater improvement in depression symptoms than the control group (p 0.044) **Subgroup analysis:** NA

		More death details: N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Not specified **Female:** % **Age:** **Min age: Max age:** **Age subgroup**: Age unclear **Ethnicity:** N/A	**Comparator:** NA **Additional comparator:** NA **Follow-up:** 1.25 weeks	
Psychotherapy	Donahue, 2006[104] Trial ID N/A N = 246 US **Design:** CT	**Study population:** individuals who lost loved ones during the 9/11 terrorist attacks on the World Trade Center and received counseling as a part of Project Liberty **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** Grief and complicated grief **Relationship to deceased:** mix **Age of deceased:** N/A **More death details:** Unexpected death Violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Intervention group participants enrolled in study nearly two years after the 9/11 attacks **Female:** 67.2% **Age:** 46 (10.9) Intervention group mean age is 46 (10.9), and comparator group mean age is 45.9 (14.7) **Min age: Max age:**	**Personnel:** Counselor **Setting**: Other **Setting of the place the person died:** Other World Trade Center 9/11 Attacks **Intervention:** Psychotherapy Enhanced services crisis counseling, a targeted intervention for individuals experiencing persistent mental health needs beyond what could be addressed in Project Liberty's brief crisis counseling; cognitive behavioral intervention for recognizing post-disaster distress, developing coping skills for anxiety and depression, and teaching cognitive reframing; Grief Intervention Guidebook consisting of information on natural grieving processes and traumatic grief symptoms was employed; interventions were supported by manuals and included homework materials **Target:** Individual bereaved person **Duration:** 10 -12 weeks	Complicated Grief scale score Intervention group reported a significantly reduced intensity of grief at the last follow-up (p<0.005). Depressive Symptoms were assessed using a modified Short Post-Traumatic Disorder Rating Interview Intervention group reported a significant reduction in number of depressive symptoms at the last follow-up (p<0.01) **Subgroup analysis:** NA

		Age subgroup: Mixed age Intervention group mean age is 46 (10.9), and comparator group mean age is 45.9 (14.7) **Ethnicity:** % Black/African American : 11.3 % Hispanic or Latino : 16.8 % Asian : 5.5 % White : 53.4 % Multiracial : 11.3	**Control:** NA **Comparator:** Other Brief crisis counseling to address acute stress reactions, post-traumatic stress disorder (PTSD), major depressive disorder, and complicated grief in individuals suffering loss after the 9/11 attacks **Additional comparator:** **Follow-up:** 24 weeks	
Psychotherapy	Dorsey, 2020[105] Trial ID N/A N = 640 Multiple countries Kenya and Tanzania **Design:** RCT	**Study population:** Children who experienced parental death of one or both parents, 7 to 13 years of age, residing in a family, child's and guardian's willingness to participate, ability to speak Kiswahili, and scoring above locally defined cutoffs for posttraumatic stress **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** N/A **Relationship to deceased:** child **Age of deceased:** Adult **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** **Female:** 50% **Age:** 10.6 (1.6) **Min age:** 7 **Max age:** 13 **Age subgroup**: Pediatrics **Ethnicity:** N/A	**Personnel:** Counselor **Setting**: N/A **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Trauma-focused Cognitive Behavioral Therapy included 12 group sessions and 3 to 2 individual sessions for 12 consecutive weeks **Target:** Individual bereaved person **Duration:** 12 weeks **Control:** No intervention Usual care: services to which children has access that could affect mental health (predominantly educational support, as well as some mental health care) **Comparator:** NA **Additional comparator:** NA **Follow-up:** 12 weeks	PTSD scores in the intervention group were better than the control group in both rural and urban Kenya at the 12 month follow-up (p<0.001). Scores in the intervention group and control group were comparable in both rural and urban Tanzania (p<0.05). **Subgroup analysis:** Other Urban Kenya intervention group (n = 96) had a mean score of 10.33 (6.55), while the control group (n = 96) had a mean score of 16.27 (9.08). Rural Kenya intervention group (n = 64) had a mean score of 9.3 (5.78), while the control group (n = 64) had a mea
Expert-facilitated support groups	Fancourt, 2019[113] NCT02756780	**Study population:** adults over 18 years of age who had lost a partner or close relative to cancer in the last	**Personnel:** Other : Professional Choir Leader **Setting**: Community	Well-being measured using the Warwick-Edinburgh

	N = 58 UK **Design:** Cohort study	5 years who had not started psychological therapy in the last 12 weeks or medication for anxiety or depression in the last month, and were not already engaged in a weekly choir **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** Grief **Relationship to deceased:** mix **Age of deceased:** N/A **More death details:** Expected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** participants enrolled within 5 years of the death of a loved one **Female:** 87.9% **Age:** control group mean age was 52 (13) and intervention group mean age was 62 (10) **Min age:** **Max age:** **Age subgroup**: Adults control group mean age was 52 (13) and intervention group mean age was 62 (10) **Ethnicity:** % White : 82.8	**Setting of the place the person died:** N/A **Intervention:** Expert-facilitated support groups Weekly choir for 12 weeks; 90 minute choir session comprising of 60 minutes of singing and 20 minutes of socializing with tea and biscuits; singing was led by a professional choir leader **Target:** Individual bereaved person **Duration:** 12 weeks **Control:** No intervention No participation in weekly choir sessions; no intervention **Comparator:** **Additional comparator:** **Follow-up:** 6 weeks	Mental Well-being Scale short form There was a significant time by group interaction for well-being, with participants in the control group showing a decline in well-being but participants in the intervention group showing constancy across the 24 weeks (p 0.013). Symptoms of Depression measured using the Hospital Anxiety and Depression Scale There was significant time by group interaction for symptoms of depression, with participants in the control group showing an increase in depressive symptoms while participants in the intervention group showed a constancy across the 24 weeks (p 0.025). **Subgroup analysis:** NA
Psychotherapy	Fenger-Gron, 2018[116] Trial ID N/A N = 207435 Denmark **Design:** Cohort study	**Study population:** Danes aged 18 years or older who experienced a severe loss of a child, spouse, registered partner, parent, or sibling in the study period **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** Grief **Relationship to deceased:** mix	**Personnel:** Psychologist,Other : physician **Setting**: N/A **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Talk therapy, primary care physician or psychologist provided one or more talk therapy services within 6 months of the loss	Composite Outcome for Crude risk of Serious Mental Health Conditions from 6 months to 2 years after bereavement The crude risk of serious mental health conditions from 6 months to 2 years after bereavement was higher in individuals receiving antidepressants

		Age of deceased: N/A **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Not reported **Female:** 54% **Age:** No mean, no range, no min, no max. Age information provided by reporting number of participants in each 10 year age group. **Min age: Max age:** **Age subgroup**: Adults No mean, no range, no min, no max. Age information provided by reporting number of participants in each 10 year age group. **Ethnicity:** N/A	**Target:** Individual bereaved person **Duration:** Not specified **Control:** NA **Comparator:** Pharmacotherapy People were defined as treated early with antidepressants if one or more prescriptions for antidepressants had been redeemed from a pharmacy within 6 months after the loss; prescriptions for tricyclic antidepressants, trazodone, and bupropion were exclude **Additional comparator:** **Follow-up:** 24 weeks	(comparator group) than in individuals receiving talk therapy (intervention group). **Subgroup analysis:** NA
Psychotherapy	Forrest,1982[118] N/A N = 50 UK **Design:** RCT	**Study population:** Parents experiencing perinatal death **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** N/A **Relationship to deceased:** parent **Age of deceased:** Unborn **More death details:** Unexpected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Intervention starts immediately after death **Female:** 50% **Age:** Females mean age 27, males mean age 30	**Personnel:** Psychiatrist,Counselor,Social worker **Setting**: Hospital **Setting of the place the person died:** Hospital **Intervention:** Psychotherapy Parents encouraged to see, hold, and name their dead baby; a photograph of the baby was taken and kept; the mother was given the choice of returning to her own ward or to the isolation floor; discharge was not hurried, allowing time for contact with the medical staff, social worker, community midwife, and general practitioner, and counseling with family psychiatrist arranged - up to 8 sessions in 4 months	Leeds scale of 7+, indicating anxiety or depression, at 6 months Lower % of intervention patients than control patients had anxiety or depression (p = .06) at 6 months; no difference at 14 months. General health questionnaire: At 6 months, 12.5% of intervention group mothers and 52.6% of control mothers scored 12+, indicating a psychiatric disorder (p < 0.01), differences were not statistically significant at 14 months but there was significant lo

		Min age: 18 **Max age:** 49 **Age subgroup**: Adults Females mean age 27, males mean age 30 **Ethnicity:** % Black/African American : 2.0 % Asian : 8.0 % White : 90.0	**Target:** Couples **Duration:** 16 weeks **Control:** TAU Treatment as usual **Comparator:** **Additional comparator:** **Follow-up:** 14 weeks	**Subgroup analysis:** NA
Comprehensive support	Gehrmann, 2020[122] Trial ID N/A N = 545 Australia **Design:** Cohort study	**Study population:** Adults bereaved due to suicide **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** Grief **Relationship to deceased:** mix **Age of deceased:** Adult **More death details:** Unexpected death Mixed violent and nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 21.3% within 12 months, rest over 12 months **Female:** 82.2% **Age:** 43.6 (13.0) **Min age:** 18 **Max age:** 77 **Age subgroup**: Adults **Ethnicity:** % Native Hawaiian or Pacific Islander : 4.5,Other info : Aboriginal	**Personnel:** Counselor **Setting**: Community **Setting of the place the person died:** Home **Intervention:** Comprehensive support A crisis response team provides face-to-face outreach and/or telephone support and referrals to other services such as brief counseling, psycho-education, and information relating to self-care (e.g., sleep hygiene, nutrition, managing relationships) as needed **Target:** Individual bereaved person **Duration:** Crisis support immediately after the loss (1–5 days), after which clients are followed up via a phone call at 1 week, 3 months, and 12 months **Control:** TAU People who had not accessed the intervention, drawn via advertisements on social media **Comparator:** NA **Additional comparator:** NA **Follow-up:** 12 weeks	Grief Experience Questionnaire, Search for Explanation scale Difference between groups was p 0. 07 for search for explanation; difference in loss of social connections, stigmatization, guilt, shame, and rejection not statistically significant; control scored better on responsibility scale (p 0.03). De Jong Gierveld Loneliness Scale Difference between groups was statistically significant (p 0.09). Suicidal Behaviors Questionnaire-Revised Intervention participants scored significantly better than controls (p = .01) **Subgroup analysis:** Other MANCOVA with loss of child as the covariate had significant effect on outcomes
Integrative medicine, CAM	Gonzalez, 2019[130] Trial ID N/A N = 60	**Study population:** Participants who experienced the loss of a first-degree relative (spouse, parent, child, or sibling) within the last 5 years	**Personnel:** None : ayahuasca was not administered in the study and results were self-reported	TRIG (Texas Revised Inventory of Grief) Scale Scores

	Unclear/Not reported possibly an international study **Design:** Post-only	**Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** Grief **Relationship to deceased:** mix **Age of deceased:** Children and adults/elderly **More death details:** Mixed unexpected and expected Mixed violent and nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** within the last 5 years **Female:** 71.7% **Age:** Intervention: 42.33 (8.79; range 25-62), comparator 46.43 (11.196; range 26-70) **Min age:** 25 **Max age:** 70 **Age subgroup**: Adults Intervention: 42.33 (8.79; range 25-62), comparator 46.43 (11.196; range 26-70) **Ethnicity:** Other : Info reported on religion: 86.7% atheist, 8.3% catholic, 3.3% Santo Daimes, 1.7% sikhs	online, so no specific personnel were involved **Setting**: N/A **Setting of the place the person died:** N/A **Intervention:** Integrative medicine, CAM Ayahuasca, participants who were taking the psychoactive ayahuasca during their grief process **Target:** Individual bereaved person **Duration:** N/A **Control:** NA **Comparator:** Peer support groups Peer-support group attendance; peer-support groups were recruited through social media of several organization that deal with the theme of grief **Additional comparator:** **Follow-up:** weeks	Scores in the intervention group showed a reduction in level of grief from baseline. Intervention group scores were better than the comparator group scores (p 0.001) **Subgroup analysis:** NA
Expert-facilitated support groups	Greenwald, 2017[135] N = 10 Canada **Design:** CT	**Study population:** Bereaved siblings between the ages of 6 and 18 and having experienced the death of a brother or sister who was treated for cancer within the past 3 years **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** Grief **Relationship to deceased:** other : sibling **Age of deceased:** Child **More death details:** Expected death	**Personnel:** Psychologist **Setting**: Outpatient **Setting of the place the person died:** N/A **Intervention:** Expert-facilitated support groups Manualized support group, eight 2-hour group sessions held on a weekly basis, with each session targeting a particular theme; all sessions commenced with a preactivity designed to ensure that participants were occupied upon arrival as well as a concise review	HIB (Hogan Inventory of Bereavement) Parent pre- and post-intervention outcomes suggested improvements in siblings' overall emotional and social quality of life. Siblings' self-reports reflected no improvements. Parent pre- and post-intervention outcomes suggested improvements in siblings' overall emotional and social quality of life.

		Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 6-30 months **Female:** % N/A **Age:** 11.3 (2.39) **Min age:** 6 **Max age:** 15 **Age subgroup**: Pediatrics **Ethnicity:** N/A	of activities performed at prior sessions to reinforce previously acquired knowledge; this was followed by a brief mental set activity that focused on the session theme and engaged participants' attention; participants were encouraged to socialize informally; toward the conclusion of the session, a deep breathing exercise was performed to relax participants and counter any negative emotional responses that might have emerged during the course of discussions; siblings were assigned "funwork," or homework consisting of a behavioral task that reinforced newly developed skills and promoted generalization of coping strategies **Target:** Other **Duration:** 8 weeks **Control:** Other **Comparator:** NA **Additional comparator:** NA **Follow-up:** 2 weeks	Siblings' self-reports reflected no improvements. CDI (Child Depression Inventory) **Subgroup analysis:**
Expert-facilitated support groups	Hansen, 2006[141] N = 267 US **Design:** RCT	**Study population:** 18 years old or over; health provider verification of HIV positive serostatus; and loss of a partner=lover, spouse, close friend or family member to AIDS more than one month but less than two years prior to recruitment **Culture characteristics**: **Recruitment strategy:** recruited through HIV service organizations and medical and mental health care providers **Grief or complicated grief:** Grief and complicated grief	**Personnel:** Counselor **Setting**: Outpatient **Setting of the place the person died:** N/A **Intervention:** Expert-facilitated support groups semi-structured cognitive behavioral and support group approaches, and was delivered by co-therapists in local community health centers over 12 weekly 90-minute sessions **Target:** Individual bereaved person **Duration:** 12 weeks	GRI (Grief Reaction Index) No significant difference FUNCTIONAL ASSESSMENT OF HIV INFECTION (FAHI) not significant **Subgroup analysis:** NA

		Relationship to deceased: other : Loss to HIV **Age of deceased:** Adult **More death details:** Expected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** more than 1 month, but less than 2 years **Female:** 36.7% **Age:** 39.99 (6.84) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** % Black/African American : 53 % Hispanic or Latino : 15 % White : 26 Other : 6% "other"	**Control:** TAU Randomized controls were offered up to 12 individual mental health sessions and psychiatric services outside of study protocol on request **Comparator:** Psychotherapy up to 12 individual mental health sessions and psychiatric services outside of study protocol on request **Additional comparator:** **Follow-up:** 12 weeks	
Psychotherapy	Harrsen, 2022[142] Trial ID N/A N = 63 Denmark **Design:** Cohort study	**Study population:** Young adults who lost a parent within the past 3 months; those who lost both parents, had a problematic relationship with the deceased, exhibited insecure or anxious attachment style, who were a primary caretaker for the deceased, or whose parent had significant mental illness or drug/alcohol abuse problems were excluded **Culture characteristics**: Danish youth (age 20 to 27) **Recruitment strategy:** Referred by general practitioner, social worker, or school guidance counselor **Grief or complicated grief:** Complicated grief **Relationship to deceased:** child **Age of deceased:** Adult	**Personnel:** Psychologist **Setting**: Community Danish National Center for Grief **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Manualized group psychotherapy, 18 sessions of 2 ½ hours duration, conducted over18 weeks; integrative group therapy specifically developed for parentally bereaved young adults; based on the Dual-Process-Model for coping, included psychoeducation, exposure, imaginal and situational revisiting, memory work, narrative reconstruction, andemotion regulation work **Target:** Individual bereaved person **Duration:** 18 weeks	IPG-13 (Inventory of Prolonged Grief-13) Intervention group improved more (p<.0001) Beck Depression Inventory Intervention group improved more (p = .017) Beck Anxiety Inventory: no significant difference in effect between groups PTSD Checklist for DSM-5 (PCL-5): intervention group improved more (p = .004) **Subgroup analysis:** NA

		More death details: Mixed unexpected and expected : 88% illness Mixed violent and nonviolent : 5% accident **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Mean 1.0 (1.1) years; minimum 3 months **Female:** 81% **Age:** 23.9 (2.4) **Min age:** 20 **Max age:** 27 **Age subgroup**: Adults **Ethnicity:** N/A	**Control:** Wait list Wait list **Comparator:** NA **Additional comparator:** NA **Follow-up:** 4.5 weeks	
Peer support groups	Hopmeyer, 1994[152] N = Canada **Design:** Cohort study	**Study population:** Bereavement support group Widow-to-Widow **Culture characteristics**: Currently participating in a bereavement support group **Recruitment strategy:** Group level data obtained from existing bereavement groups **Grief or complicated grief:** N/A **Relationship to deceased:** NA **Age of deceased:** N/A **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** N/A **Timing at the beginning of the intervention:** **Female:** % **Age:** **Min age:** **Max age:** **Age subgroup**: Age unclear **Ethnicity:** N/A	**Personnel:** None **Setting**: Community **Setting of the place the person died:** N/A **Intervention:** Peer support groups Bereavement support groups Widow-to-Widow **Target:** Individual bereaved person **Duration:** Several years **Control:** NA **Comparator:** Peer support groups Bereavement support group Hope & Cope **Additional comparator:** Peer support groups Bereavement support group Family Survivors of Suicide **Follow-up:** weeks	**Subgroup analysis:** NA

Expert-facilitated support groups	Huberty, 2020[154] N = 90 US **Design:** RCT	**Study population:** Women who experienced stillbirth within the past 6 weeks to 24 months, had clinical levels of posttraumatic stress symptoms, were older than 18 years of age, resided in the US, were able to read/understand/speak English, were underactive, willing to be randomized, regular internet access, answered "no" to all items on exercise safety questionnaire or given clearance by a doctor **Culture characteristics**: **Recruitment strategy:** Snowball sampling through still-birth related non-profit organizations, social media, and hospital/clinics; participants could receive up to $65; **Grief or complicated grief:** Grief **Relationship to deceased:** parent **Age of deceased:** Unborn **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 6 weeks to 24 months **Female:** 100% **Age:** No age information **Min age: Max age:** **Age subgroup**: Adults No age information **Ethnicity:** % Black/African American : 5.6 % Hispanic or Latino : 10 % American Indian or Alaska Native : 1.1 % Asian : 1.1 % Native Hawaiian or Pacific Islander : 1.1	**Personnel:** unclear **Setting**: N/A **Setting of the place the person died:** N/A **Intervention:** Expert-facilitated support groups 12 week online yoga prescription developed by the research team; moderate dose of 150 minutes per week **Target:** Individual bereaved person **Duration:** 12 weeks **Control:** Attention-matched control 12 week online stretching/toning exercise prescription for 60 minutes per week to match the intervention group **Comparator:** Expert-facilitated support groups 12 week online yoga prescription developed by the research team; low dose of 60 minutes per week **Additional comparator:** NA **Follow-up:** 5 weeks	Perinatal Grief measured with PGS (Perinatal Grief Scale) All groups showed improvement from baseline, but the group receiving higher dose of intervention showed the most improvement. Depression measured with PHQ (The Patient Health Questionnaire) All groups showed improvement from baseline, but the lower dose intervention group showed the greatest improvement. **Subgroup analysis:** NA

		% White : 86.7 % Multiracial : 3.3		
Psychotherapy	Johnson, 2016[159] N = 50 US **Design:** RCT	**Study population:** women who experienced perinatal loss within the past 18 months, with a current major depressive episode, onset during or after the loss **Culture characteristics**: **Recruitment strategy:** recruited patients diagnosed with MDD through their providers **Grief or complicated grief:** N/A **Relationship to deceased:** parent **Age of deceased:** Unborn **More death details:** Unexpected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** **Female:** 100% **Age:** 30.3 (6.6) **Min age:** 18 **Max age:** 50 **Age subgroup**: Adults **Ethnicity:** % Black/African American : 12 % Hispanic or Latino : 18 % Native Hawaiian or Pacific Islander : 4 % White : 64 % Multiracial : 18	**Personnel:** Therapist **Setting**: Outpatient **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Interpersonal psychotherapy adapted to the needs of women experiencing MDD after perinatal loss **Target:** Individual bereaved person **Duration:** 9-16 weeks **Control:** TAU Coping with Depression (CWD) course **Comparator:** Psychotherapy highly structured, manualized psycho-educational group treatment for MDD **Additional comparator:** NA **Follow-up:** weeks	PGGS (Perinatal Bereavement Grief Scale) IPT was better the CWD Modified Hamilton Rating Scale for Depression and the self-report Beck Depression Inventory-II IPT was better the CWD **Subgroup analysis:** Unclear,NA
Psychotherapy	Kaiser, 2022[162] U1111-1186-6255 N = 87 Germany **Design:** RCT	**Study population:** Adults bereaved due to a cancer death; those with severe depression, suicidal ideation, psychosis, substance use disorder, or PTSD (from other event) were excluded **Culture characteristics**:	**Personnel:** Psychologist **Setting**: Online **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Online Grief Therapy via a secure website consisted of 10 structured writing tasks that participants	ICG (Inventory of Complicated Grief) Group x time interaction significant ($p < .001$) Depression (Patient Health Questionnaire-9, PHQ-9) Group x time interaction significant ($p = .004$)

		Recruitment strategy: Social networks, relevant websites, and stakeholders such as support groups, clinics, medical practices, charities, and insurance companies **Grief or complicated grief:** Complicated grief Prolonged Grief per Inventory of Complicated Grief (score of >25) **Relationship to deceased:** mix : 47% lost a parent, 10% lost a child, 35% lost spouse **Age of deceased:** Children and adults/elderly **More death details:** Expected death : cancer Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** mean 28.73 months (SD 40.3 months) **Female:** 83% **Age:** 47.32 (14.01) **Min age:** 18 **Max age:** **Age subgroup**: Adults **Ethnicity:** N/A	worked on independently in 2 self-scheduled 45-minute writing sessions per week for 5 weeks; individualized therapist feedback from trained psychologists on all writing assignments was provided within 24 hours, alternating between short and thorough feedback **Target:** Individual bereaved person **Duration:** 5 weeks **Control:** Wait list Wait list **Comparator:** NA **Additional comparator:** NA **Follow-up:** 12 weeks	Anxiety measured by Generalized Anxiety Disorder-7 scale: Group x time interaction significant (p = .004) Posttraumatic stress measured by Impact of Event Scale–Revised: Group x time interaction significant (p = .003) Sleep quality measured by Pittsburg **Subgroup analysis:** NA
Comprehensive support	Kaunonen, 2000[166] N = 225 Other Finland **Design:** CT	**Study population:** family member **Culture characteristics**: **Recruitment strategy:** Mail **Grief or complicated grief:** Grief **Relationship to deceased:** mix **Age of deceased:** Adult **More death details:** Mixed unexpected and expected N/A violent/nonviolent : Illness for the experimental group, mix for the control group	**Personnel:** Psychologist,Other : Nurse **Setting**: Community **Setting of the place the person died:** N/A **Intervention:** Comprehensive support Supportive phone call, objectives of the call were: (a) to provide a supportive environment for feelings to be discussed, (b) to allow the family members to ask questions about things bothering	HGRC (Hogan Grief Reactions Checklist) No significant difference **Subgroup analysis:** NA

		Anticipatory vs. bereaved: Bereaved **Timing at the beginning of the intervention:** 4 months after death **Female:** 37% **Age:** 57.3 **Min age:** 26 **Max age:** 86 **Age subgroup**: Adults 57.3 **Ethnicity:** N/A	them, (c) to provide information about the grief experience, (d) to provide information about a possible support group in the area, and (e) to serve as a finishing point of the relationship between the nurse and the family **Target:** Individual bereaved person **Duration:** 1 phone call **Control:** TAU Bereaved family members, 4 months after death, who did not receive a supportive phone call. **Comparator:** NA **Additional comparator:** NA **Follow-up:** weeks	
Psychotherapy	Kleber, 1987[183] Trial ID N/A N = 83 Netherlands **Design:** Cohort study "the patients were referred to one of the three types of short-term psychotherapies"	**Study population:** Dutch adults having experienced major loss within the past five years who had: symptoms of loss-related intrusions; symptoms of denial, avoidance and defense in general; complaints of anxiety, sleeplessness, instability and guilt; and no indication that the problems were caused by psychotic disorders, family situations, disease or organic disorders **Culture characteristics**: **Recruitment strategy:** Listings in local press or referred by a general practitioner **Grief or complicated grief:** Grief research opinion ("pathological grief") **Relationship to deceased:** mix : 35% lost spouse; 35% lost a child **Age of deceased:** Children and adults/elderly	**Personnel:** Therapist **Setting**: Outpatient **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Trauma Desensitization, where patient is gradually confronted with all the relevant aspects of the loss; based on learning theory and uses relaxation techniques; 15 to 20 sessions **Target:** Individual bereaved person **Duration:** Unclear **Control:** Wait list Wait list **Comparator:** Psychotherapy Psychodynamic Therapy, aimed at discovering and solving inter-psychic conflicts related to loss; based on the work of Horowitz, without employing relaxation	No significant difference between groups regarding improvement in anxiety (State Trait Anxiety Inventory), traumatic stress (Impact of Event Scale), or anger (State Trait Anger Inventory); approach involved regression analysis in which the residual gain s Scores not reported **Subgroup analysis:** Participant age,Patient characteristics Patients with a lower income benefited more from trauma desensitization and less from psychodynamic therapy; the opposite was observed for patients with a higher income Psychotherapy was more successful with younger than with older patients,

		More death details: Mixed unexpected and expected : 39% illness; rest unexpected Mixed violent and nonviolent : 21% accident, 21% homicide or suicide **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Mean 23 months **Female:** 72.3% **Age:** 42 **Min age:** 18 **Max age:** 73 **Age subgroup**: Adults **Ethnicity:** N/A	techniques and exercise; 15 to 20 sessions **Additional comparator:** Other Hypnosis Therapy uses hypnosis to realize the bereaved person's confrontation with all the relevant aspects of the loss; based on learning theory; 15 to 20 sessions **Follow-up:** weeks	particularly in the case of hypnotherapy and trauma desensitization. Psychodynamic therapy was found to be almost equally as effective for older as for younger people.
Psychotherapy	Knowles, 2021[184] Trial ID N/A N = 95 US **Design:** CT quasi-randomized	**Study population:** 6-48 months bereaved and 18-85 years; no current serious mental health disorder, acute suicidality, current participation in grief therapy, current severe/unmanaged medical condition preventing participation, completion of the University of California, Los Angeles Mindful Awareness Practices Level 1 course, current medication practice of ≥15 min ≥5 days per week, and current daily PMR practice **Culture characteristics**: **Recruitment strategy:** adults who experienced the death of a romantic partner or spouse 6 months to 4 years prior to enrollment were recruited for a "Mind-Body Grief Intervention" to learn new skills in coping with grief from August 2015 to May 2017 in Tucson, AZ through letters to bereaved family members found in newspaper obituaries and flyers included in mailings from a local hospice to surviving spouses and romantic partners	**Personnel:** Psychiatrist,Other : master's level doctoral students in clinical psychology **Setting**: N/A **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Mindfulness Training consisting of the Mindful Awareness Practices **Target:** Individual bereaved person **Duration:** 6 weeks **Control:** Wait list wait-list condition; participants completed the same assessment procedures as intervention and comparator groups, including the same level of contact from research staff regarding assessments **Comparator:** Other Progressive Muscle Relaxation (PMR): six session PMR training consisting of learning to tense and relax groups of muscles, starting with 16 groups of muscles, then 7	ICG-R (Revised Inventory of Complicated Grief) The intervention and comparator groups reported less severity of complicated grief disorder than the control group (p 0.48) **Subgroup analysis:** NA

		Grief or complicated grief: Complicated grief **Relationship to deceased:** spouse,other : spouse or romantic partner **Age of deceased:** Adult **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** participants enrolled 6-48 months after death of a spouse or romantic partner **Female:** 78.7% **Age:** intervention group mean age (SD) was 68.30 (9.73), comparator group mean age (SD) was 68.06 (8.00), and control group mean age (SD) was 65.05 (8.97) **Min age: Max age:** **Age subgroup**: Adults intervention group mean age (SD) was 68.30 (9.73), comparator group mean age (SD) was 68.06 (8.00), and control group mean age (SD) was 65.05 (8.97) **Ethnicity:** % American Indian or Alaska Native : 1.1 % Asian : 1.1 % White : 97.9	groups of muscles, and ending with 4 groups of muscles and learning to relax without tens **Additional comparator:** NA **Follow-up:** 1 weeks	
Psychotherapy	Lenferink, 2023[195] Lenferink, 2020[193] NL7497 TrafVic N = 40 Netherlands **Design:** RCT	**Study population:** Adults bereaved through a traffic accident meeting the DSM-5 criteria for probable persistent complex bereavement disorder, PTSD, and/or depression; **Culture characteristics**: Dutch **Recruitment strategy:** An invitation email was sent to a peer-support	**Personnel:** Psychologist **Setting**: Online **Setting of the place the person died:** Community **Intervention:** Psychotherapy Cognitive Behavioral Therapy, eight online individual sessions over 12 weeks	TGI-SR+ (Traumatic Grief Inventory-Self Report plus) Mean improvement significantly greater in Intervention group compared to wait list group

		organization for people bereaved by a traffic accident and to people who participated in a survey examining the psychological effects of losing a loved one after a traffic accident; in addition online advertisements were posted **Grief or complicated grief:** Clinical diagnosis DSM 5 **Relationship to deceased:** mix : 63% lost a child **Age of deceased:** Children and adults/elderly **More death details:** Unexpected death : traffic accident Violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Mean 4.38 (6.18) years **Female:** 75% **Age:** 52.75 (9.51) **Min age:** 18 **Max age:** **Age subgroup**: Adults **Ethnicity:** N/A	**Target:** Individual bereaved person **Duration:** 12 weeks **Control:** Wait list Wait list; however, 35% received treatment from a psychologist, therapist or psychiatrist during wait **Comparator:** NA **Additional comparator:** NA **Follow-up:** 5 weeks	HADS-D (Hospital Anxiety Depression Scale) depression subscale Mean improvement significantly greater in Intervention group compared to wait list group PTSD, measured by PCL-5: mean improvement significantly greater in Intervention group compared to wait list group No ITT, large drop out **Subgroup analysis:** NA
Comprehensive support	McAdam, 2018[215] Trial ID N/A N = 40 US **Design:** CT	**Study population:** **Culture characteristics**: **Recruitment strategy:** Family members of adult patients treated in the medical surgical ICU and the cardiac ICU; each participant included in the study (1) was a family member of a patient who died in the medical surgical ICU or the cardiac ICU during the study period, (2) had visited the patient in the ICU at least once, (3) was listed as the contact person in the patient's medical record, and (4) spoke sufficient	**Personnel:** Other : ICU staff and bereavement team members **Setting**: Hospital **Setting of the place the person died:** Hospital **Intervention:** Comprehensive support Bereavement support program; print materials were mailed to participants, bereavement team members reached out to participants via phone call, and hand written condolences were sent to participants	Depression symptoms measuring using the Hospital Anxiety and Depression Scale Depression scores were not significantly different between the intervention and control groups (p 0.92). PTSD scores were not significantly different between the intervention and control groups (p 0.37). **Subgroup analysis:** NA

		English; only 1 family member enrolled per patient **Grief or complicated grief:** Grief **Relationship to deceased:** mix **Age of deceased:** Adult **More death details:** Mixed unexpected and expected Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Intervention began 1 week after the death, participants enrolled 13 months after the death **Female:** 72% **Age:** 60.1 (13.3) no min age, no max age **Min age: Max age:** **Age subgroup**: Adults no min age, no max age **Ethnicity:** % White : 78	**Target:** Family (entire family targeted) **Duration:** 12 months **Control:** No intervention Family members of patients who died in the cardiac ICU; no formal bereavement program in place, some but not all families received a bereavement packet and a handwritten letter of condolence after the ICU death **Comparator:** NA **Additional comparator:** NA **Follow-up:** 12 weeks	
Psychotherapy	Nam, 2018[233] NRF-2012S1A6A3A01033504 N = 29 Korea **Design:** RCT	**Study population:** Older adults who lost a spouse and experienced significant impairments in psychological and social areas of functioning; exclusion criteria were suicidal risk, severe substance dependence, and a history of psychosis **Culture characteristics**: **Recruitment strategy:** Referred by two community senior centers **Grief or complicated grief:** Complicated grief score > 25 on the inventory of complicated grief **Relationship to deceased:** spouse **Age of deceased:** Adults and elderly **More death details:** N/A expected/unexpected : not reported	**Personnel:** Psychologist,Social worker **Setting**: Community **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Family-based complicated grief therapy; eight weekly 60-minute sessions; two sessions include family to help eliminate restrictions in activities and plan elimination of ongoing practical problems; rest of sessions with individual **Target:** Family (entire family targeted) **Duration:** 8 weeks **Control:** NA **Comparator:** Psychotherapy	ICG (Inventory of Complicated Grief) Family therapy patients had significantly better outcome than individual therapy in model adjusted for baseline score, age, sex, and time since loss (p=0.004) Significant effect of intervention on Work and Social Adjustment Scale, adjusting for baseline score, age, sex, and time since loss (p=0.026) **Subgroup analysis:** NA

		N/A violent/nonviolent : not reported **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 265.59 (20.24) days **Female:** 48.28% **Age:** 69.6 (13.13) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** N/A : Presumably Korean	Individual-based complicated grief therapy involving psychoeducation, emotional management, revisiting the story of the death, an imaginary conversation with the deceased, situation revisiting, and self-care planning in bereavement; 8 weekly sessions **Additional comparator:** NA **Follow-up:** 2 weeks	
Expert-facilitated support groups	Nappa, 2016[236] Trial ID N/A N = 124 Sweden **Design:** Cohort study	**Study population:** individuals who were significant others of palliative care patients who had passed away in a county in northern Sweden **Culture characteristics**: **Recruitment strategy:** Consecutive invitations were sent 3-6 months after death of all palliative patients to one significant other per patient offering participation in a bereavement group **Grief or complicated grief:** Grief **Relationship to deceased:** spouse **Age of deceased:** Adult **More death details:** Expected death N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** participants enrolled 3-6 months after death **Female:** 67.7% **Age:** intervention group median age was 64.5 and control group median age was 63.5 **Min age: Max age:**	**Personnel:** Social worker,Chaplain,Other : members of the palliative care unit (nurses) **Setting**: Outpatient **Setting of the place the person died:** Hospital **Intervention:** Expert-facilitated support groups Bereavement group met once a week; meetings included afternoon tea and lasted for two hours; each meeting had a predefined theme; meetings were held in a separate room with participants and facilitators seated around the same table; role of facilitators was to listen, let the participants discuss, and make sure everyone had a chance to express their thoughts and emotions; for 5 weeks **Target:** Individual bereaved person **Duration:** 5 weeks **Control:** No intervention non-participants, no intervention **Comparator:** NA **Additional comparator:** NA **Follow-up:** 12 weeks	TRIG (Texas Revised Inventory of Grief) Intervention group presented higher levels of grief compared to control group (p 0.018). **Subgroup analysis:** NA

		Age subgroup: Adults intervention group median age was 64.5 and control group median age was 63.5 **Ethnicity:** N/A		
Psychotherapy	Newsom, 2017[241] Trial ID N/A N = 344 UK **Design:** Cohort study	**Study population:** Adults in Scotland seeking help from a community-based bereavement counseling organization; participants with learning difficulties, cognitive impairments, severe mental illness, or substance abuse issues were excluded; participants could not receive mental health support from other professional sources **Culture characteristics**: Scotland **Recruitment strategy:** Adults who contacted Cruse Bereavement Care Scotland to request one-to-one bereavement counselling support **Grief or complicated grief:** Grief **Relationship to deceased:** mix : 38% lost partner, 37% lost parent **Age of deceased:** Children and adults/elderly **More death details:** Mixed unexpected and expected : 64% unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Minimum 6 months **Female:** 79% **Age:** 49.3 (14.2) Age as a factor in attrition: The article reports that study completers were older at baseline (M = 52.23, SD = 13.14) than non-completers (M = 47.86, SD = 13.80). This difference was statistically	**Personnel:** Counselor **Setting**: Community secular non-profit organization in community-based settings to members of the general public, which aligns with the "community (secular, non-religious)" study setting category. **Setting of the place the person died:** N/A not reported **Intervention:** Psychotherapy CBCS bereavement counseling, a one-to-one psychotherapy intervention incorporating person-centered, cognitive-behavioral, and psychodynamic elements, delivered by trained volunteer counselors in an average of 6 sessions to help cope with grief, normalize reactions, provide a safe environment for emotional expression, use guided exposure exercises, and address attachment patterns related to bereavement **Target:** Individual bereaved person **Duration:** average length 9 months **Control:** Wait list Wait list control, where participants who wanted counseling but were unable to receive it in the near future due to scheduling conflicts, transportation issues, or the organization's limited capacity **Comparator:** NA	ICG (Inventory of Complicated Grief) Number with Complicated Grief per ICG Complicated grief symptoms (ICG-R): participants in the intervention group had lower covariate-adjusted mean scores on the ICG-R (p = .014) with a small to medium effect size (d = 0.33). Intervention group had lower % meeting criteria for complicated gri **Subgroup analysis:**

		significant with a medium effect size (d = .32). **Min age:** 20 **Max age:** 85 **Age subgroup**: Adults Age as a factor in attrition: The article reports that study completers were older at baseline (M = 52.23, SD = 13.14) than non-completers (M = 47.86, SD = 13.80). This difference was statistically significant with a medium effect size (d = .32). **Ethnicity:** N/A	**Additional comparator:** NA **Follow-up:** 18 weeks	
Psychotherapy	Newsom, 2019[242] N = 288 UK **Design:** CT	**Study population:** Residents of Scotland (aged above 18 years) who had been bereaved for at least six months and requested support from Cruse Bereavement Care Scotland (CBCS) **Culture characteristics**: N/A **Recruitment strategy:** Individuals who requested support from Cruse Bereavement Care Scotland (CBCS) were recruited into the study **Grief or complicated grief:** Grief **Relationship to deceased:** mix **Age of deceased:** N/A **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** bereaved for at least 6 months **Female:** 78% **Age:** 49.2 (13.35) **Min age:** **Max age:** **Age subgroup**: Adults **Ethnicity:** N/A	**Personnel:** Counselor **Setting**: N/A **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Community-based bereavement counseling sessions delivered on a one-to-one basis on a weekly basis where participants met the same counselor at each session **Target:** Individual bereaved person **Duration:** 6 weeks **Control:** No intervention No intervention **Comparator:** NA **Additional comparator:** NA **Follow-up:** 18 weeks	Complicated Grief Symptoms **Subgroup analysis:** Patient characteristics Lower household income was associated with higher complicated grief (CG) symptoms. Income did not predict differential treatment response, so community-based bereavement counseling seemed to be less efficacious for members of low-income households.

Psychotherapy	Nournorouzi, 2022[244] Trial ID N/A N = 56 Other Iran **Design:** RCT	**Study population:** Women who experienced perinatal death one to three months before recruitment and scored a 91 or higher on the Perinatal Grief Scale **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** Complicated grief **Relationship to deceased:** parent **Age of deceased:** Unborn **More death details:** Unexpected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** One to three months **Female:** 100% **Age:** Treatment group: 26.8 (5.9), Control Group: 27.5 (5.4) **Min age: Max age:** **Age subgroup**: Adults Treatment group: 26.8 (5.9), Control Group: 27.5 (5.4) **Ethnicity:** N/A	**Personnel:** unclear : First and last authors' background not provided **Setting**: Outpatient **Setting of the place the person died:** Unclear May be able to assume at-home, but not explicitly specified in the text **Intervention:** Psychotherapy A coping program was provided individually in three face-to-face sessions once a week for 45–60 min in the nearest health center to the participant's home, a number of telephone and WhatsApp video sessions were held for six women who declined to attend face-to-face sessions, due to the interference of sampling with COVID-19 crisis, the general goals of coping programs for bereaved people consist of improving one's performance, helping to achieve the meaning of life, and developing human interaction with others, the principles and methods of coping programs for bereaved people include helping to find meaning in the loss, adapting to the loss, and identifying pathology grief and referral if necessary, all coping sessions (two-sided communications) were conducted in a secluded room in health centers by the first author in the presence of the fourth author **Target:** Individual bereaved person **Duration:** Duration not provided, beyond three weekly sessions **Control:** No intervention The control group received generic post-partum care	PGS (Perinatal Grief Scale) Average total grief score for the intervention group fell substantially at the two-month follow up after the intervention. The decline was highly statistically significant at the 0.001 level and represented a far larger drop than what was experienced by t **Subgroup analysis:**

			Comparator: NA **Additional comparator:** NA **Follow-up:** 2 weeks	
Psychotherapy	Petursdottir, 2020[263] N = 51 Iceland **Design:** Post-only	**Study population:** 18 years+. bereaved because of cancer, 3 months had passed since the patient had died, and caregivers had received services from the palliative home care unit in the advanced and final stage of the illness **Culture characteristics**: **Recruitment strategy:** N/A **Grief or complicated grief:** Complicated grief **Relationship to deceased:** mix **Age of deceased:** N/A **More death details:** Expected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 3 months **Female:** 53.8% **Age:** 63% over 61 years old **Min age:** 31 **Max age:** **Age subgroup**: 63% over 61 years old **Ethnicity:** N/A	**Personnel:** Psychologist **Setting**: Community **Setting of the place the person died:** N/A **Intervention:** Psychotherapy FAM-SOTC intervention focuses on supporting the cognitive, affective, and behavioral domains of the family member's illness experience. Two 60-90 minute one on one sessions pre-loss and one session post-loss. Elements : (1) eliciting narratives about the preloss and postloss experience; (2) asking therapeutic/interventive questions, emphasizing the most pressing concerns, and using therapeutic listening; (3) validating/acknowledging emotional responses; (4) assessing the need for specific information and recommendations regarding bereavement; and (5) the use of commendation/focusing on the strengths of the bereaved caregiver **Target:** Individual bereaved person **Duration:** 60-90 minutes x 3 sessions **Control:** TAU " Usual care post loss comprised an unstructured conversation, and the palliative home care nurse provided information about community services" **Comparator:** NA **Additional comparator:** NA	Depression Anxiety Stress Scale No significant difference "There was a significant decrease in anxiety symptoms in the intervention group compared with the control group across all 3 time points. Anxiety and stress symptoms also decreased over time in the 2 groups combined" **Subgroup analysis:** NA

			Follow-up: 6 weeks	
Expert-facilitated support groups	Pfeffer 2002[265] N = **Design:**	**Study population:** **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** **Relationship to deceased:** **Age of deceased:** **More death details:** **Anticipatory vs. bereaved:** **Timing at the beginning of the intervention:** **Female:** % **Age:** **Min age: Max age:** **Age subgroup**: **Ethnicity:**	**Personnel:** **Setting**: **Setting of the place the person died:** **Intervention:** Expert-facilitated support groups Bereavement group intervention, offered in ten 1.5-hour group sessions weekly to bereaved children from 2-5 families and separately to parents **Target:** **Duration:** **Control:** **Comparator:** **Additional comparator:** **Follow-up:** weeks	**Subgroup analysis:**
Writing, music, art	Range, 2000[273] Trial ID N/A N = 64 US **Design:** RCT	**Study population:** Undergraduate student volunteers at a midsized southeastern university **Culture characteristics**: **Recruitment strategy:** Participants received undergraduate course extra credit for their participation in the study **Grief or complicated grief:** Grief **Relationship to deceased:** mix **Age of deceased:** N/A **More death details:** Unexpected death Mixed violent and nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Not reported **Female:** 79.7% **Age:** 20.31 (2.73) **Min age: Max age:**	**Personnel:** Other : experimenter **Setting**: Other small lab room **Setting of the place the person died:** N/A **Intervention:** Writing, music, art Writing assignment, encourage to write about the events and emotions surrounding the loss of a loved one for 15 minutesa day for 4 days; they were encouraged to explore their deepest thoughts and emotions **Target:** Individual bereaved person **Duration:** 4 days **Control:** Attention-matched control Wrote for 15 minutes a day about innocuous topics **Comparator:** NA **Additional comparator:** NA	GRQ (Grief Recovery Questions) grief symptoms Scores improved from baseline in both control and intervention groups (p 0.02). SDS (Self-Rating Depression Scale) depression symptoms Depressive symptoms reduced from baseline in both intervention and control groups (p 0.001). **Subgroup analysis:** NA

		Age subgroup: Age unclear **Ethnicity:** % Black/African American : 34.4 % Asian : 1.6 % White : 64.1	**Follow-up:** 1.5 weeks	
Psychotherapy	Rosner, 2011[285] Trial ID N/A N = 117 Germany **Design:** Cohort study	**Study population:** Adults with pre-existing mental illness (anxiety disorders, somatoform disorders, or eating disorder) plus Complicated Grief (CG) disorder **Culture characteristics**: **Recruitment strategy:** Patients admitted between January 2006 and June 2007 to three wards were interviewed at intake, diagnosed with the International Diagnostic Checklist for ICD-10 (IDCL), and completed a number of questionnaires (SCL-90 R, BDI) and an open clinical interview for complicated grief (CG) **Grief or complicated grief:** Grief and complicated grief **Relationship to deceased:** NA **Age of deceased:** N/A **More death details:** N/A expected/unexpected : Not reported N/A violent/nonviolent : Not reported **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Not reported **Female:** 83.3% **Age:** anuan Intervention group mean 38.4 (13.5), Control group mean 40.0 (15.6) **Min age:** 17 **Max age:** 79 **Age subgroup**: Adults Intervention group mean 38.4 (13.5), Control group mean 40.0 (15.6) **Ethnicity:** N/A	**Personnel:** Therapist **Setting**: Hospital 3 psych wards (focusing on anxiety disorders/ OCD, somatoform disorders and eating disorders **Setting of the place the person died:** N/A Not reported **Intervention:** Psychotherapy Manualized nine-session group complicated grief intervention plus usual inpatientcare for co-morbid psychiatric illness; 2 sessions per week over 4.5 weeks; cognitive behavior approach plus supplemental creative therapy (creation of pictures and collages relating to the deceased person); in addition, one individual therapy session involving a writing exercise about the ''worst'' moment of the loss **Target:** Individual bereaved person **Duration:** 4.5 weeks **Control:** TAU Usual inpatient care for co-morbid psychiatric illness **Comparator:** NA **Additional comparator:** NA **Follow-up:** 1 weeks	ICG (Inventory of Complicated Grief) Intervention group had significantly greater improvement than control group Beck Depression Inventory (BDI) Difference between groups in improvement not statistically significant (intervention group had significantly lower baseline scores) Symptom Checklist-90-revised (SCL-90-R), global severity index: no significant difference in improvement between groups **Subgroup analysis:** Participant age,Patient characteristics No significant effect of gender; grief intensity (higher) at pre-test significantly influenced improvement No significant effect of age

Writing, music, art	Rubin, 2020[287] Trial ID N/A N = 403 US **Design:** RCT	**Study population:** Adult who lost loved ones in past 18 months **Culture characteristics**: **Recruitment strategy:** Amazon's Mechanical Turk **Grief or complicated grief:** Grief **Relationship to deceased:** NA **Age of deceased:** N/A **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** within 18 months prior **Female:** 48.8% **Age:** Treatment: 32.81 (11.16); Control: 32.27 (10.81) **Min age: Max age:** **Age subgroup**: Adults Treatment: 32.81 (11.16); Control: 32.27 (10.81) **Ethnicity:** N/A	**Personnel:** Psychologist **Setting**: Online **Setting of the place the person died:** N/A **Intervention:** Writing, music, art Positive writing; participants write in the present tense about a different pleasurable memory of the deceased person for three consecutive 5-minute writing trials **Target:** Individual bereaved person **Duration:** 1 day **Control:** Attention-matched control Neutral writing control; participants write about a different trivial event for three consecutive 5-minute writing trials **Comparator:** NA **Additional comparator:** NA **Follow-up:** 0 weeks	PANAS (Positive and Negative Affect Schedule), positive affect scale No group effect on positive affect (p 0.91); regarding negative affect, the control group improved more (p 0.001). **Subgroup analysis:** Patient characteristics Greater complicated grief was associated with greater increase in positive affect (p .02), but only for those in the control group; greater complicated grief was associated with a greater increase in negative affect among those in intervention groups (p
Psychotherapy	Schut, 1996[303] Trial ID N/A N = 69 Netherlands **Design:** CT	**Study population:** Bereaved patients during a 3 month stay in a Dutch Health Care Centre **Culture characteristics**: **Recruitment strategy:** N/A **Grief or complicated grief:** Grief **Relationship to deceased:** mix **Age of deceased:** N/A **More death details:** Mixed unexpected and expected Mixed violent and nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:**	**Personnel:** Psychologist,Therapist **Setting**: Hospital **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Behavior therapy plus art therapy, 12 two hour behavior therapy sessions and 8 two hour art therapy sessions **Target:** Individual bereaved person **Duration:** 3 months **Control:** TAU Individual psychotherapy typically combined with group therapy for	The intervention group showed greater improvement than the control group on GHQ (general health questionnaire) scores in general (p<0.001). moved from QoL **Subgroup analysis:** NA

		Female: 88.4% **Age:** intervention mean age 51.6 (12.3) and control mean age 54.9 (10.6) **Min age:** **Max age:** **Age subgroup**: Age unclear intervention mean age 51.6 (12.3) and control mean age 54.9 (10.6) **Ethnicity:** N/A	relaxation, social skills training, and thematic discussion **Comparator:** NA **Additional comparator:** NA **Follow-up:** 7 weeks	
Psychotherapy	Khashab, 2017[322] Trial ID N/A N = 30 Iran **Design:** CT	**Study population:** Mournful old adults who experienced a loss and grief, were elderly, and were not taking psychiatric and non-psychiatric drugs **Culture characteristics**: There is a strong link between bereavement and spiritualities in the Iranian culture **Recruitment strategy:** Selected from the mournful elderly living in the nursing homes of Ardebil (Iran) in 2014 and 2015 **Grief or complicated grief:** Grief **Relationship to deceased:** NA **Age of deceased:** N/A **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Not specified **Female:** % **Age:** no mean age (SD) **Min age:** 60 **Max age:** 75 **Age subgroup**: Adults no mean age (SD) **Ethnicity:** N/A	**Personnel:** unclear **Setting**: N/A **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Cognitive behavioral therapy, 8 sessions **Target:** Individual bereaved person **Duration:** Not specified **Control:** No intervention No intervention **Comparator:** NA **Additional comparator:** NA **Follow-up:** weeks	Spiritual well-being was measured using the SWB (spiritual well-being questionnaire). Emotional intelligence was measured using the motional intelligence questionnaire. The intervention group showed greater improvement in spiritual well-being than the con **Subgroup analysis:** NA

Expert-facilitated support groups	Sullivan, 2022[324] NCT04077476 N = 60 US **Design:** RCT	**Study population:** Women who experienced stillbirth within the past 6 weeks to 36 months who had clinical levels of PTSD; those with an unstable psychiatric condition, pregnant, had severe depression, or at risk for suicide were excluded; 28% were on mental health medication **Culture characteristics**: **Recruitment strategy:** Internet-based strategies (e.g., contacting stillbirth social media groups, asking administrators to post trauma-sensitive flyers) **Grief or complicated grief:** Complicated grief Impact of Events Scale-Revised (IES-R) > 24 **Relationship to deceased:** parent **Age of deceased:** Unborn **More death details:** Unexpected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 6 weeks to 36 months **Female:** 100% **Age:** N/A **Min age:** 18 **Max age:** **Age subgroup**: Adults N/A **Ethnicity:** % Black/African American : 2 % Hispanic or Latino : 22 % American Indian or Alaska Native : 2 % Asian : 3 % White : 85 % Multiracial : 3	**Personnel:** Social worker **Setting**: Online **Setting of the place the person died:** N/A **Intervention:** Expert-facilitated support groups Facebook support group moderated by members of the research team who posted prompts for discussion each week plus one hour of online yoga per week for 8 weeks **Target:** Individual bereaved person **Duration:** 8 weeks **Control:** Other Online yoga, one hour session per week for 8 weeks (same as intervention, but no online support group) **Comparator:** NA **Additional comparator:** NA **Follow-up:** 2 weeks	PHQ-9 (Patient Health Questionnaire-9) Control group improved more; statistical significance not reported PTSD, Impact of Events Scale: Yoga alone improved more than Yoga plus Facebook support group, statistical significance not reported Anxiety, State–Trait Anxiety Inventory: Yoga alone improved more than Yoga plus Facebook support group on both State and T Seems Facebook makes intervention less effective **Subgroup analysis:** NA
Psychotherapy	Sveen, 2021[327] NCT02886052	**Study population:** Parents of children who were diagnosed with a	**Personnel:** Therapist **Setting**: Online	PG-13 (Prolonged Grief Disorder-13) prolonged grief

	N = 21 Sweden **Design:** RCT	malignancy before the age of 17 years and died due to the malignancy before the age of 25 years, had an insomnia disorder, more than 10 points on the Insomnia Severity Index (ISI), ability to read and write in Swedish, without other co-morbid sleep disorders requiring other treatment, without ongoing drug or alcohol abuse, without co-morbid disorders directly contraindicative of essential interventions in insomnia treatment, and without night shift work **Culture characteristics**: **Recruitment strategy:** Cancer-bereaved parents were invited to take part in a Swedish nationwide postal survey **Grief or complicated grief:** Grief **Relationship to deceased:** parent **Age of deceased:** Children and adults/elderly **More death details:** Expected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Not specified **Female:** 66.7% **Age:** intervention group age = 49.9 (5.8); control group age = 45.6 (5.5) **Min age: Max age:** **Age subgroup**: Adults intervention group age = 49.9 (5.8); control group age = 45.6 (5.5) **Ethnicity:** N/A	**Setting of the place the person died:** N/A **Intervention:** Psychotherapy iCBT-i (internet-delivered cognitive behavioral therapy for insomnia) with active support from therapists during 9 weeks **Target:** Individual bereaved person **Duration:** 9 weeks **Control:** Attention-matched control Participants received a short booklet with psycho-education on sleep via the secure website which they could download if they wanted, they had not contact with the therapist, and it was not checked if they read the booklet or not **Comparator:** NA **Additional comparator:** NA **Follow-up:** 18 weeks	Prolonged Grief Disorder improved from baseline in both groups, but the intervention group showed greater improvement than the control group (p<0.01). UGRS (Utrecht Grief Rumination Scale) grief rumination Both groups showed improvement from baseline, but the intervention group showed more improvement in grief rumination than the control group (p < 0.01). Depression measured using MADRS (Montgomery-Asberg Depression Rating Scale) Both groups showed improvement from baseline, but the intervention group greater improvement in depression symptoms than the control group (p<0.01). Insomnia, the primary outcome of interest, improved from baseline in both groups; however, the intervention group showed greater improvement in insomnia than the control group (p<0.01). **Subgroup analysis:** NA
Writing, music, art	Unterhitzenberger, 2014[337] Trial ID N/A	**Study population:** Orphans in rural Rwanda who experienced the loss of one or both parents, were aged	**Personnel:** unclear **Setting**: Other school	PGQ-A (Prolonged Grief Questionnaire for Adolescents) grief

	N = 69 Other Rwanda **Design:** RCT	between 14 and 18 years, had no severe intellectual impairment, and the participants and their guardians agreed to participate **Culture characteristics**: adolescents orphaned as a result of the genocide in Rwanda **Recruitment strategy:** **Grief or complicated grief:** Grief **Relationship to deceased:** child **Age of deceased:** Adult **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** **Female:** 47.8% **Age:** 16.30 (1.17) **Min age:** 14 **Max age:** 18 **Age subgroup**: Pediatrics **Ethnicity:** N/A	**Setting of the place the person died:** N/A **Intervention:** Writing, music, art Emotional writing: 30 minute writing sessions held weekly for 3 weeks where participants were asked to write about their deepest emotions concerning their loss **Target:** Individual bereaved person **Duration:** 3 weeks **Control:** No intervention Non-writing control group where participants received no further treatment within the study **Comparator:** Other Positive writing: participants were asked to write about their favorite hobby and its influence on their lives **Additional comparator:** NA **Follow-up:** 0.75 weeks	Intervention group showed the least amount of improvement in grief among the three conditions (p 0.012). Depressive symptoms measuring using the MINI-KID A (Mini International Neuropsychiatric Interview for Children and Adolescents) The comparator and control groups showed improvement in depressive symptoms, while the intervention group worsened (p 0.015). **Subgroup analysis:** NA
Peer support groups	Vachon, 1980[338] Trial ID N/A N = 162 Canada **Design:** RCT	**Study population:** Widows of men aged 67 years and younger who died in one of 7 Toronto hospitals **Culture characteristics**: N/A **Recruitment strategy:** Seven Toronto hospitals participated in the study and contacted widows of men who died in the hospitals between May 1974 and September 1975 **Grief or complicated grief:** Grief **Relationship to deceased:** spouse **Age of deceased:** Adult **More death details:** N/A expected/unexpected N/A violent/nonviolent	**Personnel:** unclear **Setting**: N/A **Setting of the place the person died:** Hospital **Intervention:** Peer support groups Participants were contacted by a widow who had resolved their own bereavement reactions and were available to the participants for one-to-one support as needed including practical help in locating community resources, supportive phone calls, and face-to-face interviews; eventually small group meetings were made available as well	Number of Widows Who Showed High Distress in General Health measured with the GHQ (Goldberg General Health Questionnaire) The number of participants with high distress was lower in the intervention group than the control group at the 2 year follow-up. **Subgroup analysis:** NA

		Anticipatory vs. bereaved: Bereaved **Timing at the beginning of the intervention:** Approximately 1 month after bereavement **Female:** 100% **Age:** Median age was 52 years; No mean age, no SD **Min age:** 22 **Max age:** 69 **Age subgroup**: Adults Median age was 52 years; No mean age, no SD **Ethnicity:** N/A	**Target:** Individual bereaved person **Duration:** 2 years **Control:** No intervention No intervention **Comparator:** NA **Additional comparator:** NA **Follow-up:** 24 weeks	
Psychotherapy	van Denderen, 2018[339] Trial ID N/A N = 85 Netherlands **Design:** RCT	**Study population:** Dutch adults with Complicated Grief (CG) after losing a loved one to homicide **Culture characteristics**: **Recruitment strategy:** Recruited via support organizations for homicidally bereaved individuals and victims of violence, a governmental Victim Support organization, and a website on coping with homicidal loss **Grief or complicated grief:** Complicated grief Inventory of Complicated Grief (ICG) >39 **Relationship to deceased:** mix : 39.3% lost parent, 17.9% lost spouse, 21.4% lost child **Age of deceased:** Children and adults/elderly **More death details:** N/A expected/unexpected : homicide Violent death : homicide **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Mean 4.22 (4.71) years **Female:** 74%	**Personnel:** Psychologist **Setting**: Outpatient **Setting of the place the person died:** Community **Intervention:** Psychotherapy Psychoeducations, 2 sessions, followed by 3 sessions of Eye MovementDesensitization and Reprocessing lasting 45-90 minutes each followed by 3 sessions of Cognitive Behavior Therapy lasting 45 minutes each **Target:** Individual bereaved person **Duration:** Unclear; between 6 weeks and 4 months **Control:** Wait list Wait list who received EMDR then CBT after intervention group finished tx **Comparator:** Psychotherapy 2 introductory sessions of psychoeducation followed by 3 sessions of 3 sessions of Cognitive Behavior Therapy (CBT) followed by 3 sessions o Eye Movement Desensitization and Reprocessing (EMDR); same as	ICG (Inventory of Complicated Grief) Treatment groups improved more than wait list groups ($p < .01$) PTSD measured by Impact of Event Scale: Treatment groups improved more than wait list groups ($p < .01$) **Subgroup analysis:** Patient characteristics Treatment effect did not differ significantly by gender, recruitment source, or time since loss

		Age: 48.5 (14.92) **Min age:** 18 **Max age:** 80 **Age subgroup**: Adults **Ethnicity:** N/A	intervention group but order of CBT and EMDR revers **Additional comparator:** Other Wait list who received CBT then EMDR after intervention and CER groups finished tx **Follow-up:** 6 weeks	
Psychotherapy	Vijayakumar, 2008[341] Trial ID N/A N = 102 India **Design:** CT	**Study population:** All the non-migrant adults aged 18 years and over who had lost at least one close family member from two different geographical areas - Srinivasapuram and Kasimedu, Chennai **Culture characteristics**: Bereaved as a result of the tsunami in Tamilnadu state, India, **Recruitment strategy:** N/A **Grief or complicated grief:** Grief **Relationship to deceased:** NA **Age of deceased:** N/A **More death details:** Unexpected death Violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 3 months after death in the tsunami **Female:** 51% **Age:** 38.2 (14) **Min age:** **Max age:** **Age subgroup**: Adults **Ethnicity:** N/A	**Personnel:** Psychologist,Other : Trained volunteers **Setting**: Other In participant homes **Setting of the place the person died:** Community **Intervention:** Psychotherapy Mental health support by volunteers to provide emotional support to the bereaved family members by the process of befriending (a listening therapy that relies on offering human contact and emotional support) in one fishing area, Srinivasapuram **Target:** Individual bereaved person **Duration:** No reported **Control:** No intervention No formal intervention organized in Kasimedu (another fishing area) **Comparator:** NA **Additional comparator:** NA **Follow-up:** 12 weeks	Change in WHO well-being index score from baseline to follow-up There was more improvement in well-being among participants in the intervention group than the control group, but this different is non-significant (p 0.668). Change in BDI (Beck's Depression Inventory) total score from baseline to follow-up The intervention group showed a significantly greater improvement in depression symptoms than the control group (p 0.006). The intervention group showed a significantly greater improvement in PTSD (post-traumatic stress disorder) than the control group (p<0.001). sh **Subgroup analysis:** NA
Psychotherapy	Wagner, 2022[343] N = 140 Germany **Design:** RCT	**Study population:** Adults who lost a loved one to suicide; those with severe depression, acute suicidality, current psychosis, substance abuse, bipolar disorder, borderline	**Personnel:** Psychologist **Setting**: Online **Setting of the place the person died:** Community **Intervention:** Psychotherapy	ICG (Inventory of complicated grief) ICG - number clinically improved

		personality disorder, or self-harm were excluded **Culture characteristics**: German **Recruitment strategy:** Federal Association of Bereaved Parents and Bereaved Siblings in Germany and the Association for the Suicide Bereaved; in addition participants were recruited via social media (e.g., Instagram, Facebook), specific forums and websites for bereaved individuals and via advertisements on social media platforms and flyers **Grief or complicated grief:** Grief **Relationship to deceased:** mix : Parent, child, partner, sibling, friend, colleague **Age of deceased:** Adult **More death details:** Unexpected death : Suicide Violent death : Suicide **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Mean 29.03 (54.60) months **Female:** 89.3% **Age:** 41.20 (12.74) **Min age:** 18 **Max age:** 75 **Age subgroup**: Adults **Ethnicity:** N/A	Online group cognitive behavioral therapy, consisting of topics relevant to suicide survivors (e.g., guilt, stigma); between sessions, participants could voluntarily work on additional homework assignments; 12 weekly 90 minute sessions **Target:** Individual bereaved person **Duration:** 12 weeks **Control:** Wait list Wait list **Comparator:** NA **Additional comparator:** NA **Follow-up:** 3 weeks	No significant difference between intervention and wait list groups. GEQ (Grief Experience Questionnaire) total score No significant difference between intervention and wait list groups. ACSS-FAD (acquired capability for suicide scale) No significant difference between intervention and wait list groups on ACSS-FAD or Beck Scale for Suicide Ideation (data not displayed). BDI-II (Beck Depression Inventory-II) Number with clinically significant change in Beck Depression Inventory No significant difference between intervention and wait list groups. No significant difference between intervention and wait list groups in Posttraumatic Cognitions Inventory, Depression and Impairment scores on the Short Version of the Patient Health Questionnaire, Hyperarousal and Intrusion scores of the Revised Impact **Subgroup analysis:** Patient characteristics Higher scores at baseline result in greater improvement at post for depression, suicidality,

				intrusion, avoidance, and hyperarousal
Integrative medicine, CAM	Yoo, 2006[354] Kang, 2007[165] N/A N = 31 Korea **Design:** Cohort study	**Study population:** Recently widowed women who did not smoke, drink alcohol, exercise regularly, or participate in social clubs **Culture characteristics**: **Recruitment strategy:** Potential participants (wives of list of decedents from local medical center) were contacted by mail and phone; investigator also advertised in newspaper **Grief or complicated grief:** N/A **Relationship to deceased:** spouse : Widows **Age of deceased:** Adult **More death details:** Expected death : Majority cancer Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Within 6 months **Female:** 100% **Age:** 55 **Min age:** 35 **Max age:** 64 **Age subgroup**: Adults **Ethnicity:** % Asian : 100	**Personnel:** Other : Dan-jeon breathing master and nursing professor **Setting**: Community **Setting of the place the person died:** Hospital **Intervention:** Integrative medicine, CAM Group sessions consisting of Dan-jeon breathing and self-help group activities; 2 hour session once per week for 10 weeks **Target:** Individual bereaved person **Duration:** 10 weeks **Control:** No intervention No intervention **Comparator:** **Additional comparator:** **Follow-up:** 2.5 weeks	Revised Grief Experience Inventory There was a significantly greater reduction in the level of grief alleviation in the experimental group as opposed to the control group. Quality of life, life satisfaction scale Significantly more improvement in intervention group (p<0.000) Beck Depression Inventory Significantly more improvement in intervention group (p<0.000) **Subgroup analysis:** NA
Pharmacotherapy	Zygmont, 1998[357] Oakley, 2002[250] Trial ID N/A N = 37 US **Design:** Cohort study Volunteer paroxetine patients compared with	**Study population:** Adults with complicated grief; many subjects had current or prior Major Depressive Disorder **Culture characteristics**: **Recruitment strategy:** Media ads (self-referral) and clinician referral **Grief or complicated grief:** Complicated grief Inventory of	**Personnel:** Psychiatrist **Setting**: Outpatient **Setting of the place the person died:** N/A Not reported **Intervention:** Pharmacotherapy Paroxetine starting at 10 mg/day; dosage increased weekly in 10 mg increments until a max daily dose of 30 mg; if symptoms were not improving by week 6 the dose was	ICG (Inventory of Complicated Grief) Both agents appear to have comparably beneficial effects on the symptoms; the level of traumatic grief symptoms diminished by 53% in paroxetine-treated group.

	Nortriptyline patients from a separate clinical trial	Complicated Grief (ICG) of at least 20 **Relationship to deceased:** mix : most lost spouse or child **Age of deceased:** Children and adults/elderly **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** median 17 months for intervention group, 7 months for comparison group **Female:** 73.3% 77.3% in intervention group (paroxetine) **Age:** 56.9 (10.1) intervention group, 66.2 (8.1) comparison group **Min age:** 40 **Max age:** 79 **Age subgroup**: Adults 56.9 (10.1) intervention group, 66.2 (8.1) comparison group **Ethnicity:** % Black/African American : 6.7,Other : Intervention group % White : 93.3,Other : Intervention group	increased to 50 mg/day; subjects also participated in the development of "traumatic grief psychotherapy" weekly **Target:** Individual bereaved person **Duration:** minimum 6 weeks **Control:** NA **Comparator:** Pharmacotherapy Nortriptyline-treated subjects participating in a separate ongoing randomized, double-blind placebo-controlled trial, final median daily dose was 77.5 mg (range, 50–160 mg) **Additional comparator:** NA **Follow-up:** 4 weeks	Hamilton Rating Scale for Depression (HAM-D) Depression ratings decreased by 54% in paroxetine-treated subjects. Assessment of Motor and Process Skills (AMPS) scores improved; no comparison between groups was provided. **Subgroup analysis:** NA
Expert-facilitated support groups	Clow, 2023[81] N/A N = 126 US **Design:** Cohort study	**Study population:** Adolescent males incarcerated for felony-level offenses if committed by an adult, at risk for Persistent Complex Bereavement Disorder (68.3% selected "murder/homicide" as the cause of death of someone close) **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** N/A **Relationship to deceased:** mix	**Personnel:** Counselor **Setting**: Other Correctional facility **Setting of the place the person died:** Unclear Varies, many were homicides **Intervention:** Expert-facilitated support groups Trauma and grief component therapy for adolescents (TGCTA) contains 4 modules: Foundational Knowledge and Skills, Working Through Traumatic Experiences, Working Through Grief	PCBD (Persistent Complex Bereavement Disorder) Checklist Mean PCBD grief domain scores decreased from baseline to after intervention participation, statistically significant for separation distress and circumstance-related distress, and marginally significant (i.e., p = .06) for

		Age of deceased: Children and adults/elderly **More death details:** Mixed unexpected and expected Mixed violent and nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Unclear **Female:** 0% **Age:** 17.0 **Min age:** 14 **Max age:** 20 **Age subgroup**: Mixed age **Ethnicity:** % Black/African American : 62 % Hispanic or Latino : 5 % American Indian or Alaska Native : 10 % White : 5 N/A : 18	Experiences, and Preparing for the Future; groups met two times per week for 5 weeks, with no more than eight group members participating and two facilitators; in addition, all youth placed at the facility (regardless of intervention group) are provided the opportunity to engage in individual therapy, group therapy, and psychiatric care **Target:** Individual bereaved person **Duration:** 5 weeks **Control:** TAU All youth placed at the facility are provided the opportunity to engage in individual therapy, group therapy, and psychiatric care **Comparator:** **Additional comparator:** **Follow-up:** 3 weeks	existential distress; however, c Mean number of behavioral incidents, 15 week period Intervention participants showed a larger reduction in behavioral incidents (p = .036) **Subgroup analysis:** Other : Age and race not significantly associated with outcomes in regression analyses
Psychotherapy	Kealy, 2017[170] Piper, 2009[268] Trial ID N/A N = 110 Canada **Design:** CT	**Study population:** Patients with at least moderate grief symptoms and social role dysfunction along with a score of 10 or higher on one of three scales measuring grief, a score of 2 or higher on one of six subscales of the Social Adjustment Scale-Self Report, and loss having occurred at least 3 months prior, in addition patient had to be 18 or older and not be part of any concurrent psychosocial therapy **Culture characteristics**: The majority of patients were White females with average age 45 years old	**Personnel:** Psychologist,Psychiatrist,Social worker,Other : Nurse **Setting**: Outpatient **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Manualized short term group therapy including interpretive psychotherapyand supportive psychotherapy in once-weekly 90-minute sessions, in interpretive psychotherapy the therapist creates tolerable tension where conflicts can be examined, in supportive psychotherapy supportive therapists help patients adapt to the loss	Psychodynamic work was significantly associated with improvement in grief symptoms from pre-treatment to post-treatment ($\beta = -.25$, $t = -2.16$, $p = .03$). It also predicted further improvement in grief symptoms during the 6-month follow-up period ($\beta = -.30$, Psychodynamic work was significantly associated with improvement in life dissatisfaction during the 6-month follow-up period ($\beta = -.31$, $t = -2.47$, $p = .02$). Supportive work was not

		Recruitment strategy: Patients were recruited from two Canadian outpatient psychiatric clinics **Grief or complicated grief:** Complicated grief The diagnosis was based on elevated scores on grief-related measures and evidence of social role dysfunction **Relationship to deceased:** mix **Age of deceased:** Children and adults/elderly **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 0.25 years - 62.5 years **Female:** 79% **Age:** 45.2 (11.7) **Min age:** 22 **Max age:** 74 **Age subgroup**: Adults **Ethnicity:** % White : 84	**Target:** Individual bereaved person **Duration:** 12 weeks **Control:** NA **Comparator:** NA **Additional comparator:** NA **Follow-up:** 6 weeks	significantly related to changes in this outcome. Psychodynamic work was significantly associated with improvement in general symptoms during the 6-month follow-up period (β = −.33, t = −2.68, p = .009). Supportive work was not significantly related to general symptom change during follow-up. **Subgroup analysis:** Patient characteristics
Psychotherapy	Malmir, 2017[211] N = 34 Iran **Design:** CT	**Study population:** Bereaved patients aged between 20-40 **Culture characteristics**: **Recruitment strategy:** Bereaved patients identified through convenient random sampling method amongst patients and based on. clinical diagnosis of psychiatrist treating patients **Grief or complicated grief:** N/A **Relationship to deceased:** NA **Age of deceased:** N/A **More death details:** N/A expected/unexpected N/A violent/nonviolent	**Personnel:** Therapist **Setting**: **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Acceptance and Commitment Therapy, 12 sessions held once a week lasting 90 to 120 minutes **Target:** Individual bereaved person **Duration:** 12 weeks **Control:** No intervention No intervention **Comparator:** NA	The control group showed greater improvement in life expectancy than the intervention group. The control group showed greater improvement in total anxiety than the intervention group. **Subgroup analysis:** NA

		Anticipatory vs. bereaved: Bereaved **Timing at the beginning of the intervention:** Not reported **Female:** 61.76% **Age:** intervention group = 28.33 (6.88) and control group = 29.80 (6.96) **Min age:** 20 **Max age:** 40 **Age subgroup**: Adults intervention group = 28.33 (6.88) and control group = 29.80 (6.96) **Ethnicity:** N/A	**Additional comparator:** NA **Follow-up:** 3 weeks	
Integrative medicine, CAM	Eaton-Stull, 2022[109] N = 32 US **Design:** RCT	**Study population:** Incarcerated women. Exclusionary criteria included any offender with an incident of violence within the past six months, history of cruelty to animals, and fear of, or severe allergies to, dogs **Culture characteristics**: Incarcerated women **Recruitment strategy:** Prison psychological staff recommendations, and fliers and prison tv commercials **Grief or complicated grief:** Grief **Relationship to deceased:** mix **Age of deceased:** N/A **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** N/A **Timing at the beginning of the intervention:** **Female:** 100% **Age:** 42.5 mean age for intervention group. 41.9 mean age for the non-intervention group.	**Personnel:** unclear **Setting**: Other Prison **Setting of the place the person died:** N/A **Intervention:** Integrative medicine, CAM Group therapy with 2 certified therapy dogs **Target:** Individual bereaved person **Duration:** 6 weeks **Control:** Other Control group received group therapy structured to match the intervention group without therapy dogs **Comparator:** NA **Additional comparator:** NA **Follow-up:** 1.5 weeks	PGD (Prolonged grief disorder) tool Animal assisted groups had more significant decreases in symptoms, lower rates of post-group diagnostic criteria for PGD. CORE (core bereavement items) Animal assisted groups had more significant decreases in symptoms, lower rates of post-group diagnostic criteria for PGD. **Subgroup analysis:** NA

		Min age: **Max age:** **Age subgroup**: Adults 42.5 mean age for intervention group. 41.9 mean age for the non-intervention group. **Ethnicity:** N/A		
Psychotherapy	Elinger, 2023[111] Trial ID N/A N = 35 Israel **Design:** CT quasi-experimental process in which each patient was assigned to an available therapist or to a delayed condition in case of no availability	**Study population:** Adults with Prolonged Grief Disorder with loss exceeding hald a year; those with brain injury, psychosis, severe depression with suicidal ideation posing an imminent danger, and drug or alcohol abuse were exclusion **Culture characteristics**: **Recruitment strategy:** Advertisements and links posted on psychology web pages **Grief or complicated grief:** Complicated grief higher than 30 on PGD scale (PG-13) **Relationship to deceased:** mix : 21.2% spouse/partner, 15% parent, 51.5% child **Age of deceased:** Children and adults/elderly **More death details:** Mixed unexpected and expected : 15.15% accident Mixed violent and nonviolent : 15.15% accident, 6% suicide **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Mean= 3.94 (4.67) years, Range 6 months to 23 years **Female:** 72.7% **Age:** 43.58 (13.66) **Min age:** 24 **Max age:** 69 **Age subgroup**: Adults	**Personnel:** Psychologist **Setting**: Outpatient community clinic **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Narrative reconstruction consists of exposure to the loss memory, a detailed written reconstruction of the loss memory narrative, and an elaboration of the personalsignificance of that memory; one session per week for 16 weeks **Target:** Individual bereaved person **Duration:** 16 weeks **Control:** Wait list Wait list (delayed) **Comparator:** NA **Additional comparator:** NA **Follow-up:** 4 weeks	PG-13 (Prolonged Grief Disorder-13) Intervention group improved more than wait list (p < .01) BDI-II (Beck Depression Inventory-II) Effect of group not statistically significant PTSD: CAPS intrusion scale: intervention group improved more than wait list (p = .015); Integration of Stressful Life Experiences Scale: intervention group improved more than wait list (p = .01) **Subgroup analysis:** NA

		Ethnicity: N/A		
Psychotherapy	Schaal, 2009[298] N = 26 Other Rwanda **Design:** RCT	**Study population:** Youth living in either child-headed households or in orphanages in Kigali, Rwanda; orphans who experienced the Rwandan genocide in 1994, who were no older than 18 years during the genocides and had lost at least 1 parent during ciolence **Culture characteristics**: **Recruitment strategy:** N/A **Grief or complicated grief:** N/A **Relationship to deceased:** child **Age of deceased:** N/A **More death details:** Unexpected death Violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** **Female:** 61.54% **Age:** 19.42 (3.59) **Min age:** 14 **Max age:** 28 **Age subgroup**: Mixed age **Ethnicity:** N/A	**Personnel:** Psychologist,Counselor,Therapist **Setting**: N/A **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Narrative Exposure Therapy, 3 individual sessions and 1 individual grief session over the course of 4 weeks **Target:** Individual bereaved person **Duration:** 4 weeks **Control:** NA **Comparator:** Psychotherapy Interpersonal therapy **Additional comparator:** NA **Follow-up:** 6 weeks	Hamilton Depression Rating Scale Scores The intervention group showed greater improvement in depression symptoms than the control group. The intervention group showed greater improvement than the comparator group for PTSD. sh **Subgroup analysis:** NA
Expert-facilitated support groups	McClatchey, 2008[216] Trial ID N/A N = 100 US **Design:** Cohort study	**Study population:** Children who had lost a parent or guardian within the past two years **Culture characteristics**: **Recruitment strategy:** **Grief or complicated grief:** N/A **Relationship to deceased:** child **Age of deceased:** Adult **More death details:** Mixed unexpected and expected Mixed violent and nonviolent	**Personnel:** Counselor **Setting**: Other Camp **Setting of the place the person died:** Other Varied **Intervention:** Expert-facilitated support groups Weekend camp; trauma-focused grief interventions consisted of exposure, activities to help with identifying and expressing feelings, cognitive restructuring, relaxation and	EGI (Extended Grief Inventory) measuring childhood traumatic grief In regression model, group assignment was significantly associated with outcome (p <0.01). UCLA PTSD scale in regression model group assignment not significant (p 0.10).

		Anticipatory vs. bereaved: Bereaved **Timing at the beginning of the intervention:** Within 2 years **Female:** 52.0% **Age:** **Min age:** 6 **Max age:** 16 **Age subgroup**: Pediatrics **Ethnicity:** % Black/African American : 36.0 % Hispanic or Latino : 6.0 % White : 58.0	imagery exercises, and various grief interventions; six group counseling sessions - a treatment manual detailing the goals, objectives, and sequencing of steps was provided to each counselor; group sessions were intermingled with a memorial service and memory art work designed to facilitate integration of the grief tasks as well as regular camp activities such as canoeing, hiking, treasure hunts, and other play activities; surviving parents and guardians participated in a daylong psycho-educational workshop **Target:** Individual bereaved person **Duration:** One weekend **Control:** Attention-matched control Weekend camp with regular activities such as canoeing, hiking, treasure hunts, and other play **Comparator:** NA **Additional comparator:** NA **Follow-up:** 1 weeks	**Subgroup analysis:** Participant age,Patient characteristics In regression models, race, gender, and type of death were not significantly associated with outcomes. In regression models, age was not significantly associated with outcomes.
Peer support groups	Onrust, 2010[254] N = 216 Netherlands **Design:** RCT	**Study population:** widowed during the past year, moderate or strong feelings of loneliness, and the absence of a full-blown mental disorder. In addition, respondents had to be capable of participating in a 1-hr-long interview, 55+. **Culture characteristics**: **Recruitment strategy:** letters **Grief or complicated grief:** Grief **Relationship to deceased:** spouse **Age of deceased:** N/A	**Personnel:** Other : other elderly widowed persons **Setting**: Other combination **Setting of the place the person died:** N/A **Intervention:** Peer support groups Visiting service promoting the ability to cope with the pain and to deal effectively with the changes in their lives by offering targeted support suited to the tasks the widowed have to accomplish; service consists of several trained volunteers (also older widowed	**Subgroup analysis:**

		More death details: N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** **Female:** 65% **Age:** 68.9 (9.10) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** N/A	persons), who support lonely widowed individuals through home visits **Target:** Individual bereaved person **Duration:** 24 months **Control:** NA controls only received a brochure **Comparator:** **Additional comparator:** NA **Follow-up:** weeks	
Psychotherapy	Lenferink, 2020[194] Lenferink, 2020[195]; Lenferink, 2020[196] NTR5260 N = 39 Netherlands **Design:** RCT	**Study population:** Dutch adults who lost loved one in MH17 air disaster (plane was destroyed by missile over Ukraine); must have clinically relevant persistent complex bereavement disorder, depression, and/or posttraumatic stress disorder; those with substance use disorder, psychotic disorder, or cognitive disability (e.g., Alzheimer's disease) were excluded **Culture characteristics**: Dutch **Recruitment strategy:** Informational letter to victim's families **Grief or complicated grief:** Complicated grief Traumatic Grief Inventory-Self Report **Relationship to deceased:** mix : 43.6% lost child, 23.1% lost sibling **Age of deceased:** Children and adults/elderly **More death details:** Unexpected death Violent death **Anticipatory vs. bereaved:** Bereaved	**Personnel:** Psychologist **Setting**: Outpatient **Setting of the place the person died:** Other airplane hit by missile over Ukraine **Intervention:** Psychotherapy Cognitive Therapy + Eye Movement Desensitization and Reprocessing (EMDR); 8 sessions (60 minutes each, EMDR sessions lasted 90 minutes) over 12 weeks; **Target:** Individual bereaved person **Duration:** 12 weeks **Control:** Wait list Wait list **Comparator:** NA **Additional comparator:** NA **Follow-up:** 3 weeks	Traumatic Grief Inventory-Self Report (17 items reflect DSM V criteria) Number with Clinically Relevant Change, per Traumatic Grief Inventory-Self Report No significant between-group differences were found regarding change in Persistent Complex Bereavement Disorder scores. QIDS-SR (Quick Inventory of Depressive Symptomatology-Self Report) QIDS-SR, number with clinically relevant change Intervention group showed a significantly stronger decline in depression than wait list group (p value not reported) PTSD Checklist for DSM-5: No significant between-group differences were found regarding change in PTSD levels.

		Timing at the beginning of the intervention: Mean 22.59 (2.41) months **Female:** 74.4% **Age:** 53.49 (13.01) **Min age:** 23 **Max age:** 78 **Age subgroup**: Adults **Ethnicity:** N/A		**Subgroup analysis:** Patient characteristics Symptom reductions were correlated with reductions in maladaptive cognitive-behavioral variables
Expert-facilitated support groups	Farberow, 1992[114] Trial ID N/A N = 82 US **Design:** Cohort study	**Study population:** Adults bereaved due to suicide of a loved one **Culture characteristics**: **Recruitment strategy:** Media (undefined), referral from therapist, physician, friend or family member **Grief or complicated grief:** Grief **Relationship to deceased:** mix : 23% lost a child, 20% lost parent, 13% lost spouse, 35% lost sibling **Age of deceased:** Children and adults/elderly **More death details:** Unexpected death : suicide N/A violent/nonviolent : means of suicide unclear **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 77% between 6 to 8 months, but some were earlier and some up to 4 years **Female:** 72% **Age:** 81% of intervention group and 73% of control are between age 20 to 59 **Min age: Max age:** **Age subgroup**: Adults 81% of intervention group and 73% of control are between age 20 to 59 **Ethnicity:**	**Personnel:** Other : "Mental health professional" **Setting**: Community **Setting of the place the person died:** N/A **Intervention:** Expert-facilitated support groups Expert run support group Survivors after Suicide; one session per week for 8 weeks **Target:** Individual bereaved person **Duration:** 8 weeks **Control:** No intervention Subjects who applied for admission to the program but did not attend; reasons were location too far away or found help elsewhere, **Comparator:** NA **Additional comparator:** NA **Follow-up:** 2 weeks	number with "high" grief (as opposed to moderate or low), self report No significant effect of group. number with "high" suicidality (as opposed to moderate or low), self report No significant effect of group. Number with "high" depression (as opposed to moderate or low), self report Intervention group has significantly lower percent of subjects with "high" levels of depression compared to control group (p not reported). Anxiety, shame, and guilt outcomes: no significant differences by group **Subgroup analysis:** NA

		N/A		
Comprehensive support	Murray, 2000[229] Trial ID N/A N = 144 Australia **Design:** Cohort study recruitment of the experimental group as a whole occurred in the six months prior to recruitment of control group	**Study population:** Parents who had experienced a stillbirth (greater than 20 weeks gestation) or neonatal death **Culture characteristics**: **Recruitment strategy:** Three major maternity hospitals provided contact information; families were contact by letter or telephone **Grief or complicated grief:** Grief **Relationship to deceased:** parent **Age of deceased:** Unborn **More death details:** Unexpected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** at least 6 weeks **Female:** 54.9% **Age:** 29.86 (5.34) **Min age:** 18 **Max age:** 47 **Age subgroup**: Adults **Ethnicity:** N/A	**Personnel:** Other : Trained grief worker **Setting**: Other Home **Setting of the place the person died:** N/A **Intervention:** Comprehensive support Specially designed resources and contact with a trained grief worker; goals were to provide information and support to accept the reality of the loss, affirm their baby's existence, support the expression of emotional pain, and to encourage mourning; age appropriate picture story books or an adolescent pamphlet were provided to siblings; parents could contact for sessions whenever needed over a 15 month period **Target:** Family (entire family targeted) **Duration:** 15 months **Control:** TAU Treatment as usual **Comparator:** NA **Additional comparator:** NA **Follow-up:** 15 weeks	Health and Daily Living Form Manual, coping scale Participants were divided into low and high risk groups, and outcomes were reported by gender by risk group and by intervention vs control. High risk mothers experienced a a significant change over time in total psychiatric disturbance for the experimen DSSI (Delusions–Symptoms–States Inventory), depression scale Group x Time interaction for high risk group revealed a significant change over time in depression for the experimental group (p .001) but not for the control group. Effects on physical health not statistically significant. **Subgroup analysis:** Patient characteristics Per above, findings reported by risk group (high vs low) and gender
Psychotherapy	Pishvaei, 2015[270] Trial ID N/A N = 38 Iran **Design:** RCT	**Study population:** Men age 60 or over in Iran who had lost their wives for any reason; those with physical and mental chronic diseases were excluded **Culture characteristics**: Persian **Recruitment strategy:** "Selected using convenience sampling method" "there are no nursing homes for old men in the city of Meshginshahr, so the researcher	**Personnel:** Psychologist **Setting**: Community " the forest park in the city" **Setting of the place the person died:** N/A Any setting eligible **Intervention:** Psychotherapy Group therapy sessions conducted by a psychologist using integrative reminiscence approach; one hour session per week for 6 weeks; topics included major turning	Controlling for age, education level, income level, and employment status, the intervention group improved more on the Rosenberg Self-Esteem Scale (p .001) and Ahvaz General Anxiety scale (p .001) than the control group. **Subgroup analysis:** NA

		performed the sample selection by referring to the forest park in the city" **Grief or complicated grief:** Grief **Relationship to deceased:** spouse **Age of deceased:** Adults and elderly **More death details:** Mixed unexpected and expected : Death by any cause N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Not reported **Female:** 0% **Age:** Intervention group: 69.41 (5.72); control group: 70.0 (5.42) **Min age:** 60 **Max age:** 80 **Age subgroup**: Adults Intervention group: 69.41 (5.72); control group: 70.0 (5.42) **Ethnicity:** N/A : Presumably Persian	points in life, family history; career; history of loves and hates; stressful experience and meaning of life **Target:** Individual bereaved person **Duration:** 6 weeks **Control:** No intervention No intervention **Comparator:** NA **Additional comparator:** NA **Follow-up:** 1.5 weeks	
	Haggmark, 1991[139] Trial ID N/A N = 45 Sweden **Design:** Cohort study	**Study population:** Adults under age 80, with no serious illnesses, who had relatives with terminal cancer treated at one hospital **Culture characteristics**: Scandinavian **Recruitment strategy:** Each cancer patient was approached for permission to invite relative **Grief or complicated grief:** Grief **Relationship to deceased:** mix : most were spouse or child of patients **Age of deceased:** Adults and elderly **More death details:** Expected death : cancer Not violent death	**Personnel:** Other : Nurse, hospital staff **Setting**: Hospital **Setting of the place the person died:** N/A **Intervention:** "Activation" - relatives were encouraged with written and oral information to participate in care at the hospital; relatives allowed to spend night at hospital; group meetings with MD every third week; nurse discussed psychological reactions; **Target:** Individual bereaved person **Duration:** Unclear; up to 7 months **Control:** TAU	Holland and Sgroi's standardized rating scale for psychological states, depression scale Intervention subjects significantly less depressed than control subjects (p .03). Intervention subjects had significantly less anger (p .05) and fewer health symptoms (p .05) than control patients. **Subgroup analysis:** NA

		Anticipatory vs. bereaved: Anticipatory death **Timing at the beginning of the intervention:** Before death **Female:** 73.3% **Age:** Mean age - Intervention group: 55, Control: 50 **Min age:** 25 **Max age:** 70 **Age subgroup**: Adults Mean age - Intervention group: 55, Control: 50 **Ethnicity:** N/A	Relative received treatment as usual in cancer ward **Comparator:** NA **Additional comparator:** NA **Follow-up:** 12 weeks	
Writing, music, art	Kovac, 2000[186] Trial ID N/A N = 42 US **Design:** RCT	**Study population:** University students who lost loved one by suicide **Culture characteristics**: **Recruitment strategy:** All 2,400 university students screened in class **Grief or complicated grief:** Grief **Relationship to deceased:** NA **Age of deceased:** Adult **More death details:** Unexpected death : Suicide Violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** with 2 years **Female:** 78.6% **Age:** 23.98 (7.34) **Min age:** 18 **Max age:** 46 **Age subgroup**: Adults **Ethnicity:** % Black/African American : 9.5 % White : 88.1 Other : Other 2.4%	**Personnel:** Psychologist **Setting**: Community University department **Setting of the place the person died:** N/A **Intervention:** Writing, music, art Writing sessions regarding emotions surrounding suicide of loved one; 15 minutes each, 4 sessions **Target:** Individual bereaved person **Duration:** unclear - 4 writing sessions **Control:** Attention-matched control Writing sessions regarding trivial topics - describing dorm room or a recent meal; 15 minutes each, 4 sessions **Comparator:** NA **Additional comparator:** NA **Follow-up:** 1.5 weeks	GRQ (Grief Recovery Questions) ANOVA found time x intervention group interaction (p .046) GEQ (Grief Experience Questionnaire) Significant condition x time effect (p .008) favoring intervention group PTSD symptoms (Impact of Event Scale) not significantly different between groups at follow ups. Non-routine visits to health center not significantly different between groups. **Subgroup analysis:** NA
Psychoeducation	Aubin, 2021[51] NCT01389739 N = 109	**Study population:** Family caregivers of lung cancer patients **Culture characteristics**: Quebecois	**Personnel:** Other : Nurse **Setting**: Outpatient of tertiary pulmonary care hospital	HADS (Hospital Anxiety and Depression Scale) global score measuring distress

	Canada **Design:** RCT	**Recruitment strategy:** Nurse navigators at hospital invited family caregivers of patients newly diagnosed with nonsurgical lung cancer **Grief or complicated grief:** N/A caregiver distress **Relationship to deceased:** mix : 78.8% spouse, 19.3% parent **Age of deceased:** Children and adults/elderly **More death details:** Expected death : Cancer, alive during study Not violent death **Anticipatory vs. bereaved:** Anticipatory death **Timing at the beginning of the intervention:** Pre death **Female:** 72.5% **Age:** 61.8 (11.7) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** N/A	**Setting of the place the person died:** N/A **Intervention:** Psychoeducation Screening for distress followed by contact with an oncology nurse to review with results and plan tailored problem-solving strategies; nurse counseled on importance of taking care of themselves, provided community resources and educational material, and helped them become more proactive and empowered; nurse consulted with family physician to involved them in supportive care **Target:** Individual bereaved person **Duration:** Until patient death (mean length not reported) **Control:** TAU Treatment as usual **Comparator:** NA **Additional comparator:** NA **Follow-up:** 9 weeks	Group differences not significant (p 0.14). City of Hope QoL Scale-Family Caregiver No significant effect of group (p 0.94). HADS (Hospital Anxiety and Depression Scale), depression subscale No significant effect of group (p 0.21). No group effect on anxiety (p 0.12) **Subgroup analysis:** NA
Psychoeducation	Leow, 2015[197] Trial ID N/A N = 80 Singapore **Design:** RCT	**Study population:** Family caregivers of advanced (stage IV) cancer patient receiving home hospice care who has a prognosis of at least 3 months **Culture characteristics**: Singapore / Chinese **Recruitment strategy:** Recruited from four home hospice organizations and an outpatient clinic **Grief or complicated grief:** N/A Home hospice patients, still living **Relationship to deceased:** mix : 25% spouse, 57.5% child of patient **Age of deceased:** Adult	**Personnel:** Other : Nurse **Setting**: Hospice **Setting of the place the person died:** Home **Intervention:** Psychoeducation Psychoeducation by home hospice nurse to cope with stress, frustration, depression, and anticipatory grief; initial one-hour face-to-face session, 20 minute video, two follow-up phone calls at weeks 3 and 6, and an invitation to an online social support group **Target:** Individual bereaved person **Duration:** 8 weeks	CQOLC (Caregiver Quality of Life Index–Cancer) Intervention group improved more (p 0.00). Depression Anxiety Stress Scales, depression subscale Intervention group improved more (p 0.02). Intervention group showed significantly greater improvement than control group in all other outcomes: social support satisfaction, closeness with the patient, self-efficacy in self-care, knowledge, and lower stress

		More death details: Expected death : cancer Not violent death **Anticipatory vs. bereaved:** Anticipatory death **Timing at the beginning of the intervention:** Pre death **Female:** 67.5% **Age:** 47.2 (11.8) **Min age:** 22 **Max age:** 72 **Age subgroup**: Adults **Ethnicity:** % Asian : 99 % White : 1	**Control:** TAU Home hospice without the intervention **Comparator:** NA **Additional comparator:** NA **Follow-up:** 2 weeks	**Subgroup analysis:** NA
Expert-facilitated support groups	Barrett, 1978[57] Trial ID N/A N = 83 US **Design:** RCT	**Study population:** Widows in the Los Angeles metro area **Culture characteristics**: **Recruitment strategy:** Newspapers **Grief or complicated grief:** Grief **Relationship to deceased:** spouse **Age of deceased:** Adults and elderly **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** less than 1 month to 22 years, mean 4 years 9 months, median 3 years 9 months **Female:** 100% **Age:** 55.7 (9.2) **Min age:** 32 **Max age:** 74 **Age subgroup**: Adults **Ethnicity:** N/A	**Personnel:** Psychologist **Setting**: Community USC campus **Setting of the place the person died:** N/A **Intervention:** Expert-facilitated support groups Self-help group addressing the specific problems facing widows; problems discussed included loneliness, grief, single parenting, reduced financial resources and employment difficulties, decisions about living arrangements, strained relationships with relatives and married friends, new relationships with men, and legal problems; 2 hour session once per week **Target:** Individual bereaved person **Duration:** 7 weeks **Control:** Wait list Wait list **Comparator:** Peer support groups "Confidant" group; based on literature finding that older persons who have a confidant have better	Intensity of Grief, change from baseline (investigator created scale) All intervention groups increased intensity of grief (decrease was expected); significance between groups not reported. Quality of life (5-point scale from extremely positive to extremely negative) All intervention groups increased quality of life (p .005); significance of difference between groups not reported. Univariate analyses of variance on nine widowhood functioning and personality till did not yield any significant differences among the 3 intervention types; these included self-esteem, health prediction, social role engagement, and attitudes toward women

			subsequent mental health than those without one; designed to develop of a close friendship between pairs of widows; 2 hour session once per week **Additional comparator:** Peer support groups Consciousness raising group about the role of women in society; modeled developed by the Consciousness Raising Committee of the Los Angeles chapter of the National Organization for Women; theorized that some stresses of widowhood derive from sex roles op **Follow-up:** 6 weeks	**Subgroup analysis:** NA
Expert-facilitated support groups	Ferszt, 2009[117] Trial ID N/A N = 36 US **Design:** Cohort study	**Study population:** Young women in prison who experienced the death of a close family member or significant other; 55% were on psychiatric medications prior to imprisonment; 66% had children **Culture characteristics**: Female prisoners **Recruitment strategy:** Recruited from a women's medium-security correctional facility in the northeast United States **Grief or complicated grief:** Complicated grief **Relationship to deceased:** mix : 42.9% spouse, 14.3% lost child **Age of deceased:** Children and adults/elderly **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved	**Personnel:** Psychologist **Setting**: Other Prison **Setting of the place the person died:** N/A **Intervention:** Expert-facilitated support groups Houses of Healing: A Prisoner's Guide to Inner Power and Freedom was adapted into a 12-week facilitated group course for establishing groups and promoting personal healing; participants are taught skills, including relaxation, meditation, cognitive reframing, stress management, and constructive ways to transform anger, resentment, unhealthy guilt, and shame to promote increased awareness of unhealthy emotional responses and learned behaviors; goals are accomplished primarily through reading, writing, group discussions, and facilitator-led experiential exercises	BDI (Beck Depression Inventory–II) Trend indicating effect of intervention (p 0.09) but not statistically significant. Hamilton Anxiety Scale: trend toward effect of intervention (p 0.08) but not statistically significant; Rosenberg Self Esteem Scale: no significant difference **Subgroup analysis:** NA

		Timing at the beginning of the intervention: Not reported; 1 to 30 years implied through context **Female:** 100% **Age:** 34 **Min age:** 19 **Max age:** 49 **Age subgroup**: Adults **Ethnicity:** % Black/African American : 21.4 % Hispanic or Latino : 38 % American Indian or Alaska Native : 7.1 % White : 27	**Target:** Individual bereaved person **Duration:** 12 weeks **Control:** Wait list Wait list **Comparator:** NA **Additional comparator:** NA **Follow-up:** 3 weeks	
Psychoeducation	Foster, 2014[119] Trial ID N/A N = 29 US **Design:** RCT	**Study population:** Adults who had experienced the death of a significant other, did not participate in any other form of counseling or intervention **Culture characteristics**: **Recruitment strategy:** Word of mouth from counseling students at university, distributing flyers, and placing a newspaper article about the study **Grief or complicated grief:** Grief **Relationship to deceased:** mix : Spouse/ partner, parent, grandparent, one lost a child **Age of deceased:** Children and adults/elderly **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** From less than 3 months to more than 2 years; mean not reported **Female:** 92.7% **Age:** 35.4	**Personnel:** Counselor **Setting**: Community University **Setting of the place the person died:** N/A **Intervention:** Psychoeducation Group viewing and discussion of videos on near death experiences; authors referred to this as psychoeducation **Target:** Individual bereaved person **Duration:** 3 weeks **Control:** Wait list Wait list **Comparator:** NA **Additional comparator:** NA **Follow-up:** 1 weeks	HGRC (Hogan Grief Reaction Checklist) HGRC measures these aspects of grief reactions: Despair, Panic Behavior, Personal Growth, Blame and Anger, Detachment, and Disorganization; no statistically significant effect of group when controlling for baseline values. **Subgroup analysis:** NA

		Min age: 20 **Max age:** 71 **Age subgroup**: Adults **Ethnicity:** % Black/African American : 8.3 % Hispanic or Latino : 8.3 % Asian : 12.5 % White : 70.8		
Expert-facilitated support groups	Hasani, 2021[143] IRCT20100109003027N41 N = 68 Iran **Design:** RCT	**Study population:** Women hospitalized due to ectopic pregnancy in Iran **Culture characteristics**: Persian **Recruitment strategy:** All women hospitalized with ectopic pregnancy approached **Grief or complicated grief:** Grief **Relationship to deceased:** parent **Age of deceased:** Unborn **More death details:** Unexpected death Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Immediately **Female:** 100% **Age:** 29.7 (6.1) **Min age:** **Max age:** **Age subgroup**: Adults **Ethnicity:** N/A	**Personnel:** Counselor **Setting**: Hospital **Setting of the place the person died:** Hospital **Intervention:** Expert-facilitated support groups Group counseling sessions once per week for 4 weeks, including: 1) providing medical information about EP and its physical and psychological complications; 2) explaining the syndrome of sadness after losing a pregnancy; 3) mental health and ways to improve it after pregnancy loss; and 4) self-esteem and how to increase it after losing a pregnancy **Target:** Individual bereaved person **Duration:** 4 weeks **Control:** TAU Treatment as usual **Comparator:** NA **Additional comparator:** NA **Follow-up:** 1.5 weeks	GHQ (General Health Questionnaire) Depression scale Intervention group improved more than usual care (p 0.001). Intervention group improved more than controls on total mental health score, self-esteem, physical symptoms, and anxiety / sleep disorder (p .001 for all). **Subgroup analysis:** NA
Expert-facilitated support groups	Huss, 1999[155] Trial ID N/A N = 17 US **Design:** RCT	**Study population:** Parentally bereaved suburban, Midwestern, middle-class, middle school students; none of the participants were with the parent when the death occurred **Culture characteristics**:	**Personnel:** Counselor **Setting**: Other Middle school **Setting of the place the person died:** N/A **Intervention:** Expert-facilitated support groups	CBCL (Child Behavior Checklist) No significant effect of group on either parent or teacher reported outcome. Exact scores not reported (p .494).

		Recruitment strategy: Form all students complete at the beginning of each school year, also teachers who had direct knowledge of death **Grief or complicated grief:** Grief **Relationship to deceased:** child **Age of deceased:** Adult **More death details:** Mixed unexpected and expected : suicide, cancer, and auto accident Mixed violent and nonviolent : suicide, cancer, and auto accident **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** more than 2 years **Female:** 41.7% **Age:** **Min age:** 10 **Max age:** 12 **Age subgroup**: Pediatrics **Ethnicity:** % White : 100	School counselor led support group; based on Pennells and Smith (1995) ; one session per week for 6 weeks **Target:** Individual bereaved person **Duration:** 6 weeks **Control:** Wait list Participants who did not receive the intervention were invited to participate in a support group at later date **Comparator:** NA **Additional comparator:** NA **Follow-up:** 1.5 weeks	CDI (Children's Depression Inventory) No significant effect of group; exact scores not reported (p .749). Piers-Harris Self-Concept Scale: No significant effect of group (p .871). **Subgroup analysis:** NA
Integrative medicine, CAM	Kempson, 2001[171] Trial ID N/A N = 65 US **Design:** CT	**Study population:** Mothers who had lost a child with past 5 years; no exclusion criteria reported **Culture characteristics**: **Recruitment strategy:** Intervention group recruited from parental bereavement self-help organization The Compassionate Friends or community bulletin board announcement in newspaper; control recruited by recruited The Compassionate Friends memberships in two other metropolitan areas and Mothers Against Drunk Driving **Grief or complicated grief:** Grief **Relationship to deceased:** parent	**Personnel:** Other : certified Trager practitioner (massage therapist?) **Setting**: Outpatient investigator office? **Setting of the place the person died:** N/A **Intervention:** Integrative medicine, CAM intentional touch therapy; therapeutic touch modality, Trager Psychophysical Integration, was employed; Trager involves calm, rhythmic rocking and light shaking of parts of the recipient's body; 6 to 8 one-hour sessions over 14 weeks	GEI (Grief Experience Inventory) Analysis of variance found statistically significant effects of intervention on despair (p . 006), depersonalization (p .031), and somatization (p .012); scores not reported. **Subgroup analysis:** NA

		Age of deceased: Children and adults/elderly **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 6 to 60 months **Female:** 100% **Age:** 48.3 (10.2) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** % White : 98.5	**Target:** Individual bereaved person **Duration:** 14 weeks **Control:** No intervention No intervention **Comparator:** NA **Additional comparator:** NA **Follow-up:** 3 weeks	
Writing, music, art	McGuinness, 2015[218] Trial ID N/A N = 20 Other Ireland **Design:** RCT	**Study population:** Adults who had a relative or friend who had died at the hospice and had received support from the social work team in the pre-death phase **Culture characteristics**: Irish **Recruitment strategy:** Participants identified by the social workers at the hospice **Grief or complicated grief:** Grief **Relationship to deceased:** mix : 65% lost spouse, 30% lost parent **Age of deceased:** Adults and elderly **More death details:** Expected death : hospice Not violent death **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 6 to 14.5 months **Female:** 80% **Age:** 51 (15.6) **Min age:** 32 **Max age:** 75 **Age subgroup**: Adults	**Personnel:** Counselor,Social worker **Setting**: Hospice **Setting of the place the person died:** Hospice **Intervention:** Writing, music, art Creative arts group which enabled participants to engage at different therapeutic distances from their grief; included psychoeducation; included writing, photography, drama, spirituality, chalk art; one weekly session for 8 weeks **Target:** Individual bereaved person **Duration:** 8 weeks **Control:** Wait list Wait list **Comparator:** NA **Additional comparator:** NA **Follow-up:** 2 weeks	TRIG (Texas Revised Inventory of Grief) No significant effect of group (p .476); only median scores reported. **Subgroup analysis:** NA

		Ethnicity: N/A		
Psychotherapy	Meysner, 2016[223] Trial ID N/A N = 19 Australia **Design:** RCT	**Study population:** Adults who lost a loved one at least 6 months prior, not presently receiving counseling or therapy for grief, and not involved in legal matters pertaining to the death **Culture characteristics**: **Recruitment strategy:** Advertisements on radio, in newspapers, on websites of several bereavement-related organizations; letters also sent to local MDs asking for referrals **Grief or complicated grief:** Grief **Relationship to deceased:** mix : 42.1% lost spouse, 31.6 lost parent **Age of deceased:** Adults and elderly **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 6 months to 24 years; mean 5.5 (7.9) years **Female:** 63.2% **Age:** 45.6 (15.52) **Min age:** 22 **Max age:** 75 **Age subgroup**: Adults **Ethnicity:** N/A	**Personnel:** Psychologist **Setting**: Outpatient University Psyc Dept **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Eye movement desensitization and reprocessing (EMDR); one weekly session for 7 weeks **Target:** Individual bereaved person **Duration:** 7 weeks **Control:** NA **Comparator:** Psychotherapy Cognitive behavioral therapy (CBT), one weekly session for 7 weeks **Additional comparator:** NA **Follow-up:** 2 weeks	ICG (Inventory of Complicated Grief) Participants in both groups experienced a significant reduction in scores; no significant difference in outcome between groups. QOLS (Quality of Life Scale) Participants in both groups experienced a significant reduction in scores; no significant difference between groups. DASS (Depression Anxiety Stress Scale) Participants in both groups experienced a significant reduction in scores; no significant difference between groups. Impact of Event Scale: both groups improved; difference in improvement not statistically significant. **Subgroup analysis:** Patient characteristics Those with high baseline distress scores were more likely to experience clinically significant improvement at follow up.
Psychotherapy	Tonkins, 1996[333] Trial ID N/A N = 16 US **Design:** CT	**Study population:** Children who experienced the death of a parent or sibling in the past year; intellectually challenged, psychotic, suicidal, or homicidal children excluded **Culture characteristics**: 37.5% Mormon	**Personnel:** Psychologist **Setting**: Community university outpatient, community clinic, and funeral home **Setting of the place the person died:** N/A Varies **Intervention:** Psychotherapy	Bereavement - Parent Questionnaire, Emotions score Significant group x time interaction (p 0.001); intervention group improved more (instrument measures sadness, anger, withdrawal,

		Recruitment strategy: Newspaper advertisements and brochures given to MDs and funeral directors **Grief or complicated grief:** Grief **Relationship to deceased:** mix : Children lost parent or sibling **Age of deceased:** Children and adults/elderly **More death details:** Mixed unexpected and expected : 25% accident, 6.3% homicide25% suicide, Mixed violent and nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Mean 5.8 months, range 1 to 12 months **Female:** 56.3% **Age:** Mean 9.1 years, SD not reported **Min age:** 7 **Max age:** 11 **Age subgroup**: Pediatrics Mean 9.1 years, SD not reported **Ethnicity:** N/A	Group psychotherapy; manualized, one session per week for 8 weeks **Target:** Individual bereaved person **Duration:** 8 weeks **Control:** Wait list Wait list **Comparator:** NA **Additional comparator:** NA **Follow-up:** 2 weeks	guilt, anxiety, loneliness, helplessness). CBC (Child Behavior Checklist), Parent report Authors report significant group x time interaction (p 0.001); intervention group improved more. CDI (Children's Depression Inventory) Significant group x time interaction (p 0.01); intervention group improved more. **Subgroup analysis:** NA
Comprehensive support	Nam, 2017[232] Trial ID N/A N = 168 Korea **Design:** RCT	**Study population:** Older adults who lost a spouse or partner and required help with practical problem-solving skills **Culture characteristics**: Korean **Recruitment strategy:** Recruited from two community centers and a hospice **Grief or complicated grief:** Complicated grief > 25 on Inventory of Complicated Grief **Relationship to deceased:** spouse **Age of deceased:** Adults and elderly **More death details:** N/A expected/unexpected	**Personnel:** Psychologist,Social worker **Setting**: Outpatient University clinic **Setting of the place the person died:** N/A **Intervention:** Comprehensive support Restoration-focused intervention program called selfcare in bereavement; took a life care planning education approach tailored to individual needs; facilitated management of life issues common in bereavement (e.g., financial difficulty, moving,	ICG (Inventory of Complicated Grief) Intervention group improved more than control group (p 0.001). Positive effects of posttraumatic growth inventory in intervention group (p 0.003). Intervention group improved more than control group on Brief Self-Efficacy Scale (p 0.003). sh **Subgroup analysis:** NA

		N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Mean 587 (66.81) days; range 425-741 days **Female:** 73% **Age:** 72.07 (6.11) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:** N/A : Presumably 100% Korean	meal preparation, and home maintenance) through education on ways to solve life problems or connecting with community services; one weekly hour long session for 4 weeks **Target:** Individual bereaved person **Duration:** 4 weeks **Control:** Other 1 session psychoeducation only **Comparator:** NA **Additional comparator:** NA **Follow-up:** 3 weeks	
Integrative medicine, CAM	OConnor, 2014[249] Trial ID N/A N = 36 Denmark **Design:** CT	**Study population:** Older adults who lost spouse who were still in distress 4 years after the loss **Culture characteristics**: **Recruitment strategy:** Recruited through a 4-year follow-up questionnaire regarding reactions to older adult spousal bereavement **Grief or complicated grief:** Complicated grief >=25 on Centrality of Event Scale **Relationship to deceased:** spouse **Age of deceased:** Adults and elderly **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** at least 4 years **Female:** 67.5% **Age:** 77.5 (4.5) **Min age: Max age:** **Age subgroup**: Adults **Ethnicity:**	**Personnel:** Psychologist **Setting**: Community **Setting of the place the person died:** N/A **Intervention:** Integrative medicine, CAM Mindfulness-based cognitive therapy (MBCT); components were mindfulness meditation techniques such as body scan, mindful yoga exercises, and sitting meditations; one 2 hour weekly session for 8 weeks; followed up by two booster sessions, one at 3 and one at 6 months **Target:** Individual bereaved person **Duration:** 8 weeks **Control:** Wait list Wait list **Comparator:** NA **Additional comparator:** NA **Follow-up:** 7 weeks	ICG-R (Inventory of Complicated Grief—Revised) No significant difference in improvement between groups. HTQ (Harvard Trauma Questionnaire) Part IV - measures PTSS No significant difference in improvement between groups. BDI (Beck Depression Inventory II) Intervention group had significantly more improvement (p .05). **Subgroup analysis:** Patient characteristics Those with elevated depressive symptoms showed a much sharper reduction in depression scores those with non-elevated depressive symptoms.

		N/A		
Expert-facilitated support groups	Sabatini, 1989[288] Trial ID N/A N = 50 US **Design:** CT chronological assignment	**Study population:** Highly motivated, newly widowed people who were in pain and wanted to get better **Culture characteristics**: **Recruitment strategy:** Unclear; participants phoned the Red Cross to enroll **Grief or complicated grief:** Grief **Relationship to deceased:** spouse **Age of deceased:** Adults and elderly **More death details:** Mixed unexpected and expected : 68% unexpected Mixed violent and nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Mean 6.6 months **Female:** 88% **Age:** 86% over age 50, mean 56.6 **Min age: Max age:** **Age subgroup**: Adults 86% over age 50, mean 56.6 **Ethnicity:** % Black/African American : 4.0 % White : 96.0	**Personnel:** Therapist **Setting**: Community **Setting of the place the person died:** N/A **Intervention:** Expert-facilitated support groups Mental Health professional led support group - American Red Cross "First Step" program; uses a crisis intervention approach; seeks to restore the clients to prior level of physical, psychological, and emotional functioning; teaches dynamics of grief and the recovery process; 14 weekly two-hour sessions **Target:** Individual bereaved person **Duration:** 14 weeks **Control:** Wait list Wait list **Comparator:** NA **Additional comparator:** NA **Follow-up:** 3.5 weeks	TRIG (Texas Revised Inventory of Grief) Difference between groups not statistically significant. **Subgroup analysis:** Patient characteristics Men improved more; but not statistically significant due to small number of men. There was a difference between scores of the expected and unexpected participants regardless of the experimental or control group and results indicated that treatment along w
Non-psychotherapy / spiritual counseling	Simpson, 2015[316] Trial ID N/A N = 90 India **Design:** RCT	**Study population:** Women with stillborn baby or early neonatal death **Culture characteristics**: **Recruitment strategy:** Identified at hospital and approached by charge nurse **Grief or complicated grief:** Grief **Relationship to deceased:** parent **Age of deceased:** Unborn **More death details:** Unexpected death Not violent death	**Personnel:** Other : Nurse **Setting**: Hospital large teaching hospital **Setting of the place the person died:** Hospital **Intervention:** Non-psychotherapy / spiritual counseling Individual bereavement counseling by nurse, three sessions of to 45 minutes per session over 6 weeks **Target:** Individual bereaved person **Duration:** 6 weeks	Perinatal Bereavement Scale Intervention group improved more than control (p .001). HAM-D (Hamilton Depression scale) Intervention group improved more than control (p .03). Hamilton Anxiety scale: Intervention group improved more, but did not reach

		Anticipatory vs. bereaved: Bereaved **Timing at the beginning of the intervention:** Immediate **Female:** 100% **Age:** 79% between 20 and 30 years old **Min age:** 18 **Max age:** 41 **Age subgroup**: Adults 79% between 20 and 30 years old **Ethnicity:** N/A : presumably South Asian	**Control:** TAU Treatment as usual **Comparator:** NA **Additional comparator:** NA **Follow-up:** 1.5 weeks	statistical significance (p .06). **Subgroup analysis:** NA
Psychoeducation	Sireling, 1988[317] Trial ID N/A N = 26 UK **Design:** RCT	**Study population:** Individuals with "morbid grief" for at least one year; avoidance of people, objects, places, or conversations concerning the deceased; with no evidence of psychosis **Culture characteristics**: **Recruitment strategy:** Referred by psychiatrists or general practitioners **Grief or complicated grief:** Complicated grief **Relationship to deceased:** mix : 30% spouse, 25% lost parent, 20% lost sibling **Age of deceased:** Children and adults/elderly **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** More than one year **Female:** 70% **Age:** Mean age: Intervention 39 years, Comparison 45 years **Min age:** 16 **Max age:** 70	**Personnel:** Counselor **Setting**: Outpatient Hospital outpatient **Setting of the place the person died:** N/A **Intervention:** Psychoeducation Guided Mourning: Patients were encouraged to expose themselves repeatedly to avoided cognitive, affective and behavioral cues concerning bereavement, e.g., writing a letter to the deceased and reading it aloud at the gravesite; encouraging the ventilation of negative feelings; facing avoided and/or distressing situations, objects, or people reminding them of the deceased such as cemeteries and relevant photographs, books and relatives; homework tasks given each session; 10 weekly1-1½ hour sessions, with a four-week interval between sessions 9 and 10 **Target:** Individual bereaved person **Duration:** 14 weeks **Control:** NA **Comparator:** Other	TIG (Texas Inventory of Grief) Both groups improved significantly; unclear if significant differences between groups at 1 year. Bereavement Tasks - Performance Intervention group showed more improvement than comparison group at 54 weeks (p .05). " Anti-exposure (the comparison group) yielded fewer significant changes, with some measures tending to be worse at week 54 than at week 28;" scores on specific instruments not reported. Authors collected an abnormal amount of data, including 3 depression measures (Beck, Hamilton, and Wakefield scales) and did not report outcome scores. **Subgroup analysis:** NA

		Age subgroup: Adults Mean age: Intervention 39 years, Comparison 45 years **Ethnicity:** N/A	Anti-exposure: encouraging patients to get on with living, not to think about the loss, to avoid anything painful connected with the loss, and to think about the future rather than dwell on the past; homework tasks given each session; 10 weekly1-1½ hour **Additional comparator:** NA **Follow-up:** 12 weeks	
Integrative medicine, CAM	Thieleman, 2020[331] Trial ID N/A N = 114 US **Design:** Cohort study	**Study population:** Bereaved parents; predominantly female, White, partnered or married, middle-class, college-educated, and employed; **Culture characteristics**: **Recruitment strategy:** Unclear; study recruited from individuals already enrolled in the retreat-research participation was voluntary and not required to attend the retreat; comparison group recruited from online support forum **Grief or complicated grief:** Grief **Relationship to deceased:** parent **Age of deceased:** Child **More death details:** Mixed unexpected and expected : 30% accident, suicide, or homicide Mixed violent and nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Intervention: 4.74 (5.07) years, Control: 3.94 (5.33) years **Female:** 93.9% **Age:** Mean age: Intervention 45.16 (10.53), Control 40.10 (7.86) **Min age: Max age:**	**Personnel:** Social worker **Setting**: Other Retreat in Sedona, AZ **Setting of the place the person died:** N/A **Intervention:** Integrative medicine, CAM Mindfulness; a four day Contemplative Retreat for Traumatic Bereavement; sought to transform participants' relationship to grief by increasing attunement with grief and decreasing avoidance and judgment of grief-related distress **Target:** Individual bereaved person **Duration:** 4 days **Control:** No intervention No intervention **Comparator:** **Additional comparator:** NA **Follow-up:** 2 weeks	IES-R (Impact of Event Scale–Revised), total Intervention group improved significantly more than control group (p .05). HSCL-25 (Hopkins Symptom Checklist-25), Depression scale Difference between groups not statistically significant. Anxiety: Difference between groups not statistically significant. **Subgroup analysis:** NA

		Age subgroup: Adults Mean age: Intervention 45.16 (10.53), Control 40.10 (7.86) **Ethnicity:** % White : 90.9		
Peer support groups	Tudiver, 1992[335] Trial ID N/A N = 113 Canada **Design:** RCT	**Study population:** Men who lost spouse within past year **Culture characteristics**: **Recruitment strategy:** Newspapers, radio, TV, posters, mailings, and word of mouth **Grief or complicated grief:** Grief **Relationship to deceased:** spouse **Age of deceased:** Adults and elderly **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Less than 1 year; mean 5.5 months **Female:** 0% **Age:** Mean age: Intervention 61.5, Wait list 64.6 **Min age: Max age:** **Age subgroup**: Adults Mean age: Intervention 61.5, Wait list 64.6 **Ethnicity:** N/A	**Personnel:** None **Setting**: Community **Setting of the place the person died:** N/A **Intervention:** Peer support groups Mutual help groups; semi-structured sessions on grief process, diet, exercise, new relationships, finances, etc; one 90 minute weekly session for 9 weeks **Target:** Individual bereaved person **Duration:** 9 weeks **Control:** Wait list Wait list **Comparator:** NA **Additional comparator:** NA **Follow-up:** 8 weeks	BDI (Beck Depression Inventory) No significant effect of group (p .46). Goldberg General Health Questionnaire: No effect of group (p .21); State Trait Anxiety Scale: No significant effect of group (p .08). **Subgroup analysis:** Patient characteristics Multiple regression found no significance of age, education, retirement, living alone, or time since death.
Psychotherapy	Walls, 1984[348] Trial ID N/A N = 38 US **Design:** CT	**Study population:** Widows between age 30 and 65 **Culture characteristics**: **Recruitment strategy:** Newspapers, television, and funeral home directors **Grief or complicated grief:** Grief **Relationship to deceased:** spouse **Age of deceased:** Adult	**Personnel:** Psychologist **Setting**: N/A **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Cognitive restructuring group; emphasized how thinking contributes to emotions; ABCD method for cognitive behavior used to identify and modify	LSI (Life Satisfaction Index) No significant group differences. BDI (Beck Depression Inventory) No significant group differences.

		More death details: N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** More than 3 and less than 25 months; mean 11.80 months **Female:** 100% **Age:** 52.5 **Min age:** 30 **Max age:** 65 **Age subgroup**: Adults **Ethnicity:** N/A	irrational thoughts was presented, and coping self-talk was practiced through overt and covert modeling of problem situations; one 90-minute session a week for 10 weeks **Target:** Individual bereaved person **Duration:** 10 weeks **Control:** Wait list Wait list **Comparator:** Expert-facilitated support groups Behavior skills group; treatment was aimed at increasing the frequency and enjoyment of pleasant activities; members used the Pleasant Events Schedule to monitor pleasant activities; assertion and social skills training provided **Additional comparator:** Peer support groups Self-help group; members shared problems and methods of coping with the stress **Follow-up:** 12 weeks	No significant group differences for social anxiety and distress scale. sh **Subgroup analysis:** NA

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Table D.4. KQ4 evidence table

Intervention	Study	Population	Intervention	Results
Psychotherapy	Boelen, 2021[64] Trial ID N/A N = 134 Netherlands **Design:** RCT	**Study population:** Children and adolescents with prolonged grief disorder; distressing and disabling prolonged grief disorder symptoms as the primary problem and reason for seeking treatment after loss of a close relative **Culture characteristics**: N/A **Recruitment strategy:** Recruited from outpatient clinics - either self-referred or referred by local professional **Grief or complicated grief:** Clinical diagnosis **Relationship to deceased:** mix **Age of deceased:** Children and adults/elderly **More death details:** Mixed unexpected and expected Mixed violent and nonviolent **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** 37.79 months **Female:** 52.2% **Age:** 13.1 (2.84) **Min age:** 8 **Max age:** 18 **Age subgroup**: Pediatrics **Ethnicity:** N/A	**Personnel:** Therapist **Setting**: Outpatient **Setting of the place the person died:** Other mixed **Intervention:** Psychotherapy Cognitive behavioral therapy Grief-Help 9 individual 45-minute sessions of, with 1 session every 1 or 2 weeksif possible and five 45-minute sessions with parents or caretakers were planned in parallel; manualized treatment based on a cognitive-behavioral model postulating that three processes maintain acute grief: insufficient integration of the loss with preexisting knowledge (fueling separation distress); rigid negative thinking about oneself, life, and one's ability to deal with the loss; and a propensity to fear and avoid reminders ofthe loss (termed "anxious avoidance") and to withdraw from normal routines and activities that could foster adjustment ("depressive avoidance") **Target:** Individual bereaved person **Duration:** 9 weeks **Control:** NA **Comparator:** Psychotherapy Supportive counseling, based on nondirective treatments for grief and PTSD in children and adolescents; it is explained that difficulties in recovery from loss may coincide with emotional, social, and practical problems and that talking about these proble	IPG-C (Inventory of Prolonged Grief for Children) Both treatments yielded moderate to large effect sizes across prolonged grief disorder but compared with supportive counseling, CBT Grief-Help resulted in significantly greater reductions in prolonged grief disorder symptoms at all posttreatment assessmen Children's Depression Inventory Both treatments yielded improvements but CBT Grief-Help was more successful in alleviating depression. PTSD: Intervention group 4.58 (5.13), control group 8.40 (9.88), lower is better **Subgroup analysis:** Other : In a regression analyses, Older participants benefited more from CBT Grief-Help (compared with supportive counseling) than younger participants. Participants who lost a parent benefited more from CBT Grief-Help (compared with supportive counseling) than those who lost another rela

			Additional comparator: NA **Follow-up:** 12 weeks	
Psychotherapy	Nesci, 2021[239] Trial ID N/A N = 36 Italy **Design:** RCT	**Study population:** Adults who experienced a loss from at least six months, with a diagnosis of Prolonged Grief Disorder **Culture characteristics**: **Recruitment strategy:** Referred to their CLP Unit by general practitioners (GPs) or psychiatrists of the Italian NHS for prolonged grief disorder (ICD-11) (=56). **Grief or complicated grief:** Clinical diagnosis **Relationship to deceased:** NA **Age of deceased:** N/A **More death details:** N/A expected/unexpected N/A violent/nonviolent **Anticipatory vs. bereaved:** N/A **Timing at the beginning of the intervention:** At least 6 months post **Female:** 86.1% **Age:** mean age 59 **Min age:** 39 **Max age:** 82 **Age subgroup**: Adults mean age 59 **Ethnicity:** N/A	**Personnel:** Psychologist,Psychiatrist,Therapist **Setting**: Unclear not sure if inpatient: Consultation Liaison Psychiatry (CLP) Unit within our University Hospital **Setting of the place the person died:** N/A **Intervention:** Psychotherapy Multimedia psychotherapy plus psycho-pharmacology, multimedia psychotherapy involves a multimedia artist who combines visual and musical materials chosen by the patient into a video; patient and therapist watch the video together, explore new meanings in the life of the deceased and look for new perspectives in the patient's life; pharmacological therapy was prescribed (when needed) by the same psychiatrist who had recruited all patients **Target:** Individual bereaved person **Duration:** 8 sessions **Control:** TAU Therapy as usual (psychopharmacological therapy when needed, and psycho-oncological support) **Comparator:** NA **Additional comparator:** NA **Follow-up:** 6 weeks	PG-13 Cognitive, Emotional, and Behavioral Symptoms score At follow up experimental group had significantly lower separation distress (p<.001) and "cognitive, emotional, and behavioral symptoms" scores than the Control group. Functional impairment (from PG-13) significantly lower in intervention group at follow up. Exact scores not reported. **Subgroup analysis:** NA
Psychotherapy	Elinger, 2023[111] Trial ID N/A N = 35	**Study population:** Adults with Prolonged Grief Disorder with loss exceeding hald a year; those with brain injury, psychosis, severe	**Personnel:** Psychologist **Setting**: Outpatient community clinic	PG-13 (Prolonged Grief Disorder-13) Intervention group improved more than wait list (p < .01)

	Israel **Design:** CT quasi-experimental process in which each patient was assigned to an available therapist or to a delayed condition in case of no availability	depression with suicidal ideation posing an imminent danger, and drug or alcohol abuse were exclusion **Culture characteristics**: **Recruitment strategy:** Advertisements and links posted on psychology web pages **Grief or complicated grief:** Complicated grief higher than 30 on PGD scale (PG-13) **Relationship to deceased:** mix : 21.2% spouse/partner, 15% parent, 51.5% child **Age of deceased:** Children and adults/elderly **More death details:** Mixed unexpected and expected : 15.15% accident Mixed violent and nonviolent : 15.15% accident, 6% suicide **Anticipatory vs. bereaved:** Bereaved **Timing at the beginning of the intervention:** Mean= 3.94 (4.67) years, Range 6 months to 23 years **Female:** 72.7% **Age:** 43.58 (13.66) **Min age:** 24 **Max age:** 69 **Age subgroup**: Adults **Ethnicity:** N/A	**Setting of the place the person died:** N/A **Intervention:** Psychotherapy Narrative reconstruction consists of exposure to the loss memory, a detailed written reconstruction of the loss memory narrative, and an elaboration of the personalsignificance of that memory; one session per week for 16 weeks **Target:** Individual bereaved person **Duration:** 16 weeks **Control:** Wait list Wait list (delayed) **Comparator:** NA **Additional comparator:** NA **Follow-up:** 4 weeks	BDI-II (Beck Depression Inventory-II) Effect of group not statistically significant PTSD: CAPS intrusion scale: intervention group improved more than wait list (p = .015); Integration of Stressful Life Experiences Scale: intervention group improved more than wait list (p = .01) **Subgroup analysis:** NA

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Appendix E. Critical Appraisal and Applicability Tables

Table E.1. KQ1 critical appraisal for included studies

Author, year	Patient selection and confounding	Tool/Index test	Reference standard	Design	Overall RoB
Beckwith, 1990[59]	Low risk	High risk	High risk	High risk	High risk
Dent, 2002[98]	Unclear risk	Unclear risk	High risk	Unclear risk	Moderate risk
Grassetti, 2018[134]	Unclear risk	Unclear risk	High risk	Unclear risk	High risk
Patel, 2019[260]	Unclear risk	Low risk	Low risk	Unclear risk	Low risk
Sealey, 2023[306]	Unclear risk	Unclear risk	High risk	Unclear risk	Low risk

Table E.2. KQ1 applicability ratings for included studies

Author, year	Population	Intervention	Comparator	Outcome	Setting
Beckwith, 1990[59]	N/A	Approach not reflective of current practice	Diagnostic tools used differently than as recommended or commonly used in practice	Composite outcomes that mix outcomes of different significance	N/A
Dent, 2002[98]	Narrow eligibility criteria	N/A	N/A	N/A	non-US
Grassetti, 2018[134]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Patel, 2019[260]	N/A	N/A	N/A	N/A	N/A
Sealey, 2023[306]	Unclear	Approach not reflective of current practice	Comparator unclear	Other issues	non-US

Table E.3. KQ2 critical appraisal for included studies

Author, year	Patient selection	Index test	Reference standard	Flow timing	Overall RoB
Aoun, 2020[50]	Low risk	Low risk	High risk	Unclear risk	Low risk
Boelen, 2018[63]	Unclear risk	Unclear risk	High risk	Unclear risk	High risk
Carmassi, 2014[77]	Low risk	Unclear risk	Unclear risk	Unclear risk	Low risk
Gulden, 2011[136]	High risk	Unclear risk	Unclear risk	Unclear risk	Moderate risk
Hauksdottir, 2006[144]	Low risk	Unclear risk	High risk	Low risk	Moderate risk
Jordan, 2005[161]	Unclear risk	High risk	Low risk	Low risk	Moderate risk
Lai, 2017[187]	High risk	Unclear risk	High risk	High risk	High risk
Nanni, 2014[235]	Unclear risk	Low risk	Unclear risk	Unclear risk	Low risk
Newsom, 2016[240]	High risk	Unclear risk	Low risk	High risk	Moderate risk
Prigerson, 1995[28]	High risk	Unclear risk	Unclear risk	Unclear risk	Moderate risk

Table E.4. KQ2 applicability ratings for included studies

Author, year	Population	Intervention	Comparator	Outcome	Setting
Aoun, 2020[50]	More complex patients than typical	Approach not reflective of current practice	Comparator unclear	N/A	N/A
Boelen, 2018[63]	N/A	N/A	Comparator unclear	N/A	non-US
Carmassi, 2014[77]	N/A	N/A	Comparator unclear	N/A	non-US
Gulden, 2011[136]	N/A	Approach not reflective of current practice	Comparator unclear	N/A	non-US
Hauksdottir, 2006[144]	N/A	N/A	Comparator unclear	N/A	non-US
Jordan, 2005[161]	Unclear	Highly selected intervention team or level of training/proficiency not widely available	Comparator unclear	N/A	N/A
Lai, 2017[187]	Unclear	N/A	N/A	Composite outcomes that mix outcomes of different significance	non-US
Nanni, 2014[235]	N/A	N/A	Comparator unclear	N/A	non-US
Newsom, 2016[240]	Narrow eligibility criteria	Approach not reflective of current practice	Comparator unclear	N/A	non-US
Prigerson, 1995[28]	N/A	N/A	Comparator unclear	N/A	N/A

Table E.5. KQ3 critical appraisal for included studies

Author, year	Selection bias	Performance bias	Attrition bias	Detection bias	Reporting bias
Acierno, 2021[45]	More complex patients than typical	N/A	N/A	N/A	N/A
Adolfsson, 2006[46]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Aho, 2011[47]	N/A	N/A	N/A	N/A	Unclear
Andrade, 2017[49]	N/A	N/A	N/A	N/A	N/A
Aubin, 2021[51]	N/A	N/A	N/A	Surrogate outcomes	N/A
Azhar, 1995[53]	N/A	Highly selected intervention team or level of training/proficiency not widely available	N/A	N/A	non-US
Bagheri, 2023[54]	Narrow eligibility criteria	N/A	N/A	N/A	non-US
Barat, 2020[55]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Barnato, 2017[56]	Unclear	N/A	N/A	N/A	N/A
Barrett, 1978[57]	Unclear	Approach not reflective of current practice	Inadequate comparison therapy or use of a substandard alternative therapy	Other issues	N/A
Beem, 1999[103]	N/A	N/A	N/A	Surrogate outcomes	N/A
Black, 1987[61]	N/A	N/A	N/A	Surrogate outcomes	non-US
Boelen, 2007[62]	N/A	N/A	N/A	N/A	N/A
Brown, 2020[69]	Narrow eligibility criteria	N/A	N/A	Composite outcomes that mix outcomes of different significance	N/A
Bryant, 2017[71]	N/A	N/A	N/A	N/A	N/A
Buck, 2020[74]	N/A	N/A	N/A	N/A	N/A
Cameron, 1983[76]	N/A	N/A	N/A	N/A	N/A
Chow, 2019[79]	N/A	N/A	N/A	N/A	non-US
Christ, 2005[80]	N/A	Unclear	N/A	Other issues	N/A
Clow, 2023[81]	More complex patients than typical	N/A	N/A	N/A	Unclear
Constantino, 1988[82]	Unclear	Unclear	N/A	N/A	N/A
Constantino, 1996[83]	More complex patients than typical	Unclear	N/A	N/A	N/A

Constantino, 2001[84]	N/A	N/A	Comparator (e.g., usual care) is unusual (e.g., higher level of care than expected)	Other issues	N/A
Coyle, 1997[85]	Unclear	N/A	N/A	N/A	N/A
Davis, 2020[92]	N/A	N/A	N/A	N/A	N/A
de Groot, 2007[94]	N/A	N/A	N/A	N/A	N/A
Denny, 1984[97]	N/A	N/A	Comparator unclear	Follow-up too short to detect impact	N/A
Dominguez-Rodriguez, 2023[102]	N/A	N/A	N/A	N/A	N/A
Dominick, 2009[103]	N/A	N/A	Comparator unclear	Follow-up too short to detect impact	N/A
Donahue, 2006[104]	N/A	N/A	N/A	N/A	N/A
Dorsey, 2020[105]	N/A	N/A	N/A	N/A	N/A
Dowling, 2006[106]	N/A	Highly selected intervention team or level of training/proficiency not widely available	N/A	Unclear	non-US
Eaton-Stull, 2022[109]	Narrow eligibility criteria	N/A	N/A	Follow-up too short to detect impact	non-US
Fancourt, 2019[113]	N/A	N/A	N/A	N/A	N/A
Farberow, 1992[114]	Unclear	Unclear	N/A	Other issues	N/A
Fegg, 2013[115]	N/A	N/A	N/A	N/A	N/A
Fenger-Gron, 2018[116]	N/A	N/A	N/A	N/A	N/A
Ferszt, 2009[117]	More complex patients than typical	N/A	N/A	Surrogate outcomes	Unclear
Forrest,1982[118]	N/A	N/A	N/A	Unclear	N/A
Foster, 2014[119]	N/A	Approach not reflective of current practice	N/A	Other issues	non-US
Garcia, 2013[121]	N/A	N/A	N/A	N/A	non-US
Gehrmann, 2020[122]	N/A	N/A	Unclear	N/A	N/A
Ghezeljeh, 2023[124]	N/A	N/A	N/A	N/A	N/A
Godzik, 2021[127]	N/A	N/A	N/A	Surrogate outcomes	N/A
Gold, 2021[129]	N/A	N/A	N/A	Other issues	N/A
Gonzalez, 2019[130]	N/A	Approach not reflective of current practice	N/A	N/A	non-US
Goodkin, 1999[132]	N/A	N/A	N/A	N/A	N/A
Greenwald, 2017[135]	N/A	N/A	N/A	N/A	N/A
Guldin, 2013[137]	N/A	N/A	Comparator (e.g., usual care) is	N/A	non-US

			unusual (e.g., higher level of care than expected)		
Haggmark, 1991[139]	N/A	Unclear	N/A	Surrogate outcomes	Unclear
Hagl, 2015[140]	More complex patients than typical	N/A	N/A	N/A	non-US
Hansen, 2006[141]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Harrsen, 2022[142]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Hasani, 2021[143]	N/A	N/A	N/A	Surrogate outcomes	N/A
Hilliard, 2001[146]	N/A	Co-intervention that are likely to modify the effectiveness of therapy	N/A	N/A	N/A
Hilliard, 2007[147]	N/A	N/A	N/A	N/A	N/A
Holland, 2009[150]	N/A	N/A	Unclear	N/A	N/A
Holtslander, 2016[151]	N/A	N/A	N/A	Follow-up too short to detect impact	N/A
Hopmeyer, 1994[152]	N/A	N/A	N/A	N/A	N/A
Huberty, 2020[154]	N/A	N/A	N/A	N/A	N/A
Huss, 1999[155]	More complex patients than typical	Unclear	N/A	Other issues	N/A
Iliya, 2015[157]	More complex patients than typical	N/A	N/A	N/A	N/A
Johannsen, 2022[158]	N/A	N/A	N/A	N/A	N/A
Johnson, 2016[159]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Kaiser, 2022[162]	N/A	N/A	N/A	N/A	N/A
Kalantari, 2012[164]	More complex patients than typical	N/A	N/A	Unclear	non-US
Kaunonen, 2000[166]	N/A	N/A	N/A	N/A	non-US
Kay, 1993[167]	Unclear	N/A	N/A	Other issues	N/A
Kaydirak, 2019[219]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Kealy, 2017[170]	N/A	N/A	N/A	N/A	N/A
Kempson, 2001[171]	N/A	Approach not reflective of current practice	N/A	Surrogate outcomes	N/A
Kentish-Barnes, 2022[33]	N/A	N/A	N/A	N/A	non-US

Kersting, 2011[177]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Kersting, 2013[176]	N/A	N/A	N/A	N/A	N/A
Khashab, 2017[322]	N/A	N/A	N/A	Other issues	N/A
Kissane, 2006[180]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Kissane, 2016[182]	N/A	N/A	N/A	N/A	N/A
Kleber, 1987[183]	Unclear	N/A	N/A	Surrogate outcomes	Unclear
Knowles, 2021[184]	Narrow eligibility criteria	N/A	N/A	Composite outcomes that mix outcomes of different significance	N/A
Koegler, 2015[185]	N/A	N/A	N/A	Other issues	N/A
Kovac, 2000[186]	N/A	N/A	N/A	Other issues	N/A
Lake, 1987[188]	N/A	N/A	N/A	N/A	N/A
Lautrette, 2007[190]	N/A	N/A	N/A	N/A	non-US
Lee, 1996[192]	More complex patients than typical	Unclear	N/A	Other issues	N/A
Lenferink, 2020[194]	More complex patients than typical	N/A	N/A	N/A	N/A
Lenferink, 2023[195]	More complex patients than typical	N/A	N/A	N/A	N/A
Leow, 2015[197]	N/A	N/A	N/A	Surrogate outcomes	N/A
Lichtenthal, 2010[199]	N/A	N/A	N/A	N/A	N/A
Lieberman, 1992[201]	N/A	N/A	N/A	N/A	N/A
Lilford, 1994[203]	Unclear	N/A	Comparator unclear	Composite outcomes that mix outcomes of different significance	N/A
Litz, 2014[204]	N/A	N/A	N/A	N/A	N/A
Lund, 2010[208]	N/A	N/A	N/A	Surrogate outcomes	N/A
MacKinnon, 2015[210]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Malmir, 2017[211]	N/A	N/A	Comparator unclear	Follow-up too short to detect impact	N/A
Marmar, 1988[212]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Mawson, 1981[214]	N/A	N/A	N/A	Other issues	N/A

McAdam, 2018[215]	N/A	N/A	N/A	N/A	N/A
McClatchey, 2008[216]	N/A	N/A	N/A	N/A	N/A
McGuinness, 2015[218]	N/A	N/A	N/A	N/A	N/A
Meichsner, 2018[220]	N/A	N/A	N/A	N/A	N/A
Meysner, 2016[223]	N/A	N/A	N/A	N/A	N/A
Murphy, 1998[227]	More complex patients than typical	N/A	N/A	N/A	N/A
Murray, 2000[229]	N/A	Unclear	N/A	Surrogate outcomes	N/A
Nam, 2016[231]	N/A	N/A	N/A	N/A	N/A
Nam, 2016[234]	N/A	N/A	N/A	N/A	N/A
Nam, 2017[232]	Diagnosis problematic	N/A	N/A	N/A	N/A
Nam, 2018[233]	N/A	N/A	N/A	N/A	N/A
Nappa, 2016[236]	N/A	N/A	N/A	N/A	N/A
Navidian, 2017[238]	N/A	N/A	Comparator (e.g., usual care) is unusual (e.g., higher level of care than expected)	N/A	non-US
Newsom, 2017[241]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Newsom, 2019[242]	N/A	N/A	Comparator unclear	Other issues	N/A
Nikcevic, 2007[243]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Nournorouzi, 2022[244]	N/A	N/A	N/A	N/A	N/A
O'Connor, 2003[245]	N/A	N/A	N/A	N/A	non-US
O'Connor, 2005[246]	N/A	N/A	N/A	Follow-up too short to detect impact	N/A
OConnor, 2014[249]	N/A	N/A	N/A	N/A	N/A
Olinda Pruitt Johnson, 2015[160]	N/A	N/A	N/A	N/A	N/A
Onrust, 2010[254]					
Palas Karaca, 2021[255]	N/A	Unclear	N/A	N/A	Unclear
Papa, 2013[256]	N/A	N/A	N/A	N/A	N/A
Petursdottir, 2020[263]	N/A	N/A	Diagnostic tools used differently than as recommended or commonly used in practice	Composite outcomes that mix outcomes of different significance	non-US
Pfeffer 2002[265]					
Pfoff, 2014[266]	N/A	N/A	N/A	N/A	N/A
Piper 2001[267]	More complex patients than typical	Unclear	N/A	N/A	N/A

Pishvaei, 2015[270]	N/A	Unclear	N/A	Surrogate outcomes	non-US
Rachel, 1977[274]	Narrow eligibility criteria	Unclear	Inadequate comparison therapy or use of a substandard alternative therapy	Follow-up too short to detect impact	non-US
Raitio, 2015[272]	N/A	N/A	N/A	N/A	N/A
Range, 2000[273]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Reitsma, 2023[275]	N/A	N/A	N/A	N/A	N/A
Reynolds, 1999[277]	N/A	N/A	N/A	N/A	N/A
Rocha, 2019[282]	Unclear	N/A	N/A	N/A	N/A
Rosenbaum, 2015[283]	N/A	N/A	N/A	N/A	N/A
Rosner, 2011[285]	More complex patients than typical	N/A	Comparator (e.g., usual care) is unusual (e.g., higher level of care than expected)	N/A	non-US
Rosner, 2014[286]	N/A	N/A	N/A	N/A	N/A
Rubin, 2020[287]	Unclear	N/A	N/A	Follow-up too short to detect impact	N/A
Sabatini, 1989[288]	Unclear	N/A	N/A	N/A	N/A
Sandler, 1992[296]	Diagnosis problematic	N/A	N/A	N/A	N/A
Sandler, 2003[294]	Narrow eligibility criteria	N/A	N/A	Other issues	N/A
Schaal, 2009[298]	N/A	N/A	N/A	N/A	N/A
Schmidt, 2022[300]	N/A	N/A	N/A	N/A	N/A
Schut, 1996[303]	N/A	N/A	N/A	N/A	N/A
Schut, 1997[304]	N/A	N/A	N/A	N/A	N/A
Scruby, 1989[305]	N/A	N/A	N/A	Surrogate outcomes	N/A
Shear, 2005[308]	N/A	N/A	N/A	N/A	N/A
Shear, 2014[310]	N/A	N/A	N/A	N/A	N/A
Shear, 2016[309]	More complex patients than typical	N/A	N/A	N/A	N/A
Sikkema, 2005[313]	More complex patients than typical	N/A	N/A	N/A	N/A
Simpson, 2015[316]	N/A	N/A	N/A	N/A	N/A
Sireling, 1988[317]	More complex patients than typical	N/A	Inadequate comparison therapy or use of a substandard alternative therapy	Other issues	N/A

Smith, 2009[320]	Narrow eligibility criteria	N/A	N/A	Composite outcomes that mix outcomes of different significance	N/A
Sullivan, 2022[324]	Narrow eligibility criteria	N/A	N/A	Surrogate outcomes	N/A
Supiano, 2014[326]	More complex patients than typical	N/A	N/A	N/A	N/A
Sveen, 2021[327]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Swanson, 2009[328]	N/A	N/A	N/A	N/A	N/A
Thieleman, 2020[331]	More complex patients than typical	N/A	N/A	Surrogate outcomes	N/A
Thurman, 2017[332]	N/A	N/A	N/A	N/A	N/A
Tonkins, 1996[333]	Narrow eligibility criteria	N/A	N/A	Other issues	Unclear
Tudiver, 1992[335]	N/A	N/A	N/A	Surrogate outcomes	N/A
Unterhitzenberger, 2014[337]	N/A	N/A	N/A	N/A	N/A
Vachon, 1980[338]	N/A	N/A	N/A	N/A	N/A
van Denderen, 2018[339]	More complex patients than typical	N/A	N/A	N/A	N/A
van der Houwen, 2010[340]	N/A	N/A	N/A	N/A	N/A
Vijayakumar, 2008[341]	N/A	N/A	N/A	N/A	N/A
Wagner, 2007[347]	Narrow eligibility criteria	N/A	N/A	Surrogate outcomes	N/A
Wagner, 2022[343]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Wagner, 2022[344]	N/A	N/A	N/A	N/A	non-US
Walls, 1984[348]	N/A	N/A	N/A	N/A	N/A
Warner, 2001[349]	N/A	N/A	N/A	N/A	N/A
Wenn, 2019[351]	N/A	N/A	N/A	N/A	non-US
Wittouck, 2014[353]	More complex patients than typical	N/A	N/A	N/A	N/A
Yoo, 2006[354]	Narrow eligibility criteria	Unclear	N/A	N/A	non-US
Zygmont, 1998[357]	More complex patients than typical	Approach not reflective of current practice	Comparator (e.g., usual care) is unusual (e.g., higher level of	Other issues	N/A

			care than expected)		

Table E.6. KQ3 applicability ratings for included studies

Author, year	Population	Intervention	Comparator	Outcome	Setting
Acierno, 2021[45]	More complex patients than typical	N/A	N/A	N/A	N/A
Adolfsson, 2006[46]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Aho, 2011[47]	N/A	N/A	N/A	N/A	non-US
Andrade, 2017[49]	N/A	N/A	N/A	N/A	N/A
Azhar, 1995[53]	N/A	Highly selected intervention team or level of training/proficiency not widely available	N/A	N/A	non-US
Bagheri, 2023[54]	Narrow eligibility criteria	N/A	N/A	N/A	non-US
Barat, 2020[55]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Barnato, 2017[56]	Unclear	N/A	N/A	N/A	N/A
Beem, 1999[103]	N/A	N/A	Unclear	N/A	N/A
Black, 1987[61]	N/A	N/A	Comparator unclear	N/A	non-US
Boelen, 2007[62]	N/A	N/A	N/A	N/A	N/A
Brown, 2020[69]	Narrow eligibility criteria	N/A	N/A	Composite outcomes that mix outcomes of different significance	N/A
Bryant, 2017[71]	N/A	N/A	N/A	N/A	N/A
Buck, 2020[74]	N/A	N/A	N/A	N/A	N/A
Cameron, 1983[76]	N/A	N/A	N/A	N/A	N/A
Chow, 2019[79]	N/A	N/A	N/A	N/A	non-US
Christ, 2005[80]	N/A	Unclear	N/A	Other issues	N/A
Clow, 2023[81]	More complex patients than typical	N/A	N/A	N/A	Unclear
Constantino, 1988[82]	Unclear	Unclear	N/A	N/A	N/A
Constantino, 1996[83]	More complex patients than typical	Unclear	N/A	N/A	N/A
Constantino, 2001[84]	N/A	N/A	Comparator unclear	Unclear	N/A
Coyle, 1997[85]	Unclear	N/A	N/A	N/A	N/A
Davis, 2020[92]	N/A	N/A	N/A	Composite outcomes that mix outcomes	N/A

				of different significance	
de Groot, 2007[94]	N/A	N/A	N/A	N/A	N/A
Denny, 1984[97]	N/A	N/A	Comparator unclear	Follow-up too short to detect impact	N/A
Dominguez-Rodriguez, 2023[102]	N/A	N/A	N/A	N/A	N/A
Dominick, 2009[103]	N/A	N/A	Comparator unclear	Follow-up too short to detect impact	N/A
Donahue, 2006[104]	N/A	N/A	N/A	N/A	N/A
Dorsey, 2020[105]	N/A	N/A	N/A	N/A	N/A
Dowling, 2006[106]	N/A	Highly selected intervention team or level of training/proficiency not widely available	N/A	Unclear	non-US
Eaton-Stull, 2022[109]	Narrow eligibility criteria	N/A	N/A	Follow-up too short to detect impact	non-US
Fancourt, 2019[113]	N/A	N/A	N/A	N/A	N/A
Fegg, 2013[115]	N/A	N/A	N/A	N/A	N/A
Fenger-Gron, 2018[116]	N/A	N/A	N/A	N/A	N/A
Forrest,1982[118]	N/A	N/A	N/A	Unclear	N/A
Garcia, 2013[121]	N/A	N/A	N/A	N/A	non-US
Gehrmann, 2020[122]	N/A	N/A	Unclear	N/A	N/A
Ghezeljeh, 2023[124]	N/A	N/A	N/A	N/A	N/A
Godzik, 2021[127]	N/A	N/A	N/A	N/A	N/A
Gold, 2021[129]	N/A	N/A	N/A	Other issues	N/A
Gonzalez, 2019[130]	N/A	Approach not reflective of current practice	N/A	N/A	non-US
Goodkin, 1998[133]	Narrow eligibility criteria	N/A	Comparator unclear	N/A	N/A
Goodkin, 1999[132]	N/A	N/A	N/A	N/A	N/A
Goodkin, 2001[131]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Greenwald, 2017[135]	N/A	N/A	N/A	N/A	N/A
Guldin, 2013[137]	N/A	N/A	Comparator (e.g., usual care) is unusual (e.g., higher level of care than expected)	N/A	non-US
Hagl, 2015[140]	Diagnosis problematic	N/A	N/A	N/A	non-US
Hansen, 2006[141]	Narrow eligibility criteria	N/A	N/A	N/A	N/A

Harrsen, 2022[142]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Hilliard, 2001[146]	N/A	Co-intervention that are likely to modify the effectiveness of therapy	N/A	N/A	N/A
Hilliard, 2007[147]	N/A	N/A	N/A	N/A	N/A
Holland, 2009[150]	N/A	N/A	Unclear	N/A	N/A
Holtslander, 2016[151]	N/A	N/A	N/A	Follow-up too short to detect impact	N/A
Hopmeyer, 1994[152]	N/A	N/A	N/A	N/A	N/A
Huberty, 2020[154]	N/A	N/A	N/A	N/A	N/A
Iliya, 2015[157]	More complex patients than typical	N/A	N/A	N/A	N/A
Johannsen, 2022[158]	N/A	N/A	N/A	N/A	N/A
Johnson, 2016[159]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Kaiser, 2022[162]	N/A	N/A	N/A	N/A	N/A
Kalantari, 2012[164]	More complex patients than typical	N/A	N/A	Unclear	non-US
Kaunonen, 2000[166]	N/A	N/A	N/A	N/A	non-US
Kaydirak, 2019[219]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Kealy, 2017[170]	N/A	N/A	N/A	N/A	N/A
Kentish-Barnes, 2022[33]	N/A	N/A	N/A	N/A	non-US
Kersting, 2011[177]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Kersting, 2013[176]	N/A	N/A	N/A	N/A	N/A
Khashab, 2017[322]	N/A	N/A	N/A	Other issues	N/A
Kissane, 2006[180]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Kissane, 2016[182]	N/A	N/A	N/A	N/A	N/A
Kleber, 1987[183]	Unclear	N/A	N/A	Surrogate outcomes	Unclear
Knowles, 2021[184]	Narrow eligibility criteria	N/A	N/A	Composite outcomes that mix outcomes of different significance	N/A
Koegler, 2015[185]	N/A	N/A	N/A	Other issues	non-US
Kovac, 2000[186]	N/A	N/A	N/A	Other issues	N/A
Lake, 1987[188]	N/A	N/A	N/A	N/A	N/A
Lautrette, 2007[190]	N/A	N/A	Inadequate comparison	N/A	non-US

			therapy or use of a substandard alternative therapy		
Lenferink, 2020[194]	More complex patients than typical	N/A	N/A	N/A	N/A
Lichtenthal, 2010[199]	N/A	N/A	N/A	N/A	N/A
Lieberman, 1992[201]	N/A	N/A	N/A	N/A	N/A
Lilford, 1994[203]	Unclear	N/A	Comparator unclear	Composite outcomes that mix outcomes of different significance	N/A
Litz, 2014[204]	N/A	N/A	N/A	N/A	N/A
Lund, 2010[208]	N/A	N/A	N/A	Unclear	N/A
Malmir, 2017[211]	N/A	N/A	Comparator unclear	Follow-up too short to detect impact	N/A
Marmar, 1988[212]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
McAdam, 2018[215]	N/A	N/A	N/A	N/A	N/A
McClatchey, 2008[216]	N/A	N/A	N/A	N/A	N/A
Meichsner, 2018[220]	N/A	N/A	N/A	N/A	N/A
Murphy, 1997[225]	N/A	N/A	N/A	N/A	N/A
Murphy, 1998[227]	N/A	Co-intervention that are likely to modify the effectiveness of therapy	Inadequate comparison therapy or use of a substandard alternative therapy	Follow-up too short to detect impact	N/A
Murray, 2000[229]	N/A	Unclear	N/A	Surrogate outcomes	N/A
Nam, 2016[231]	N/A	N/A	N/A	N/A	N/A
Nam, 2016[234]	N/A	N/A	N/A	N/A	N/A
Nam, 2018[233]	N/A	N/A	N/A	N/A	N/A
Nappa, 2016[236]	N/A	N/A	N/A	N/A	N/A
Navidian, 2017[238]	N/A	N/A	Comparator (e.g., usual care) is unusual (e.g., higher level of care than expected)	N/A	non-US
Newsom, 2017[241]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Newsom, 2019[242]	N/A	N/A	Comparator unclear	Other issues	N/A
Nikcevic, 2007[243]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Nournorouzi, 2022[244]	N/A	N/A	N/A	N/A	N/A
O'Connor, 2003[245]	N/A	N/A	N/A	N/A	non-US

Olinda Pruitt Johnson, 2015[160]	N/A	N/A	N/A	N/A	N/A
Papa, 2013[256]	N/A	N/A	N/A	N/A	N/A
Petursdottir, 2020[263]	N/A	N/A	Diagnostic tools used differently than as recommended or commonly used in practice	Composite outcomes that mix outcomes of different significance	non-US
Pfoff, 2014[266]	N/A	N/A	N/A	N/A	N/A
Piper 2001[267]	More complex patients than typical	Unclear	N/A	N/A	N/A
Pishvaei, 2015[270]	N/A	Unclear	N/A	Surrogate outcomes	non-US
Rachel, 1977[274]	Narrow eligibility criteria	Unclear	Inadequate comparison therapy or use of a substandard alternative therapy	Follow-up too short to detect impact	non-US
Raitio, 2015[272]	N/A	N/A	N/A	N/A	N/A
Range, 2000[273]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Reitsma, 2023[275]	N/A	N/A	N/A	N/A	N/A
Reynolds, 1999[277]	N/A	N/A	N/A	N/A	N/A
Rocha, 2019[282]	Unclear	N/A	Comparator unclear	N/A	N/A
Rosenbaum, 2015[283]	N/A	N/A	N/A	N/A	N/A
Rosner, 2011[285]	More complex patients than typical	N/A	Comparator (e.g., usual care) is unusual (e.g., higher level of care than expected)	N/A	non-US
Rosner, 2014[286]	N/A	N/A	N/A	N/A	N/A
Sandler, 1992[296]	Diagnosis problematic	N/A	N/A	N/A	N/A
Sandler, 2003[294]	Narrow eligibility criteria	N/A	N/A	Other issues	N/A
Schaal, 2009[298]	N/A	N/A	N/A	N/A	N/A
Schmidt, 2022[300]	N/A	N/A	N/A	N/A	N/A
Schut, 1996[303]	N/A	N/A	N/A	N/A	N/A
Schut, 1997[304]	N/A	N/A	N/A	N/A	N/A
Scruby, 1989[305]	N/A	N/A	N/A	N/A	non-US
Shear, 2005[308]	N/A	N/A	N/A	N/A	N/A
Shear, 2014[310]	N/A	N/A	N/A	N/A	N/A
Shear, 2016[309]	More complex patients than typical	N/A	N/A	N/A	N/A
Sikkema, 2005[313]	More complex	N/A	N/A	N/A	N/A

	patients than typical				
Smith, 2009[320]	Narrow eligibility criteria	N/A	N/A	Composite outcomes that mix outcomes of different significance	N/A
Sullivan, 2022[324]	Narrow eligibility criteria	N/A	N/A	Surrogate outcomes	N/A
Supiano, 2014[326]	More complex patients than typical	N/A	N/A	N/A	N/A
Sveen, 2021[327]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Swanson, 2009[328]	N/A	N/A	N/A	N/A	N/A
Thurman, 2017[332]	N/A	N/A	N/A	N/A	N/A
Unterhitzenberger, 2014[337]	N/A	N/A	N/A	N/A	N/A
Vachon, 1980[338]	N/A	N/A	N/A	N/A	N/A
van Denderen, 2018[339]	More complex patients than typical	N/A	N/A	N/A	N/A
van der Houwen, 2010[340]	N/A	N/A	N/A	N/A	N/A
Vijayakumar, 2008[341]	N/A	N/A	N/A	N/A	N/A
Wagner, 2007[347]	Narrow eligibility criteria	N/A	N/A	Surrogate outcomes	N/A
Wagner, 2022[343]	Narrow eligibility criteria	N/A	N/A	N/A	N/A
Wagner, 2022[344]	N/A	N/A	N/A	N/A	non-US
Warner, 2001[349]	N/A	N/A	N/A	N/A	N/A
Wenn, 2019[351]	N/A	N/A	N/A	N/A	non-US
Wittouck, 2014[353]	N/A	N/A	N/A	N/A	N/A
Yoo, 2006[354]	Narrow eligibility criteria	Unclear	N/A	N/A	non-US
Zygmont, 1998[357]	More complex patients than typical	Approach not reflective of current practice	Comparator (e.g., usual care) is unusual (e.g., higher level of care than expected)	Other issues	N/A
Wittouck, 2014[353]	N/A	N/A	N/A	N/A	N/A
Yoo, 2006[354]	Narrow eligibility criteria	Unclear	N/A	N/A	non-US
Zygmont, 1998[357]	More complex patients than typical	Approach not reflective of current practice	Comparator (e.g., usual care) is unusual (e.g., higher level of	Other issues	N/A

			care than expected)		

Table E.7. KQ4 critical appraisal for included studies

Author, year	Selection bias	Performance bias	Attrition bias	Detection bias	Reporting bias	Other source of bias	Overall RoB
Boelen, 2021[64]	Low risk	Low risk	Low risk	Moderate/ Unclear risk	Low risk	Low risk	Low risk
Elinger, 2023[111]	Moderate/ Unclear risk	High risk	Low risk	Low risk	Low risk	Low risk	Moderate risk
Nesci, 2021[239]	Moderate/ Unclear risk	Low risk	Low risk	Moderate/ Unclear risk	High risk	Low risk	Moderate risk

Table E.8. KQ4 applicability ratings for included studies

Author, year	Population	Intervention	Comparator	Outcome	Setting
Boelen, 2021[64]	N/A	N/A	N/A	N/A	N/A
Elinger, 2023[111]	N/A	N/A	N/A	N/A	N/A
Nesci, 2021[239]	N/A	Approach not reflective of current practice	N/A	N/A	N/A