Multidimensional Grief Therapy - General Information

What is Multidimensional Grief Therapy (or MGT)?
Multidimensional Grief Therapy (MGT), developed by Dr. Julie Kaplow and her colleagues, Drs. Christopher Layne, Robert Pynoos, and William Saltzman, is an intervention designed to reduce unhelpful grief reactions (grief that keeps kids “stuck”), promote adaptive grief reactions (grief that helps kids to cope better after a death), and help bereaved children and adolescents lead healthy, happy, productive lives. MGT includes specific treatment sessions that target each dimension of grief as described by multidimensional grief theory (see section below) based on each child’s individual assessment. MGT sessions also include a number of caregiver-child exercises that help to build communication and caregiver grief facilitation (caregiver behaviors or activities that help youth to grieve in adaptive ways).

What is Multidimensional Grief Theory and how does it inform MGT?
MGT is based on a theory called multidimensional grief theory, which describes the many thoughts and feelings that youth may have after a loved one dies. Multidimensional grief theory suggests that children’s grief is made up of three primary dimensions or grief-related challenges. The first challenge is separation distress which involves missing the deceased person and really wanting to be back together with him/her. The second challenge is existential/identity distress which involves feeling lost or struggling with changes in sense of self or life plans as a result of the death. The third challenge is circumstance-related distress which involves upsetting thoughts or feelings about the circumstances of the death or what caused the person to die. These feelings can include anger, guilt, shame, feeling numb, or wishes to get revenge. The exercises in MGT are designed to directly target these grief-related challenges by (1) reducing unhelpful thoughts and coping strategies and (2) teaching more helpful thoughts and coping strategies.

How was MGT developed and what is the evidence behind it?
The exercises included in MGT are based on years of research conducted by Drs. Kaplow and Layne. The TAG Center’s research has focused on how children naturally grieve over time and the ways in which specific factors (like beliefs, coping, caregiver-child communication) can play a role in the grief process. The exercises used within MGT tap into those factors that are most important in helping children after the death of a loved one. Their research studies, including those currently taking place within the TAG Center, show that specific exercises found within MGT help to decrease maladaptive grief and psychological distress and increase adaptive grief and functioning (e.g., greater school and peer involvement, better grades, improved caregiver-child communication) among diverse populations of youth.

What do the MGT sessions involve?
MGT is divided into two separate treatment phases. Phase I focuses on teaching children and families about the different grief-related challenges, ways in which grief reactions can change over time, how grief is different for each family member, how family members can influence each other’s grief reactions, how certain reminders of the deceased person or reminders of how the person died can lead to different grief reactions, and coping strategies to decrease unhelpful grief-related thoughts. Phase II guides the child through his/her own story about the death by focusing on each grief-related challenge, promoting adaptive grief reactions associated with each challenge, making meaning of the death, and
finding ways to move forward in life while still having a healthy connection to the deceased person. The intervention is typically 14 sessions long, with each session lasting approximately 50 minutes, but different youth may need more or fewer sessions depending on their individual assessment profiles.

**How are assessment tools used to inform MGT?**

We know that each child grieves differently, and “one-size-fits-all” grief treatments (that treat all children as if they all have the same grief reactions) are usually not very helpful. Our assessment tools, many of which were developed by Drs. Kaplow and Layne, were created to help us identify children’s unique needs and strengths and make sure that the MGT exercises are a good fit for each child. These tools also serve the important purpose of helping us to track each child’s progress, ensure that what we are doing is working, recognize when we are “done” with treatment, and continue to monitor each child’s functioning over the longer term.

**Sampling of published work that has informed the development of MGT**

(the majority of these articles/chapters can be downloaded from [https://bcm.academia.edu/JulieKaplow](https://bcm.academia.edu/JulieKaplow)).


