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Project brief SKIL and SAIL: Supporting kids and adolescents in loss

Submission date	Recruitment status	[X] Prospectively registered
02/02/2026	No longer recruiting	[ ] Protocol
Registration date	**Overall study status**	[ ] Statistical analysis plan
19/02/2026	Completed	[ ] Results
Last Edited	**Condition category**	[ ] Individual participant data
11/06/2026	Mental and Behavioural Disorders	[X] Record updated in last year

Plain English summary of protocol

Background and study aims
Grief is very common in children. Around two-thirds of children have experienced the death of a family member or friend. Children also experience grief from other losses, e.g., the death of a pet or parental divorce. While grief is normal, it can also be linked to anxiety, depression and post-traumatic stress disorder (PTSD).

Recent research has developed self-help internet interventions for grief and loss in adolescents aged 13-18 years (Project SAIL: Supporting Adolescents in Loss; https://www.sailgrief.org) and children aged 6-12 years (ProjectSKIL: Supporting Children in Loss; https://www.skilgrief.com). These four-week interventions showed promise in improving the mental health of young people; however, uptake was low, and feedback from participants indicated a desire for a brief, condensed version of the intervention. This study aims to test a brief version of Project SKIL or Project SAIL for children aged 6-18 years, to see if it works well, is acceptable, and shows early signs of effectiveness.

Who can participate?
Children aged 6–18 years who live in Australia and have a self-reported experience of grief, whether from a death (of a person or pet) or a non-death loss (such as parental divorce), can participate with permission from their parents or caregivers (if they are not yet 18 years old).

What does the study involve?
Before starting the program, children will complete a brief questionnaire and if eligible for the study, they will be randomly assigned to either the intervention group or a waitlist control group. Adolescents or parents/caregivers of children in the intervention group will receive password access to the intervention and a brief suicide risk check-in. If participants don’t complete it, research assistants will send up to three follow-ups. Participants in the waitlist control group will be informed that they or their child will begin the program after a five-week waiting period. The reason for a 5-week waiting period is to be able to compare results between children who have done the intervention and those who have not, to be able to conclude whether it's effective.

One week after the first questionnaire, all children will receive a second questionnaire. This survey will ask about the child's experience with the program, including what they liked and didn't like. A further assessment point occurs one month post-intervention.

Older children can complete the program independently, while younger ones may need support from a parent or caregiver. The program includes brief text, images, videos, worksheets, and interactive activities aimed at helping the child process their grief and improve their mental health.

What are the possible benefits and risks of participating?
It is possible that the intervention could be a direct benefit to the child or adolescent as the aim is to teach them strategies to improve their mental health. Additionally, it is hoped that the results of this research can be used to inform the knowledge of how to improve treatment for grief and loss for young people experiencing grief and loss. This may benefit young people in the future.

It is possible that the topic may be distressing to the child. It is possible that they may want to get ideas about where to seek treatment or mental health support which are more extensive than provided in the online modules. Professor Sarah Egan is a highly experienced registered Clinical Psychologist and can speak to the parent/caregiver to recommend further referral processes.

Where is the study run from?
The study is managed by researchers at Curtin University (Australia). Participants can complete the program from home using their laptop, phone, or tablet.

When is the study starting and how long is it expected to run for?
February 2026 to August 2026.

Who is the main contact?
Professor Sarah Egan is the lead researcher for this project. If you have any questions, please contact her at s.egan@curtin.edu.au

Contact information

Type(s)
Principal investigator, Public, Scientific

Contact name
Prof Sarah Egan

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Additional identifiers

Study information

Scientific Title
Brief internet cognitive behaviour therapy for grief: A randomized controlled trial

Acronym
Project brief SKIL and SAIL

Study objectives
It is hypothesised that there will be a significantly greater improvement in the intervention group on outcomes of anxiety, well-being, depression, prolonged grief, and PTSD, compared to children and adolescents in the wait-list control group. It is predicted that feasibility will be demonstrated via at least 85 children aged 6–18 years being recruited within a two-month period. It is also predicted that feasibility will further be demonstrated via reasonable attrition, defined as 25% or less of participants not completing post-treatment measures.

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 10/02/2026, Curtin University Human Research Ethics Committee (Kent Street, Bentley, Western Australia GPO Box U1987, Perth, 6845, Australia; +61 8 9266 2784; hrec@curtin.edu.au), ref: HRE2024-0072

Primary study design
Interventional

Allocation
Randomized controlled trial

Masking
Open (masking not used)

Control
Active

Assignment
Parallel

Purpose
Treatment

Study type(s)

Health condition(s) or problem(s) studied
Anxiety, well-being, depression, prolonged grief, and PTSD in children and adolescents who have experienced loss.

Interventions
Current interventions as of 31/03/2026:
This study builds on an existing study record, see https://www.isrctn.com/ISRCTN12771259. The study consists of a randomised waitlist-controlled trial, which provides children living in Australia with a short, unguided, parent/carer-supported internet cognitive behaviour therapy (CBT) for grief. Following screening, eligible children aged 6-18 years will be randomised to receive the brief intervention either immediately or after a 1-week waiting period. Outcome measures will be completed pre- and at one-week and one-month post-intervention or waitlist period.

The brief condensed treatment intervention will be adapted from Egan, Munro et al's (2024) co-designed unguided internet cognitive behaviour therapy for grief in adolescence intervention (see https://www.sailgrief.org), and from the version for primary school-aged children in Australia, aged 6-12 (see https://www.skilgrief.com). Participants will be directed to click on the relevant website (child or adolescent) based on their age range.

Registration will be online on the study website and Qualtrics. The website will contain a digital participant information sheet and a consent button for parents/carers (if the child is aged between 6-17 years). The parent or carer and child's contact information, as well as demographic information including age and country of residence, will be collected. Children living in Australia aged 6-18 years will be able to complete pre-intervention measures and brief questions on treatment status. The CSS screener will be administered to assess suicide risk. If a child scores four or higher, they will be prompted to complete the full measure. A team member, who is a clinical psychologist registrar, will then contact the participant (if they are aged 18 years) or the child's parent/carer via email (if they are aged 6-17 years) to provide mental health referral options. The participant will be provided with access to the intervention to not exclude them; however, they or their parent/carer will be informed that they will not be included in the trial.

Following this, simple randomisation using a computerised sequence generation will be used to allocate eligible children into the intervention or waitlist control group. Participants in the intervention group will be emailed directly or their parents/carers will be emailed (if the child is aged 6-12 years) with password access to the online intervention.

The online intervention is set up with a module completion question at the end. To ensure participant information is protected, no data will be stored on the intervention website and participants will be advised to download the worksheets they wish to save.

A research assistant will email the participant's parent/carer if aged 6-12 or email the adolescent directly if aged 13-18, with reminders with the intervention link to complete questionnaires at baseline, one-week and one-month post baseline assessment. Adverse effects of the intervention will be monitored as per the ICBT for grief intervention for adolescents through the examination of clinical significance and the Reliable Change Index (RCI). As in the adolescent study, a score of below 1.96 will be used to indicate the possibility of no change or a potential negative effect of the intervention, in which case a research assistant will email the participant or parent/carer, instructing them to attend their general practitioner to access a referral to a mental health professional for their child. Contact information of emergency helplines will also

be included. Data on negative outcomes will be included in the trial study outcome paper and will also be reported to the Curtin University Human Research Ethics Committee for any adverse outcomes.

Previous interventions:
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The brief condensed treatment intervention will be adapted from Egan, Munro et al's (2024) co-designed unguided internet cognitive behaviour therapy for grief in adolescence intervention (see https://www.sailgrief.org), and from the version for primary school-aged children in Australia, aged 6-12 (see https://www.skilgrief.com). Participants will be directed to click on the relevant website (child or adolescent) based on their age range.

Registration will be online on the study website and Qualtrics. The website will contain a digital participant information sheet and a consent button for parents/carers (if the child is aged between 6-17 years). The parent or carer and child's contact information, as well as demographic information including age and country of residence, will be collected. Children living in Australia aged 6-18 years will be able to complete pre-intervention measures and brief questions on treatment status. The CSS screener will be administered to assess suicide risk. If a child scores four or higher, they will be prompted to complete the full measure. A team member, who is a clinical psychologist registrar, will then contact the participant (if they are aged 18 years) or the child's parent/carer via email (if they are aged 6-17 years) to provide mental health referral options. The participant will be provided with access to the intervention to not exclude them; however, they or their parent/carer will be informed that they will not be included in the trial.

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Intervention Type

Behavioural

Primary outcome(s)
1. Anxiety measured using the Revised Children's Anxiety and Depression Scale (RCADS) – 11 item version at baseline, 1-week and 1-month post intervention or waitlist period

Key secondary outcome(s)
1. Depression measured using the RCADS 11-item version at baseline, 1-week and 1-month post intervention or waitlist period

2. Prolonged Grief measured using the Prolonged Grief – Inventory of Prolonged Grief for Children (IPG-C) at baseline, 1-week and 1-month post intervention or waitlist period

3. PTSD symptoms measured using the PTSD – Children's Revised Impact of Events Scale (CRIES) at baseline, 1-week and 1-month post intervention or waitlist period

4. Wellbeing measured using WHO-Five Well-Being Index (WHO-5) at baseline, 1-week and 1-month post intervention or waitlist period

Completion date
07/08/2026

Eligibility

Key inclusion criteria
1. Self-reported experience of grief connected with death (person or pet) or non-death losses (e.g., parental divorce, serious parental or child illness)
2. Children aged 6 to 18 years
3. Living in Australia
4. Children aged 6-17 years whose parents/carer provide informed consent

Healthy volunteers allowed
Yes

Age group
Mixed

Lower age limit
6 Years

Upper age limit
18 Years

Sex
All

Total final enrolment
0

Key exclusion criteria

Children and adolescents with an elevated risk of suicide as measured by the Columbia Suicide Screening Questionnaire (Posner et al., 2011)

Date of first enrolment
23/02/2026

Date of final enrolment
03/07/2026

Locations

Countries of recruitment
Australia

Study participating centre
Curtin University
Kent Street, Bentley, Western Australia
Perth
Australia
6000

Sponsor information

Organisation
Curtin University

ROR
https://ror.org/02n415q13

Funder(s)

Funder type

Funder Name
Curtin University of Technology

Alternative Name(s)
Curtin University, curtinuniversity, Curtin University - Perth, Curtin University, Perth, Australia, Curtin University Australia, Universitas Curtiniana

Funding Body Type
Government organisation

Funding Body Subtype
Universities (academic only)

Location
Australia

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study are/will be available upon request from Professor Sarah Egan, s.egan@curtin.edu.au

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	version 3.0	02/02/2026	10/02/2026	No	Yes
Participant information sheet	version 10.0	02/02/2026	10/02/2026	No	Yes
Participant information sheet	version 3.0	02/02/2026	10/02/2026	No	Yes