ORAL PRESENTATIONS

Research – Level 0

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Reducing Negative Social Expectations and Loneliness after Bereavement: Results of a randomized controlled trial

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Background/Rationale:
Loneliness is one of the most pronounced challenges for bereaved individuals (Vedder et al., 2022) and is associated with higher grief severity. Negative expectations of social interactions can contribute to loneliness (Wanza et al., 2024) and impede adjustment to the loss. Disconfirming experiences can violate these expectations, leading to expectation change (Rief et al., 2022). The present study investigates the effect of an expectation violation on grief-related social expectations and loneliness among bereaved individuals.

Design:
This randomized controlled online trial with 127 bereaved participants (30±11 years; 86.6% female) compared an imagination task focusing on expectation violation (i.e., remembering a social interaction that disconfirmed negative expectations) with an unspecific relaxation task. Social expectations, loneliness, and grief severity were measured before and after the intervention.

Results:
A repeated measures ANOVA indicated a significant reduction of negative social expectations ($F(1, 124) = 24.948$, $p < .001$, partial $\eta^2 = 0.167$). There was no difference between the groups. In a repeated measures MANOVA, the secondary outcomes grief severity and loneliness significantly decreased in both groups, with a greater reduction of loneliness levels in the expectation violation group: $F(1, 124) = 6.580$, $p < .05$, partial $\eta^2 = 0.05$).

Conclusion:
While both imagination tasks reduced negative social expectations, violating grief-specific social expectations led to a greater reduction of loneliness. The results provide proof-of-concept that a brief therapeutic task can affect negative social expectations and reduce loneliness. Further research is needed to replicate these findings and investigate the utility of expectation violation interventions for bereaved individuals in clinical practice.

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“It has alienated me”: The perceived role of shame and stigma in complicated grief following termination of pregnancy for fetal anomaly

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Background: Evidence highlights that ending a wanted pregnancy following an antenatal fetal anomaly diagnosis is a complex experience with parents reporting high and prolonged levels of trauma symptoms, stress and complicated grief. Relatedly, specific complexities attached to this group include stigma, shame and self-silencing.

Rationale: Changes in legislation in Ireland (2018) and Northern Ireland (2019) relating to access to termination of pregnancy, coupled with the unique nature of this type of loss warrants exploration into parents’ experiences.

Design: This qualitative study, included 33 parents (23 women and 10 men) from Northern Ireland (n= 11) and Ireland (n= 22) who had a termination of pregnancy following a fetal anomaly diagnosis. Eighteen participants received their care in their home jurisdiction and, 15 travelled to England to access care. Data collection methods included semi-structured interviews and written narrative accounts. Data was analysed using thematic analysis.

Results: Findings confirm this loss is a traumatic, life-altering experience for parents, impacting on their health and well-being. The parents’ active participation in decision making and their awareness of the wider public discourse concerning abortion highlights the complex role guilt, stigma and shame can play in many individuals’ grief experiences.

Conclusion: The particularly negative personal feelings, such as shame and stigma, that many parents reported impacted on how they processed their loss and grief, as well as on how they perceived or interpreted their experience. This included the actions and behaviours of healthcare professionals, and their access to services and supports.

Interpretative Phenomenological Analysis (IPA): Exploring Palliative Care Physicians’ Grief Experiences in the hospice context

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Background:
For Palliative Care Physicians (PCPs) death and dying and facing patient loss can be a daily reality but little value has been placed on the emotional needs of healthcare professionals (Knowlton & Katz, 2006). The unexamined physician’s emotions due to professional taboo over emotional experiences can have negative consequences not only for the doctors themselves but also impact patient care (West et al., 2018). Literature indicates that there is a dearth of research examining the grief that PCPs may experience in their professional roles over patient deaths compared to, for example, nurses (Papadatou, 2000; Shimoinaba et al., 2014). This presentation illustrates the unique findings from a qualitative study about PCPs’ grief experiences in the hospice context that was conducted in the UK.

Rationale:
This qualitative study aims to enrich the understanding of the nuanced experiences of PCPs' grief in the hospice context by exploring their lived experiences. Palliative care contexts can gain unique insights into their workforce’s wellbeing and about the dynamic, and nuanced phenomenon of professional grief, and grieving as a PCP. Mental health professionals and medical educators can gain a better insight into how to support PCPs.

Design:
This is a qualitative study employing Interpretative Phenomenological Analysis (IPA) method that has allowed to capture the detailed examination of participants’ life-worlds. Data was collected through semi-structured interviews.

Participants:
The six participants (5 females,1 male) were specialist palliative care doctors (work experience 3-11 years) working in hospices in the UK.

Results:
Five Group Experiential Themes (GET) emerged from the study following the IPA analytic process: 1) The relational tension; 2) Making sense of the complex emotional layers related to grief; 3) Managing grief tied to professionalism; 4) A process of learning to relate to grief; and 5) From disconnection from others to connection with self.

Conclusions:
Grief seems to be an elemental part of humanity for physicians in the hospice context but some of the findings suggested that PCPs may need to be better prepared for emotional involvement with patients. PCPs need time and space to attend to their needs of emotional processing, learning and reflexivity.

Changes in the experience of non-pathological grief over time

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Background:
Little is known about how lived experience of grief changes over time among bereaved adults with non-pathological grief.

Rationale:
We set out to investigate potential changes in grief experiences over the course of two years following bereavement. The aim was to be able to add to existing knowledge about grief as a dynamic coping process, particularly as described in the Dual Process Model of Coping with Bereavement, and from the perspective of viewing coping with loss as a learning experience.

Design:
This prospective, electronic survey-based study incorporated a daily diary method. At 3, 7, 13, 20 and 25 months following bereavement, participants were asked to complete questionnaires once a day, over a 7-day period. On day one, the participants completed questionnaires assessing grief and general wellbeing. On the subsequent six days, they only completed the grief questionnaire MyGrief. MyGrief had been developed by a group of bereaved adults during an earlier part of this project, specifically to capture changes in grief over time.

Results:
54 recently bereaved adults were enrolled during 2023. We will be presenting preliminary analyses on data collected at 3, 7 and 13 months following bereavement.

Conclusion:
Data analyses will be completed over the summer of 2024. Subsequently, we will update this abstract with results and conclusions. We look forward to presenting our findings at the conference in Dublin.

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Bereavement of a spouse in the context of deep and continuous sedation until death: an IPA analysis

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Background:
Deep and continuous sedation until death (DCSUD) is a practice that aims to provide relief for terminally ill patients [1]. However, its effects on spouses' experiences of grief and bereavement remain poorly understood.

Rationale:
Bereavement is a profound experience that significantly impacts individuals after losing a loved one [2]. This study aims to investigate the complexities of bereavement in the context of DCSUD, providing insights into spouses' challenges [3].

Design:
The AfterSedatio study, conducted in France, employs a mixed-methods approach to explore the bereavement consequences for individuals who have lost their partners to cancer following DCSUD. 22 spouses took part in the study, 5 of them in semi-structured interviews analyzed by Interpretative Phenomenological Analysis (IPA).

Results:
Spouses dealing with the complexities of palliative care in the context of cancer often experience a myriad of bereavement-related emotions, such as sadness, guilt, and discomfort. Inadequate communication from healthcare professionals about DCSUD can worsen these feelings, particularly as spouses witness the rapid decline of their loved ones.

Conclusion:
DCSUD poses significant challenges for spouses experiencing bereavement. Clear communication and support are essential to address the emotional distress faced following the loss of a partner. By recognizing and addressing the complexities of bereavement within the context of DCSUD, healthcare providers can better support spouses through the bereavement process, ultimately improving the quality of end-of-life care. This study prompts an ethical discourse on communication practices with spouses in such contexts.

References:

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‘Grief is a very important subject of life’: Public and parental views on grief education and support for bereaved children in UK schools

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Background:
The COVID-19 pandemic has highlighted the need to improve support for bereaved people [1], including children and young people [2]. Learning about grief in schools could improve how bereaved children are supported and help develop more compassionate, grief-literate communities [1, 3].

Rationale:
To determine the current (parent-perceived) support for bereaved children in educational settings in the UK and explore public and parental support for including grief education in the school curriculum.

Design:
Data were collected as part of the Marie Curie PADDUK 2023 survey on public attitudes to death and dying in the UK, a population-based online survey. Views on grief education in schools were captured via rating scales and open-ended questions, alongside ratings of school-based support from survey respondents who identified as parents of bereaved children.

Results:
A representative sample of 10500 UK adults completed the survey. 44% (n=4590/10500) of respondents were parents, with 53% (n=2432/4590) reporting that their child had experienced a bereavement. About half (53%; n=1279/2432) described teachers as ‘supportive’ at the time of their child’s bereavement (peers: 58%; n=1407/2432), while 31% (n=718) felt teachers had been ‘neither supportive or nor unsupportive’ or ‘unsupportive’ (peers: 27%; n=464). Agreement with school-based grief education depended on children’s age and tended to be higher among parents: For younger (4-7 years) primary school children, 26% of all respondents (n=2746/10500) agreed that learning about grief should be included in the curriculum (parents: 37%; n=1692/4590), increasing to 45% for older (8-11 years) primary and 67% for secondary school children (parents: 54% and 72%, respectively). While most respondents recognised potential benefits of school-based grief education, a key concern among many (58% and 45%, respectively, for primary/secondary schools) was the potential for causing distress. The need for appropriate teacher training was widely recognised (primary/secondary schools: 79% and 82%, respectively).

Conclusion:
Findings highlight the importance of bereavement policies and staff training in educational settings. Results also demonstrate overall public and parental support in the UK for including grief education in the school curriculum for older primary and all secondary school children. Appropriate teacher training and parental engagement will be critical for successful implementation.

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How can we better support people who experience pregnancy loss <24 weeks in the workplace? Insights from a mixed-methods study conducted in the Republic of Ireland

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Background:
Pregnancy loss affects approximately one in every four pregnancies. Pregnancy loss at any gestation can have physical, emotional and social impacts. Most women of reproductive age are in paid employment; as such, the workplace is an important context to consider in pregnancy loss experiences. Currently in the Republic of Ireland there are no statutory entitlements to time off work or other workplace supports if a pregnancy ends <24 weeks.

Rationale:
Given the lack of research in this area internationally, we aimed to explore workplace experiences of early pregnancy loss within the Republic of Ireland.

Design:
We conducted an online mixed-methods survey study (March-April 2023). People who experienced a pregnancy loss <24 weeks whilst working and living in the Republic of Ireland, in the preceding five years, were eligible to participate. Recruitment was conducted through professional and social networks. The survey contained quantitative and qualitative questions, addressing pregnancy loss, experiences of workplace supports, and desired supports. Quantitative data were analysed using SPSS; qualitative data were analysed in NVivo using reflexive thematic analysis.

Results:
The majority of participants (N=913) were female (74%), employed full-time (86%), and experienced a first-trimester miscarriage (75%). 85% disclosed their pregnancy loss to someone at work. 85% found returning to work difficult, and nearly half of female participants experienced ongoing physical effects. 77% took some leave from work, primarily in the form of sick leave. Difficulties in returning to work included the emotional and physical impacts of the loss, dealing with work and tasks, and managing social interactions and interpersonal relationships. The most common and important form of support received was time off. Other beneficial organisational supports included a gradual return to work, reduced workload or altered duties, and referral to counselling. Participants described a need for dedicated time off; 95% stated that they would take pregnancy loss leave if it were available.

Conclusion:
Many people return to work shortly after a pregnancy loss whilst experiencing associated physical and/or emotional impacts. Our analysis highlights the need for statutory leave, appropriate workplace policies and procedures, and education and training, to better support workers who experience pregnancy loss.

Enhancing Bereavement Awareness in Initial Teacher Education to Support Learning for All

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Background:
This presentation provides a research, practice and policy focus, reporting on projects aimed at enhancing bereavement awareness in initial teacher education (ITE) at one university in England. In partnership with the charity, Child Bereavement UK, St Mary's University has provided bereavement awareness and support strategies to trainee teachers, aligning with Level 1 of the Pyramid Model of Grief and Bereavement Support.

Rationale:
A report on bereavement in children and young people found 90% of teachers receive no training on coping with death, bereavement and grief in schools (Child Bereavement UK, 2018). Loss and grief in children have an impact on learning (Abdelnoor and Hollins, 2004; Dyregrov et al., 2022); the UK Commission on Bereavement report (2022) has also highlighted important recommendations for the education sector.

Design:
The initial research project, funded by the British Educational Research Association (BERA), involved questionnaires and focus group discussions with trainee teachers and senior school leaders, and led to the creation of a purposefully-designed online bereavement awareness package for early career teachers.

Results:
Analysis of findings (Gordon, 2023) highlighted significant variation in levels of understanding and experience among early career teachers, as well as disparity of provision and access to bereavement support across schools. Awareness training is vital: firstly, to equip teachers in their interactions with bereaved pupils and, secondly, to ensure effective support for pupils' learning through challenging times.

Subsequently, bereavement awareness training has been embedded within the core, compulsory ITE programme for c.600 primary and secondary trainee teachers at the university. Detailed questionnaires with the trainee teachers will provide further research insights by June 2024.

Additional impact is anticipated through a Bereavement in Education event at St Mary's University in June 2024, involving senior school leaders, policy makers, researchers, charities and funeral directors. The event will focus on school bereavement policy, curriculum and professional development for teachers, providing rich data to underpin future work in this area.

Conclusion:
The paper is intended to serve as a springboard for opportunities to work alongside practitioners, researchers and policymakers and contribute to debates across Europe about the impact of bereavement on learning for all.

In Contact with Grief: Affectionate Touch and Intimacy in Bereaved Parents

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Background:
Child loss has adverse long-term consequences for bereaved individuals (Rogers et al., 2008), and negatively influences couples' romantic relationships (e.g., Albuquerque et al., 2016). However, some protective factors, such as feeling understood, may buffer the negative effect of child loss on bereaved parents' relationship quality (Essakow & Miller, 2013).

Rationale:
We propose that affectionate touch, a frequent relationship behavior, can serve as another protective factor against the negative impact of child loss on romantic relationships. Accordingly, we compared bereaved and non-bereaved couples regarding affectionate touch levels, the role of affectionate touch in intimacy, and the association between partners' affectionate touch's similarity and intimacy.

Design:
We collected dyadic diary data from 483 bereaved parents (228 couples, 27 individuals) and 523 non-bereaved participants (258 couples, 7 individuals) in Turkey for seven days.

Results:
Although bereaved and non-bereaved men reported equal affectionate touch, bereaved women's affectionate touch was lower than non-bereaved women's. Despite this discrepancy, multilevel analyses revealed that affectionate touch concurrently benefited both genders' intimacy in bereaved and non-bereaved couples. For bereaved women, touch's effect extended to next day's intimacy. The Dyadic Response Surface Analyses results showed that rather than the similarity of affectionate touch across partners at any level, mutually high affectionate touch was positively related to intimacy.

Conclusion:
These findings highlight that bereaved and non-bereaved couples are more similar than different regarding affectionate touch's relational gains, and affectionate touch could be a promising target in intervention programs aiming to buffer the negative consequences of child loss for bereaved parents.

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Body memory and continuing bonds

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Body memory and continuing bonds

Despite the growing body of literature on continuing bonds (Klass & Steffen, 2018), there remains a notable gap in research focusing on the role of the lived body in our relation to the deceased. This oversight is perplexing since our relationships with intimate others are most often deeply embodied in nature. In this talk, I explore the role of the lived body in our relations to the deceased. Specifically, I argue that body memory, is a vital factor for the overall quality of continuing bonds (Køster, 2020). Using contrasting case studies from research into early parental bereavement, I illustrate how having a felt sense of the deceased retained in body memory, is fundamental to the ability to maintain a meaning connection with the deceased (Køster, 2021). Lastly, I underscore the significant role of social support structures and material affordances in assisting children’s ongoing sense of connection to their deceased parent.

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Attachment styles, Lingering Attachment and Prolonged Grief: A Longitudinal Study

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Background:
Attachment theory is a biopsychosocial model that holds that early life-experiences with caregivers shape how we relate to others as adults. A cornerstone of many grief theories is that insecure attachment, characterized by insecurity in interpersonal relations, is a risk factor of severe grief following interpersonal loss (e.g., Mikulincer & Shaver, 2022). Indeed, a recent meta-analysis demonstrated that attachment anxiety (characterized by dependence and fear of abandonment) and attachment avoidance (characterized by excessive independence and self-reliance) relate positively to prolonged grief symptoms after bereavement (Eisma et al., 2023). However, in stringent longitudinal analyses, these attachment dimensions did not predict higher future prolonged grief symptoms.

Rationale:
One explanation for these inconsistent findings is that lingering attachment (i.e., desiring the deceased to fulfill attachment-related needs, such as providing comfort), instead of general attachment styles, lead to severe grief to persist (Janshen et al., 2024).

Design:
Three-hundred and sixty bereaved adults completed measures of attachment anxiety and attachment avoidance, lingering attachment, and prolonged grief symptoms. Two-hundred and fifty-one of these participants agreed to fill in a follow-up survey assessing prolonged grief symptoms two months later.

Results:
Linear regression analyses on cross-sectional data demonstrated that lingering attachment predicted prolonged grief symptoms over and above attachment anxiety and attachment avoidance. Longitudinal analyses have yet to be conducted, but will be presented as well.

Conclusion:
Lingering attachment potentially plays a more important role in adaptation to bereavement than people's general attachment style. Coming to terms with the impossibility of reuniting with the deceased and finding other persons to fulfill attachment-related needs previously fulfilled by the deceased could be important in successful adaptation to bereavement.

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Predictive Variables of Prolonged Grief Reactions During the Covid-19 Pandemic

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Background:
Grief is the natural and adaptive reaction that occurs following a significant loss, such as the death of a loved one. Typically, its emotional and cognitive symptoms decrease in intensity as individuals adapt to the new reality. However, sometimes this process can be disrupted, leading to an intensification of grief that results in distress and interference with daily functioning, thus developing Prolonged Grief Disorder (Boelen & Smid, 2017; Wilson et al., 2022). Despite the risks factors already identified in the literature, it is important to highlight those influenced by COVID-19.

Rationale:
The aim of this study was to identify the main predictors of prolonged grief reactions by assessing three main group of variables: sociodemographic data, psychopathological or emotional problems and protective factors (Mason et al., 2020).

Design:
We conducted a longitudinal study with follow-up at 6 months (n = 96). The instruments employed for the assessment were: Symptom Checklist-90-Revised, Centrality of Event Scale, Impact of Event Scale-Revised, Posttraumatic Growth Inventory-Short Form, Prolonged Grief-13 and TGI-SR+.

Results:
The mean intensity of grief measured by TGI-SR+ was 46.75 (SD = 18.75) and 24.72 (SD = 8.19) when measured by PG-13. The final hierarchical regression model showed that impact of the event, centrality of event and levels of anxiety and depression were the main predictive variables for prolonged grief symptoms.

Conclusion:
This work has important implications for clinical practice because it allows health professionals understand the factors influencing prolonged grief, enabling them to plan more effective interventions.

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Exploring EMPOWER-Grief Intervention in Preventing Prolonged Grief in Relatives of Cancer Patients

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Background:
Prolonged grief disorder (PGD) is a relevant emotional reaction following bereavement, particularly among family members of oncology patients. Many lack access to effective interventions to manage these initial emotional reactions in order to prevent the establishment of more chronic and impactful disorders (Birmingham, 2004; Guldin et al., 2012).

Rationale:
This study investigates the efficacy of a brief, evidence-based approach, Empower-Grief - originally developed by Wendy Lichtenthal (Lichtenthal et al., 2022) and collaborators – and explores possible predictors of outcome and adherence.

Design:
An exploratory randomized controlled trial (RCT) enrolled adult family members of palliative care patients exhibiting risk factors for PGD. Participants were randomly assigned to either Empower-Grief (a six-session, cognitive-behavioural and acceptance-based intervention with two booster sessions) or standard care. Self-reported general symptomatology and PGD were assessed pre-intervention, post-intervention, and at a 6-month follow-up. Additionally, the study explored predictors of adherence to the intervention, including coping and attachment to the deceased and therapeutic alliance.

Results:
We present solely the pre-post intervention comparisons, which suggest equivalence in outcomes between groups. Further analysis is ongoing to explore these findings in the context of identified predictors of intervention adherence and response.

Conclusion:
This study contributes to the development of brief, evidence-based interventions for preventing PGD in palliative care settings. Identifying predictors of intervention effectiveness can inform personalized care approaches for bereaved families. Clinical implications and future directions are discussed.

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Being a Sibling of a Subsequent Child

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Background:
Previous literature on subsequent children, once referred to as "replacement children," has primarily focused on the experiences of parents (Leslie, Grout, & Romanoff, 2000) and their decisions to have another child following a loss (Schwab, 2012). While some attention has been given to the experience of the subsequent child (Wheeler, 2000), it is important to recognize that this phenomenon involves and impacts the entire family, including the bereaved siblings.

Rationale:
Research indicates that approximately 5–8% of children will experience the death of a sibling before reaching adulthood (Hulsey et al., 2020). A considerable number of these children will undergo bereavement while also experiencing the arrival of a new sibling—a subsequent child. This proposed presentation aims to shed light on the experience of this specific group of young individuals who navigate the loss of a sibling while welcoming an additional family member.

Design:
This study employs a naturalistic qualitative approach (Lincoln & Guba, 1985), utilizing in-depth semi-structured interviews with 13 bereaved siblings of subsequent children. Thematic analysis was employed as the method of data analysis.

Results:
Four main themes emerged from the data analysis: (a) The continuation of life: explores siblings' perceptions regarding their parents' decision to have another child following the loss. (b) The replacement child's family role: outline the role of the subsequent child within the family, the factors influencing this role, and the significance attributed to it. (c) Being a sibling to a replacement child: This theme delves into the unique bond between participants and the subsequent child, providing an in-depth examination of their relationship dynamics. (d) Legitimacy of grief and bereavement: Participants engaged in what could be described as a "misery contest," discussing the perceived validity of the subsequent child's grief and his/her "right" to define themselves as bereaved following the loss of a sibling they did not know.

Conclusion:
Bromberg's (1996) concept of 'self-states' provides a valuable framework for interpreting our findings, as participants navigate the reconstruction of their identity as a 'sibling' - following the loss of a sibling and the introduction of a new one.

Examining Distinct Approaches to Making Meaning Following Bereavement: How do Grievers Attempt to Live Meaningfully with their Grief?

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Background:
The field of meaning-focused grief therapy has been burgeoning in recent decades. Broadly speaking, this therapeutic approach describes grief as a meaning making process, where grievers negotiate the challenge that the loss poses to pre-death narratives that once conferred meaning to the griever's life, reconstructing these narratives to restore meaning (Neimeyer 2023). Research has consistently demonstrated that the struggle to make meaning in early grief predicts a chronically disabling form of grief, referred to as Prolonged Grief Disorder (PGD) (e.g., Milman et al., 2019a). Accordingly, a plethora of meaning-focused clinical interventions and techniques have been developed to assist grievers as they reconstruct narratives challenged by death and rebuild a sense of meaning in life (e.g., Lichtenthal et al., 2023; Neimeyer et al., 2021).

Rationale:
Despite a considerable emphasis on meaning making in the field of grief therapy, research examining how the process of meaning making can become disrupted following bereavement is lacking (e.g., Milman et al., 2019b). Such research would provide an empirical basis to guide clinicians in tailoring meaning-oriented grief therapy by identifying and addressing unique meaning making challenges experienced by grievers.

Design:
Three consecutive, cross-sectional online survey studies were conducted with adult grievers diverse in terms of relationship to the deceased and circumstances of death (N=219, N=221; N= 220). Latent profile analyses were carried out to identify groups of grievers that can be differentiated based on levels grief intensity (PGD symptomology), post-loss meaning disruption, and post-loss meaning made.

Results:
Distinct groups of grievers characterized by unique profiles of grief intensity, meaning disruption, and meaning made were identified suggesting that grievers take multiple approaches to engaging in meaning making following bereavement.

Conclusion:
Study findings offer insights into the features of meaning making may be uniquely characteristic of grievers experiencing PGD. Specifically, findings will be used to introduce the concepts of restorative meaning making and compensatory meaning making, highlighting their proposed roles in the grief experience. Implications for conducting grief therapy will be offered with an emphasis how distinct approaches to making meaning can be addressed in grief therapy.

Physical and mental health impacts of suicide bereavement: Findings from a national household survey in Ireland

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Background:
More than 700,000 people die by suicide each year, each of which is estimated to impact 135 individuals. The estimated lifetime prevalence of suicide bereavement is 21%.

Rationale:
Few national studies have examined the health of individuals who have been bereaved by suicide and they often involve self-selected samples. This study will use data from a national household survey to compare patterns of physical and mental health among people who have been bereaved by suicide to those who have not reported a bereavement by suicide. The study will also explore differences in healthcare utilisation between the two groups.

Methods:
Secondary analysis of three waves of the Healthy Ireland Survey (2021, 2022, 2023), a national survey of the Irish population aged 15 years and over, was conducted. Suicide bereavement was determined by the binary question 'Do you know someone who died by suicide?'. Chi-squared tests and Poisson regression models were estimated.

Results:
Of 6,301 respondents, 68.9% (4,341) reported knowing someone who died by suicide, with 786 people (12.5%) reporting that the deceased person was someone ‘close’ or ‘very close’ to them. Of the 4,341, the majority (39.0%) reported that the person who died was an acquaintance or neighbour, followed by a friend / colleague (34.4%), and extended family (22.7%). 165 (3.9%) identified the person as an immediate family member. Respondents who experienced a suicide death were more likely to report general health problems (33.0% vs 29.1%, respectively) and to report a diagnosed health condition (36.7% vs 33.4%). The bereaved group were more likely to have attempted to take their own life (5.8% vs 2.5%) and experienced suicidal ideation (32.5% vs 23.8%). They also were more likely to have visited a general practitioner (75.4% vs 71.0%) and to have attended mental health treatment (30.3% vs 22.0%) in the last 12 months.

Conclusion:
Our findings indicate that exposure to suicide is associated with poorer physical and mental health outcomes. Positively, those exposed to suicide had accessed more healthcare support. However, the increased risk of negative physical and mental health outcomes underlines the need for proactive facilitation of support following suicide bereavement.

Identifying PGD: A three-tier approach to identifying and diagnosing Prolonged Grief Disorder (PGD) in ICD-11 and DSM-5-TR

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Background:
PGD is a new diagnosis that must be addressed in Health Services world-wide. Valid tools for screening and diagnosing PGD are greatly needed to identify people at risk and offer effective treatment.

Rationale:
To develop and validate a structured clinical interview for diagnosing PGD, a self-report scale, and a brief PGD screening-tool that are easy to use and implement in clinical practice and grief-research.

Design:
The Aarhus PGD-scale (A-PGDs) captures ICD-11 and DSM-5-TR PGD and was developed in a multi-step bottom-up approach including clinicians, researchers, and bereaved experts and validated in a bereaved population (O’Connor et al, 2023). The Aarhus structured clinical PGD-interview (A-PGDi) was developed using a similar approach and validated in a clinical sample of 124 bereaved adults (O’Connor et al., in review). We now empirically developed and tested A-PGDs-brief (Redican et al., in prep).

Results:
A-PGDs and A-PGDi are recently validated. New results identify the five-item A-PGDs-brief as the first PGD screening-tool for ICD-11/DSM-5-TR validated against a golden standard. The A-PGDs-brief identified probable PGD-caseness with high accuracy in a subclinical sample according to DSM-5-TR (33.1%) and ICD-11 (35.5%), and 3.6% in a population sample.

Conclusion:
Valid tools and training materials for identifying ICD-11 and DSM-5-TR PGD are freely available for relevant professionals on three different steps: brief screening for general practice (A-PGDs-brief); identification of probable ICD-11 and DSM-5-TR PGD and symptom-intensity for psychotherapy (A-PGDs); diagnosing patients with full PGD (A-PGDi) for psychiatry and clinical practice. This three-tire approach to identifying PGD will be presented at ECG.

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A multicentre randomised controlled trial testing the superiority of Prolonged Grief-Specific Cognitive-Behavioural Therapy over Present Centered Therapy for Prolonged Grief Disorder

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Background:
Prolonged Grief Disorder (PGD) is included as a new diagnosis in international classification systems. Treatments following a cognitive-behavioural model were most effective, but comparisons with active control treatments are scarce.

Rationale:
Therefore, we investigated whether prolonged grief-focused cognitive-behavioural therapy (PG-CBT) is superior to Present Centered Therapy (PCT).

Design:
We conducted a multi-centre single-blind randomised controlled trial at four study sites in Germany. Participants were aged 18-75 years and met PGD criteria based on the PG-13 interview. Randomisation was performed independently and stratified by location and kindship to the deceased. The primary outcome was a blinded assessment of the PG-13 severity score.

Results:
We randomly assigned 212 participants, 106 each to PG-CBT or PCT. Both treatments yielded high reductions on the PG-13 severity score at follow-up (PG-CBT: d=1.64, 95% CI 1.31 to 1.9; PCT: d=1.38, 95% CI 1.09 to 1.66). After treatment, PG-13 severity scores were significantly lower in the PG-CBT compared to PCT group (mean difference -3.15 (-5.94 to -0.36, p=0.0274; d=0.31 (95% CI 0.03 to 0.57)). At follow-up, this effect was only visible on a trend level (mean difference -2.38 (95% CI -5.07 to 0.32), p=0.0838; d=0.28 (95% CI -0.02 to 0.57)), while participants in the PG-CBT group had significantly less depressive and general psychopathological symptoms.

Conclusion:
In this trial, PG-CBT was superior after treatment for the primary outcome PG-13, and at follow-up with regard to comorbid symptoms. Yet, we did not find a significant difference between the groups at follow-up. Both treatments were shown to be effective and acceptable, showing the potential for dissemination and increasing patient choice.

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Nothing about them, without them! Assessing and treating prolonged grief in children using co-creation

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Background:
10% of children develop prolonged grief disorder (PGD). PGD is included in ICD-11 and DSM-5-TR.

Rationale:
It is impossible to screen for PGD in youth, due to the lack of instruments measuring these newest criteria. It is also difficult to treat PGD in youth due to limited research on PGD treatment for youth. Together with children and experts, we co-created an instrument to assess ICD-11 and DSM-5-TR PGD in children/adolescents aged 8-18. This instrument is called the Traumatic Grief Inventory–Kids–Clinician-Administered (TGI-K-CA). Together with children, parents, and experts we also co-created an Internet-based cognitive-behavioral treatment (iCBT).

Design:
Candidate-items of the TGI-K-CA were reviewed by bereaved children (N=17;aged 8-18) and five experts using cognitive-interviewing. Bereaved children/adolescents (N=90) completed the TGI-K-CA, and PTSD and quality of life measures. In co-design workshops, iCBT was co-created with bereaved children/adolescents (N=6), parents (N=6), psychologists (N=4), and eHealth-experts (N=4).

Results:
Cognitive-interviewing resulted in TGI-K-CA. Preliminary analyses regarding its' psychometric properties show good internal consistency (ω=0.90) and convergent validity, as evidenced by PGD being related to PTSD (ρ=0.70) and quality of life (ρ=-0.44). Co-creation resulted in an iCBT that is tailored to the needs of children.

Conclusions:
Using co-creation resulted in the first screening tool for ICD-11 and DSM-5-TR PGD in bereaved youth. The TGI-K-CA seems to be valid and reliable, but future research should further test its' psychometric properties. This is also the first study developing online treatment for PGD in youth, that has great potential for clinical practice.

Assessing Support Needs and Barriers for Bereaved Parents and Siblings in Primary Health Services

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Background:
Is there a disparity between bereaved parents support needs, and the assistance provided by primary health services (Kalsås et al.,2023; Kaspersen et al., 2022)? Over the past decades, numerous reforms and initiatives have been implemented in the Norwegian health services, including the establishment of community psychologists, recommendations for ongoing crisis preparedness, and the soon-to-be-introduced prolonged grief diagnosis (Norwegian Directorate of Health, 2016). Have these efforts facilitated the provision of effective and supportive follow-up care for bereaved?

Rationale:
The NORHELP-study investigates: 1) the support and assistance offered to bereaved in primary health services; 2) the challenges encountered by primary health services in their care for the bereaved; and 3) how healthcare providers address these challenges.

Design:
The NORHELP-study consists of data (surveys and in-depth interviews) collected in the period 2023-2024, from both bereaved after the sudden and unexpected loss of a child or sibling (e.g. to accidents, suicide or stillbirth), and professionals in primary health services.

Results:
In our study, as many as 75% of the bereaved did not feel that they received necessary help for their loss from primary health services, and 69% were not satisfied with the help they did receive. Comments on the barriers for receiving help included: lack of information, short duration of help offers, and having to search for help offers themselves.

Conclusion:
The NORHELP-study data offers novel insights into professional support needs expressed by bereaved parents and siblings following the sudden loss of a child, including challenges and barriers hindering the delivery of necessary assistance to the bereaved.

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Grief-focused cognitive behavioral therapies: What do we know and where to go from here?

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Background/rationale:
Grief-focused cognitive-behavioral therapies (CBTs) may be a promising treatment for prolonged grief symptoms (PGS) (Breen et al., 2023, Saladino et al., 2024). However, different CBTs exist (different treatment components, modalities, and delivery formats), and there is a need for improvement of existing treatments (Doering & Eisma, 2016). Therefore, it is essential to examine what characterizes effective CBTs, and for whom adjustments are needed. Yet, no comprehensive up-to-date overview and pooled effect estimate for PGS in adulthood exists.

Design:
A pre-registered meta-analysis of grief-focused CBTs in adulthood was conducted (CRD42022359625). A systematic literature search and screening was done independently by two researchers. Pooled effect sizes were calculated. Moderators of the effect were explored, including characteristics of interventions (treatment components, modalities, and delivery formats), participants (screening criteria for PGS, time post-loss, and age), and study design (control type). Risk of bias was assessed, and the quality of the meta-analytical evidence was evaluated through the GRADE system.

Results:
Twenty-two RCTs with 2602 bereaved adults were included. CBTs had a medium effect on PGS at post-intervention (K=22, g=0.65) and a large effect at follow-up (K=7, g=0.90). None of the moderator analyses were statistically significant. The quality of the meta-analytical evidence was moderate due to considerable inconsistency and indirectness of the evidence.

Conclusion:
CBTs are efficacious in reducing PGS in adulthood, but there is an ongoing need for a better understanding of effective treatment. Studies comparing delivery types, formats, and components head-to-head are crucial, but also the examination of distinct groups of bereaved people.

Grief and Culture: a framework for assessment and treatment planning

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Background:
The new diagnosis of prolonged grief disorder (PGD) includes a refreshing and novel feature: the cultural caveat, i.e., clinicians must determine that the grief presentation is more severe and of longer duration than would be expected by an individual's culture and context. Currently, there are no guidelines on how to operationalize the cultural caveat in mental health care settings.

Aims:
To respond to this important demand we have developed and tested three new assessment measures to aid clinicians and researchers in establishing a valid and reliable PGD diagnosis. Preliminary findings from the International Prolonged Grief Disorder scale (IPGDS), the Grief and Bereavement Cultural Interview (GBCI) and a new measure of Ambiguous Loss (AL+) are presented in terms of feasibility and acceptability for clinicians and patients.

Method:
Here we introduce a step-by-step framework for the assessment of grief and culture that clinicians and researchers may use when working with cultural incongruity. Recent results are presented from interviews and pilot testing with bereaved people from Switzerland (n=144), China (n=325), and Arabic speaking migrants (n= 121).

Result and conclusion:
An assessment measure that can validly assess core symptoms of grief as well as preserving the unique and personal experience of grief will improve diagnostic precision and treatment planning.

Cross-national analysis of the prevalence of prolonged grief disorder

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Background:
Little is known on about countries' effects on prolonged grief disorder's (PGD) prevalence (Djelantik et al., 2020; Lundorff et al., 2017). Most research is based on European populations, but first data from other regions has recently become available.

Rationale:
Determining possible causes of variations in PGD rates within and between countries.

Design:
Based on a systematic keywords-based search, we retrieved data from prevalence studies, as well as from the 2022 World Risk Report. Negative bionominal regressions were used to explore methodological and loss-related factors and country vulnerability as predictors of PGD. The average rate of PGD was calculated using random effects models.

Results:
The included studies comprised 34 samples from 16 countries (half were European countries). The average PGD prevalence was 13% (95% CI [11, 22]). Non-probability sampling method and older mean age as well as lower country vulnerability were associated with higher PGD rates. The diagnostic criteria used (DSM-5-TR vs. ICD-11) and other common risk factors of PGD (e.g., unnatural deaths) had no effects.

Conclusion:
While confirming the importance of studies' methodological quality, the results suggest that PGD is of health relevance globally, but especially common in less vulnerable countries with better access to daily necessities and healthcare services as is the case in many European countries. This highlights sociocultural impacts on grief processing (Smid, 2020).

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Older bereaved individuals’ experiences of cognitive behavioral therapy for complicated grief reactions (CBTgrief): A qualitative multistaged focus group approach

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Background/rationale:
Bereavement is common in old age. A small proportion of bereaved people develop complicated grief reactions (CGR) characterized by elevated symptoms of depression, prolonged grief disorder, anxiety, and/or posttraumatic stress disorder. CBTgrief is suggested to be an effective treatment. Detailed knowledge about older adults’ experiences of CBTgrief is needed to optimize treatment and to be able to give recommendations to practice. The study explored the experiences of nine former clients at The Danish National Center for Grief to gain insight into helpful or less helpful elements of CBTgrief.

Design:
Four multistage focus-group interviews were performed in collaboration between nine older adults who lost a partner and received CBTgrief, and three researchers. Five participants received CBTgrief in a group and four in an individual format. Mean age= 69.67 years, 89 % women.

Results:
In total, 16 themes were developed and grouped into three theme types: the structure of the therapy, elements perceived as helpful, and areas where the participants found the therapy lacking. Based on the findings, exposure exercises, psychoeducation in grief, and letter writing were particular helpful elements. The participants highlighted the importance of an awareness of potential memory challenges and the emotional strain from taking on new practical tasks. Implementing options for family sessions, a combined format and follow up sessions were recommended.

Conclusion:
This study gives important insights into older clients’ experiences with CBTgrief and evaluates the therapy’s helpful and less helpful elements. This may guide improvements in the treatment of bereaved older adults with CGR.

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Sustaining bereavement education in the workplace: social work initiatives from Switzerland

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Background:
The workplace plays a decisive role in bereavement support, since the work environment is an important part of an individual's relational life. However, many companies, at both human resources and management levels, have few documented or even transferable organizational guidelines for supporting bereaved colleagues. As a rule, they rely on the experience and know-how of those already in post to deal with these situations on a case-by-case basis.

Rationale:
To support the bereaved and help employers optimize the way they deal with these situations, a team of researchers and social workers from the University of Applied Sciences and Arts Western Switzerland carried out a two-year research project on this topic and developed various training and intervention tools for companies.

Design:
An open access book was published in 2011; on this basis, a guide for companies has been produced in 2022, in English, French, German and Italian with several partners (HR Swiss, Travail suisse (trade unions), Swiss Leaders, Swiss employer's federation, State secretariat for economic affairs), and an e-learning education program has been developed, in April 2024.

Results:
All these tools, based on empirical research, have been developed and validated with a wide range of partners, enabling us to gradually raise awareness of bereavement issues among companies that had not yet done so, and to work with others to develop targeted and sometimes innovative interventions.

Conclusion:
This presentation aims to outline the development of these tools, identify and comment on the issues encountered in the experiments carried out in Switzerland, and put into perspective the importance of partnerships in strengthening grief literacy in the workplace.

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Documentary series - Walking through loss

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Background:
“Walking through Loss" is a documentary series about the theme of death and the grieving process. It's a project about unique steps, intersecting paths, and footprints that remain, from a professional and specialized perspective on grief. According to the NICE model (2004), there are three components of grief support (i.e., the first component includes sharing information and psychoeducation about grief, the second includes undifferentiated support, and the third includes specialized support) and this documentary could be an important source of information to the general population.

Rationale:
We aim to increase knowledge about grieving processes, promoting awareness of the various manifestations and different trajectories, while combating the stigma that often significantly impacts grieving processes.

Design:
The six episodes that comprise it focus on different types of loss, namely, death by suicide, childhood bereavement and grieving among healthcare professionals, illustrated by real stories of loss.

Results:
We expect to increase the general population's confidence and capacity to understand grief manifestations and different grieving trajectories, while reducing stigma regarding grieving processes and respective therapeutic interventions.

Conclusion:
Aoun and colleagues (2012) acknowledge that most people will receive support corresponding to their needs through their families, friends, as well as their social networks and the community they are part of. In this regard, it is important to empower these individuals with knowledge about the grieving process, how to respond, how to provide practical and emotional support, and when to seek more specialized and structured assistance (Brito, 2021).

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Encouraging supportive workplaces, communities and schools: societal approaches to grief literacy and awareness in Scotland

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Background:
The support someone receives from their friends, family and community is key to their experience of bereavement. However, in Scotland many people don’t receive the support they need from their social networks.

Rationale:
Lack of knowledge, experience or confidence can mean people don’t offer help when someone is bereaved. Structures, cultures and conventions can create barriers to grief literacy and curtail opportunities to give support.

Design:
Grounded in a ‘public health palliative care’ approach and following community development principles, Good Life, Good Death, Good Grief (GLGDGG) works collaboratively to develop, pilot and implement practical initiatives that increase grief literacy and community bereavement support.

Results:
GLGDGG delivers:

- End of Life Aid Skills For Everyone (EASE), a public education course to increase grief literacy among participants.
- To Absent Friends, an annual festival of storytelling and remembrance creating opportunities for communities to gather and share solace.
- The Bereavement Charter Mark for Employers, a scheme to support employers create more supportive workplaces for bereaved staff.
- Input and support to a current pilot of a new Bereavement Charter Mark for schools, designed to encourage and support primary schools to become more grief aware environments.
- Activities to increase accessibility of information and raise the profile of bereavement among policy-makers.

Conclusion:
Practical action can be taken to increase grief literacy in communities, and it is essential that initiatives in this area are devised and delivered in partnership with communities themselves.

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'Onuments' as an invitation for grieving in public places

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For millennia, humans have been making marks in nature to commemorate important events. In cooperation with six Belgian cities, a series of memorial sites have been created to commemorate who we lost. Together these ‘Onuments’ form a connected network of tranquil spots for either contemplation and quiet repose, or for discovery and gathering in open air. The starting point of each Onument is an interrupted circular bench, made in a unique concrete mix. The broken circle reflects how the loss of our beloved ones disrupts our life. It also allows people to enter, alone or in a group, and to invent new rituals with the remaining segments. Visitors tell about their experience of connection with the deceased, but also with each other. Also, kids feel free to play and grieve.

With the Onuments we are launching a new word and a new conceptual form, as a stimulus to deal with grief in a new way. This new way is one of openness, with each other and in the open air, and of optimism. Death should no longer be pushed away in back rooms or in funeral parlors. The grieving should no longer withdraw into themselves or in the cocoon of their homes. No, now there’s a special place where you can seek solace. An Onument is like a black remembrance armband, lying invitingly in nature. This new vocabulary which encourages and invites more openness and connection in grief, that is the essence of an Onument.

I would love to present these Onuments to an international public, in combination with the ritual ‘OnumenTaal’ (taal means language) and with the story of the upcycled old gravestones that are used in one of the Onuments.

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The grief Van: Healing grievers and sensitizing communities for coping with grief

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A significant portion of complex grief is associated with urgent and traumatic situations that often prevent affected individuals from seeking and accessing grief support. For this reason, the Grief Intervention Mobile Unit (UMI) was conceived -a van equipped with a specialized grief support team, ready to move wherever victims, family groups, or other critical needs arise.

Rationale:
In addition to addressing traumatic or highly complex situations, having a UMI has allowed grief specialists to reach cities and rural areas that would otherwise lack access to specialized listening and counseling sessions. Thus, both the van itself and the availability of the human team enable work in prevention, mental health promotion, and explicit support for grief processes.

Design:
A van of specific dimensions was designed and acquired, with capacity to serve a predetermined number of people. The van ensures privacy while being clearly visible, allowing anyone to approach and receive assistance. Additionally, educational talks and awareness sessions on grief are offered.

A professional coordinates the service, supported by diverse collaborators who specialize in areas such as childhood grief, natural disasters, and suicide. These collaborators coordinate with the base Listening Center, which boasts a large number of volunteers, extensive experience, and robust ongoing training.

Results:
Over the past 10 years, the UMI has assisted 10000 individuals with various grief-related demands. These include loss, trauma, and emotional aspects. The UMI's presence in Palma has been particularly significant, especially in response to major natural disasters in Europe.

Conclusions:
The availability and mobility of a specialized grief UMI have proven successful in making specific support accessible to any population and facilitating intervention during challenging times.

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Digital bonds in grief intervention: exploring ethical boundaries

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Background:
Traditionally, psychological interventions and support systems have relied on human interaction and established therapeutic practices to aid bereaved individuals. However, with the advancement of technology, particularly in the realm of artificial intelligence (AI), there is growing interest in exploring how AI can contribute to supporting bereaved individuals.

Rationale:
We aim to provide a comprehensive examination of the potential benefits, risks, and ethical considerations associated with the use of AI with bereaved individuals.

Design:
We will conduct a review and synthesis of literature and insights intertwining the topics of psychology, grief and AI.

Results:
We will describe how AI can contribute to maintaining connections with deceased loved ones, offering comfort during emotional distress, and aiding in unresolved relational tasks, such as unfinished conversations. We will also explore the costs and risks associated with AI use, such as the potential exacerbation of denial of loss, the diminished space for rituals and symbolic moments in the grieving process, and the risk of social isolation resulting from over-reliance on AI. We will also address emerging ethical dilemmas like data protection and the incorporation of AI into legacies and inheritances.

Conclusion:
It is important to adopt an ethical approach to the implementation of AI in grief intervention, recognizing both its potential benefits and the need for regulatory measures to safeguard the emotional well-being of the bereaved. Taking a balanced view between technological innovation and emotional security in grief support is paramount in providing support for bereaved individuals.

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Bereavement Accompaniment Training - Taking the Pyramid Model to Church

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Background:
Faith-based organisations have a long traditional association with death and mourning in Ireland. However, their effectiveness is mixed and there are numerous examples of both positive and negative contributions to bereaver support. The religious landscape in contemporary Irish culture continues to change dramatically as spirituality in Irish society becomes more diverse, secular, and bespoke. Even so faith-based organisations are still a significant presence in Irish society and as of yet, they have not been leveraged as an overall component in the bereavement service ecosystem envisioned in the Bereavement Pyramid Model. Faith-based organisations, whatever their past and present issues are an underdeveloped source of bereavement support.

Rationale:
Our hypothesis was that faith-based organisations represent pre-existing communities which can improve their support for bereavement once they learn about and adapt to the principles in the Bereavement Pyramid Model.

Using the Bereavement Pyramid Model as a blueprint, an adult transformational education program can be created to train individuals in faith-based organisations to be more knowable and confident in level-1 bereavement support roles.

A key element of this approach of for faith-based organisations to go beyond their traditional focus on religiosity (beliefs, rituals, and practices) and augment it with a broader concept of spirituality (supporting individual needs for meaning, purpose, and connectedness).

We see the example of healthcare chaplaincy as a model where faith-based groups have taken what was originally an exclusively religious function and have been transforming it into a evidence-based holistic spiritual care service.

Those faith-based organisations that may be inherently parochial, self-focused, and value their exclusivity, may not welcome the opportunity to participate in broader social initiatives. However, there is still a prevailing ethos across many faith-based organisations that would lead them to participate in broader common-good roles such as supporting the level 1 roles defined in the Bereavement Pyramid Model.

Results:
We were able to construct a hybrid self-paced/self-study and in-person workshop training program which significantly improved participant level 1 knowledge and confidence.

Contribution:
This program has the potential to be expanded across other existing faith based communities to improve their readiness to fulfil level-1 bereavement support roles.

‘Bereaved NI’ – A new innovative website for Northern Ireland

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Background:
The Northern Ireland Department of Health developed and finalised the report “COVID-19 Guidance: Bereavement Advice and Support” in 2021. A key recommendation was the Health and Social Care Bereavement Network should be expanded to become the Northern Ireland Bereavement Network (NIBN), with responsibility for developing and leading the strategic bereavement plan for the next 10 years. One of four NIBN work streams was to develop a new website for the public and healthcare professionals to provide information and compassionate support required throughout the bereavement journey.

Rationale:
The development of a website for NI with easily accessible bereavement support information for every bereavement journey with ‘Living, Dying Grieving’ as a conceptual framework. The website content seeks to reflect Northern Ireland’s culture and population needs, specifically the higher levels of poor mental health and suicide rates.[1]

Design:
The design of this website encompassed a ‘whole society’ model for bereavement support, reflecting the evidence-based public health model of needs-based bereavement care.[2]
The design and ongoing development is cross sectoral, co-produced and was refined through public and government engagement via a World Café event and Citizen Space feedback platform.
The website is fully compliant with international accessibility standards.[3]

Results:
Google Analytics and an onsite feedback facility provide the editorial group with data on current usage of ‘Bereaved NI’ which informs ongoing development of the website.

Conclusion:
Bereaved NI website was successfully launched on the 11 March 2024.[4]
BBC News report: Bereavement Support through grieving process can be a ‘lifeline’. [5]

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Enhancing Support for Bereaved Parents: The Implementation and Impact of Online Support Groups

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Background:
The COVID-19 pandemic prompted a reevaluation of support methods for bereaved parents by the Norwegian SIDS and Stillbirth Society (LUB) due to social restrictions altering traditional grieving practices. Physical/onsite gatherings were restricted, leading to increased feelings of isolation and loneliness. In response, LUB initiated online bereavement support groups to address the growing need for connection among bereaved parents.

Rationale:
Despite initial unfamiliarity with digital support groups, the organization recognized the significant demand for peer support. While quantitative studies on online grief support show limited therapeutic benefits, qualitative research underscores users' experiences of their thoughts and feelings being validated and normalized. Acknowledging these needs, LUB embraced online platforms to provide a sense of community and connection.

Design:
Online support groups are conducted monthly for two hours each, led by two facilitators, and spanning over a year. Facilitators undergo training in group facilitation, and peer supporters receive counseling before, during, and after the group has ended all the meetings. The participants complete a questionnaire including open-ended responses to give their assessment on their experiences of participating in the online support group. A phenomenoligical approached allowed us to identify points of importance and challenges such as maintaining engagement and overcoming the sense of distance inherent in online interactions.

Results:
LUB has conducted 27 digital support groups and four online facilitation training courses since 2020. A thematic analysis of the data from the questionnaires indicates positive experiences among participants, with a majority finding the support valuable for their grieving process. Challenges include the need for more active facilitation and addressing the perceived distance in online relationships, potentially leading to higher dropout rates.

Conclusion:
The introduction of digital support groups has significantly expanded access for bereaved parents across Norway, transcending geographical barriers. Despite challenges such as maintaining conversational flow and navigating online dynamics, the approach has proven cost-effective and accessible, ensuring that more individuals can benefit from the support and understanding of peers facing similar experiences or challenges.

Funeral Directors’ Experience of Providing Funeral Services in Ireland During COVID-19

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Background:
Between 2020 and 2023, Ireland reported 1.7 million cases of COVID-19 and over 9,000 deaths (World Health Organisation, 2023). The importance of ritual/ceremony following bereavement is well documented (e.g., Rumbold et al., 2021), however COVID-19 restrictions impacted the freedom to bury loved ones according to beliefs/traditions.

Rationale:
Funeral service providers were “one of the underrecognised ‘first responders’ in the COVID-19 pandemic” (Bensimon, 2020, p. S57). This study explores the experiences of staff providing funeral services during COVID-19 and considers the implications for supporting bereaved families.

Design:
The study adopted a cluster population survey design, using an exhaustive sampling approach. Fifty-eight staff (male; 72.4%, n=42, 80% 50 years+) from 17 counties in Ireland, completed a mixed-method, self-report survey assessing perceived impact of COVID-19, confidence providing services, and challenges and supports for practice during this time.

Results:
Most participants provided grief resources to families, highlighting existing contributions to bereavement support. Quantitative findings suggest moderate confidence in service provision and low perception of negative impact during COVID. Qualitative responses highlight a contrast between a feeling of under-recognition at a policy level and a sense of being appreciated by the public. There was also evidence of innovation in funeral practices in the face of the challenges experienced.

Conclusion:
Beyond the insights into the experience of funeral service providers during a period of unprecedented challenge, this study highlights the evolving role of the funeral sector in Ireland in supporting the bereaved. This research supports the potential to capitalise on a genuine interest within the sector in contributing more to support beyond the funeral. How best to move towards this reality requires further research and engagement with the sector, the public, and the wider bereavement support services.

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National Grief Support Helpline

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Grief is the most universal experience. Each of us has been, is or will experience grief and mourning as a result of: the loss of a loved one, health, job or other important elements of our lives. Loss can take many forms and intensities, but it is undoubtedly one of the most difficult experiences in our lives. What do we need then? Our research shows that 68% of people who experienced grief want the presence, conversation and support of another person.

With this in mind, the Suddenly Alone Foundation has been running a support line in Poland for people facing loss for over 11 years. It is a nationwide initiative that was established out of the founders' personal grief experience - so that nobody would be left alone in this incredibly difficult time. It consists of a team of 40 consultants - psychologists, psychotherapists and educators. Key to our approach is a commitment to ongoing training in crisis intervention and bereavement support, ensuring our team remains equipped with the skills and knowledge to offer meaningful assistance. Under the vigilant supervision of esteemed professionals from the Polish Psychological Association, our consultants engage in regular supervision sessions, fostering a culture of continuous learning and growth. This way we have had the privilege to assist over 10,000 people, conducting dozens of life-saving conversations. On average, conversations with our helpline last about 30 minutes, underscoring the significance of providing presence and support.

At the Suddenly Alone Foundation, we've learned firsthand the vital importance of a supportive environment in navigating grief. Over 11 years, we've accumulated invaluable knowledge in providing solace and guidance to those in need. We're committed to sharing our expertise by training other NGOs in helpline assistance. We have extended this support to organizations like the MHPSS Poland Group led by WHO, underscoring our dedication to spreading knowledge and fostering a culture of empathy and support. At this conference, we're eager to share our insights on creating atmospheres of support and how to effectively convey accumulated knowledge through grief counselling.

A national project to enhance bereavement practice in counselling in primary care.

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Background:
Research identified a gap between research and grief practice amongst Irish mental health professionals, but also appetite to engage in training to develop and enhance bereavement practice 1.

While there is no over-arching government bereavement policy in Ireland, principles of a public health approach to bereavement care are set out in the Adult Bereavement Care Pyramid, in palliative care and in suicide-specific national policy. Counselling in Primary Care (CIPC) is a national service available free through GP referral to those with therapeutic needs and a medical card; 31% of referrals relate to bereavement 2.

Rationale:
A national project commissioned by the national health service and provided through an NGO aimed to ensure that any bereaved person referred to CIPC would be met with a grief-informed practitioner. As CIPC is organised across 10 health areas, a second aim was to create communities of practice. Irish counsellors have indicated their preference for training incorporating a blend of didactic and experiential material, with time between sessions to allow for learning integration.

Design:
Two days of training were planned, the first in person, the second at least a month later, online. Topics included contemporary grief models, differentiation between acute, integrated, and prolonged grief, ambiguous loss, disenfranchised grief, grieving styles, and posttraumatic growth. SurveyMonkey was used to evaluate. Training was held in each of ten health areas to promote communities of practice.

Results:
201 participants attended both days of training – 68% of eligible counsellors. Average Net Promotor Score (NPS) for Day 1 was 77 and 92 for Day 2. Overall, training was highly regarded for relevance, informative content and translation of research into practice. Participants reported enhanced confidence in their ability to work with grieving clients.

Conclusion:
Other groups working with grieving clients could benefit from similar strategic programmes, suitably tailored to their specific needs.

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Group therapy for young refugees with prolonged grief disorder

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Background:
One of the most frequently reported traumatic experience of refugees is the death of a loved person (Hengst et al., 2018). About 20% of bereaved refugees living in Germany have been shown to develop prolonged grief disorder (PGD; Comtesse & Rosner, 2019), a significantly higher rate than would be expected for the general population. In group therapy for refugees, cognitive behavioral therapy (CBT) was most effective in reducing posttraumatic stress disorder (PTSD) and depression (Rafieifar & Macgowan, 2022) and CBT has been shown to be highly effective for the treatment of PGD (Bryant et al., 2014).

Rationale:
The significant number of refugees affected by loss underscores the need for grief-focused, culturally sensitive therapy for refugees.

Design:
The grief-focused group CBT (G-CBT) is a 12-session program comprising five components: orientation and psychoeducation, emotions, avoidance and exposure, cognitive restructuring, and closure. It is culturally sensitive and presented in simple language to ensure accessibility to refugees from different countries and backgrounds. The core elements of the program are two exposure-based elements: first, the presentation of the deceased to the group, and second, an adapted grief exposure based on the participant's primary avoidance strategy, which takes place in the only individual therapy session. To overcome potential language barriers, we use images and pictograms, and implement interactive elements. Progressive muscle relaxation is performed before each session.

Results:
The initial pilot trial demonstrated highly promising outcomes. G-CBT is an effective treatment method for PGD in young refugees. In addition to reducing PGD symptoms, participants receive social support from the group. The various CBT elements (e.g. cognitive restructuring, rumination strategies, emotion regulation) are also effective in treating the comorbid symptoms of depression and PTSD that are often observed in refugees.

Conclusion:
The therapy method was found to be culturally sensitive and adaptable to different language levels and has therefore proved to be an effective and efficient method.

Should We Be Concerned about Those Who Abandon or Refuse Support in Grief? A Comparative Risk Analysis

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Background:
The study focuses on the high rate of abandonment or refusal of grief support. The aim is to determine the risk for individuals in grief who abandon or refuse professional support compared to those who accept it.

Rationale:
The rate of abandonment or refusal of grief support is relatively high (Lichetenthal, 2011). Discontinuity of professional care is associated with higher levels of distress, particularly when there is a lack of social support, which can lead to complications such as depression and elevated health risks (Callahan, 2000; Maruyama et al., 2008).

Design:
This study involved a comparative analysis of the grief risk between two groups: those who abandoned or refused support and those who accepted grief follow-up. Risk assessment was conducted using hetero-assessment instruments.

Results:
Participants (n=169) were predominantly female (74.6%), either spouse (42%) or children (37.9%). The rate of consultation refusal or abandonment was 25.4%. This group did not differ in age and gender, but spouses were more likely to abandon/refuse. Compared to those who accepted follow-up, the group that withdrew/refused support showed more manifestations of anger and guilt and had worse adaptation to grief. Additionally, this group had more psychiatric history, more previous suicide attempts or suicidal ideation, and more difficulty in assigning meaning to the loss.

Conclusion:
Given the high risk detected in the group that refused or abandoned support, it is crucial to develop preventive measures against such behavior. Early and active identification of these individuals, associated with tailored interventions according to the severity of symptoms could enhance adherence to the therapeutic process, leading to less suffering during the bereavement period.

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Grief Counselling with people in prison – the challenges and possibilities

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Background:
Loss and Grief are big themes in the Irish Prison Service, among them the ambiguous losses (Boss, 2004) faced by imprisonment, bereavement during incarceration, crime-related deaths and a disproportionate amount of deaths by suicide (Zhong et al, 2021) of cell mates. In this presentation, I will present my observations on the challenges in adapting to loss among the men I have supported in the Irish Prison System over the past year, in my role as grief therapist.

Rationale:
Incarceration denies prisoners of the natural grieving process. How can the reality of the loss be accepted when removed from day to day life? How can the pain of grief be felt when vulnerability often isn’t safe in prison? how can adaption to a changed world happen when removed from that world? How is loss integrated when level one support (IHF, 2020) is usually not available in the prison service?

Design:
I spent 100+ hours in the IPS, facilitating groups and one-to-one sessions. I made observations on how the grieving process gets derailed due to incarceration, impeding grief integration and leading to delayed grief. The usual grief interventions needed to be tailored to better suit this population, and a more grief-literate environment in the IPS was called for.

Results:
I will present some of the ways I supported the men I work with to process and integrate their grief, as well as the different ways the Irish Prison Service was made a more Grief Literate environment.

Conclusion:
In much of contemporary grief-theory, freedom is assumed. This presentation looks at the impact of incarceration on the grieving process and adaptions that have been introduced in the Irish Prison Service to facilitate a different kind of grieving process, within the constraints of that system.

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What do grief counsellors need to know about mental disorders? A German Delphi study to identify relevant curricular content

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Background:
Tiered models of bereavement care[1] require assessment what level of support a person needs. Grief counsellors are contact points for such decisions[2]. Therefore, they need specific knowledge to identify grievers with additional mental health support needs.
Rationale: Including such knowledge into grief counsellors' training requires consensus on the most relevant topics, informed by practitioners' expertise.

Design:
A formal three-phase online Delphi process created expert practitioners' consensus on the most relevant training topics regarding mental disorders. Phase 1: Participants of a grief counselling consortium nominated content to be included. Phase 2: Participants rated each topic's importance, its relevance for training and whether it is already part of current curricula. Phase 3: Participants received information about the topic's ranking within the expert group and could modify their initial answers. Data were analysed using content analysis and descriptive statistics.

Results:
Participants (n=17, 76.5% female) had long-standing experience (20.2±8.3 years) in training bereavement care professionals. They indicated that knowledge about prolonged grief disorder, posttraumatic stress disorder, suicidality and depression were most important and highly relevant. Participants were uncertain whether current trainings addressed these topics adequately. Less than 25% felt that the present curricula trained counsellors sufficiently to differentiate mental disorders from grief.

Conclusion:
While previous studies have reported substantial concerns about a medicalization of grief[3], German experts concur that grief counsellors need specific knowledge about mental disorders that often co-occur with bereavement experiences. Training curricula should include the identified topics to meet these needs.

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National Bereavement Support Provision for All Who Need It

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Background:
Facilitating equitable access to quality care and support for bereaved people, wherever and whenever needed

Rationale:
Bereavement can affect us all and the grief that can follow is a natural and individual process and not an illness, but the impact can be devastating. Following the Pyramid Model that bereavement is a natural life event, bereaved individuals may have varying needs depending on several factors; age, type of death, care received, length of illness etc. Specific requirements range from assistance with death registration, financial concerns, practical help, the need for companionship, and more specialist interventions. There is often a lack of awareness of the support available, coupled with inequity, often related to geography, place of death, ethnicity, and socioeconomic status. Much of the support offered is provided by voluntary organisations, dependant on volunteers and grant funding. Therefore, there is a need to develop a national approach to bereavement care.

Design:
Working with Government, health boards, bereavement providers, clinicians, and bereaved people, to develop a collaborative approach and pathways for support. Underpinned by Nationally agreed standards and performance measures and the development of the National Bereavement Steering Group whose aim is to improve care, reduce inequity, and facilitate collaboration.

Results:
This will report on the work of the National Bereavement Steering Group, following the publication of the National Framework (2021), and National Bereavement Care Pathways (2022) to reduce inconsistencies, with scoping informed by the 2019 project. This forms part of a new value-based National Clinical Programme for Palliative and End of Life Care (PEoLC), which is working to develop measurement of outcomes and experience and to embed these in commissioning, including bereavement.

Conclusion:
Compassionate approaches have a major part in assisting at the most challenging times. We will describe our national steering group's work in the context of The UK Commission on Bereavement's report (2022) and offer insights and learning from the challenges the group has encountered.

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Photovoice as a Research and Educational Tool in Grief Education

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Photovoice, a participatory action research method developed in the 1990s (Wang and Burris, 1994; 1997), empowers individuals and communities by allowing them to tell their stories, express perspectives, and advocate for change through photography. This art-based technique has proven effective in enhancing well-being, increasing self-knowledge, and fostering consciousness in Death Education workshops (see Raccichini et al., 2022).

In our presentation we explore the use of photovoice both as a research and educational tool, focusing on discussions about loss and grief with Year 5 and 6 students as well as with teachers during their in-service training on Grief Education.
Engaging in group discussions, participants shared insights, feelings, and stories associated with their photographs. Subsequently, they developed narratives or captions to provide context and depth to each image. Photovoice played a crucial role in achieving Grief Education goals, raising awareness of common features and unique aspects of grief for each individual. The compiled photographs and narratives also served as a research tool, offering insights into how students and teachers learn about and cope with grief-related topics.

Our results underscore the importance of introducing sensitive topics in the classroom such as those of loss and grief in a meaningful way, with implications for stakeholders and policymakers in education policy, teacher education and curriculum development interested in Grief Education.

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Articulated Response to COVID-19 pandemic in Grief and Bereavement in Europe: Insights from the AURORA@COVID19-EU Project

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Background:
The COVID-19 pandemic has had a profound global impact, including widespread grief and loss within communities. Recognizing the need for a coordinated response, the AURORA@COVID19-EU project was initiated across four European countries. Funded by the Erasmus+ Agency (2021-1-PT01-KA220-VET-000033092), the project aimed to address the challenges of grief and loss resulting from the pandemic and facilitate recovery efforts within affected communities.

Rationale:
A comprehensive and articulated response to the aftermath of the COVID-19 outbreak was sought through the AURORA@COVID19-EU project. By involving communities, the project aimed to understand and address the diverse needs arising from grief and loss, particularly those of professionals and individuals who interact with the bereaved in the four-tiered pyramid.

Results:
The project successfully engaged with communities across the four participating European countries, fostering dialogue and understanding around grief and loss. We've trained more than 500 professionals and indirect agents in Portugal, Spain, and Italy over the two years of project development.

Conclusion:
In responding to the impact of the COVID-19 pandemic on grief and loss, the AURORA@COVID-19-EU project demonstrated the importance of a coordinated and collaborative approach. The project helped to support individuals and communities in their journey of recovery by engaging communities and making effective use of resources fostering a more compassionate community. Future initiatives to address similar challenges in Europe and beyond can benefit from the lessons learned from this project.

References

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LightsOut: A Universal Mental Health Promotion Program Making Grief Easier

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LightsOut is an innovative mental health promotion program; an online Grief Education platform for all ages, including young people. Our belief is that an accessible Grief Education Program can significantly enhance mental health outcomes (Minty et al., 2023).

The LightsOut Program leverages evidence-based tools centered around personal death awareness. It guides individuals on a self-development journey, emphasizing skills related to grief, death literacy, self-confidence, and life meaning - while aligning with our strengths.
Grief disproportionately affects young individuals. In Britain, the public health burden of bereavement affects nearly all children by the age of 16 (Dawson et al., 2023). Further, 1 in 20 young people face the death of a parent before reaching 18 – impacting self-esteem, confidence, independence, and feelings of security (Rodríguez H et al., 2021). Evidence that suicide negatively affects between 6 and 60 individuals, has been cited as underestimated (cited Rivart et al., 2021). With the scarcity of easily accessible grief education for individuals and schools, a dedicated Grief Education Program for young people can significantly improve their ability to discuss grief openly and reduce anxiety related to death (Dawson et al., 2023). LightsOut has many applications within the community, including its use as a curriculum resource in schools.

Our presentation will delve into the LightsOut Program rationale, showcasing how the synergy between Lived Experience and grief skill learning contributes to positive mental health outcomes. Additionally, the evidence-based approach we use and how the program can be effectively utilized by individuals, the community, teachers, and other professionals will be demonstrated.

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A community-led group learning intervention for grief and bereavement in Uganda's rural communities

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Background:
Increasing community awareness of grief and bereavement (G&B) can support community members experiencing such issues.

Rationale:
To pilot the 9-cell grief and bereavement awareness tool using a community-led learning group discussion approach.

Design:
The study was conducted three Ugandan districts: Kyotera, Masaka and Lwengo. Three grief therapists trained six hospice palliative care providers to lead community-level training, capacity building and service integration within the hospice. The team received mentorship over five months. To develop community services, we identified literate adult community members with a lived experience of G&B willing to act as community G&B volunteers, enrolling 10 for each community. Using a group community-led training approach, they were trained on G&B using the 9-cell tool covering common grief reactions, G&B perspectives, distinguishing typical from debilitating grief reactions, and how peer facilitators can support grief. Three training sessions were held per group, each lasting six hours. Participants shared their own loss stories, while trained palliative care teams listened, corrected misinformation, negative gender and social norms, and normalized G&B's normal aspects. The community volunteers also provided death, G&B education and awareness sessions with at least 10 members in their social network and held 5 public awareness sessions. Data on awareness sessions were recorded in diaries. Qualitative data were analysed thematically, and quantitative data were analysed descriptively.

Results:
Ninety community G&B support personnel were recruited over a period of two years, with 10 group discussions and 3 mentorship sessions held. During the discussions, group participants shared negative experiences during their losses. For example, negative gender norms included men should not cry in public and uncompassionate communication from communities. Following the sharing of stories, many volunteers reported improvements in psychological well-being and better social support. They also reported improved skills in grief advocacy and public engagement within and out of their social networks reaching over 100 people.

Conclusion:
Community-led learning using people with lived experience can be used as a public health intervention to increase awareness around G&B. Those affected can work in groups to address their G&B needs through sharing and learning with support and mentorship of a trained palliative care provider.

The Grief and bereavement pyramid: from research to applications and back: cultural sensitive education for implementation into existing and new infrastructures.

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Background:
Aiming for implementation of the pyramid for the European countries (Müller et.al, 2024), speaking many different languages and operating within different cultures, might lead to dependenscy on market's (economic) orientations, rather than answering the needs of those societies and those in it, experiencing loss.

Aim of the workshop:
to generate empowerment and insights into educational formats to implement for the pyramid (all four levels), addressing the needs for societies and those experiencing loss on a range of formats.

Target audience: Assumed local educators for bereavement-naïve structures and countries.
Proposed activities and opportunities for interaction: a simulation game providing experiences with some of the necessary steps:

1. Designing for flexible formats (Vreuls et.al, 2023), pacing installment into existing structures.
2. The gathering of learning materials from current evidence
3. Design a variety of teaching levels and outcomes for a variety of implementation formats (Wijngaards-De Mij, 2018) in various care approaches and settings, based in the application of educational evidence.
4. Competencies are built from knowledge, skills, assessments, and the development of attitudes; exploration of effective teaching methodologies (Redmond, 2024).
5. Personnel: gauging the current lay of the bereavement-land and the need for loss literacy: identifying those who can be future educators.
6. How to snowball concepts across an area.
7. Explore appropriate managerial input to install results of education into existing structures.
8. Designing for effectiveness via research
9. Money issues vary per country, structure, or institution, should be a construing part of the process but not be defined by it.
10. Courses could start with a simulation game, to involve those identified to attend the course(s), to design transparently, enhance cooperation and buy-in.

This workshop is presented as such a simulation game. Suggestions as to advancement will ensue, aiming for the installment of bereavement structures, be these for an institution, an area or a country.

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Bereaved by Drug-Related Death: Enhancing Support and Education through Digital Learning Resources

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Background:
Bereaved individuals who have experienced the loss of a loved one due to drug-related death (DRD) face numerous challenges, including an increased risk of health-related issues, complicated grief reactions, and higher mortality rates (Kalsås et al., 2022; Titlestad et al., 2021). These bereaved individuals often have unmet needs for assistance and support, and many have reported challenging encounters with services. Following a DRD, bereaved individuals are vulnerable to severe social and health consequences, yet their need for professional support during the bereavement process is often overlooked (Reime et al., 2024).

As part of the Norwegian research project "Bereaved by Drug-Related Death - In a Recovery Perspective" (END), efforts have been made to generate new research and knowledge actively and purposefully regarding the experiences of DRD-affected bereaved individuals. The results of the END project are crucial for providing evidence-based help and support to those who are bereaved. Therefore, it is essential to make these results accessible to professionals and students in the health and social professions.

Rationale:
This paper aims to provide an overview of the background, purpose, theoretical assumptions, and development of digital learning resources focused on grief. It also presents examples of these resources, including short film materials and screen lectures.

Design:
The digital learning resources encompass a variety of materials such as films, screen lectures, podcasts, literature overviews, and links to theoretical explanations of critical concepts related to grief.

Results:
The intention is to implement these digital learning resources in educational programs throughout Norway, including bachelor's and master's programs for nursing, social work, and law enforcement. Additionally, the resources aim to benefit undertakers and professionals working in health and social services, including first responders.

Conclusion:
Films, screen lectures, and other digital resources will make research accessible to those interested and needing it. The films introduce themes such as knowledge about grief and complicated grief, unnatural death, special grief, help and support, cultural and social expressions of grief, and the hierarchy of grief. Overall, the resources provide a good starting point for understanding and meeting the needs of the bereaved individuals in their grief after an unnatural death.

Developing an eLearning Programme to enhance competence for Level 2 bereavement service providers in Ireland

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Background:
There are no standard and/or agreed competencies for bereavement care providers in Ireland, at any level of care, including those operating at Level 2 of the Adult Bereavement Care Pyramid[1]. Level 2 service providers provide emotional and/or practical support to those who have been bereaved. This support is provided most commonly by a bereavement support volunteer or in the context of a person's professional role. Due to this lack of consensus and direction, the content and outcomes of training to Level 2 providers may vary[2].

Rationale:
In 2024, a national training network, comprising Level 2 bereavement service organisations across Ireland, developed an evidence-based Competency Framework for Level 2 bereavement service providers[3]. This Framework was used to inform the structure and content of an eLearning Programme aiming to provide the first step towards reaching level 2 competence.

Design:
The Competency Framework identified five domains of competence and associated indicators. A set of learning outcomes were developed for each domain, based on the indicators of competence. The eLearning content and learning strategies were developed by the lead organization (Irish Hospice Foundation) in collaboration with a National Training Network.

Results:
The eLearning Programme includes six modules, delivered over 10x15 minute inputs. The course was coproduced with a publication company, thus the course is interactive, engaging and user friendly.

Conclusion:
This eLearning programme provides an introductory-level learning to the competencies. A Level 2 service provider would need to engage in additional training with their organization to meet the competencies as outlined in the Competency Framework. This programme will contribute to standardizing the training provided to Level 2 service providers in this sector and, some or all, of the modules will be of benefit to a wider cohort of professionals, such as nursing home staff, public health nurses etc.

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Navigating Practical and Emotional Challenges in the Aftermath of Suicide Loss

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The aftermath of a suicide is a devastating experience, fraught with emotional turmoil and practical challenges for the bereaved. The time between death and burial is a critical period where families grapple with a myriad of issues, from legal procedures to emotional farewells. This period is characterized by waiting for the public prosecutor's office to release the body, managing the condition of the deceased, and navigating insurance claims, all of which can complicate the grieving process.

Understanding the challenges faced by those bereaved by suicide is essential for providing effective support. The delay in body release, which can span several days, adds to the distress and prolongs the grieving process. Additionally, the condition of the deceased, influenced by the manner of death, can sometimes make it impossible for loved ones to say their final goodbyes. On top of these emotional burdens, there is a time-sensitive need to file insurance claims, which can add financial stress to an already overwhelming situation. Addressing these challenges is crucial for facilitating a smoother transition through the grieving process and aiding in healing.

This presentation will delve into the various challenges faced by families and friends in the aftermath of a suicide loss. It will explore the practical issues surrounding the delay in body release, the emotional impact of not being able to say goodbye due to the condition of the deceased, and the urgency of insurance claim filings. The presentation will also discuss best practices and strategies to navigate these challenges effectively, ensuring both practical needs and emotional well-being are addressed.

Key findings highlight the significant impact of delays in body release, the distressing nature of viewing the deceased, and the time-sensitive nature of insurance procedures on the bereavement process. By acknowledging and addressing these issues, individuals and support networks can better facilitate healing and closure for the bereaved.

In conclusion, the journey of bereavement after suicide is fraught with practical and emotional obstacles. However, by understanding the complexities involved and implementing best practices for support and organization, we can mitigate disruption and foster healing for those navigating this difficult path.

Finding Hope and Healing After Suicide; Designing and delivering a suicide postvention activity to adults bereaved by suicide using an iterative approach.

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Background:
Based on the figure of 504 deaths by suicide in Ireland (Central Statistics Office, 2020), up to 135 people are exposed to each death by suicide (Cerel et al. 2019), which equates to more than 65,000 people annually. Each person may need some level of suicide bereavement support, however barriers including stigma and lack of awareness prevent them from accessing services (O'Connell et al, 2022). Being listened to, being given practical support, and feeling understood are among the most beneficial tools noted by those bereaved by suicide (O'Connell et al, 2022).

Rationale:
HUGG the national suicide bereavement charity in the Republic of Ireland, designed an innovative suicide postvention activity for adults bereaved by suicide. The activity aimed to 1) Create awareness of suicide bereavement supports available at a local level; 2) Explicitly transfer evidence-based knowledge to help attendees explore ways to cope with their grief and find healing; 3) Connect people bereaved by suicide by providing opportunities to engage in compassionate conversations; and 4) Offer hope through implicit demonstrations of post-traumatic growth.

Design:
HUGG delivered the postvention activity 7 times between July 2023 and June 2024, across 6 counties in Ireland, using an iterative approach. A media campaign, and collaboration with key stakeholders, including HSE Regional Officers for Suicide Prevention, HUGG volunteers, and local bereavement services played an important role in connecting with each community.

Evaluation:
Each event was evaluated through ongoing reflective practice, monitoring, and feedback collected from participants at the events.

Results:
Positive feedback combined with social media commentary, an uplift in engagement with HUGG groups and volunteer inquiries all provided evidence of their success at providing a social opportunity for people bereaved by suicide (Levi-Belz et al 2022) to connect and share compassionate conversations. The events enabled the normalisation of suicide grief symptoms, reduced feelings of isolation, and supported de-stigmatising suicide bereavement. While more research on the impact of this postvention is needed, nationwide free public information events specifically designed for people bereaved by suicide should be considered as part of wider suicide postvention activities.

Effects of the Civil Guard “PPAP” in the Prevention of Pathological Gief due to Suicide

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Family bereavement after suicide is one of the most painful and difficult processes to cope with, mainly because of the unexpected nature of the loss (Fonnegra, 1999) and the type of death (Worden, 1997).

The Civil Guard, a Spanish military police Force with 180 years of history and more than 88,000 members, is no stranger to the worrying social reality related to such a complex multifactorial phenomenon (De la Serna 2021); especially when there is some controversy about whether their suicide rate is higher or lower than the general population (Violanti et al., 2019).

In this scene, in 2002, the Civil Guard turned on its Preventive Plan for Suicidal Behaviours, later renamed the Preventive Plan for Psychological Assistance (PPAP as its acronym in Spanish), being the first European police force to do it. Its measures, besides to reduce the suicide rate among their components, contribute to the development of non-pathological mourning, not only among the relatives of the deceased but also the members of their social and work environment.

Elapsed 22 years since its implantation and its subsequent updates, which contemplate all kind of measures (regulation, training, assistance...), it has been verified that actions included within primary and tertiary prevention are particularly useful in the prevention of pathological grief in the entourage of the deceased. Emotional management workshops, detection training of warning signs, mental health promotion, added to the notification protocol and support of family members and colleagues, contribute to the processing of an adaptive grief, as well as the systematic performance of psychological autopsies in all cases of attempted and completed suicide.
In this communication we will share the different tools and our clinical experience in this regard.

Talking to children bereaved by suicide – ‘Safe Harbour’ a suite of resources to support families and professionals

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[2]National Office for Suicide Prevention (NOSP) and Health Service Executive (HSE), Dublin, Ireland

Background:
In 2021 Irish Childhood Bereavement Network and a HSE Resource Officer for Suicide Prevention identified the lack of Irish resources for families with young children bereaved by suicide.
A national collaboration between key statutory and NGO stakeholders was created to fill gaps in policy and practice. The collaboration grew to include a wide range of national experts, NGO’s and people with lived experience.
The collaboration resulted in shared understanding and agreed approach to ensure appropriate support and information reaches those most in need of this guidance at a most challenging time in their lives.
The initiative was funded by the HSE National Office for Suicide Prevention (NOSP) as part of Ireland’s National Strategy to Reduce Suicide. Connecting for Life - HSE.ie

Purpose or aim of the workshop:
Explaining suicide to children is something that both professionals and parents struggle with, this interactive workshop will share learning from the collaborative process that built a consensus of best practice and a wide suite of practical supportive resources.
The workshop will demonstrate/showcase the resources to stimulate interest in other countries to consider similar projects of this nature and build from our experience.

Proposed activities:
The workshop will demonstrate the ‘Safe Harbour’ suite of resources as a unique response built from a strong evidence base with input from people with lived experience as well as national experts in the field. ‘Safe Harbour’ – contains an illustrated story book for children, an accompanied guide for parents/carers, a dedicated webpage with downloadable versions of the book/guide as well as audio versions, podcasts, worksheets for children and signposting information.

Opportunity for interaction:
The workshop will be a mix of presentation and practical small group discussions using the resource materials from ‘Safe Harbour’ to generate interactive discussion and options for collaboration.

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Identifying the needs of young people and their families bereaved by suicide

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Background:
Growing consensus indicates that a range of support and service options are required to support the complex needs of young people bereaved by suicide.

Rationale:
There is a need to improve access to supports for young people which are tailored to their individual needs and development. To achieve this, we require a greater understanding of the support needs of young people bereaved by suicide and factors that affect their access to supports and services.

Design:
This qualitative study aims to identify the needs of young people who have been bereaved by suicide, and barriers and facilitators to accessing appropriate supports and services. Focus groups are underway with two participant groups: parents/guardians supporting children and younger adolescents (8-14 years) who have been bereaved by suicide, and professionals who engage with young people who have been bereaved by suicide. Semi-structured interviews will be conducted with adolescents (aged 15-17 years) and young adults (18-24 years) who have been bereaved by suicide. Thematic analysis is being used to inductively identify support needs of young people and valued attributes of support. Lived experience representatives will assist in interpretation of the findings.

Results:
The emerging analysis is identifying a range of impacts and challenges associated with suicide bereavement among young people, which evolve over the time since their bereavement. Support needs are emerging that are generally applicable to young people bereaved by suicide including support for the family unit and support from school and community environment while specialised supports are being identified for a proportion of young people bereaved by suicide. Factors affecting access span across these supports for example: stigma, information about services, availability of services for young people, waiting lists and costs.

Conclusion:
It is anticipated that this ongoing study will shed light on key support needs of young people who have been bereaved by suicide through drawing on the perspectives of a range of stakeholders including adolescents, young adults, parents and professionals.

„I'm ashamed to say it publicly, but in my 12-year-old brain I felt relief": Disenfranchised Grief Following Father's Suicide

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Background:
The topic of suicide remains surrounded with stigma, echoing Erving Goffman's observations. This stigma also extends to those left behind, who often find themselves grappling with unacknowledged mourning and a lack of support, encapsulating what Kenneth Doka terms as disenfranchised grief. Moreover, suicide presents a highly gendered problematic, with men being more prone to suicide, particularly when faced with job loss and, therefore, a perceived loss of meaning in their lives.

Rationale:
In recent years, the prevalence of suicide among older men in Czechia has seen a troubling rise. Despite this, discussions around suicide remain largely taboo within Czech society, influenced by the nation's post-socialist context. Such pervasive stigma can exacerbate the disenfranchisement experienced by those grieving a suicide loss.

Design:
Through a series of in-depth interviews, I have delved into the experiences of individuals who have lost loved ones to suicide. This paper focuses on a case study of one of my interviewees, Charles, whose father took his own life by hanging in 2009 at the age of 40.

Results:
Charles' experience highlights the insufficiency of institutional approach; from the lack of support he received in school to his brother's hospitalization. At a personal level, Charles emphasized the difficult period of bereavement and mourning because of the complicated relationship between him and his father. Additionally, Charles mentioned potential factors that may have contributed to his father's decision to end his life, such as being diagnosed with a mental illness that led to the loss of a prestigious job and feelings of unfulfillment and powerlessness.

Conclusions:
In summary, the study accentuates the need to destigmatize discussions on suicide in Czech society, also concerning those left behind. By addressing these challenges, we can implement more effective intervention strategies and support systems for those affected by suicide bereavement. Currently, such support systems are inadequate in Czechia.

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Grief following suicide or physician-assisted dying due to mental suffering: a mixed methods study in bereaved life partners

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Background:
Death of a loved one by suicide strongly impacts grief-related mental health. In a growing number of countries, legislation permits physicians to grant a voluntary and well-considered request for physician-assisted dying (PAD) due to physical or mental suffering. Little is known about grief following PAD due to mental suffering.

Rationale:
The current study aims to increase insight into experiences surrounding suicide or PAD of a life partner due to mental suffering, grief-related mental health symptoms, grief experiences, and social reactions.

Design:
We performed a survey and in-depth interviews with 27 bereaved life partners in the Netherlands. The decedent had been in treatment for mental disorders and had died by suicide (n = 15) or PAD (n = 12).

Results:
Compared to PAD, suicide was associated with more severe grief experiences, especially violent suicide. Shorter time since death and death by suicide were associated with higher grief intensity. Participants reported that others rarely understood the suffering of their deceased partners and sometimes expected them to justify their partners' death. Following PAD, others more often understood that the decedent's suffering had been unbearable and irremediable.

Conclusion:
Unexpectedness of the death, violent death, not being present at the death, and lack of social understanding and support may in part explain the severity of grief reactions following suicide compared to PAD of a life partner.

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Maternal Suicide: Is being a mother no longer a protective factor against suicide?

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Background:
Over past several decades of research, it has been considered that being a mother is one of many robust protective factors against suicide (1,2).

Rationale:
In Ireland there is no evidence to date on the profile of mothers dying by suicide and as such “leaving children behind”, that may help develop suicide interventions for this exposed vulnerable population.

Design:
A retrospective study was conducted based on the Irish Probable Suicide Deaths Study (IPSDS), over the period 2015-2018 (n=2,349). The IPSDS female adult cohort (n=550) was allocated to 2 groups, based on having children or not. Descriptive statistics were run with a significance level set at $p < 0.05$.

Results:
42% (n=232) had at least one child and 318 did not have children. Based on the offspring age, 18% (n=99) were below 18 years old when they lost their parent. The mean age of those with children was 47.16 (SD: 13.65) which was significantly older from those without children [(M: 43.99 (SD: 16.32, t(2.40), p=0.017)]. A higher proportion of those with children were recorded as having a history of substance use (38% vs 28%, $\chi2$= 6.18, df=1, p= 0.013). Leaving a suicide note was more prevalent for those having children (57% vs 44%, $\chi2$= 5.89, df=1, p= 0.015).

Conclusion:
Mothers were more inclined to write a suicide note, suggesting the wish to explain their decision and an effort to reach out. 99 children were under 18 at the time of maternal death, suggesting that being a mother is not necessarily a protective factor. Further research is needed on maternal suicide that may permit early suicide interventions for the children left behind.

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‘Standards for Supporting Bereaved Children and Young People – A Framework for Development’ 2023. Irish Childhood Bereavement Network (ICBN)

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Background:
The Irish Childhood Bereavement Network (ICBN) works to promote the voice of bereaved children/young people, recognising that theirs has traditionally been the silent voice of grieving.

Rationale:
The standards are for planning, provision, and quality review of childhood bereavement care by all adults, professionals, volunteer organisations and policy makers.

Design:
The first version of the ‘Standards’ were published in 2017 after a wide-ranging consultation. After a review v2 published in 2023 after a rigorous process that consisted of: (i) a review of the literature from 2018 to 2023, and (ii) a consultation process with key stakeholders.

Results:
The Standards integrate the Childhood Bereavement Care Pyramid and set out a way forward in the promotion of the bereaved child or young person’s voice in Irish society, in order that their needs may be appropriately recognised and supported. It contains a multi-layered vision for bereavement support to emphasise the highest level of care for bereaved children and young people.

Conclusion:
The recent literature review highlighted that there is no comparable publications in European. Showcasing the Standards at the EGC 2024 is an opportunity to share learning and advance shared practice/policy.

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How children and the remaining parent experience outcomes and mechanisms of change in grief therapy for parental loss

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Background:
The death of a parent is a significant risk factor for a child's later mental health problems. Most children manage this life changing experience without professional help. However, the target group of the current study, conducted at the Danish National Centre for Grief (DNCG), was children and young people who are all somehow stuck in their grief process or are at risk of developing a complicated grief response and therefore in need of specialized help.
Based on a systemic approach, the DNCG developed a program that includes the entire family. The program involves a three-tiered model: 1) family sessions focusing on improving family functioning and communication concerning grief and grief related emotions 2) individual therapy for the bereaved children 3) group therapy for children with separate parent sessions.

Design:
11 qualitative semi-structured interviews were conducted with parent child dyads post therapy concerning their experiences of both outcomes and the mechanisms of change.

Results:
The clients experienced 1) a general change in their well-being facilitated by acquiring a better grief language and learning to regulate emotions 2) a change in participation in an array of arenas: at home, in school, with friends 3) the establishment of a continuing bond to their deceased parent, and 4) comparisons with peers through group sessions facilitated a realization and acceptance of the loss and a new perspective.

Conclusion:
Children and adolescents found the intervention program helpful in dealing with the loss of a parent.

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Bibliotherapy with Grieving Children: An interactive Workshop

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Background including any collaborations:
While there are no specific statistics on the rates of childhood grief across Europe, in Scotland 50.8% of all children are bereaved of a parent, sibling, grandparent or other close family member by age 8 and this rises to 62% by age 10. In England, it is estimated that 78% of 11- to 16-year-olds have experienced the death of a family member or close friend. Additionally, with the increasing conflict zones in Ukraine and Palestine the rates of childhood grief and loss are rising exponentially. The use of bibliotherapy is one tool that is easily accessible, low cost, and has a demonstrated positive impact on the grieving process of children.

Purpose or aim of the workshop:
This 60 min workshop will highlight the mechanisms of bibliotherapy, provide strategies to implement this intervention, review data on its effectiveness, and provide examples of books to use in various contexts with a variety of developmental stages included.

Target audience:
Educators, counselors, therapists, psychologists, healthcare workers, and caregivers

Proposed activities:
Group activity where participants are provided with a book to read and utilize the 5 aspects of bibliotherapy to determine how they would utilize it. Groups would then create a therapeutic intervention to pair with the book.

Opportunity for interaction:
Small group work.

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Implementing routine outcome measurement in services for bereaved children and young people: barriers and facilitators

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Background:
Services supporting bereaved children and young people need to understand the outcomes of their interventions so they can demonstrate their effectiveness and improve their practice. There are multiple challenges to evaluating such services, including a lack of appropriate measures, and challenges in implementing them (Rolls, 2011).

Rationale:
In the UK, services have collaborated to develop a common set of outcome measures – the Child Bereavement Service Questionnaires (CBSQs) which can be used with children and their parent or carer pre/post intervention (Childhood Bereavement Network, 2014). Little is known about the barriers and facilitators to implementing these measures. Implementation science can help bridge the evidence gap in bereavement services (Breen and Moullin, 2022).

Design:
This study, part of a larger study validating the CBSQs, drew on principles of implementation science (Proctor, 2015 to inform the scope of semi-structured qualitative interviews with 11 child bereavement service practitioners and managers on how they were using the measures in practice, and their view of the utility, appropriateness and feasibility of the measures.

Results:
Participants valued the CBSQs' utility in meeting multiple and different needs at the same time: building a relationship with a child while getting a baseline picture of their needs, normalising grief while introducing the service, capturing changes while supporting families to move forwards, revealing benefits while suggesting mechanisms for change, and reporting to funders while running the service. They made recommendations about the further support that services needed to support implementation.

Conclusions:
This paper will share insights relevant to those wishing to embed outcome measurement as part of routine practice in child bereavement services.

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Grief and loss among migrant youth in the Netherlands

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Background:
Dutch youth care providers can play a central role in grief care for migrant and refugee youth, but their awareness of, and expertise in, grief and bereavement related issues in this population is often limited. Research on cross-cultural aspects of grief and loss emphasizes the role of cultural models in shaping responses to loss (Rosenblatt, 2013).

Rationale:
The aim of this study is to explore culturally diverse responses to bereavement in young migrants, to better understand ways to support them, and to increase youth care providers' awareness and expertise.

Design:
Six focus groups and 8 in-depth interviews with youth care workers were conducted, as well as 15 in-depth interviews with migrant youth (16-23 years) following loss of a parent. Thematic analysis (Braun & Clark, 2006) was used to analyze the data.

Results:
Cultural models that shape youth's responses to loss include silence in relation to death, changed roles within the family, the importance of grieving together, and taboos regarding seeking professional help. Sufficient trust has to be built before grief can be discussed. Youth care providers use various methods to discuss the topic. Understanding the cultural background of the client may be supported by a Cultural Formulation Interview (Smid et al., 2018) or a cultural mediator. There is a need for additional tools to assess the cultural context of bereavement and to facilitate collaboration with members of the youth's support system.

Conclusion:
Cultural models shape young's people responses to loss in diverse ways, and there is a need to attend to the cultural background of the young person in order to assist bereaved youths in dealing with the loss.

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Acceptability and usefulness of a self-management mobile app for adolescents in grief – an internal pilot study

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Background:
Losing a family member during childhood increases the risk of psychosocial and mental health issues (1). Despite the need for bereavement support, there is a lack of evaluated interventions targeting adolescents in grief (2).

Rationale:
Mobile health offers a promising platform for accessible bereavement support, but bereaved adolescents' attitudes towards internet-based support appear mixed (3). This study evaluates the acceptability and usefulness of "Alba", a self-management app for adolescents aged 12-19 who have lost a parent or sibling.

Design:
Part of a larger randomised controlled trial, this internal pilot incorporated an intervention group using Alba for eight weeks and a control group receiving psychoeducation via a website. Self-reported symptoms of prolonged grief, depression, and post-traumatic stress were assessed at pre- and post-intervention; app usability, helpfulness, and satisfaction were assessed at post-intervention.

Results:
Thirty-six adolescents, bereaved on average 33 months prior, completed baseline assessments, revealing that 50% fulfilled diagnostic scoring criteria for prolonged grief disorder, with 36% scoring above cutoffs associated with post-traumatic stress and 44% exceeding depression thresholds. Evaluation from 15 app users indicated unanimous agreement that Alba enhanced their understanding and sense of control over their grief. The majority felt helped in communicating emotions and seeking support. Grief and emotion tracking, and exercises (e.g. mindfulness and writing exercises) were particularly appreciated app features. Two adolescents reported feelings of sadness during app usage. No other adverse effects were reported, with high satisfaction rates and unanimous willingness to recommend Alba to peers.

Conclusion:
Pilot data suggests that Alba is an acceptable and useful tool for adolescents in grief, offering increased grief understanding and emotional control.

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The Development of Psycho-educational Grief Books for Children, Teenagers and Young People

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Background:
As Social Workers in specialist palliative care setting, we meet children and their families during patient's illness and in bereavement. We provide information and support around impact of illness and grief. We noticed a similarity in the questions/concerns raised by children and young people about what grief is and different ways it can present.

Rationale:
Children and young people can experience many mixed and challenging thoughts and feelings in grief that impact their coping (CBN, 2017). Many children and parents were uncertain about what is considered a 'normal' response to grief. We have books to support us in our work, but many were based on stories and did not address all the themes arising. All children, young people and their families need access to good quality information about grief and what to expect (ICBN, 2014 & 2017).

Design:
We collaborated with bereaved teenagers to develop a book providing clear information about grief and strategies for coping and learning to live with grief. We subsequently developed a similar book for children 9-12 years using a different approach due to their ages and abilities. We included anonymised vignettes representing the concerns many children presented when attending bereavement counselling.

Results:
We developed two books about grief – one for teenagers and young people and one for children 9-12 years and their parents. Collaboration with a corporate partner funded design and print, so we could make them available free of charge to all children and families, schools, other palliative care services, hospitals etc. Collaboration with Vision Ireland developed the resources into braille and audio books increasing accessibility.

Conclusion:
Two psycho-educational books were published on grief for teenagers, young people and children. The books have received very positive feedback nationally and have even been requested by several organisations internationally.

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Prolonged Grief Disorder in Children: Cognitive behavioural correlates and treatment

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Background:
Most children are resilient in the face of the death of a close person. For some children however, acute grief reactions persist and develop into Prolonged Grief Disorder (PGD). From a cognitive behavioural therapy (CBT) perspective, PGD is maintained by disturbed memory processes and maladaptive cognitions and avoidance behaviours. In addition, emotional well-being and parenting strategies of caregivers are assumed to impact children's PGD. We developed "CBT Griefhelp", a treatment with nine sessions for the child plus five sessions of counselling for caregivers.

Rationale:
There was a lack of knowledge about the association between CBT variables and functioning of parents on the one hand, and children's PGD on the other hand, and the impact of treatment to mitigate PGD in children. Accordingly, we conducted a treatment study to examine these issues.

Design:
Over 100 children were randomly assigned to either CBT GriefHelp or 9 sessions of nondirective supportive counselling—both combined with caregiver counseling. Changes in PGD and other outcomes were examined from pretreatment to posttreatment and 6 months follow-up.

Results:
At baseline, associations of maladaptive cognitions and behaviours with children's PGD were strong. Associations with emotional well-being and parenting strategies of caregivers were small and non-significant. CBT GriefHelp was found to be a more effective treatment compared to supportive counselling, in terms of changes in different outcome measures. This CBT treatment particularly outperformed supportive counselling in terms of its long-term effects. Very few large changes ("sudden gains") were observed and these did not seem related to specific elements of treatments.

Conclusion:
CBT GriefHelp can help to alleviate the distress of bereaved children getting stuck in their process of grief. Caretakers undoubtedly play an indispensable role in supporting children in their grief. But to what extent parental well-being and their parenting styles play a role needs further investigation.

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