Posters

Practice – Level 0: Grief in Society

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The Institute of the Good Death. An Interdisciplinary Educational Project about Death and Grief in Poland.

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The Institute of the Good Death is a space for dialogue and education about mortality. Our collective includes around 100 professionals from the funeral industry, palliative care experts, grief workers, psychologists, journalists, scientists and artists, who exchange knowledge and experience through collaboration and synergistic creativity. We deal with the subject of death and grief in our professional, scientific and/or artistic work and are looking for new ways to talk about loss as a natural part of life. We are an interdisciplinary initiative welcoming diverse perspectives, attitudes and identities.

We organise public debates, lectures, trainings and workshops to raise awareness of topics such as

- End of life care
- Funeral culture
- Grief counseling
- Theory and practice of rituals
- Death and grief in arts and humanities.

We believe that open and honest advocacy around death can lead to positive cultural changes. Every month, we organise a variety of "grief circles" for people experiencing different types of loss (loss of parents / children / pets / health). We invite people to step out of stereotypes and see grief as an individual process that is different for everybody in terms of thoughts, emotions and their expression. Our approach is based on acceptance, support and community.

Postvention as Prevention: Grief Support after Suicide for Children and Adolescents

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In 1968, Edwin Shneidman noted the need for grief support for those bereaved after a suicide and coined the word “postvention.” At the time, he surmised that six individuals are impacted by every suicide. He was thinking of the nuclear family, not seeing the broader implications on suicide. Research by Cerel et al., (2019) has offered us a more accurate understanding that the true numbers of those affected by a suicide death is far larger – about 135 individuals exposed and who may benefit from grief support.

For many adults bereaved after suicide, the rest of their lives may be measured in tears, guilt/shame, fear, and stigma. For suicidally bereaved children, these issues permeate every life-stage and affect psychosocial development and research suggests that the risk for substance abuse disorders and risk for suicide are elevated after a parent dies by suicide.

Developmental and family-system theories contribute to our understanding of child and adolescent responses to suicide. Family or individual psychopathology, prior trauma, lack of support systems, avoidance, lack of opportunities to process the trauma, or isolation can increase the potential for trauma response. Clinicians who work with youth should approach the family system as a unique culture-of-origin and consider how suicide loss can impact identity formation. This is particularly salient when we consider the role of postvention as prevention for young individuals who may not possess the maturity to disentangle myths about suicide from reality.

Around the world, support services for suicide-bereaved are growing, and although the research evidence for the efficacy of support groups is limited, there is promise. However, not everyone has access to group or individual support. This presentation will examine recent literature focused on the efficacy and availability of grief support services for children and adolescents, what these services typically include, and review research on the efficacy of these services. Additionally, the presentation will examine questions youth might ask after a death by suicide as they strive to understand what happened, specifically in the context of their own identity integration, and seek ways to respond.

Plural understanding of dying awareness: experiences from Bangladesh

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There is a growing interest around the world in the way care is delivered to people at the end of life. There are many complexities of providing appropriate care to patients at the end of life in every context (Sleeman et al., 2019). However, these contexts constitute ‘good death’ and provide end of life care to the dying patients according to it, which is culture specific. Although there is no formal definition of a ‘good death’, generally it means culturally prescribed ways to provide care so that the patient could die peacefully (Clark et al., 2016). Besides ‘good death’ being a culture specific idea, it can also vary according to the perspectives of patient, carers and healthcare professionals in any context. Over the decades, understanding of ‘good death’ went across diverse trajectories over the world and contributed to the development of different end of life care practices worldwide. Plural understanding of ‘good death’ is in evidence regarding the service provided to the dying patients around the world (Zaman et al., 2016). Cultural differences are particularly in evidence in end of life situations where there are specific ideas about what a ‘good death’ entails. The present study investigates differences of the services between hospices and the community portraying socio-cultural differences between the contexts and finally, explore a plural understanding of death mostly expressed in cultural beliefs and practices of family lives in Bangladesh, in contrast to the assumed universal idea of palliative care in European contexts. This is a recently-completed PhD research which explored the notions of ‘good death’ in Bangladesh. The study found different awareness contexts of dying in Bangladeshi palliative care, in contrast to what expected in an European context. Fieldwork took place in palliative care centre in Dhaka. In-depth interviews of dying patients, their carers and healthcare professionals were conducted with observation of the care practices. Although a lot has been written on the idea of ‘Good death’ of European countries, little is known about the dying awareness of Bangladesh. The study contributes to generating plural understanding of ‘Good death’ and dying awareness from the context of Bangladesh.

Suicide 101: Suicide Education for the Bereaved by Suicide

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Background:
Research by Cerel et al. (2019) notes that for every death by suicide, 135 people are exposed. According to WHO, over 700,000 individuals die by suicide every year, which means nearly 95 million individuals are exposed to and bereaved after suicide every year.

Knowledge about suicide, what suicide is and is not, is often lacking. In many parts of the world, suicide is assumed to be caused by a diagnosed or undiagnosed psychiatric disorder, as “found” by psychological autopsy studies from 1970-2010. Although several reviews of these studies have questioned the results, and Hjelmeland et al. (2012) have demonstrated the methodological flaws, the assumption that 90% to 100% of suicides are caused by psychiatric illness has persisted and been elevated to the level of fact. The reality of suicide is more complex and cannot be reduced to a psychiatric illness.

Many people who are bereaved by suicide have one question: Why did my son, daughter, spouse, father, mother die by suicide? This is not an easy question to answer, but information about the causes of and factors leading to suicide can be broken down into bite-sized chunks of information that are easier to understand. To support grievers, accurate information about suicide can help individuals cope during bereavement (Prades-Caballero et al., 2023).

Rationale, Design & Results:
Not a research report.

Conclusion:
This presentation will address ways to help the bereaved by suicide through psychosocial education using contributing elements such as psychological pain, suicide drivers, agitation, socicultural factors, and social isolation. A summary of suicide myths, approaches to interventions, and an outline of topics that can be used when delivering psychosocial education about suicide for bereaved individuals will be offered.

O’Connor, R. (2022). When it is darkest: Why people die by suicide and what we can do to prevent it. Vermilion.
Michel, K. & Gysin-Maillart, A. (2016). Attempted suicide short intervention program: A manual for clinicians. Hogrefe.
Jobes, D. (2024). Managing suicide risk: A collaborative approach. Guilford.
Prades-Caballero, V., Navarro-Pérez, J. J., & Carbonell, Á. (2023). Prevention, intervention and postvention of suicidal behaviour: A social work perspective. Cuadernos de Trabajo Social

Implementing Grief Support in Schools: A Pilot Project at Eduardo Gageiro School Group, Lisbon-Portugal

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Background:
Grieving children are at risk for negative outcomes across lifespan (Lawrence et al., 2022), making early interventions crucial. School-based grief programs have shown effectiveness in reducing grief symptoms, dysregulation, and enhancing social support (Linder, 2022), learning outcomes and overall well-being of children and youth (Edwards, 2023).

Rationale:
Recognizing the need for support in dealing with losses and grief in childhood and youth, a pilot project was initiated at Eduardo Gageiro School Group, Lisbon-Portugal, aimed to equip educators and students with the necessary tools and knowledge to address emotional challenges associated with loss and grieving within the educational community.

Design:
The project featured a comprehensive approach, including training modules for teachers and technical staff, group sessions for various school personnel, sensitization actions for guardians, operational assistants, and students, as well as individual and group support for at-risk students. A support manual contributed to the project's implementation success and sustainability.

Results:
The initiative reached over 37 professionals and 1362 students through 70 sensitization sessions, identified 29 students at risk of Prolonged Grief Disorder, and provided 87 consultations for individual and group support, including a focused intervention for a class dealing with a terminal diagnosis among peers.

Conclusion:
The pilot project demonstrated an effective model for providing targeted emotional support and building resilience in the school setting, laying the groundwork for future interventions.

Lawrence, A., Jones, M., & Boles, J. (2022). Helping Children Cope with Loss: Legacy Interventions for the Grieving Classroom. Continuity in Education, 3(1), 92–92. https://doi.org/10.5334/CIE.45
Linder, L., Lunardini, M., & Zimmerman, H. (2022). Supporting Childhood Bereavement Through School-Based Grief Group. https://doi.org/10.1177/00302228221082756
Edwards, J., Stone, M., Bartlett, H., Wallace, M., & Ventura, A. (2023). Grief in School-Aged Youth. NASN School Nurse, 38(4), 171–175. https://doi.org/10.1177/1942602X231161332

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A Primary Care Approach to Bereavement

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Managing grief and loss is crucial to the holistic work of any GP, but there is a lack of training in bereavement care in medical school and GP education.
We have developed a training module for clinicians which draws on current grief theory and examines how we might use our short GP consultations to support bereaved patients over months and years. We believe this is the first such resource aimed uniquely at those of us working in primary care.

We explored literature on bereavement support in primary care, and modern grief theory and neuroscience, to develop a consultation model which parallels other GP consultation models and acknowledges the non-linear nature of grief. Based on a triangle, we highlight 3 distinct points in any grieving process and suggest communication styles which may be helpful at each.

This will empower delegates to provide modern bereavement care as part of daily holistic care. The toolkit provides a useful teaching resource for all primary care clinicians and is deliverable in person or as e-learning.

Improving bereavement care will have positive health outcomes for anyone experiencing loss, reducing the number and frequency of associated presentations to health services, and increasing clinicians' job satisfaction. We include suggestions for how bereavement care might be standardised across GP practices.

The RISE Practice: a Toolkit to create personal rituals - for bereavement and beyond

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RISE is a toolkit to design personal rituals, which can be a supportive and meaningful resource in the grieving process. Our work is rooted in our academic education as cultural anthropologists and our professional experiences as funeral celebrants, grief counsellors, educators and performers.

The RISE toolkit includes a non-linear system of taking notes and structuring information during the design process of a ritual, as well as techniques to reflect and create the elements and their interaction in ritual space. It helps to set a practical frame for a ritual, specify its intention and consciously choose adequate symbols.

The toolkit builds on the model of "Rites de Passage", first published by Arnold van Gennep (1917) and the idea of liminality and the specific forms of rituals in modern societies as explored by Victor Turner, Mary Douglas, Gerrit Herlyn and many more. Connecting our work also with contemporary research in the field of ritual construction and ritual design, we focus on its practical implementation in bereavement support.

For several years, we have been teaching the RISE method to funeral directors, celebrants, grief counselors, palliative care practitioners and other professionals offering rituals as support for grieving people. At the moment, we are working on a publication to make it accessible for everyone who is interested in designing and creating personal rituals. With our project, we want to help to establish ritual design as a necessary cultural technique of the 21st century.

The Grief Map: piloting a new measure which identifies the span of grief from resilient to vulnerable and locates that diversity within levels one to three of the ‘Grief Triangle’ to determine appropriate support responses

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Background:
The first European Grief Conference had the overarching theme of distinguishing different levels of need in bereavement and the consequence for different levels of care. A triaging measure able to identify grieving differences and provide practitioners with guidance in the appropriate targeting of support seemed something to explore.

Rationale:
I was prompted to revisit a 2010 project[1] that was followed up in a practice study in 2014[2] in which the Range of Response to Loss [3,4] (RRL) model of grief was used as the basis for an initial assessment of grieving needs. I revised this earlier assessment measure, renaming it the Grief Map, but continuing its purpose to embrace both grieving vulnerability and resilience.

Design:
The Grief Map is made up of seven items, which reflect core grief: feeling and thinking; coping capacity: related to the current loss, the relevance of earlier loss experiences, and meaning making; life situation: current life circumstances – health, financial, caring responsibilities etc, and availability of support. The items consist of paired resilient and vulnerable statements with five points between them for a bereaved person to indicate the closest fit with their grief experience. Guidance is given for the interpretation of the responses and the ‘Grief Triangle’ used to determine an appropriate level of support.

Results:
This pilot is in progress but encouraging feedback indicates the positive reception by practitioners and bereaved people. By November more data will be available

Conclusion:
The Grief Map is looking like a promising development in aiding the process of matching diverse grief needs with an appropriate level of support.

1. Relf, M. Machin, L. and Archer, N. (2010) Guidance for Bereavement Needs Assessment in Palliative Care. (2nd edition) London: Help the Hospices.

2. Brocklehurst, T., Hearnshaw, C., Machin, L. (2014) Bereavement needs assessment – piloting a process. Progress In Palliative Care Vol. 22, Issue 3, p.143 -149.

3. Machin L (2001) Exploring a framework for understanding the range of response to loss: a study of clients receiving bereavement counselling. Unpublished PhD thesis. Keele University, Keele

4. Machin, L. (2014) Working with Loss and Grief. London: Sage

Working with bereaved parents to create Level 1 Bereavement Support eLearning resources for newly bereaved parents (0-12 months post death) and staff who are communicating with them.

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Background:
The death of a child with a life limiting illness is one of the most difficult losses that a parent can face. Finding their way through this unfamiliar terrain of grief can be daunting, and often, parents can be at a loss to know how to cope. Staff too, particularly those who were involved in the end-of-life care of the child, can struggle around how to communicate with newly bereaved parents.

Rationale:
In LauraLynn Children's Hospice approximately 60 children die each year from life limiting illnesses. The LauraLynn Bereavement Care Pathway is based on the Adult Bereavement Care Pyramid (2020). LauraLynn and two bereaved parents (at least 7 years post death of their child) identified a gap at Level 1 for accessible and informed bereavement support information and guidance for newly bereaved parents (0-12 months post death) and staff that communicate with them.

Design:
LauraLynn worked with the 2 bereaved parents (one male and one female) to design and develop 2 Level 1 digital bereavement support eLearning resources (one for parents and one for staff) which are available across digital platforms (see draft courses below).

(Parents): https://learning.elucidat.com/course/65673dfd1a31d-6596787964db7
(Staff): https://learning.elucidat.com/course/659fbb7535bde-65a55e97e2463

Results:
The two Level 1 eLearning resources have been developed will be made available to all newly bereaved parents and staff at LauraLynn who communicate with these families and will be a key component in the Bereavement Care Pathway.

Conclusion:
The co-development with bereaved parents of these two digital bereavement support resources are has been key to making these resources informed and appropriate for both bereaved parents and staff.

References:

The Irish Hospice Foundation (2020) Adult Bereavement Care Pyramid. A National Framework. Dublin: The Irish Hospice Foundation
Snaman J.M., Kaye E.C., Torres C., Gibson D.V., Baker J.N. Helping parents live with the hole in their heart: The role of health care providers and institutions in bereaved parents' grief journey. Cancer. 2016;122:2757–2765.
Wiener L., Rosenberg A.R., Lichtenthal W.G., Tager J., Weaver M.S. Personalized and yet standardized: An informed approach to the integration of bereavement care in paediatric oncology settings. Palliat. Support Care. 2018;16:706–711.

Grief Retreats – “The place of retreat”

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The Place of Retreat is a three-day therapeutic retreat focused on the grieving process, providing bereaved individuals with resources and support in a safe space.
This pioneering project in Portugal is facilitated by psychologists and guided by the Integrative Relational Model focused on Grief Process.
Targeting the general population in mourning, as a primary preventive intervention, its aim is to promote mental health and prevent Prolonged Grief Disorder.

The impact of group intervention was studied by Curiel in 2010, who found significant differences before and after the group intervention, indicating improvements in participants' complicated grief. Bereavement camps may decrease post-traumatic stress disorder and complicated grief symptoms (McClatchey, Vonk, & Palardy, 2009) and increase posttraumatic growth (McClatchey & Raven, 2017).

Prior to the retreat, individual interviews were conducted to administer the PG-13 and evaluate inclusion criteria (age over 18, presence of a significant loss and need for mutual support) and exclusion criteria (presence of severe psychopathology, overmedication, or substance use).
Retreat participants formed a closed and heterogeneous group regarding the type and timing of loss, degree of relationship, gender, and age.

Participants described the experience as "a very tranquil place where I could delve into each group member's pain and recognize myself in it" or "an experience that eased my suffering and gave me hope."
After the retreat, the same group continued with bi-weekly group interventions.

We emphasize the importance of maintaining group intervention in retreat format, making it accessible to the general population (including children and their caregivers), with the expectation of reducing the rate of Prolonged Grief Disorder, increasing grief literacy, and enhancing resources.

Curiel, J. C., (2010). Estudio de variables asociadas a la psicoterapia grupal en los procesos de duelo patológico. Revista de la Asociación Española de Neuropsiquiatría, 31(1), 93-107.
McClatchey, I. S., & Raven, R. F. (2017). Adding trauma-informed care at a bereave- ment camp to facilitate posttraumatic growth: A controlled outcome study. Advances in Social Work, 18(1), 348–368. doi:10.18060/21239.
McClatchey, I. S., Vonk, M. E., & Palardy, G. (2009). Efficacy of a camp-based inter- vention for childhood traumatic grief. Research on Social Work Practice, 19(1), 19–30.

Touching grief. The role of bodywork in bereavement counselling.

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Background:
Traditional grief counselling is a talk-based therapy. It rarely takes into account the importance of bodywork in processing grief.

Rationale:
We experience grief not only in our minds but in our whole bodies. Finding ways to acknowledge the physical experience of grief opens up a new dimension for the bereaved. Touch in bodywork can be a profound way to release physical and emotional tension and reconnect with inner resources.

Design:
For the past 7 years I've been working with individual clients in my practice in Berlin, Germany. The bodywork I offer is called "Shiatsu", a Japanese form of acupressure. Shiatsu is done over clothing.

The aim of a Shiatsu session is to reduce tension and bring awareness to the sensations of the body. My role in this process is to hold space for whatever comes up, with presence and compassion.

Results:
Many benefits have been experienced by my clients. One major benefit was the release of trapped emotions. Shiatsu allowed them to feel what could not be expressed verbally.

Clients also observed a direct link to their intuition, having a sense of 'inner knowing' after the session. They regained confidence in their ability to make good choices for themselves. This inner trust came from their bodies rather than their minds.

They were also less torn between the past and future. Arriving in the moment of now while connecting with their breath.

Conclusion:
Bodywork therapies such as Shiatsu are an additional resource in bereavement counselling. They emphasize the deep connection between body, mind and spirit.

Understanding the role of bodywork in bereavement counselling is important both in creating a more holistic approach and in improving the services provided to bereaved people.

Experiencing grief in the body helps to process it. As a bodyworker and grief therapist I believe that grief is there to be felt. To be witnessed and acknowledged. In our bodies, our minds and our hearts.

References:
https://www.shinewithshiatsu.com/en/grief-and-its-effects-on-the-body-and-how-shiatsu-can-help/
https://www.shinewithshiatsu.com/en/what-is-shiatsu/

Improving knowledge and understanding of bereavement support in the UK: the development and implementation of the Grief Support Guide

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Background:
Bereaved people can face significant difficulties accessing support, including limited knowledge and understanding of bereavement-support options, a reluctance to seek-help, and inadequate information-giving by healthcare professionals (1,2).

Rationale:
We developed an evidence-based resource to address these knowledge and cultural barriers and help people find appropriate support.

Design:
The Grief Support Guide was developed in partnership with the National Bereavement Alliance, Marie Curie, The Good Grief Festival and Compassionate Cymru. The Guide was developed using research findings on the benefits of bereavement support (1-3), and a service-mapping exercise. We conducted two consultation events: an online workshop with professional and public stakeholders (n=33); an in-person focus group with a bereavement support group (n=9). Final feedback was obtained via e-mail and a poll to decide on the name of the resource.

Results:
The Grief Support Guide is hosted on the National Bereavement Alliance website and is available in ten languages. The Guide provides information on the variety of bereavement support that is available in the UK, from self-help resources and helplines to peer support groups and grief counselling. It describes key features of each support type, how it can help and how to access this support. The Guide also includes details of support for specific groups of bereaved people, such as widow(er)s, children, cultural and faith groups and people bereaved by particular types of death.

Conclusions:
The Guide directly supports bereaved people to find the support that they need. It is also a useful signposting resource for bereavement professionals, volunteers and other people/organisations in contact with bereaved people. The project demonstrates how research evidence, close partnership working and stakeholder engagement can effectively co-produce resources with benefits for services and the public.

References:
Harrop, E. et al 2020. The impacts and effectiveness of support for people bereaved through advanced illness: a systematic review and thematic synthesis. Palliative Medicine, 34(7), pp.871-888.
Harrop, E. et al. 2021. Support needs and barriers to accessing support: Baseline results of a mixed-methods national survey of people bereaved during the COVID-19 pandemic. Palliative medicine, 35(10), pp.1985-1997.
UK Commission on Bereavement. Bereavement is everybody's business. 2022. Available at: https://bereavementcommission.org.uk/ukcb-findings/UKCB findings

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Counselling families with seriously ill parents – goals, principles, a new tool

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Background:
What kind of framework do we need to develop a counselling service for families facing a serious physical illness and what needs should such a service focus on? A scoping review concerning counselling interventions for families with seriously ill parents found that improving communication about the illness between children and parents was of key importance (Berggren & Hansson, 2016). Similarly support in understanding children's thoughts and reactions is significant (Bugge et al. 2009). Managing the traumatic situation and supporting the general development of children have also been found important (Lewis et al, 1015). Grieving in relation to actual and anticipated loss is also significant.

Rationale:
This presentation concerns developing a counselling service for families with seriously ill parents.

Design:
Psychologists working for a non-government counselling service provider for families with seriously ill parents were asked in a series of workshops to develop goals and principles for their interventions and subsequently develop and test a tool to facilitate dialogue with the families about key treatment goals.

Results:
There was a high degree of variability regarding both the service users' health and treatment situations, and in family types and contexts. This made generating common goals, principles, and a tool challenging. A series of goals and principles for practice were established. A tool for facilitating dialogue about key issues relating to the impact of illness on the family was also developed. These will be presented.

Conclusion:
The field of intervening in relation to families with seriously ill parents is under-researched.

References:
Bergren, U., J., Hansson, E., (2016). Children as Next of Kin: A Scoping Review of Support Interventions for Children Who have a Parent with a Serious Physical Illness. Child Care in Practice, 22, 3, 277-295
Bugge, K. E., Helseth, S., Darbyshire, P. (2009). Parents' experiences of a Family Support Program when a parent has incurable cancer. Journal of Clinical Nursing, 18, 3480-8.
Lewis, F. M., Brandt, P. A., Cochrane, B. B., Griffith, K. A., Grant, M., Haase, J. E., Houldin, A. D., Post-White, J., Zahlis, E. H., Shands, M. E. (2015). The Enhancing Connections Program: a six-state randomized clinical trial of a cancer parenting program. J Consult Clin Psychol, 83(1), 12-23. doi: 10.1037/a0038219.

Service response in the wake a Traumatic Event: A study of the National Counselling Service (NCS) response in the aftermath of the Creeslough tragedy, Donegal

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An explosion in a Service Station on a Friday afternoon in the quiet village of Creeslough in County Donegal was a traumatic critical incident, changing the lives of families and the wider community on many different levels. The building also contained other shop units and apartments on the first floor and 10 people died in the explosion leaving many others injured, homeless, jobless and traumatised.

This presentation will outline the role of the NCS Counselling service in responding to the immediate aftermath, short-term and long-term needs of those affected. The immediate psychological first aid following the incident; the subsequent and ongoing therapy in the aftermath of the explosion and findings from the narrative accounts of service users will be outlined. In the immediacy of the disaster people were given a space to reflect and process the traumatic incident. It became apparent in those initial days that many of those involved experienced a form of survivor guilt and a sense of helplessness. Thus many experienced both trauma and grief whereby people are grappling with the initial trauma and the impact of the tragic deaths.

Initial findings, and qualitative accounts arising from the case study will be described. The presentation will explore the phases in the disaster cycle in the context of this tragic event and the impact on the community. The important themes emerging through the service response will be articulated, including the need for a primary focus on stabilisation which was essential before people could even begin to focus on their grief.
People continue to engage with local therapeutic services presenting with a range of issues impacted by such factors as exposure to the explosion; relationship to those who died; the ripple effect on the wider community and the legal context.

"Comprehensive Palliative Care and Thanatological Support Experience at Clinica Hospital Constitucion, Monterrey, N.L. Mexico: An Interdisciplinary Approach from Emergency Room to Home"

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At Clinica Hospital Constitucion in Monterrey, Nuevo Leon, Mexico, a comprehensive and collaborative approach is implemented for managing critically ill patients in the Emergency Department. The interdisciplinary team, consisting of emergency physicians, geriatricians, gerontologists, social workers, and a thanatologist, works together to provide comprehensive care to patients and their families. Early notification of clinical data triggers an intervention that spans from pain management and medical care to emotional support and counseling in the grieving process. This approach extends from hospital-based care to outpatient care and, in cases of acute deterioration, to personalized farewell protocols. Collaboration and coordination among different professionals in the interdisciplinary team ensure continuous and personalized care to critically ill patients and their families.

Providing comprehensive care for critically ill patients in the Emergency Department is a daily challenge. An interdisciplinary approach has been developed to address the physical and emotional complexities of these cases.

Collaboration among allows for a more efficient and personalized response to the needs of patients and their families. This comprehensive approach addresses both the clinical and emotional aspects of the process, enhancing the quality of care and patient experience in critical situations.

The interdisciplinary team follows a structured algorithm from initial notification and post-death support. The emergency physician plays a key role in identifying agonizing signs, while the thanatologist provides emotional support and guidance to the family. The geriatrician and gerontologist provide clinical and basic care, respectively.

Results:
Implementation of this approach has shown positive results in improving patients' quality of life, family satisfaction, and effectiveness in managing critical situations. Ambulatory care and farewell protocols have been particularly valued by families.

Conclusion:
The integration of thanatology into the care of critically ill patients, along with interdisciplinary collaboration, effectively addresses medical and emotional needs, providing more humane and personalized care. This model could be replicated and adapted in other clinical settings to improve comprehensive care in similar situations.

Guía de manejo integral deCuidadosPaliativos.Diario Oficial de la Federación, 1a.ed., México,2014
Hui,P.D.,dosSantos,R.,Chisholm,G.,et.al (2014).Clinical Signs of Impending Death in Cancer Patients. TheOncologist.
Taylor,P.M.,&Johnson,M.(2011).Recognizing dying in terminal illness. British Journal of Hospital Medicine,72(8), 446-449.

Peer Support Groups: Results from a pilot programme for Health Service Executive Resource Officers for Suicide Prevention in Ireland.

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Background:
Suicide is a global health issue. An estimated 700,000 people die by suicide each year (World Health Organisation, 2019). In Ireland, 504 people died by suicide in 2020 (Central Statistics Office, 2023). It is estimated that 135 people are exposed to each death by suicide (Cerel et al. 2018). In Ireland, those exposed include Resource Officers for Suicide Prevention (ROSPs). ROSPs are funded by the National Health Service Executive in Ireland to provide advice and support to communities and families bereaved by suicide.

Rationale:
Thematic findings from a minor research study with ROSPs demonstrated the unique needs of a group exposed to suicide who require access to a range of supports.

Design:
Quasi Experimental Intra group design with pre and post questionnaires were administered to participants. The pilot programme comprised 6 sessions of peer support supervision for a period of 6 months, starting in September 2023 and ending in March 2024. 16 ROSPs participated in the programme, divided into 3 support groups (2 East and 1 West). An expert in peer support supervision facilitated the group sessions.

Evaluation:
Peer support group sessions were found to have an overall positive impact on improving ROSP reflection in their current practices, critical awareness and ongoing reflection and support.

Conclusion:
Most ROSPs found the sessions a valuable tool in addressing common challenges associated with their role. All agreed they would benefit from the continuation of the programme.

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The Social Context of Grieving: Understanding Bereavement Following Drug-Related Deaths in Norway

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Background:
The global crisis of drug-related deaths poses a significant public health challenge, deeply affecting not only individuals but also their families and wider communities. This research seeks to highlight the often-ignored aspect of bereavement resulting from such tragedies, proposing a view of grief as a fundamentally social phenomenon.

Rationale:
Leveraging insights from the project Drug Death-Related Bereavement and Recovery (The END-project), this study investigates how societal perceptions of death and the accessibility of support systems shape the grieving process. It addresses the question of how to offer multi-level support through a family- and social-network-focused approach to build a compassionate community.

Design:
We have synthesised quantitative, qualitative, and mixed-method studies from the END-project, aiming to provide a comprehensive overview of the current state of research (in this field).

Results:
The initial findings indicate that societal attitudes towards drug-related deaths significantly influence the bereavement experience, often leading to stigma, isolation, and a lack of network and community support (Kalsås et al., 2022; Selseng et al., 2023; Titlestad et al., 2021). The absence of conventional mourning rituals and silence from both personal and professional networks makes expressing grief and seeking consolation especially difficult. Additionally, the study explores the social embeddedness of coping mechanisms, highlighting the importance of supportive relationships and community practices in navigating loss. The lack of societal compassion and understanding frequently leaves families and social networks ill-prepared to manage the emotional complexities of drug-related bereavement.

Conclusion:
In response to these findings, we advocate for a holistic social intervention strategy that emphasises the need for supportive measures for individuals, families, and networks within their social contexts. It calls for a shift towards a family- and social-network-centric approach, aiming to foster a compassionate community attentive to the unique challenges of those mourning drug-related deaths. This research contributes to the expanding discourse on a more inclusive and empathetic societal response to the complex issues surrounding drug-related deaths and their effect on the bereaved.

The use of customised creative arts legacy memory making (Level 2) in a bereavement care pathway to help parents cope with the death of their child from a life limiting illness.

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Background:
The death of a child with a life limiting illness is one of the most difficult losses that a parent can face. In LauraLynn Children's Hospice approximately 60 children die each year from life limiting illnesses. A key element of the LauraLynn bereavement care pathway is making customised mementoes for children who are approaching end of life (Level 2).

Rationale:
The use of creative arts is an effective medium for creating customised mementoes of a child who may be at, near, or post end of life. This can have a positive impact on a family's grief after their child's death (Schaefer et al. (2020)).

Design:
The creation of customised memory making is a key component of LauraLynn Childrens Hospice's bereavement care pathway (Level 2). It is delivered by skilled and sensitive staff and offered to all families whose child is at, or near, end of life. The range of mementoes that can be created include: foot and hand prints, family art pieces, and jewellery.

Results:
The feedback from families over the last 10 years has been overwhelmingly positive. Clarke and Connolly (2022) highlight the positive impact on 6 families of customised artwork mementoes on coping with their grief.

Conclusion:
The use of creative arts to make customised mementoes for families whose child is at or near end of life, when sensitively delivered, can help families communicate about their child's situation. As an integral part of the bereavement care pathway, it can play a key role in helping the family to cope with their grief.

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Stories That Move – Telling And Reaching Out With Stories About Losing A Child

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Background and Rationale:
In the Norwegian SIDS and Stillbirth Society we experience that it is supportive for the bereaved to hear about others' similar experiences of loss. It creates recognition and assurance that you are not alone. Working with your own stories also has a therapeutic effect. Therefore, we decided to invite bereaved individuals to share their stories both in written form and as part of our podcast “The Grief podcast”.

Design:
Twelve bereaved parents, grandparents, and one sibling have received individual guidance from an author to write their stories of coping with loss. The selected participants represent various types of losses and explore different topics of grief.

Results:
All the stories are published on LUB’s webpage and in our magazine in 2020-2022. In 2022 the stories were also published as a podcast to reach out to even more people and especially those who don’t like read so much or they experience less capacity to read when grieving. Two of the stories are told by the storytellers themselves, while the others are read by professional actors. In most of the episodes the storytellers give their comments at the end, giving us insight into their current life a while after they wrote their story.

Conclusion:
The combination of high literary quality and the strength of personal experience has been a success. The stories have reached many people and have been well-received by other bereaved. The storytellers found it both challenging and rewarding to tell their story. They express that writing their story with expert help has helped them to process the grief. It has also been a way to remember and to make the child known to the world. Therefore, we have another two stories in progress which will be finished by October 2024.

“It's not counselling, it's conversations and that's usually all that's needed” A Service Evaluation of a Hospital Based, Volunteer Led, Bereavement Comfort Call Service.

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Background:
The death of a loved one can be a devastating experience and can lead to isolation and loneliness (UKBC, 2022). In Northern Ireland almost half (47%) of deaths in 2022 occurred in hospital (NISRA, 2023). The Bereavement Comfort Call (BCC) Volunteer Service is unique in Northern Ireland, as it is the only hospital based, post-bereavement, telephone support service provided by a team of trained volunteers.

Rationale:
To explore the BCC volunteer’ experience, support needs and perceptions of best practice.

Design:
In-depth interviews were performed with a purposive sample of nine volunteers and were thematically analysed (Braun & Clarke 2022).

Results:
Four broad themes were identified: Wonderful Team, Grief is Hard, Gift of Listening and Bridging the Gap. All volunteers believe this is a valuable service and that their volunteer status enhanced their rapport with the bereaved person. Volunteers valued being part of a team and acknowledged personal benefits to volunteering. The volunteers were cognisant of the boundaries of their role to listen and support, as opposed to counselling. The opportunity to signpost the bereaved person to further support and services, was considered a central part of the call. The volunteers value supportive supervision and debrief from the employed staff, as the nature and duration of the calls varied. The volunteers believe the service can only perform with the resources provided by the employed staff with their ability to follow-up.

Conclusion:
The benefit of incorporating volunteers into bereavement support, should not be underestimated. The volunteers provide an important safety net for the bereaved person. In order for such a service to flourish and expand, best practice would suggest the volunteers are dependent on the presence of a good support team to supervise and debrief.

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DolCare: pilot programme for professional grief intervention into the Barcelona Official Council of Nursing

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Professional grief is an unauthorized bereavement, due to the death of the assisted patients, which means that it does not use normal channels of expression or social support.

Exposure to death alongside excessive workload, discrepancies in care goals, and failure to normalize death in caregiving contexts can lead to overload and suffering that may result in burnout or compassion fatigue (Córdoba-Rojas et al., 2021). These needs are not usually addressed in workplaces outside specific teams, such as palliative care or euthanasia.
To address grief stemming from experiences in work environments, and after a bibliographic search, a support group program was designed.
The program included nine sessions of 2 h duration, with a monthly frequency. This was facilitated by two nurses, and 8 to 12 nurses were allowed to participate.

On the first day, agreements on respect and confidentiality were signed, and pre- and post-assessments were conducted on professional grief overload (Gama et al., 2011), professional quality of life (Galiana et al., 2020), and three nursing diagnoses related to maladaptive grief.
The sessions were based on the Nursing Interventions Classification (Wagner et al., 2024): support group, active listening, and grief work facilitation.

This pilot program is expected to refine content and evaluation methods for developing and establishing other specific support group programs in the field of professional grief.

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‘Walk and Talk’ Bereavement Group in Galway Hospice Governed Services – Nature as the backdrop to a open-ended bereavement support group

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Background:
The ‘Walk and Talk’ initiative for bereaved individuals is an outdoor walking service provided by Galway Hospice Foundation on a fortnightly basis. The group aims to help individuals cope with grief using the interactional effects of physical movement in outdoor settings. The service is facilitated by a social worker and a bereavement support volunteer. It combines the benefits of peer support and immersion in nature, the latter of which is increasingly shown to benefit psychological well-being (White et al, 2019). Most bereaved persons often to do well with support from their own informal social networks, and in some instances with services that can normalise the grief experience and provision of peer support. (Aoun et al, 2015). Walking with others helps ease feelings of loneliness a common response to loss that may contribute to complicated grief or depressive episodes in certain individuals (Veder et al, 2021). The informal open-ended design of the group ensures that the appropriate level of support is provided and that participants grief reactions are normalised and supported.

Rationale:
Recognition of the positive impact that immersion in nature can have on psychological well-being while incorporating the use of social and peer supports to cope with grief (ibid)

Design:
Upon referral to the Bereavement Support Service, all individuals are screened to access level of need and offered the Walk and Talk service where appropriate. Selection of the location was based on accessibility and combines a woodland and beach walk. Following the establishment of the initiative within Galway Hospice, the service was then rolled out with Mayo Hospice which is part of Galway Hospice Governed Services.

Evaluation:
Following each Walk and Talk event, attendances are logged on the iCare system. 2023 saw an increase of 74.5% in attendances from the previous year, with 178 attendances in 2023 compared with 88 in 2022.

Conclusion:
The benefits of nature as a bereavement support is a growing area of interest and development. Walk and Talk allows participants to avail of appropriate levels of support in coping with grief.

Enfranchising Suicide Grief; Facilitating Continuing Bonds with an Annual National Hybrid Suicide Bereavement Remembrance Service for Families, Community Groups and Professionals

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Background:
Continuing Bonds (Klass et al.,1996) acknowledge that grief is ongoing and mourners stay connected to their lost one to cope with their loss. However, when a person dies by suicide the response often differs. Suicide is one of the most common causes of disenfranchised grief therefore remembering the person who died through shared rituals and activities supports legitimising grief,
and offers those bereaved an opportunity to connect with others grieving.

Rationale:
Perceived stigma and personal shame were cited by participants in a study carried out in the Republic of Ireland with adults bereaved by suicide as reasons for not accessing formal supports (O'Connell et al., 2022). Participants expressed feelings of personal shame, underlying perceived stigma (perceptions of others' avoidance or lack of concern), feelings of increased social isolation, as well as avoiding speaking to others about the death by suicide. Findings from the study highlighted the need for broader postvention activities to reduce stigma and shame among suicide bereaved adults, and further support help-seeking behaviour.

Design:
In 2022, HUGG the national suicide bereavement charity in Ireland, designed an annual service of remembrance for suicide bereaved families, community groups, and professionals, which coincided with International Survivors of Suicide Loss Day. Every element of the remembrance service was purposefully designed to enfranchise suicide grief in a responsible way following best practice guidelines (Samaritans, April 2020). This ongoing postvention activity offers a non-judgemental space for people bereaved by suicide to connect, perform a ritual of continuous bonds, share dialogue, and remember their loved ones for who they were, as opposed to how they died. Help-seeking behavior is implicitly encouraged through subtle messaging at the service and distribution of suicide bereavement support information.

Results:
Increased attendance year-on-year with the evolution of a hybrid remembrance service provides evidence that this evolving postvention activity has met a need among people bereaved by suicide living in Ireland and wider networks living abroad. Ad hoc written and verbal feedback from attendees indicates that this postvention activity is meeting its aim.

Conclusion:
A hybrid national suicide bereavement service should be considered as part of broader suicide postvention plans.

Health care professional’s grief: efficiency of a training intervention to facilitate emotional management in advanced illness, end of life and grief

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Background:
The end of life could be one of the most stressful and distressing experiences for health care workers. The way they cope with death and grieving process will be conditioned by factors such as attachment style, empathy and coping strategies (1,2,3).

Rationale:
Evidence suggests how emotional distress has a direct impact on quality patient care. The aim of this research study is to know health care workers experiences with end of life processes and death, and how a training intervention can help them to improve their skills and selfcare.

Design:
By a quasi-experimental design we evaluate pre test measures about attachment style and empathy, and pre and post test measures about coping strategies, related to a training intervention applied to 20 health care workers in two sessions (8 from home care and 12 from intermediary care hospital) in March 2024. We use non-parametric Wilcoxon test to compare. A satisfaction survey was carried out at the end.

Results:
We present preliminary findings (N=20). At a certain moment, more than 50% needed psychological/psychopharmacological treatment. 78’3% present end of life high emotional distress, specially when attending young patients with children (94’1%). Attachment is secure in 81% and score highly in emphatic happiness and emotional comprehension. Pre and post coping scores are statistically significant in avoidance behavior after training (p=0,020). 100% of participants would like this training to be maintained, 95’3% of them consider a benefit applicable in work environment.

Conclusions:
These findings show the need of dealing health care professional's grief. Training intervention will be held in coming months and we expect to present more research findings.

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Supporting the Child with Intellectual Disabilities: A new framework

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Background:
Misconceptions abound about how all children, including children with intellectual disability (ID) experience many of life's events. It is sometimes assumed that, within all, children with ID lack the capacity to really understand what is happening when a loved one dies. Paradoxically, it may be assumed that they may grieve a loss so intensely that they should be sheltered from the grieving process altogether. (Pelleboer-Gunnink et al., 2021; Doody, 2014).

Rationale:
Respecting the right of children with ID to grieve and to have their grief, loss, and change experiences acknowledged is essential. Rainbows Ireland® aims to address this by recognising and supporting the grief of all children, including those with ID.

Design:
A new Framework, designed for use by trained Facilitators at Level Two of the Bereavement Care Model, is currently in its pilot phase. The Framework incorporates relevant literature on grief, outlines strategies for supporting children with varying degrees of disability, and includes concrete materials and activities to aid communication and meaning-making.

Results:
The Framework has undergone expert review and refinement based on feedback from teachers and professionals in the field. Pilot testing is underway in six Special Schools/classes following Facilitator training.

Conclusion:
Children with ID deserve the same level of support and care as their non-disabled peers, especially when navigating the delicate process of grieving a loved one (Worden, 2018). The Framework offers one approach to providing this support, emphasizing patience, empathy, connection, and skill acquisition. Within a European context of bereavement and children, inclusion is an essential principle that requires serious consideration and intervention.

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Shaping and promoting bereavement policy in Portugal: a local government innovative program in Ílhavo

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There is an increasing recognition of the need for comprehensive end-of-life, death, and grief policies worldwide, driven by the acknowledgment of an institutional void in addressing these critical aspects. Civic initiatives like the compassionate communities movement have attempted to fill this gap, but there's a growing consensus on the necessity for stronger involvement of local governments, to effectively complement institutionally fragmented initiatives. However, there is little information and evident institutional inertia concerning local government active engagement in bereavement policy.

This paper contributes to this discussion examining lessons from a bereavement support program in the Municipality of Ílhavo, Portugal. The program, spanning twelve months, was coordinated by the Local Authority and involved voluntary participation from grief specialists, public policy academics, and community stakeholders. Embracing grief as a natural human experience, the program aimed to assist individuals, families, and communities in navigating significant loss while fostering awareness and broadening understanding of the grieving process.

To achieve our aims, we created a tailored bereavement support group to assist community members coping with loss. Furthermore, we organized thematic workshops, open to all, addressing grief, end-of-life matters, spirituality, holiday rituals, and mental well-being. We promoted an intra-regional forum to discuss contemporary approaches to grief, the current grief support system and opportunities for joint action. We are actively engaged in building bridges with analogous initiatives and networks that are emerging in other locations, fostering connectivity and collaboration within our field. Over time, we observed a noticeable increase in community involvement, and the continued enthusiasm of participants seeking and/or providing bereavement aid.

The role of local government in driving community bereavement support programs is pivotal for enhancing community well-being and resilience. Their ability to orchestrate such initiatives, leveraging local resources and insights, underscores their significance in shaping effective and innovative local bereavement policies.

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Challenges in Grief Meetings at the Nonprofit Organization Fukuoka Children’s Hospice Project in Japan

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Background:
Child deaths in Japan are infrequent, evidenced by a low birth rate and a death rate of 82.3/100,0001 for those aged 0–19. However, healthcare professionals recognise that the current medical framework has limits when it comes to offering bereaved care2. Compared to Level 4 in Europe, paediatric palliative care in Japan falls in Level 3. The grief of parents who have lost a child can easily become complex3, thus in 2017, we launched the Ladder to the Sky project through Fukuoka Children’s Hospice to support these families.

Rationale:
Using attendees’ open-ended responses, we review past grief meetings and consider future challenges.

Design:
Participants in a grief support group were surveyed voluntarily via online questionnaire from March 2021 to March 2024, during their sixth to 13th meetings. Consent for participation in this research was inferred upon the completion of the questionnaire, for which an explanation of the study’s purpose was provided at the time of the request. Feedback from these surveys was analyzed using Berelson’s content analysis method. The research was ethically approved by the researcher's institutional body (Approval No: R04-0009).

Results:
The grief meeting was attended 58 individuals, including 24 newcomers. Out of these, 38 (65.5%) responded to the survey, with 30 (78.9%) providing open-ended responses. Subsequent to analysis, researchers extracted 62 codes, resulting in four categories. Major subjects covered in these categories include two related to the administration of the grief meetings (‘Broaden the Grief Support Environment’ and ‘Widen the Scope of Grief Support’) and an additional two concerning the significance of joining the group for its members (‘A Safe Environment to Discuss Lost Children and Listen to Others’ and ‘An Exploration of and Interest in Grief’).

Conclusion:
We analysed open-ended survey responses from attendees, leading to the identification of categories focused on meeting management and its significance to them. These results will guide subsequent enhancement of grief support.

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Blue Christmas – An Event Supporting those who are Grieving at Christmas

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Background:
Our Lady's Hospice & Care Services hold a Blue Christmas ritual for people who were bereaved in the previous year. The ritual aims to normalise the complex emotions and range of grief experiences at Christmas time and offer coping strategies. There is also a therapeutic component so the ritual can be located between level one and level two of the adult bereavement pyramid.1

Rationale:
In our practice experience, and in the literature, grieving people often find the forced joyfulness of the Christmas season to be overwhelming.2

Design:
The Dual process model3 informed the design of the ritual. We used poetry, winter symbols, music and practical information to validate the range of grief experiences.
Two talks are given; highlighting the social / family context and coping strategies for the Christmas season.
Stars are distributed. Participants are invited to write on the star, their concerns, memories and thoughts about Christmas. The ritual concludes with the placing of the stars on a barren Christmas tree. The purpose being a symbolic letting go of their anxieties and painful memories in a communal environment. (Loss orientation)
People are invited to bring home snowflakes which represent fragility, uniqueness and resilience. (restoration orientation)
Children attend a modified programme and re-join the adults for the star ritual.

Results:
We have held Blue Christmas on five occasions with over five hundred attendees. The overwhelming feedback has been very positive. To quote two attendees.
'I just wanted to say how comforting and lovely the blue Christmas event was although I cried all the way through it.' The children 'had a fabulous time, they really enjoyed the activities it was great they were included'.
'The event was done so sensitively… It was very touching and emotional to see so many other people grieving'.

Conclusion:
We have found the event to be an important therapeutic event for participants. And that it could be adapted to other contexts.

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Adapting a Bereavement Service during COVID to Continue Providing Support to Bereaved Relatives

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Background:
Bereavement care is an integral part of specialist palliative care, which should be delivered in line with national and local policy. St Francis Hospice Dublin provides a range of bereavement services in line with the Loss, Grief and Bereavement Pathway of the Adult Palliative Care Services Model of Care for Ireland (HSE & RCPI, 2019), the Adult Bereavement Care Pyramid: A National Framework (IHF, 2020), the Irish Childhood Bereavement Care Pyramid (ICBN, 2014).

Rationale:
All bereaved people require access to good quality information about grief. Many will manage their bereavement with the support of friends and family. A significant minority of bereaved people (approx. 40%) may require extra support to adapt and process their grief (Aoun et al, 2015). However, the availability of all types of support and the context of normal life was altered significantly during the COVID-19 pandemic.

Design:
We adapted our range of bereavement services and how they were provided to ensure that all parts of the bereavement service remained open and responsive to the needs of bereaved relatives during the COVID 19 pandemic.

Results:
This included rotating events to recorded versions initially and then to we based events, upskilling volunteers to provide bereavement support by mobile phone from their homes, while ensuring we adhered to GDPR and maintained good governance of the services.

Conclusion:
The bereavement services of St Francis Hospice Dublin remained operational all through the COVID-19 pandemic and adapted their delivery to be as responsive to the presenting needs as possible. Services

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A service of Remembrance for Pregnancy and Child Loss - responding to a changing cultural landscape.

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Background:
For 22 years Mayo University Hospital has provided a Service of Remembrance for parents and families who experience the sad loss of a baby or a child.

Rationale:
In recognition that the Irish cultural landscape has changed and as a hospital and education group we are committed to ethical standards of equality, diversity and inclusion. As a committee we recognised the need to re-design the Service to ensure it was inclusive and equitable. We kept the main spiritual elements of the service, but tried to ensure that everyone felt comfortable to attend regardless of their religious or philosophical convictions. Following feedback from parents the service was moved to a non-religious setting and is now not led by anyone representing any religion. We also moved away from a liturgy that reflected one religion to a broader spiritual liturgy. The process of change is ongoing.

Design:
In the last 2 years we have re-located our service to our local Atlantic Technological University (ATU) instead of the local Catholic Church where it was held for 20 years. It is now led by committee members who in the main are lay people. The opening statement is introduced by the Pregnancy Counsellor; the concluding statement is the Bereavement Support Midwife. The central parts involve volunteers from all areas of the hospital and from schools and services in the community. The service does not adhere to any particular religious traditions, but follows the same general format, rituals, songs, verse and symbols that it has for 22 years such as the sign of 'HOPE' (see attached), the Book of Names, flowers, candles and knitted hearts. These symbols represent a reality that is hard to accept but their beauty holds meaning for those in attendance.

Results:
Our feedback from people who have attended has been exceptionally positive which is reflected in the evaluation forms we invite attendees to complete.

Conclusion:
When we reflect we are aware of the meaning the service holds for so many parents and families and aware of the importance of the provision of culturally sensitive psychosocial grief interventions and supports.

Developing and reviewing standards and guidance for the bereavement sector: an example from England

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Background:
The Bereavement Care Service Standards (BCSS) were first published in 2001 and last updated in 2014 (Cruse Bereavement Support & the Bereavement Services Association). Bereavement support organisations in England endorse the BCSS as a framework for good practice, which is used by funders, commissioners and providers of bereavement services.

Rationale:
As the public health approach to bereavement (Aoun et al, 2012) has gained ground, the concept of 'the bereavement sector' has broadened, and includes community-based services as well as those providing therapeutic services, and independent counsellors. The BCSS, which apply primarily to organisations providing psychological and emotional support, needed updating accordingly. Additionally, the needs of some groups of bereaved people are not well met (Selman et al., 2021) and the BCSS needed a greater focus on equity.

Design:
The methodology for updating the BCSS involved:
A scoping review of guidelines in the field published since 2014, including recommendations made during the pandemic
Focus groups with professionals, volunteers, researchers and people with lived experience to further develop themes and distil and prioritise areas of focus.
Consultation on the new draft guidance, engaging with a wide spectrum of organisations supporting bereaved people

Results:
This paper will share the findings of this project including the final revised guidance for bereavement services in England and the methods for disseminating it across the sector along with feedback from service providers on its utility and implementation.

Conclusion:
This presentation will provide an example of consensus building to create a shared understanding of good practice in bereavement services, including issues of equity and quality, and how this can be put into practice across a variety of organisations.

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'Grief Vessels': an art-based inquiry into therapeutic work in contexts of complex pregnancy loss

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Background:
This paper draws on the author's practice as a perinatal therapist with the Fetal Medicine team at the National Maternity Hospital (Ireland). The area of greatest therapeutic need within the service is the provision of care following a termination of pregnancy in contexts of fetal anomaly. The international literature points to high levels of psychological morbidity in this patient group (González-Ramos et al. 2021; Lafarge & Mitchell 2014). The ethical issues involved in weighing up the consequences of continuing or ending a pregnancy impose a heavy burden, which can complicate the subsequent grieving process (McCoyd 2015).

Rationale for this paper:
There is a dearth of writing in the psychotherapeutic domain in relation to supporting patients following a termination for medical reasons.

Design:
This reflective paper draws on the author's image-making practice as a means of exploring key issues within her clinical work.

Results:
The project takes as its starting point the word 'vessel' which can be multiply defined:

- as a container such as a cup, cask or bowl
- as a connecting tube such as an artery in the body
- as a craft or ship
- as a sacred object

Each meaning will be explored here via the author's artwork, evoking theoretical concepts relevant to therapeutic practice: containment, attachment/continuing bonds, journeying, and memorialization.

Conclusion:
The placing of artwork into our conversations about complex issues such as the termination of pregnancy for medical reasons, can provide a useful vocabulary and framework for thinking about these losses.

At the end of the road': navigating grief in contexts of involuntary childlessness

Claire Maria Flahavan[1]
[1]National Maternity Hospital, Dublin, Ireland

Background:
This paper derives from the author's work as a therapist at the National Maternity Hospital, and her encounters with women who must navigate situations of involuntary childlessness. The backdrop to this work may include mourning one or more pregnancy losses, or there may be a history of multiple iterations through the hope and disappointment of unsuccessful IVF cycles. In other situations, it may be that a woman has needed to foreclose on the possibility of a pregnancy for complex reasons, due to her own or her partner's medical, surgical or mental health history or other situational factors.

Rationale:
Whilst there is a considerable literature exploring the multiple impacts of infertility/childlessness (eg. Boivin et al 2022; Collins 2019), less attention is paid to the psychological work involved in transfiguring situations of 'emptiness', into states of mind that might feel in some way generative and whole again.

Design/Results:
This reflective paper, rooted in the author's narrative approach to therapy combines clinical vignettes, images and references from contemporary literature that speak to ideas of absence, and the ways in which losses associated with childlessness can be mourned and accommodated.

Conclusion:
Ireland (1993) notes the necessity for a woman in these contexts to "redefine absence as a 'potential space' that she may enter, and with which she may begin to create metaphors for her life". This process can be supported in therapy, by carefully delineating the tender absences that have shaped a particular life, as well as the generative possibilities that still remain.

From tacit to shared knowledge. A competency development model targeting healthcare professionals' communication with bereaved individuals in acute settings

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Background:
Research indicates that one in ten naturally bereaved individuals (BIs) develop prolonged grief disorder (PGD). Half of those who experience unnatural loss such as cardiac arrest and disasters are estimated to develop PGD (1). Healthcare professionals (HPs) can reduce the number of BIs developing PGD by providing proactive support and informative communication as part of the clinical intervention (2). Though BIs endorse this kind of support (3), their needs are not always met.

Rationale:
Improved communication with BI's in acute settings may prevent PGD.

Design:
Five days of fieldwork and ten interviews with HPs were conducted in a Danish acute unit focusing on communication involving BIs and HPs' training needs. Based on the results, we created a competency development model that facilitated experienced HPs sharing their knowledge with less experienced HPs based on recurrent communication situations involving BIs. The model was evaluated.

Results:
Experienced HPs mainly provided lifesaving treatment. Less experienced HPs were mostly responsible for supporting BIs emotionally, which they found challenging. Facilitating more and less experienced HPs' shared reflections on recurrent communication situations legitimized the skills entailed in the less experienced HPs' role, helped the experienced HPs understand the HP newcomers' challenges, and increased both groups' awareness of what was at stake when communicating with BIs.

Conclusion:
The competency model based on core communication situations in an acute setting can strengthen shared learning and the self-efficacy of less experienced HP's and the cooperation between more and less experienced staff.

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Pregnancy After Loss: A Psychological Perspective

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Background and Rationale:
It is estimated that 50-80% of women who experience perinatal loss will become pregnant within 12-18 months of their loss, yet this group of women goes largely unstudied and, in many cases, unnoticed. Women who become pregnant after a loss experience higher levels of pregnancy-related anxiety, confusion, fear, newly exposed grief, and bonding challenges during their pregnancy and after the birth of their child. These women are also more likely to experience postpartum depression and postpartum anxiety. Oftentimes, providers who offer support during a pregnancy after a loss are unaware of the difficulty that their patient may face. This presentation will acknowledge the challenges related to pregnancy after loss and the unique grief component that many women face. Finally, we will discuss how we, as providers, can better support women and their partners as they navigate the challenges of Pregnancy After Loss.

Design and Results:
This presentation will utilize a PowerPoint Presentation, and a discussion will be used to assist attendees in identifying at least two strategies that can be used to support women and their partners during their pregnancy after loss or after delivery of their rainbow baby. Teaching/Learning Strategies for both listed objectives will include research data, personal patient narratives, and group discussion. The target audience for this presentation is Doctors, Nurses, Mental Health Providers, Social Workers, and Hospital Support Staff.

Conclusion:
It is estimated that 50-80% of women who experience perinatal loss will become pregnant within 12-18 months of their loss, yet this group of women goes largely unstudied and in many cases unnoticed. During this presentation, you will learn how to better support those families who experience Pregnancy After Loss.

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Denise, C. (2007). Threat Appraisal, Coping, and Emotions Across Pregnancy Subsequent to Perinatal Loss. Nursing Research, 56(2), 108-116.

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Presentation of the Bereavement Unit of the Hospital Pedro Hispano of the Local Health Unit of Matosinhos and research results on the prevalence of Prolonged Grief Disorder (PGD) and its relationship with other psychological and somatic complaints in a sample of referred patients

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Background:
Firstly, we intend to present our Grief Unit at Hospital Pedro Hispano, which has been established since 2016. The Unit includes an individual and group approach, mainly dedicated to patients with Prolonged Grief Disorder (PGD). We favor group intervention for patients with PGD, using an eclectic therapeutic model (Payàs, A., 2019; Rubin, S. et al. 2017; Harris, R. 2021). Given our long experience, we also want, secondly, to effectively know the weight of the PGD in relation to the total number of referrals to our bereavement unit. Specifically, the objectives of the study are: a) To know the prevalence of Prolonged Grief Disorder (PGD) in the grieving population referred to the Bereavement Unit of Hospital Pedro Hispano; b) Characterize, from a symptomatic profile point of view, patients in PLP with regard to psychological and somatic symptoms; c) Adapt the installed capacity in therapeutic terms to the results obtained from the research.

Design:
We are using a descriptive cross-sectional quantitative study applied to a sample of 75 users and based on the following data collection protocol: Sociodemographic and Mental Health Background Questionnaire and standardized questionnaires calibrated for the Portuguese context: IPGDS – International Prolonged Grief Disorder Scale (Rocha, J.; Guedes, I.; Soares, J. and Killikelly, C., 2019); BSI - Brief Symptoms Inventory by Derogatis (1982; Portuguese adaptation by Canavarro, 1999); Patient Health Questionnaire - 15 (PHQ-15) (Becker, J. P., 2023) and the Traumatic Grief Inventory-Self Report plus (TGI-SR+) (Portuguese version, Ramos, R. , et al, 2024).

Results & Conclusion:
At present, the study has already received approval from the Hospital Ethics Committee and is in the implementation phase, so we hope that we will soon have results to be presented in November of the present year.

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Writing and grieving: Writing as a therapeutic tool in grief psychotherapy at the Danish National Center for Grief

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Background:
“Apt words have power to assuage the tumors of a troubled mind and are as a balm to festered wounds” – John Milton (1667,185)
Since Pennebaker first introduced trauma-related expressive writing and Worden pioneered letter writing in grief therapy in the 1980s, studies have shown how therapeutic writing and literary techniques can offer unique therapeutic properties when used in evidence-based grief psychotherapy. Research suggests clients experience letter writing as a crucial part of helpful grief-focused interventions.
In my talk I will present seminal concepts and approaches and provide examples from our clinical practice of using therapeutic writing in grief therapy.

Clinical practice:
At the national center of Grief in Denmark we use expressive bereavement-orientated writing as a vital therapeutic tool in the clinical practice for complicated and complex grief. As an addition to evidence-based grief group therapy, writing letters to the deceased has the potential of supporting e.g. self-disclosure, graded exposure intervention for avoidance, addressing unresolved issues, continuing bonds as well as helping to obtain a narrative coherence about the story of grief-related events and one’s feelings and thoughts. Furthermore, sharing it in a group setting with peers may offer the opportunity for not just loss-oriented processing but also rehabilitation after loss.

Conclusion:
This talk will give insight into how writing and literary techniques can be a uniquely valuable therapeutic interventions in grief psychotherapy.

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Adapting complicated grief therapy for use with people with intellectual disabilities: An action research study

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Background:
Over several decades, there has been a growing level of research and clinical interest in the impact of grief on people with intellectual disabilities (Guerin et al., 2021), including consideration of more complicated grief experiences. While prolonged grief disorder is the diagnostic term most often used in the general population, the term complicated grief is most often seen in the literature when referring to pathological grief processes in people with intellectual disability (e.g., Dodd et al., 2009).

Rationale:
Despite developments in research, there is a clear lack of evidence-based supports for complicated grief in people with intellectual disabilities, though some are emerging (O’Riordan et al., 2021). This paper describes the process of adapting complicated grief therapy (CGT) for this population.

Design:
Action research documented the adaptation of CGT. Qualitative methods included analysing meeting notes, reflective interviews with two members of the team involved in adapting the materials, and interviews with six professionals working in disability settings who reviewed the adapted materials.

Results:
Key processes included adapting the standardised tools that form part of CGT and developing adapted approaches to abstract concepts related to death, dying and bereavement. Key therapeutic components such as imaginal revisiting and the role of significant others required adaptation for implementation with people with intellectual disabilities.

Conclusion:
The importance of adapting evidence-based therapies for people with intellectual disabilities is emphasised. This research provides an adapted form of an established therapy for piloting with this population.

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Between Pregnancy and Pain

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The grieving process is personal and can become challenging when it’s driven by personal decisions, such as ending an unplanned or unwanted pregnancy. In Portugal, women who choose to end their pregnancies face stigma despite the procedure being legal. Institutional framework and societal attitudes present obstacles for these women. In public hospitals, women undergoing a termination procedure, whether voluntary or not, are placed together with pregnant or birthing women in the waiting rooms and corridors, leading to feelings of dehumanization. This study focuses on one person's psychological intervention after a voluntary interruption of pregnancy and the emotional resonance between the client and myself as the therapist, highlighting the experience of vicarious grief. When confronted with the decision, the client felt uncertain about how, where, or when to proceed, experiencing fear, shame, self-judgment, and isolation. Even though her partner was physically present, he couldn’t comprehend her emotional pain. As the client shared her emotional suffering during the medical appointments and throughout the abortion process, I found myself crying. Having experienced a similar situation in the past, I became aware of my unresolved grief. I felt anger towards her partner and deeply disappointed with the system for failing both of us. The client's psychological intervention started with third-generation therapies, focusing on acceptance, compassion, and self-esteem. These strategies helped the client engage in physical activity, relocate from his house, and expand her social interactions. Subsequently, cognitive-behavioral therapy and squema therapy were used to work on underlying motivations and needs behind the client's behavior. As part of the healing process, we wrote letters addressed to our unborn child and ourselves, with empathy and compassion. Disclosed my personal story to the client was key to the intervention, increasing mutual understanding and facilitating personal growth for both of us. The client told me, "It’s peaceful to feel not alone anymore”.

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EMPOWER-Grief: An Acceptance-Based Cognitive-Behavioral Program for Preventing Prolonged Grief Disorder

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Background:
EMPOWER-Grief is an innovative acceptance-based cognitive-behavioral intervention, designed to mitigate the risks associated with Prolonged Grief Disorder (PGD).

Rationale:
This program was originally developed by Lichtenthal et al., (2022), and it was proven to be effective in reducing peri-traumatic stress associated with the experience of critical illness (Prigerson et al., 2019). At the core of EMPOWER-Grief is the strategic reduction of experiential avoidance, which is a maladaptive emotion regulatory strategy strongly associated with persistent and disabling grief (Eisma & Stroebe, 2021).

Design:
With six sessions, each of 50 minutes, EMPOWER-Grief is a low-intensity structured intervention that provides a comprehensive and immersive therapeutic experience. Additionally, two follow-up sessions are included to ensure the continuity of care and support for the participants. The manual accompanying this program offers an in-depth exploration of each session, outlining the specific objectives and tasks that can be adapted to meet the unique needs of grieving people. To improve the therapeutic process, the manual includes an array of support materials. These resources, such as grounding exercises and breathing training, are thoughtfully selected to aid participants in achieving better emotional regulation and cognitive processing.

Results and Conclusion:
EMPOWER-Grief constitutes a brief and risk-focused approach, providing mental health professionals with a structured, yet flexible, therapeutic framework for preventing prolonged grief disorder.

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The power of group therapy through the voices of the bereaved: A pilot study in a Portuguese sample

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Introduction:
Prolonged bereavement becomes an increased risk factor when there is associated psychological and psychiatric comorbidity, which makes psychological intervention pertinent and essential, as it empowers the patient to reduce suffering and improve quality of life. When carried out in a group, it offers advantages in terms of preventing prolonged bereavement and, when already present, reducing symptoms.

Objective:
To evaluate the results of a group psychotherapeutic intervention for bereavement based on the Meaning Based Group Counselling (MBGC) model in a Portuguese sample. To do this, we listened to the narratives of the bereaved about their experiences during the programme.

Method:
Semi-structured interviews were used in a qualitative work context. The sample consisted of 7 adult participants, referred to the Prolonged Bereavement consultation for symptoms compatible with prolonged bereavement and other associated comorbidities and who had experienced a bereavement for at least 6 months at the time of the programme. The intervention was evaluated before the programme, during the programme and after the programme.

Results:
The programme triggered an improvement in previously reported symptoms, bringing numerous changes and benefits to the participants' lives. Conclusion: This intervention proved to be appropriate and effective in reducing the symptoms associated with bereavement.

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Representation of grief and training needs among Italian, Spanish and Portuguese health and social workers

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Background:
The high number of deaths recorded and the numerous risk factors for a complicated grief response (Stroebe & Schut, 2021) that characterized the pandemic scenario make the need to build bereavement support skills in care and nursing places more urgent than ever (Hugelius et al., 2021).

Rationale:
As part of the European project 'AURORA@COVID19-EU' funded by the Erasmus+ Agency (ref. 2021-1-PT01-KA220-VET-000033092), this study aimed to investigate among health and social workers of three different countries of Southern Europe (1) the main beliefs on grief management; (2) whether they recognize their own role in supporting the bereaved and (3) the perceived training needs.

Design:
An online survey was proposed to investigate these topics. 185 questionnaires were collected among Italian (39,4%), Portuguese (38,9%) and Spanish (21,7%) health and social workers (Mean Age = 42.85; SD = 10.89).

Results:
Throughout the three countries, several myths and disbeliefs about the grieving process and its management can be acknowledged (e.g., the idea that grieving proceeds through a linear sequence of stages or that most people need specialist psychological support). The role of health workers in supporting the family members of the deceased patient tends to be put in the background. Several training needs emerge, relating to understanding the grief process, recognising complicated reactions, identifying bereaved people's needs and ways to support them.
Conclusion: Overall, the results help to identify key themes and objectives for training work aimed at improving the capacity of health and social workers to support the bereaved.

Grief-literate and human-oriented urban development - Campus Vivorum as a laboratory and experimental field for the transformation of cemetery and mourning culture

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Background:
The world's first innovation laboratory for human-oriented transformations of cemeteries - Campus Vivorum - opened in summer 2023 and attracted great attention in German-speaking countries. Over 40 full-day tours and workshops with local authorities, cities, churches and urban developers have led to an increased awareness of the needs of grieving people.

Rationale:
This initiative aims to transform the institution cemetery with an approach centering people, based on psychological findings and grief research. We recognize the importance of cemetery development for the psycho-mental health of citizens and are committed to establishing cemeteries as places of solace, support, as well as individual and collective mourning. Complementarily contributing to the valuable work of the hospice movement and professional bereavement community to generate societal grief literacy and awareness.

Design:
Campus Vivorum works interdisciplinarily with bereavement experts, psychologists, social scientists, landscape architects, community representatives and practitioner associations to develop human-centered cemeteries. Central to this is the creation of areas for intimate private mourning through to communal public areas of encounter, focused on the needs of people in mourning for future-oriented and caring urban planning.

Results:
The innovation lab has enabled us to make significant qualitative progress in the human-centered reorientation of cemetery development. Political decision-makers are enabled to experience personally how important the institution of the cemetery can be for the mental health of citizens. We were able to raise awareness of human needs in mourning within public discourse and the planning of public spaces. We see a positive trend towards people-oriented cemetery development combined with the recognition of municipal welfare, grief literacy and responsibility for care. In addition to German and Austrian groups, decision-makers from Norway and Denmark have registered. We are confident that this empowerment of the cemeteries' potential as widespread existing institutions all over Europe will continue to gain momentum internationally.

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A website for grieving young people and their social network

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Background and rationale:
Adolescents express and process grief in a variety of ways depending on their age, personality, past experience of loss, the support they may have received etc. Often they struggle in coming to terms with their grief after the death of a close person. The teenage years is an emotional time, being in the process of detaching yourself from your parents and searching not to be different from your friends. Therefore we wanted to create a website describing young people's experiences with grief and what kind of help and support they perceive as helpful.

Method:
The project team consisted of young individuals with different experiences of loss, school nurse, grief counsellors and a teacher. The website is based on interviews of adolescents, parents, healthcare personnel and friends, and literature studies.

Results:
Based on research and personal experiences from grieving adolescents and professionals we provide knowledge about what is common to think, feel and do when grieving, how to support yourself and where to seek help when struggling to cope. We also have targeted information to teachers, public nurses, parents, friends to help them to understand and support young grievers. Most importantly, we share personal stories of bereaved young people loosing their brothers or sisters, parents or friends in stillbirth, SIDS, suicide, illness, accidents etc. We use various techniques and graphic tools to make the stories expressive, delicate and easy to read. The website is worked out in collaboration with other NGO's and promoted by different organizations and official websites.

Conclusion:
Through this new website we want to help young people to navigate their grief experience, by normalizing their reactions and make them feel they are not alone. The presentation will describe the process of creating the website and demonstrate how we communicate the personal stories of the youth.

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Suicide postvention is prevention: The design and implementation of a national suicide bereavement programme of work

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Background:
Connecting for Life (CfL) is Ireland's ambitious cross sectoral suicide prevention strategy. The HSE National Office for Suicide Prevention (NOSP) is tasked with leading out on the implementation and coordination of the strategy.

Rationale:
It is well documented that those bereaved by suicide are at an increased risk of suicidal ideation and death by suicide. CfL recognises the bereaved by suicide as a priority group with an associated action in the national strategy to improve suicide bereavement support services. A strategic approach was required to coordinate the multiple strands of work being carried out by key stakeholders. To this end, the national suicide bereavement programme of work emerged.

Method:
This poster presentation will showcase the suicide bereavement programme of work (within CfL) and focus on its development and delivery, framed around implementation science.

To this end, the exploration stage will examine how the need was identified, how buy-in was secured, how champions were identified and how resources were secured. The installation stage will focus on how readiness for change was assessed and promoted and the initial implementation stage will showcase progress to date. Any perceived challenges to the sustainability of the programme of work will be highlighted.

In addition, the range of evidence-informed implementation methods/techniques that were used will be presented, including the implementation structures, implementation teams to prioritise the work and to foster a collaborative process. Barriers or challenges to implementation will also be identified, in addition to the enabling factors.

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Knowledge Translation in Action – Learning from COVID-19 - 'Time to Reflect' A Case Study

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Background:
Time to Reflect (https://hospicefoundation.ie/wp-content/uploads/2024/02/Time-to-Reflect-Report-2023-Irish-Hospice-Foundation.pdf) is the findings from a survey commissioned by Irish Hospice Foundation (IHF) to explore the impact of COVID-19 on the experiences and perceptions of the Irish population in relation to dying, death, and bereavement.

Rationale:
Knowledge Translation (KT) means closing the gap between research and practice to ensure the knowledge reaches those who can use it (https://hseresearch.ie/wp-content/uploads/2021/04/Guide-no-1-What-is-knowledge-translation-what-does-it-involve.pdf). Although, KT takes place throughout the research process this presentation focuses on 'how' the research is being communicated to those who can use it to inform and shape future bereavement policy and future emergency responses.

Design:
Time to Reflect was conducted in two key phases:
1.) A scoping review of the literature on COVID-19 and its impact on dying, death, and bereavement and
2.) Survey data completed by 2,259 participants between November 2021 and February 2022.

Many of the six components of EMTReK (a KT model) (https://pubmed.ncbi.nlm.nih.gov/33415246/) were incorporated into the design of this work. The messages, approaches, stakeholders, and the opportunities to present the work were identified and formulated through internal workshops at IHF.

Results:
The activities that were delivered through the KT phase included raising awareness among the public, meeting with politicians and policy makers, engaging with bereavement support service providers, and informing others working in the sector about how the findings could influence their work. To support this work a briefing paper highlighting the key findings, recommendations and implications was created. The briefing paper was used to prompt engagement in discussions about the need for improved resources in bereavement care and informs future public health policy.

Conclusion:
Ensuring that research knowledge is translated to policy action is complex and challenging (https://journals.lww.com/jcehp/abstract/2006/26010/lost_in_knowledge_translation__time_for_a_map_.3.aspx). The work must be dynamic and multi relational. The implementation of these tailored interventions facilitated and promoted awareness of the importance of bereavement support and informed the planning for future emergency responses among key audiences.

Bereavement is Everyone's Business - Two years of progress towards the recommendations of the UK Commission on Bereavement

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Background:
The COVID-19 pandemic exacerbated bereavement challenges (Harrop et al., 2021) and spotlighted this universal human experience. Working in partnership with third sector organisations and researchers, an independent UK Commission on Bereavement was established in June 2021 to explore how well equipped the UK was to support bereaved people, and potential improvements. The 15 commissioners, reflecting diverse professional and cultural backgrounds from across the four UK nations, were guided by a Lived Experience Advisory Forum of 14 bereaved people.

Rationale:
At the inaugural 2022 European Grief Conference, UKCB Steering Group members presented the UKCB's methodology. This paper will present the findings, recommendations, and progress against them, as a case study of increasing the political and public focus on bereavement in a national context.

Design:
Based on the largest UK consultation on bereavement (involving responses over 1,000 bereaved people and 30,000 school students), the UKCB set out a vision as a series of eight statements: the things we want all bereaved people to be able to say. The statements span all four levels of the needs-based bereavement care model, e.g. 'I am supported by my family, my friends and the communities around me', 'The things I must do after a death are simple and straightforward', 'I can easily find and access the right emotional bereavement support for my circumstances'.
To help bring about these changes, and to convince policy makers and decision makers to take action, the UKCB used the findings to develop 27 recommendations, framed around the eight statements.

Results:
This paper will share progress against the recommendations: tracking how national and local government, health bodies, businesses, employers, schools and communities have actioned the recommendations.

Conclusion:
This presentation will show how collaborations between bereaved people, organisations and influencers can secure changes to national and local policy.

References:
Harrop, E. et al.,(2021). Support needs and barriers to accessing support: Baseline results of a mixed-methods national survey of people bereaved during the COVID-19 pandemic. Palliative Medicine, 35(10), 1985–1997. https://doi.org/10.1177/02692163211043372
UK Commission on Bereavement (2022) Bereavement is Everyone's Business: Summary report. https://bereavementcommission.org.uk/media/xube5elb/ukbc_summary_report_low-res.pdf
UK Commission on Bereavement (2023) Progress report – December 2023. https://bereavementcommission.org.uk/latest-news/update-on-progress-for-the-eight-principles/

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Designing a transnational blended learning interdisciplinary course on Loss, Death, and Bereavement support for RUN EU Students

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Background:
Evidence shows that death literacy reduces attitudes of fear and death avoidance, allowing individuals to view death as a natural transition. Death education encourages a welcoming and non-judgmental environment where individuals develop effective language around human mortality.

Rationale:
Caring professionals often respond to suffering across the lifespan, so a person-centered approach is essential. Promoting death education courses results in an increase in the psychological skills necessary for facing the fear of death. We designed an educational program for university students on death education and bereavement support, incorporating the theoretical bases of these topics using creative techniques.

Design:
The RUN-EU Short Advanced Programme (SAP) Supportive Care in Loss, Grief, and Bereavement was organised by the Polytechnic University of Leiria (Portugal) and the Technological University of the Shannon (Ireland) in Spring 2023 in a blended-learning format. Participants included twenty students from different disciplines, namely psychology, social care and nursing.

Results:
Using a narrative pedagogy, the SAP was divided into face-to-face and online sessions. Online sessions consisted of eight modules focused on death-related issues and ethical, social, systemic, and cultural topics. During an intensive residential week students developed a reflective narrative related to the topic. Within the group, each narrative was read and enhanced to develop a digital story. At the end of the course, each student shared their photovoice activity.

Conclusion:
This SAP helped students acquire the necessary skills to deal competently with death and end-of-life issues and to better manage the fear of death in personal and professional situations.

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A New Approach to Death Education at University: A Digital Storytelling Case Study

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Background:
Undertaking death and grief education at university is paramount for students in health and social care. This poster explores a creative pedagogical approach in death education through digital storytelling in an interdisciplinary death and grief education module for university students in Ireland and Portugal. Case study examples of students' work are highlighted.

Rationale:
Research suggests that the advantages of digital storytelling include heightened self-awareness, increased self-confidence, and enhanced overall well-being. Using a combination of artifacts, images, video, audio and text, students produce a short digital piece that focuses on their reflections on a particular loss in their lives, such as the death of a loved one. Non-death losses can also be explored. By using this technique with health and social care students, participants can build the necessary knowledge and awareness to effectively confront challenges related to loss and grief, fostering resilience and empathy in their professional practice. Participants also engage with personal reflection and meaning-making while acquiring basic digital storytelling skills for future projects.

Design:
This poster captures the experiences of students who created digital pieces about their personal stories of grief in an interdisciplinary short advanced university module on bereavement and loss in 2023 and 2024. It explores the emotional engagement and creative processes encountered by the students and the pedagogical implications of this approach, offering insights into enhancing death and grief literacy in higher education institutions.

Results:
The case studies reveal the students' emotional connection and creative expression in exploring grief through creating digital pieces. Themes of personal reflection, empathy, memorialisation and catharsis highlight the potential of digital storytelling as a strategy for assessment, meaningful expression and therapeutic engagement in death and grief education.

Conclusion:
Digital storytelling offers students a platform for creative engagement leading to open communication about their experiences of loss and grief. While further research is needed to explore the long-term effectiveness of this intervention, these case studies evidence the value of digital storytelling as a powerful teaching tool for death and grief education in higher education.

Enabling conversations about death, dying, bereavement and grief in a medical school curriculum.

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Background:
Over the last 100 years, improved healthcare has prolonged human life expectancy. Patients are also more likely to die in a clinical environment rather than at home with family present. However, conversations about death and dying can be difficult, and doctors, patients, and family members may find it easier to avoid them altogether (1).

A lack of exposure to dying patients and families is a significant barrier to medical undergraduate teaching (2). This limitation impacts on both communication skills and confidence levels of students when interacting with dying patients and surviving family members.

Rationale:
In earlier years of the curriculum topics such as bereavement, anticipatory/disenfranchised grief, the principles of a good death and advanced care directives are discussed. A student elective provides insights into the role of a hospital-based end-of-life coordinator, facilitates a mortuary visit and discussions related to personal end of life preferences at a death café. A dedicated chapter on dying, death and bereavement has also been included in the RCSI Handbook of Clinical Skills.

Design:
Using the palliative care competence framework developed by the Irish Health Services Executive, RCSI staff collaborated with the Irish Hospice Foundation to identify gaps in the curriculum with a goal to embedding the themes of death, dying, bereavement and grief.

Results:
Student feedback has been very positive despite some initial scepticism. Students recognise a unique opportunity to begin conversations of death and bereavement, which will aid them in their careers as doctors.

Conclusion:
Medical students may not have personal first-hand experience of much of what they encounter clinically, but it is inevitable that they will have personal and professional experience of death.

References:
1 Sallnow L, Smith R, Ahmedzai SH, Bhadelia A, Chamberlain C, Cong Y, et al. Report of the Lancet Commission on the Value of Death: bringing death back into life. The Lancet. 2022.
2 Wells G, Youssef E, Winter R, Wright J, Llewellyn C. Medical student confidence in care of the dying and their family: a systematic review. BMJ supportive & palliative care. 2021;11(3):233-41.

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The Power of Connection – Why relationship and approach are key to supporting bereaved young people. Learning from direct individual and group support with young people who have been bereaved of a sibling or parent to cancer in N. Ireland.

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Background:
Each year Cancer Fund for Children (CFFC) receive 240 new referrals from diagnosed parents in N. Ireland. Of this number we support on average 50 parents who will die as result of their illness. The impact of which is felt across the entire family, not least with their dependent children. This impact may include, increased psychological distress, increased anxiety, negative impact of self-worth and feelings of isolation.

Rationale:
From initial referral, through to pre-bereavement and into post bereavement support, CFFC staff seek to develop trust, a sense of safety and openness with young people through the ‘power of connection’. An approach which is engaging, young person led, intentional and flexible. Through ongoing evaluation, external impact analysis and reflective practice, the team at CFFC have developed early intervention groupwork programmes and individual support that seek to mitigate the psychological impact of parental illness and death on young people.

Results:
Ongoing participant evaluation, independent review and parental feedback provide a number of key defining features in relation to CFFC programmes, services and most notable the approach of the staff team.

Conclusion:
CFFC’s commitment to work with each young person with a person centered approach, with a commitment to relationship and with a belief on the power of connection, provides a platform for young people to grieve in ways that are more natural to them, and with the support of their peers.

References:

Irish Childhood Bereavement Network (2014) The Irish Childhood Bereavement Pyramid: a guide to support for bereaved children and young people. ICBN, Dublin.
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Localising Grief Awareness Training for the global Ukrainian Community

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Background:
Russia launched a full-scale invasion on Ukraine on 23rd February 2022, disrupting countless lives and causing the deaths of thousands of Ukrainian civilians in the two years since war began. At the inaugural European Grief Conference, Anastasiia Sydorenko a Ukrainian academic described her experience of fleeing Ukraine with her children, a talk which prompted me to look at the possibility of developing a loss and grief resource for Ukrainians.

Rationale:
Thousands of Ukrainians have been tragically bereaved and have lost their homes as a result of Russia's invasion of Ukraine in 2022. The need for grief literacy and grief training among Ukrainian healthcare professionals is profound and immediate (Schwartz et al, 2022). Our social privilege can and should be used to support victims of war and refugees where possible.

Design:
In 2021, a 40+ hour online grief training programme was launched, presented by poster at the inaugural ECG. In 2022, I advertised for volunteers to begin translating the programme into Ukrainian. Just 18 months later, we succeeded in completing translations and dubbing of all of the materials, with financial support from the Irish Red Cross.

Results:
In the first month of launching the programme, over three thousand Ukrainian healthcare professionals across the globe signed up for the programme, reporting that the information was timely and beneficial, both personally and professionally (Gleeson, 2021).

Conclusion:
This small-scale initiative exemplifies the possible impact individuals within the European Grief Community can achieve in alleviating the suffering caused by conflict in and beyond Europe. Meaningful support can be offered, which fosters a sense of compassion and builds on psychological flexibiliy in the face of adversity.

References:

Gleeson, L (2021) Shapes Of Grief available at www.shapesofgrief.com/ukraine (accessed 19th April 2024)

Schwartz, L., Nakonechna, M., Campbell, G., Brunner, D., Stadler, C., Schmid, M., Fegert, J.M. and Bürgin, D., 2022. Addressing the mental health needs and burdens of children fleeing war: a field update from ongoing mental health and psychosocial support efforts at the Ukrainian border. European journal of psychotraumatology, 13(2), p.2101759.

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Postgraduate education in bereavement - building communities

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In Ireland approximately 30,000 people die every year leaving an estimated 300,000 people bereaved. Many professionals who work with death and dying and those who support the bereaved in either a formal or informal capacity through their work in hospitals, schools or therapeutic settings have a need and an appetite to better understand this experience and enhance the services they provide as well as their own personal understanding of death and dying. To meet this need, the Irish Hospice Foundation operates a range of education and training programmes focusing on all aspects of loss and bereavement including a suite of post-graduate programmes (Level 9) since 2007 in collaboration with the Royal College of Surgeons in Ireland.

Rationale:
The purpose of this workshop is to demonstrate the need for bereavement education across health and education sectors and all levels of the Bereavement Care Pyramid. This workshop/poster will outline the principles and focus of these programmes and provide insight into how learning from the programmes has been implemented and its impact, both professional and personal among our graduates.

Design:
Outline of literature highlighting absence of bereavement education across relevant healthcare and education curriculums; How this gap in knowledge impacts professionals in their work leading to preventable stress and burnout; How specialised education in this field can positively impact better outcomes for individuals and those in their care across a range of professions and help to create compassionate communities.

References:

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A Model for Suicide Bereavement: Based on a Meta-Ethnography of (Male) Adult's Experiences and Postvention.

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Background:
Based on the suicide statistics, male suicide is three times more prevalent than female suicide, in the UK & Ireland.

Rationale:
Given this, the literature is limited in exploring both male participation in postvention support and providing male perspectives on being a suicide loss survivor.

Design:
This meta-ethnography, following the eMERGe reporting guidance, was conducted in 2022 and 2023, with the cut-off for inclusion in the database searches being 30-Nov-2022.

Results:
The far-reaching, and long-standing, impacts of suicide bereavement are the basis of a model constructed to describe, and contextualise, the synthesis of concepts gleaned for the 14 included studies.

Conclusion:
The suicide bereavement model is encapsulated visually and is proposed to be generalisable, fitting suicide bereavement regardless of demographics, relationship to the person lost, timeframe and culture.

Pooling data to boost scientific research on prolonged grief: the MARBLES project

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Background:
A minority of bereaved people develops prolonged grief disorder (PGD) or other problems following loss. Knowledge about characteristics and predictors of healthy and unhealthy grief is needed to improve options for care, ranging from care in the field of public health to highly specialized mental health care. The MARBLES (Measurements-Archive-of-Reactions-to-Bereavement-from-Longitudinal-European-Studies) project aims to bring together and make available valuable existing data on grief, to boost bereavement research and care.

Rationale:
The rationale for pooling data is that this (i) enables re-use of data gathered in projects that have been completed, (ii) fosters the application of innovative statistical approaches, requiring large datasets, and (iii) facilitates collaborative initiatives for bereavement research and care.

Design:
We started by pooling data from studies in the Netherlands, creating harmonized variable names and coding for variables, which we then supplemented with sets from colleagues abroad. We performed (eg) multiple regression analyses to examine risk and protective factors for healthy and unhealthy grief following traumatic and nontraumatic loss.

Results:
The archive now includes data from ~8000 bereaved people. Approximately 5-10% of participants reported severe emotional problems; closeness of the loss had a stronger impact than observed in prior research, cause of death had a weaker impact. Depressive avoidance emerged as one key variable underpinning unhealthy responses.

Conclusions:
Some, but not all outcomes of our initial analyses aligned with extant research findings. One of the issues that we still aim to examine is cross-cultural differences in responses to bereavement and social, cultural, and religious factors mediating differences. To this end, we are urgently seeking collaboration with international researchers who wish to add their data to the archive and engage in collaborative studies. This way, we aim for making the MARBLES archive an international collaborative effort, open for interested researchers to enhance our knowledge about adaptation in the aftermath of the loss of a loved one.

Reference:
Boelen, P. A., & Lenferink, L. I. (2022). Prolonged grief disorder in DSM-5-TR: Early predictors and longitudinal measurement invariance. The Australian and New Zealand journal of psychiatry, 56(6), 667–674.
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Negative Cognitions after the Death of a Close Person: Time-Varying and Time-Invariant Components and Their Associations with Prolonged Grief

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Background:
The death of a close person may strengthen negative cognitions about key themes in life. Symptoms of prolonged grief disorder (PGD) are, at least partly, driven by such cognitions. Accordingly, mitigation of loss-related emotional distress hinges on the degree to which shattered positive/neutral beliefs are restored and the affirmation of negative beliefs is negated. It is unclear to what extent such negative cognitions consist of time-invariant (TI) trait-like components vs. time-varying (TV) state-like components. This has clinical implications: when negative cognitions are stable, then robust (cognitive restructuring) interventions should be employed to change the content of these cognitions. When cognitions fluctuate widely, it may be better to improve the regulation (rather than the content) of negative cognitions.

Rationale:
We aimed to enhance knowledge about extent to which cognitions about the self, life, the future, and negative interpretations of one’s grief consist of TI and TV components. We also sought to examine associations of TI and TV components with PGD.

Design:
We used data from the Utrecht Longitudinal Study on Adjustment to Loss (ULSATL study). We employed latent trait-state occasion (TSO) modeling to data on negative cognitions and PGD, from N>300 bereaved people, assessed at multiple waves across one year.

Results:
For all types of cognitions considered, the TI component was considerably larger than TV components. However, in general, both TI and TV components were associated with symptoms of PGD. Interestingly and in contrary to the other types, for negative cognitions about life, only the stable, TI component related to PGD symptoms.

Conclusions:
Negative cognitions in the face of loss seem to be largely stable over time. From a theoretical perspective, this may indicate that such cognitions strongly mirror pre-loss vulnerabilities to negative thinking. Given that both the TI component as well as the TV components are related to symptoms of PGD, the present findings indicate that both the content and regulation of negative cognitions are fruitful targets for treatment.

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Exploring Staff Bereavement Experiences Following an SEN Child Death: Recommendations for policy and practice.

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Background and Rationale:
Special Educational Needs (SEN) staff are more likely to experience the death of a pupil than those in mainstream settings (Summer & Witts, 2003) with mortality rates higher in those with severe and profound learning difficulties (Emerson et al., 2014). While research has been conducted in mainstream settings (Rowling, 1995) little is known about the experience of SEN teaching staff following the death of a child. This study aims to improve understanding of staff experiences of bereavement in SEN schools and inform bereavement policy and practice.

Design:
Interviews were conducted with 13 teaching and support staff, focused upon the death of three children (a nursery, primary and secondary aged child) with severe and profound learning difficulties in three SEN schools. Interviews were analysed using Interpretive Phenomenological Analysis (IPA; Smith, 2017).

Results:
Findings demonstrate the impact of an imagined future on sense making following the loss as well as the presence of externalised and internalised continued bonds. Findings also demonstrate complex staff-student relationships and a distinct closeness to students unique to SEN settings. Surprisingly, little disenfranchisement (Doka, 1989; 2002) was experienced within the school setting due to shared experiences and empathic abilities of colleagues. There was evidence of enfranchising actions of senior leaders, well positioned to facilitate the loss experience. Ultimately staff experienced personal-professional duality, balancing emotional reactions with their professional responsibilities.

Conclusion:
SEN staff bereavement experiences are unique from other forms of professional loss and implications of the findings are explored as recommendations for practice and policy.

Developing best practice guidelines for research with the bereaved: Practitioner perspectives.

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Background:
Bereavement services rely on research to implement ethical, effective practices (Parkes, 1995). However, undertaking such research can be ethically complex due to the perceived vulnerability of the bereaved and discussion of potentially painful topics (Buckle et al., 2010). Researchers need a unique set of qualities for collecting this data, including empathy, attentive listening, and resilience; bereaved persons value practices like follow-up check-in emails and opportunities to feedback on their experiences of participating in research (Buckle et al., 2010; Dyregrov, 2004). However, guidance on approaching this research is often based on researchers' personal experiences (e.g. Parkes, 1995), with little research on the perspectives of those not directly involved.

Rationale:
This study aims to increase understanding of the ethical issues involved in bereavement research, drawing on the perspectives of those supporting the bereaved. It examines the bereaved's needs and concerns, and how research can be carried out in a respectful and ethical manner which safeguards the wellbeing of everyone involved and minimises risk of harm.

Design:
Semi-structured interviews with practitioners (support workers and clinicians working closely with the bereaved) in the UK will be conducted in June 2024. Interview questions will include practitioners' recommendations for participant recruitment and how to safeguard interviewer and interviewee wellbeing, as well as the roles and support offered by charities.

Results/Conclusion:
The results are expected to provide a set of best practice guidelines for researchers and improve understanding of the support needs of bereaved persons, building on and updating previous guidelines in the field (Parkes, 1995).

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Daily life after the death of a loved one: A systematic review of Experience Sampling Method (ESM) and daily diary studies

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Background:
The death of a loved one can have negative health consequences, including psychological, social, and physical health consequences (Stroebe et al., 2007). Previous research often assessed these health consequences with one timepoint assessments (Stroebe et al., 2007). However, this method is prone to recall bias and does not provide insight into the momentary dynamics of everyday experiences. Intensive longitudinal data (ILD) collection methods, such as ESM with multiple assessments per day (Bolger & Laurenceau, 2013), may overcome the limitations of one timepoint assessments.

Rationale:
Little is known about the health consequences in daily life after the death of a loved one, because ILD are lacking. However, the number of studies collecting ILD has been increasing recently (Hamaker & Wichers, 2017). We aimed to review studies investigating health consequences of the death of a loved one in daily life.

Design:
We conducted a systematic review of ESM and daily diary studies investigating psychological, social, and physical health consequences of the death of a loved one. We conducted our search in three scientific databases.

Results:
Our search resulted in 198 peer-reviewed articles, of which 8 were deemed eligible for inclusion. All studies used daily diary designs, except for one ESM study. Four studies were conducted in European countries. Sample sizes ranged from 28 to 483. Four studies examined sleep problems, and remaining studies investigated grief and related mental health symptoms. Findings showed that the death of a loved one had negative health consequences in daily life.

Conclusion:
Examining bereaved people’s everyday experiences seems an understudied topic, while it has great potential for interventions in daily life. Therefore, more research using ILD is needed to understand how health consequences after a loved one’s death unfold in daily life.

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Perceptions of death of Finnish parents following the traumatic death of the child

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Children are expected to outlive their parents and have longer lives. However, when a child dies traumatically, it challenges parents' understanding of death and life. If parents are unable to develop positive perceptions of death after such a loss, it can hinder their ability to cope and adapt. This study aims to explore parents' perceptions of death following the traumatic death of a child. To recruit participants, an online advertisement was posted on the websites of Finnish bereavement organizations, their member mailing lists, and closed discussion groups. The study consisted of two phases. In the initial stage, 66 parents responded to open-ended questions via the LimeSurvey platform. Subsequently, 17 parents were interviewed in-depth over the phone. The findings were analyzed using inductive content analysis. The perceptions of parents who had experienced the traumatic death of a child included understanding death as a part of life, the difficulty of accepting death, and finding ways to continue living after the loss. These findings highlight the importance of providing support to parents following the traumatic death of a child. In the context of nursing care, it is crucial to offer support to parents and involve them in the planning and implementation of care. This can help parents reconstruct positive perceptions of death and better adapt to their losses.

Exploring Posttraumatic Growth in Individuals Bereaved by Suicide: A Secondary Data Analysis of a National Survey

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Background:
It is widely recognised that suicide bereavement is associated with a host of adverse outcomes. However, recent research suggests that such loss can also be a catalyst for posttraumatic growth (PTG) (Levi-Belz et al., 2021). PTG refers to positive changes that may be experienced following a highly stressful or challenging life event (Tedeschi & Calhoun, 1995).

Rationale:
The aim of the present study was to explore this phenomenon in a sample of secondary data from an Irish national survey (O' Connell et al., 2022). Three exploratory goals guided this research, focusing on sociodemographic, loss related, and interpersonal factors related to PTG.

Design:
The present study employs an exploratory approach to examine data from a national survey. A sample of two thousand three hundred and sixty-nine (n=2369) responses were examined. Various instruments were utilized to assess grief experiences, social support, and PTG. Descriptive statistics, correlational analysis and a hierarchical regression model were used to examine the relationship between the variables in this study.

Results:
Hierarchal regression analysis revealed six independent predictors of PTG: gender, time since loss, multiple losses, grief experiences, and social and formal support

Conclusion:
The study highlighted the potential for growth in the aftermath of suicide bereavement. The present findings also support the notion that PTG can co-occur with grief and may emerge from an individual's efforts to deal with their grief and make meaning of their loss. The results highlight gender differences, the impact of multiple losses, and the role of social support in promoting PTG.

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Death of a loved one during the corona restrictions in Finland - Experiences of relatives and consequences of the restrictions

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The purpose of the study was to describe the relatives' experiences of the death of a loved one during the corona restrictions in Finland, and to describe the consequences of the corona restrictions from the perspective of the relatives. The data was collected through questionnaires (n=11) and interviews (n=6) from Finns who lost a loved one during the corona restrictions. The data was collected through Facebook groups of relatives of those who died of corona, Mieli Ry and bereavement organizations. The data was collected between November 2023 and January 2024. Inductive content analysis was used as the analysis method.

According to the experience of the relatives, the spread of the corona disease was prevented by corona restrictions, which affected the meeting of a dying loved one, participation in treatment during the pandemic, and the last farewells and funeral arrangements. The relatives faced unsuccessful actions by the health care personnel. The corona restrictions imposed by the Finnish government were considered both unsuccessful and successful. According to the study, the consequences of the corona restrictions experienced by the relatives were aimed at the dying loved one. As a result of the restrictions, the loneliness and isolation of relatives also increased, and the interaction between relatives and their loved ones changed. The corona restrictions also had psychological effects on the relatives.

The information produced by the research gives social and health care the tools to take better account of relatives' experiences of corona restrictions and their consequences. In the future, the information can be used to develop the setting of corona restrictions, health care operating models, and to develop the encounter and communication between health care personnel and relatives.

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The grieving process of siblings of homicide victims

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Homicide can cause long-lasting grief for siblings due to unnatural death. Siblings' grief is often seen as secondary to parents' grief, and siblings may be left alone with their grief.

The purpose of this study is to describe the grieving process of siblings of homicide victims in Finland. The goal is to produce information that can be used to understand issues related to the grieving process of the siblings of homicide victims and, based on that, take into account what the siblings need from society. The data was collected using an electronic questionnaire and interviews, and there were 18 participants in the study. The data was analyzed using inductive content analysis.

The grieving process of the siblings of homicide victims included the crumbling of psychological well-being, the crumbling of physical well-being, the crumbling of social relationships, grieving, coping with life, taking care of others, lack of humanity towards oneself, the additional burden caused by society and other people, and being burdened by things. In addition, the grieving process included the shattering of the sense of basic security, the flattening of one's own emotions, the utilization of social relationships, supporting one's own way of coping, moving forward through various means of coping and taking on a new direction.

As a conclusion, it can be stated that a homicide death shocks siblings' lives in many areas, and siblings' grief should be taken into account as much as the parents.

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Parents’ grieving process after the death of a child from substance abuse

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The purpose of the study was to describe the grieving process of parents after the death of a child due to intoxication.

The research material was collected from parents' closed peer discussion forums on the Internet using an e-questionnaire (n=95) and seven parents were also interviewed. The research material was analyzed using material-based content analysis.

The parents' grieving process after a child's death from intoxication included going through life-shattering emotional experiences, burdening their well-being and ability to function, grieving and avoiding grieving. In addition, the parents' grieving process was accompanied by a change in parental identity, the crumbling of social relationships, adaptation to the death of a child, and the hopelessness of the future.

The grief process of parents after the death of a child due to intoxication is very comprehensive and affects aspects of the parents' lives permanently, including burdens on well-being and ability to function, changes in parental identity, and the crumbling of social relationships.

Probing prolonged grief and the cultural caveat: Dimensional self-construals mediating the link between individualism-collectivism of cultural context of origin and grief norms in a multicultural sample

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Background:
Cultural contexts bear norms central to determining the thresholds of clinical significance of prolonged grief disorder (PGD). However, McLean et al. (2021) recently found that post-bereavement PGD symptomology was perceived as normal among US laypersons—and adaptation and personal growth as less normal—indirectly probing the diagnostic cultural caveat's validity in determining norm excesses. Turning to cultural psychology, eight continua of independent-interdependent self-construal (SC) reflect cross-cultural models of selfhood (Vignoles et al., 2016). SCs could mediate emotion-related norms that vary according to macro-level individualism-collectivism (Vishkin et al., 2023) vis-à-vis their fundamental, culturally-acquired schemas of behavioral agency and self-regulation.

Rationale:
Comparing laypersons' explicit, descriptive social norms of grief-related adaptation/personal growth versus PGD symptomology is crucial to reducing clinician bias around clients' assumptive resilience and finding points of grief literacy improvement in public health communication. Little is known about perceived grief norms in an increasingly multicultural European context, or how culture of origin comes to predict them.

Design:
In a multicultural sample primarily of Western European and Middle Eastern/North African origin (N=499), 31% of which had migrant status, we gathered individualism-collectivism of cultural contexts of origin (IC-CCOO), independent-interdependent SCs, and grief norm endorsements in a cross-sectional 2 (widow vs. widower) x 2 (illness vs. violent cause of death) spousal bereavement vignette design. We compared adaptive and PGD-derived grief norm endorsements according to IC-CCOO and investigated whether SCs mediated any links.

Results:
Regardless of the vignettes' mode of death and gender, multiple mediations revealed positive relationships between moderately individualistic CCOO and both adaptive and PGD-derived grief norms. Two independent SCs mediated individualism and stronger adaptive norms only; adaptive norms were also attenuated through self-containment SC.

Conclusion:
Within multicultural contexts comprising overall moderately individualistic CCOOs, findings encourage culturally informed grief literacy, which a) normalizes, and thus promotes accessibility, of adaptive post-bereavement outcomes by tapping the experience of oneself as agenically traversing life's circumstances and b) avoids the emotional atomization of self-containment. Moreover, high PGD-derived norm endorsement raises complicated clinical questions of grief norms and urges the taking of CCOO into account when determining norms case-by-case for PGD assessment in the European context.

Tattoos: Inked in importance in grieving and healing

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Background:
Tattoos have become a common form of expression. For some, getting a tattoo is an important response to significant life events. Memorial tattoos that honor a person who has died (Cadell et al., 2022), and healing tattoos, designed to celebrate, challenge, disrupt, and/or (re)claim an aspect of identity or a social phenomena, are included in these everyday practices.

Rationale:
Little is known about how tattoos contribute to grieving and healing. This research sought to understand why and how people use tattoos to contribute to their grief and well-being.

Design:
This narrative inquiry included 66 audio-recorded interviews with participants who had tattoos. We used a semi-structured guide. Transcribed interviews were analyzed thematically using continuing bonds (Klass & Steffen, 2017) and posttraumatic growth (Calhoun & Tedeschi, 2014) as theoretical frameworks.

Results:
Memorial tattoos offered participants a tangible way to link to the person who died; they 'inked the bond' between the living and the dead. Healing tattoos supported growth and well-being by a means to contextualize difficult experiences. For instance, tattoos related to reminding people of the beauty of their body when dealing with eating disorders or that their body was their own and not to be touched without permission as a response to sexual assault. Both growth and healing were enabled through the tattoo process; for example, the pain was experienced as cathartic or relief from other pain. All participants welcomed the opportunity to talk about their tattoos.

Conclusion:
This research enables a new understanding of how tattoos tell stories of grief and healing. Social and health care relationality may be enhanced by inviting people to talk about tattoos.

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An Exploration into Stage Models of Grief: The Impact of Stage Thinking on Bereavement Outcomes

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Background:
Over the years, stage models such as Kübler-Ross’s five stage model of grief (i.e., denial, anger, bargaining, depression, and acceptance) have been developed to understand the process of grief. Despite their widespread acceptance, clinicians and scholars (e.g., Friedman & James, 2008; Hall, 2014) have expressed concerns about the harmful effects of stage models especially if presented as the ‘’correct” way to grieve.

Rationale:
The presentation of the five stage model has been previously examined in textbooks and on websites, with results finding an uncritical portrayal of the model (e.g., Avis et al., 2021; Corr, 2018). However, no study has directly explored the beliefs bereaved people themselves possess about stage models and how these beliefs are related to bereavement outcomes.

Design:
This study will explore the impact of stage thinking through the implementation of two surveys. The first survey will measure belief in stages of grief. The second survey focuses on self-reported personal experience with and objective knowledge about stage models of grief. These surveys have been constructed for the purposes of this study and are currently being pilot-tested, both within as well as outside of the Netherlands.

Results & Conclusion:
This exploration will provide insights into the association between adherence to stage thinking and prolonged grief reactions. Such exploration can provide important insights into the emerging knowledge base concerning what factors are important in the development of complications in the grieving process, leading to better support for bereaved individuals by identifying potential mechanisms important to target in bereavement interventions.

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Organizing funerals in old age. The framework of a negotiation and its effects on mourning

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Background:
In a context marked by a process of funeral transition and, more broadly, a redefinition of the symbolic order of our relationship to death, the ways in which the psychic mourning process of the elderly intersects with the performance of funeral practices remains poorly documented to this day.

Rationale:
The experience of losing a close relative in old age is now a common occurrence, but what does it mean in practice when someone over the age of 80 has to organize a funeral for their deceased loved ones? Decisions about funeral arrangements are not made by the bereaved alone, but discussed within variable social configurations, involving relatives, the deceased and funeral professionals. All these actors carry different forms of social and collective regulation associated with the performance of funeral practices, depending on their generational anchorage, for example. The question is therefore to understand how the negotiation of funeral arrangement affects the experience of mourning over the long term.

Design:
The “Necropolis” study (April 2021-Mars 2025) gave us the opportunity to gather empirical material to answer these questions, by observing the organization of funeral and the way they are carried out, and by following 15 bereaved people aged over 80 throughout their first year of mourning.

Results:
This presentation will highlight how the confrontation of a plurality of relations to death within micro-configurations is negotiated and stabilized through the organization of funerals, and demonstrate how this “negotiated order” influences the bereaved elderly people’s experience during their first year of mourning.

Conclusion:
This presentation aims to put into perspective a socio-anthropological approach to bereavement that takes into account the social dimensions of the organization of funeral practices and their consequences on the experience of mourning. For the resulting experience is always embedded in a “relational landscape”.

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Preserving Grief: Letters to a Bereaved Mother in 1929

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Background:
In 2020, one author rediscovered letters written to her maternal grandmother upon the death of her child in 1929. Knowing these poignant items needed a safe home, she reached out to a national organisation working in bereavement education.

Rationale:
It was decided the letters should be analysed, transcribed, and preserved, as an example of how grief support shifted in the 95 years since the letters were written.

Design:
The letters were digitally photographed, capturing details in the paper and ink, while also preserving the integrity of the letters by reducing the need to handle them. The digital nature also ensures accessibility. The images were uploaded to Chat GPT and Co Pilot, two AI programmes that can transcribe the handwritten letters to text, ensuring legibility. Content of the letters was thematically analysed.

Results:
Preservation: The images will be uploaded to the organisation's website and intranet ensuring access to researchers and staff. They are also saved to cloud storage as well as to a hard drive, ensuring offline access. High quality images have been sent to the donor, so she retains a connection to them.

Dissemination and display: Transcriptions were formatted alongside the digital photograph of each letter and these will be made available on the organisation's website. The original letters were displayed in specialised frames to protect the delicate paper; these framed letters will be displayed on the walls of the host organisation.

Content:
Religious expression of condolences, gendered experience /expectations of grieving mothers and self-care were all identified as key themes relevant to Irish society 95 years ago.

Conclusion:
This is an illuminating preservation project which provokes discussion and reflection on the nature of grief support.

"Treat Them with the Reverence of Archivists" Records Work, Grief Work, and Relationship Work in the Archives. Douglas, Jennifer. Archivaria, 88, 2019. DOI: 10.14288/1.0388866

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What can we say about Covid-19 bereavement experiences in Ireland from a public health framework perspective?

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Background:
Covid-19 impacted bereavement yet reference to a ‘tsunami of grief’ impedes understanding the diversity of experience. Some research1 describes elevated needs, others show adaptation in grief2. A public health model emphasises risk factors, strengths & levels of support.

Rationale:
Describe the impact of bereavement during two years of Covid-19 restrictions

Review bereavement in Covid-19 with respect to a public health model

Design:
A cross-sectional survey (38 questions including Brief Grief Questionnaire to screen for Prolonged Grief Disorder (PGD)) was distributed using purposive sampling. Descriptive and inferential statistics were generated. Open-ended data were analyzed thematically.

Results:
2,259 responses were received; 1223 were bereaved during the pandemic, 478 had multiple losses. Deaths were due to Covid-19 (14%); cancer, (29%) circulatory system (17%).   Only 24% were with the person when they died (267/1126), 64% strongly agreed/agreed that their grief was made more difficult by Covid. Most attended the funeral (62%, 697/1116). Even with restrictions 82% (638/1114) said aspects were comforting; 85% said people in the community found ways to honour the person who died; 53.6% (n=580) reported family/friends found meaningful ways to support them in grief. Most had no Prolonged Grief Disorder (PGD) (59.6%); 14% indicated PGD and 26% were sub-threshold. 40% (n=396) reported not getting the support they needed after the death due to restrictions, higher percentages who agreed/strongly-agreed with the statement had indications of PGD, as well as those experiencing loss of a child or spouse.

Conclusion:
Funeral ritual and efforts by community were helpful. While smaller indications of PGD were found than in other Covid-19 research, inclusion of threshold scores increases levels. Unmet bereavement need exists, qualitative accounts should be considered

1 Selman, L., et al (2022). Factors Associated with Higher Levels of Grief and Support Needs Among People Bereaved During Pandemic: Results from a National Online Survey. Omega, 302228221144925. https://doi.org/10.1177/00302228221144925

2 Edwards, A., Do, D., & Dao, T. (2023). Effects of the COVID-19 Pandemic on Grief: A Prospective Survey Among Community Hospital Next-of-Kin. Journal of Palliative Medicine, 26(5), 653–661. https://doi.org/10.1089/jpm.2022.0218

3 Irish Hospice Foundation (2023) Time to Reflect: Dying, Death and Bereavement During the COVID-19 Pandemic. https://hospicefoundation.ie/wp-content/uploads/2024/02/Time-to-Reflect-Report-2023-Irish-Hospice-Foundation.pdf

Models and Theories of Grief and Chronic Pain: A Scoping Review

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Rationale:
Approximately 20% of Europeans report chronic pain resulting in moderate or severe disability. Researchers have remarked that those living with pain often experience a cascade of ‘bio-psycho-social’ and even spiritual-existential losses. While research has suggested that grief models and theory may provide insight into similar health conditions, it is unclear to what extent the experience of living with chronic pain has been studied through the lens of “grief”[1].

Design:
To determine the scope of coverage of this concept in the literature, we designed a PRISMA-guided systematic scoping review[2], structuring our search strategy using the BeHEMoTh framework[3]. Behaviour of interest(Be), grief, was defined as a response to major loss, considered in the health context(H) chronic pain (≥3 months), excluding(E) acute pain (<3 months) or terminal diagnosis, examining models/theories(MoTh) pertaining to loss & grief.

Results:
Searching PsycInfo, Embase, Medline and CINAHL identified 8252 records; in the final phase of screening 282 full-texts, our inclusion rate is 7%. Reviewing the selected articles, we investigate how loss and grief have been understood in the chronic pain context by mapping, reporting and discussing varying definitions and interpretations. We consider distinctions between implicit and explicit framing of grief, and query the extent to which its potential explanatory power has been studied in the context of chronic pain, with ‘theory of grief’ being a primary analytical category.

Conclusion:
By identifying existing grief theory-informed approaches to therapeutic psychological chronic pain care, we clarify gaps in the existing research. Findings will help determine what questions to pursue in subsequent qualitative and quantitative studies, as we seek to better represent the experiences and address the losses of those living with chronic pain.

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[2] Tricco et al. (2018) PRISMA Extension for Scoping Reviews (PRISMA-ScR): checklist and explanation. Annals of Internal Medicine, 169(7) p467-473.
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Improving awareness and literacy around Bereavement & Grief in the workplace and providing guidance towards the introduction of a Bereavement Policy

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Background:

Most working people will experience the death of one or more loved ones over their work lives (Wilson, et al., 2016) (Hazen, 2008) and bereavement affects one in ten employees at any given time (McGuinness, 2007).

There is a lack of attention to bereavement and work in the scholarly management literature (Wilson, et al., 2019) with even key academic disciplines that study bereavement (e.g., clinical and counselling psychology, anthropology, thanatology) giving little attention to the impact on workers and the workplace (Stroebe & Schut, 2021).

Rationale:

Company X has c300 employees and does not currently have a Bereavement Leave policy. Whilst they do provide support for bereaved staff, it can be delivered in a somewhat ad hoc manner. There is a desire within the company to develop a more consistent and compassionate approach to staff support through the introduction of a Bereavement Policy.

Design:

This is a mixed methods study involving an online survey open to all staff in Company X, followed by semi-structured interviews with four randomly selected volunteers.

Results:

Two major themes emerged from the data analysis -

- Presenteeism - 70% of survey respondents stated that they returned to work despite not feeling ready to do so, with 22% stating they did so for financial reasons. This theme also arose in the interviews where staff also spoke of having to use their finite sick leave as bereavement leave, often leaving them without any paid sick leave for the rest of the year.
- Flexibility and discretion – both in relation to the nature of the relationship to the deceased in order to avail of bereavement leave and related supports, and also on the timing of their return to work and subsequent work arrangements.

Conclusion:A workshop was held with a subset of the company's management team to review these findings along with the relevant literature and legislation. Key action points were developed to support the introduction of a compassionate Bereavement Policy that is less prescriptive and more flexible than they would initially have envisioned. They have also incorporated grief awareness and literacy training for all staff.

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Grief and Identity: An existential perspective

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Defining grief proves surprisingly elusive. Traditionally, researchers have focused on understanding grief as a response to the death of a loved one. However, this "bereavement-centric" (Cole & Ratcliffe, 2022) perspective has faced substantial criticism for overlooking other forms of loss. In response, newer concepts like "living losses" (e.g. Harris, 2020) have emerged to broaden our comprehension of grief. While this expanded focus is welcomed, it raises the undeniable challenge that not all experiences of loss result in grief. Thus, we are confronted with the fundamental task of delineating the relationship between experiences of loss and grief.

In my talk, I offer an existential response of this fundamental question. In short, I argue that grief emerges when we lose something integral to our identity and sense of self. To support this argument, I draw on contemporary phenomenology and distinguish between four sources of personal identity impacted in grief. Finally, I illustrate how this layered understanding of grief and identity can help us improve general grief literacy, and how it can help us respond adequately to grief responses across different types of loss.

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Coping with Loss: Insights into Support Experiences Before and During the COVID-19 Pandemic

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Background:
Previous studies suggest that the COVID-19 scenario and related isolation measures severely compromised the possibility of bereaved people to receive support from their reference network, a key protective factor with respect to complicated grief (Fernández & González-González, 2020).

Rationale:
As part of the European project ‘AURORA@COVID19-EU,’ funded by the Erasmus+ Agency (reference 2021-1-PT01-KA220-VET-000033092), this study aimed to explore the experience of those who have dealt with the death of a loved one before and during the pandemic scenario.

Design:
In-depth, semi-structured, interviews were conducted with 131 people (women: 62.6%). A Lexical Correspondence Analysis was applied to the verbatim transcripts to identify the two main factorial dimensions which organize similarities and dissimilarities in the discourses of the respondents.

Results:
The first-dimension highlights two different ways of recounting loss: one related to the reconstruction of facts and the other related to the reconstruction of meaning; the second-dimension highlights two different ways to represent the grieving process, conceived as a process that proceeds through support and sharing with other or as an internal process of elaboration.

Conclusion:
The results highlight how experiencing a loss during the pandemic period impaired people's ability to represent and make sense of the experience. Narratives take the form of a descriptive account of events, deprived of the possibility of putting subjective experience into words. The results will be discussed with reference to the concept of loss as a rupture of meaning and the grieving process as a situated and intersubjective process of reconstruction of meaning (Neimeyer, 2014).

Obstacles and Facilitators in the Grieving Processes During the Pandemic in Spain: a Qualitative Study

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Background:
The COVID-19 pandemic led to an increase in grief among individuals who have lost a loved one. Previous studies suggest the existence of potential stressors associated with the pandemic that may have intensified the complication of grief in these individuals (Firouzkouhi et al., 2021; Tao et al. 2022). However, because the measures in each country have been significantly different, it is important to consider each context.

Rationale:
The aim of this research was to identify the obstacles and facilitators associated with grief in individuals who experienced a loss between March 2020 and March 2022 in Spain.

Design:
A qualitative study using individual semi-structured interviews was conducted. The sample comprised 42 participants divided into two groups: grief due to COVID-19 death and grief due to other types of deaths (natural and sudden). Subsequently, the data were analyzed using Atlas.ti v7.5 software, employing an inductive approach based on grounded theory, with procedures of open and axial coding.

Results:
From the analysis, seven codes were obtained within the category "Obstacles during the grieving process", including social disappointment, restrictive measures, and difficulties in carrying out funeral rites. Additionally, ten codes emerged in the category of "Facilitators of the grieving process", including the use of introspection techniques, healthy habits or continuing bonds.

Conclusion:
The results indicate that while some facilitations and obstacles are common to other grief processes, there are specifics challenges related to COVID-19. These findings can be contextualized within the pandemic context and the Dual Process Model (Stroebe & Schut, 2021).

References:

Firouzkouhi, M., Alimohammadi, N., Abdollahimohammad, A., Bagheri, G., & Farzi, J. (2021). Bereaved families views on the death of loved ones due to COVID 19: An integrative review. OMEGA-Journal of Death and Dying, 0(0), 1-16.
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Tao, X., Yu, C. C., & Low, J. A. (2022). Exploring loss and grief during the COVID-19 pandemic: A scoping review of qualitative studies. Annals of the Academy of Medicine, Singapore, 51(10), 619-628.

Bereaved people’s experience of care provided at end-of-life: findings from Ireland’s first National End of Life Survey

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Background:
The National End of Life Survey is Ireland’s first national survey asking bereaved people about care provided to relatives or friends in the last months and days of life and their own experiences of care and support in the final days.

Rationale:
Internationally, insights from bereaved people are used to improve end-of-life care services [1, 2].

Design:
This is a co-produced cross-sectional survey. Survey design was informed by a multi-method approach with extensive stakeholder engagement [3]. This included an international review, gap analysis, focus groups and a Delphi study. The survey examines experiences of care provided in hospitals, hospices, nursing homes and private homes. Topics include pain management, respect and dignity, emotional support, communication with healthcare staff, and provision of information.

Results:
Using records from the civil registry of deaths for September-December 2022, 9,446 people were invited to participate in March-May 2023. The response rate was 48% (n=4570). The survey consisted of 110 questions, 18 specifically asking bereaved people about their own experiences of care and support. 79.9% rated overall care and support they received as good/very good. 84.3% said healthcare staff always engaged with them in a sensitive manner after their relative or friend died. 29.0% said healthcare staff did not provide enough help and support to talk to children/young adults about their relative or friend’s illness.

Conclusion:
Most bereaved people had generally positive care experiences. However, there were some clear areas for improvement, specifically around coordination and continuity of care and communication. Findings will support planning and delivery of end-of-life care using evidence based data.

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2. Centers for Medicare & Medicaid Services. CAHPS® Hospice Survey Quality Assurance Guidelines. 2020; Available from: https://www.cms.gov/files/document/cahps-hospice-survey-quality-assurance-guideline-v70-september-2020.pdf .
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Support in bereavement processes in cases of suicide or substance-related death in childhood: a systematic review

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Background:
Exposure to parental suicide or substance-related death can be a risk factor for unwanted developmental trajectories (Brent et al., 2012). The stigma and taboo that often follow a death subject to being morally sanctioned in society pose an extra challenge for the surviving child and family (Guy & Holloway, 2007). The support of informal and formal networks is an important factor in adaptive coping (Loy & Boelk, 2013); however, when the death is not socially recognised, the child's access to support can be limited.'

Rationale:
This study systematically reviews the research literature on all forms of support (professional, network, and peer support) for bereaved children following suicide or substance-related death.

Design:
This review has been guided by Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). A review protocol has been published on the Open Science Framework platform (https://archive.org/details/osf-registrations-kjtym-v1).

Results
The review found six articles to fulfilling the eligibility criteria, and to be of satisfactory quality. No study on support after substance-related deaths was found. All included studies emphasised open communication as an important supportive practice. The most significant barriers to openness mentioned were dysfunctional family patterns, stigma (both societal and self-imposed), and feelings of guilt and blame from family or networks.

Conclusion:
To conclude we identified a tendency among the six included studies to depict bereavement processes as a loss-oriented, individualised, and isolated processes located mainly within the grieving child. Based on this review, the authors recommend among others to developing research on 1) support for child survivors in the aftermath of substance-related death, and 2), children's everyday grieving practices, including their access to support for restoration-oriented activities.

References:
Brent, D. A., Melhem, N. M., Masten, A. S., Porta, G., & Payne, M. W. (2012). Longitudinal effects of parental bereavement on adolescent developmental competence. Journal of Clinical Child and Adolescent Psychology, 41(6), 778–791. https://doi.org/10.1080/15374416.2012.717871
Guy, P., & Holloway, M. (2007). Drug-related deaths and the 'Special Deaths' of late modernity. Sociology, 41(1), 83–96. https://doi.org/10.1177/0038038507074717
Loy, M., & Boelk, A. (2013). Losing a parent to suicide: Using lived experiences to inform bereavement counseling. Routledge.

Several losses, one bereavement? Biographical elements in the grieving experience of persons aged over eighty

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Background:
Research into bereavement in the elderly is rare, as scientific literature focuses primarily on palliative care and advance directives. And yet, many people over the age of eighty have to organize a funeral when they lose a loved one; they experience a mourning process that often tends to be banalized, if not dismissed.

Rationale:
The succession of deaths, in a long biographical trajectory, might have forged experiences both in funeral rituals and in the experience of bereavement. Are these past experiences likely to have an impact on recent bereavement of the elderly? More broadly, does the experience of one bereavement stand out from the others, or do they cluster together?

Design:
This communication provides some answers to these questions, based on a four-year ethnography financed by the Swiss National Science Foundation (April 2021-March 2025) that documents through observations and interviews funerals organized by people over eighty and their experience of bereavement during the first year after death.

Results:
Fifteen situations were documented in the cantons of Geneva, Neuchâtel and Vaud. We observed not only the organization of funerals with funeral advisors, the preparation of the deceased and ceremonies, but also the resumption of daily life and the first moments of remembrance. More than sixty interviews were also carried out, enabling us to understand how certain life paths have been marked by previous deaths, so that a recent bereavement experience sometimes intertwines several other deceased figures.

Conclusion:
This presentation puts into perspective an anthropological approach to bereavement that takes into account the principle of life-span development, emphasizing that an individual's development is the result of experiences accumulated throughout his or her life, in this case the possible impact of the accumulation of others' death.

References:
Elder, G. H. (1999). Children of the Great Depression. Social Change in Life experience, Westview Press.
Richardson, T. (2014). Spousal Bereavement in Later Life: A Material Culture Perspective. Mortality 19(1): 61-79.
Croxall, J. (2016). Bereavement Support in Later Life: An Emerging Social Problem for the Twenty-First Century. In Foster & Woodthorpe (eds), Death and Social Policy in Challenging Times (pp. 131-149). London, Palgrave Macmillan.

Positive life changes after the traumatic death of a child - the parents' perspective

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The death of a child has long-term effects on the parents' lives. The death of a child shakes the parent's previous worldview and causes changes in the parent's basic beliefs, priorities and views regarding life and death. There is little research information on the positive life changes of parents who have experienced the traumatic death of a child.

The purpose of the study was to describe the positive life changes of parents after the death of a child.

The research data was collected using a questionnaire, which was answered by 67 parents who lost their child traumatically. In addition, 17 of the parents were interviewed, who expressed their willingness to be interviewed in the survey. Interviews deepened the information given on the questionnaire. The research request was submitted through Finnish bereavement organizations. The research data was analyzed using inductive content analysis.

After the child's death, the parents felt that their attitude towards life and death had changed as positive life changes. The strengthening of the spiritual life, investing in one's own well-being and increasing the desire to help others were also positive life changes brought about by the death of a child. In addition, self-knowledge, family cohesion and the significance of human relationships were felt to be positive life changes.

The traumatic death of a child causes several life changes for parents. The information obtained from the results of this study can be used in nursing work to support grieving parents in the life changes they experience and to prevent negative consequences after the death of a child.

Negative life changes experienced by parents after the traumatic death of a child

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The death of a child has long-term and comprehensive effects on the parents' lives. The traumatic death of a child, such as suicide, accidents, homicide, is more difficult to cope with than the natural death of a child or caused by an illness. More research information is needed, especially on the effects of the traumatic death of a child on the lives of parents as a whole.

The purpose of the study is to describe the negative life changes experienced by parents after the death of a traumatic child.

The data was collected using an electronic questionnaire from parents who experienced the death of a traumatic child (n=67). In addition, 17 parents were interviewed. The questionnaire included demographic background variables related to the parents and the deceased child, as well as one open-ended question: Describe negative life changes after the loss. The data was collected between November 2022 and December 2023. The data was analyzed using inductive content analysis.

As negative life changes, the parents experienced a complete change in life, a change in relationships, an increase in various fears, and a change in personality. The negative life changes experienced by the parents were also a weakening of coping skills, a change in the experience of working life, spiritual values and emotions, as well as the challenges of social situations and a change in physical health.

The traumatic death of a child affects many different areas in the parents' lives. The results of the study can be used when dealing with parents who have lost their child traumatically, in preventing the consequences of negative life changes.

Neural, Endocrine and Immune Interactions During Grief and Bereavement: A Systematic Review

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Background:
Bereavement is one of the most stressful life experiences, yet is an inevitable part of human existence. Understanding the cross-talk between the neural networks and the neuroendocrine and immune function during loss, grief and bereavement is crucial for understanding emotional processing and the development of grief interventions.

Rationale:
This systematic literature review aims to comprehensively examine the current literature investigating 1) the neural networks involved in grief and bereavement as imaged through fMRI; and 2) the potential connections between neural mechanisms and autonomic, neuroendocrine and immune functioning in grief and bereavement. Key findings relating to alterations in brain activity, connectivity patterns, volume changes, autonomic, neuroendocrine and immune stress markers within the context of acute and chronic grief, as well as grief coupled with PTSD are discussed.

Design:
A systematic search of three electronic databases (MEDLINE, EMBASE and Cochrane) was conducted. This systematic review was conducted in accordance with the PRISMA statement. Our systematic review protocol was registered with the PROSPERO database. Inclusion criteria: 1) articles published between 2003 and 2024, 2) abstract available, 3) available in English, 4) related to fMRI studies on grief or bereavement and 5) related to neuroendocrine and immune system activity. Exclusion criteria: 1) sole inclusion of non-bereaved participants, 2) related to pet bereavement, 3) related to unborn child grief, 4) no full text available, 5) employed machine learning, 6) interventional studies, or 7) investigated relation to Alzheimer disease pathologies.

Results:
A total of 14 original articles met the predefined inclusion criteria.

Conclusion:
This systematic review provides a comprehensive overview of the current state of fMRI research on the neuroscience of bereavement and its relevance to emotional, cognitive, and autonomic, neuroendocrine and immune processing, highlighting areas for future research.

Arizmendi, B., Kaszniak, A. W., & O'Connor, M. F. (2016). Disrupted prefrontal activity during emotion processing in complicated grief: An fMRI investigation.
Michel, C. A., Mann, J. J., & Schneck, N. (2024). Neural correlates of deceased-related attention during acute grief in suicide-related bereavement.
O'Connor, M. F., Gündel, H., McRae, K., & Lane, R. D. (2007). Baseline vagal tone predicts BOLD response during elicitation of grief.

Adult sibling bereavement in the Netherlands: social support, meaning and lived experiences of grief and loss

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Background:
Bereaved individuals benefit from a supportive social network. However, in the case of sibling loss in adulthood, several scholars report lack of support and acknowledgement, even among health care professionals. Therefore, they are often considered forgotten grievers (Rostila et al., 2012). Furthermore, sibling loss may evoke existential questions regarding the meaning of life. Existential meaning can be reflected in certain needs for meaning (Jacobs, 2020); Derkx et al. (2020) identify seven of such needs for meaning.

Rationale:
The present study aims to explore the lived experiences of grief and loss among adults whose sibling died, the social support they receive following the loss, and their need for meaning. This study is significant for professionals working in bereavement care in Europe, including chaplains.

Design:
This study has a qualitative design, in which ten bereaved adults who lost one or more adult siblings to illness or suicide, were interviewed in-depth. The interviewees were three men and seven women living in the Netherlands. Interpretative phenomenological analysis was used to analyze the data.

Results:
The death of an adult sibling is a profound loss which leads to long-lasting grief, even if the siblings were not close. In general, respondents receive support and acknowledgement from close friends and family, but not from their wider social network. The loss increases the respondent's sense of temporality which urges a reconsideration of what gives value to life. All respondents long for connection, with their families and deceased sibling. A protective presence of the deceased is often felt.

Conclusions:
Dutch adults who have lost a sibling experience long-lasting grief and have mixed experiences with support receipt. They report three needs for meaning: moral justification, connection, and transcendence.

Derkx, P., Bos, P., Laceulle, H. & Machielse, A. (2020). Meaning in life and the experience of older people. International Journal of Ageing and Later Life, 14 (1), 37-66. https://doi.org/10.3384/ijal.1652-8670.19467
Jacobs, G. (30-03-2020). Meaning in spiritual care. Ethicsofcare.org. https://ethicsofcare.org/meaning-in-spiritual-care/
Rostila, M., Saarela, J., & Kawachi, I. (2012). The forgotten griever: a nationwide follow-up study of mortality subsequent to the death of a sibling. American Journal of Epidemiology, 176 (4), 338-346. http://doi.org/10.1093/aje/kws163 .

Grief Rumination: The Mediating Link Between Guilt, Pending Issues, and Bereavement Outcomes

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Background:
Grief and trauma following the loss of a loved one are complex emotional experiences with significant individual differences. Among the various factors influencing the grieving process, guilt and unresolved issues with the deceased have been identified as important variables. Understanding the mechanisms through which these variables impact grief can inform interventions aimed at promoting healthier grieving processes.

Rationale:
This longitudinal study aims to investigate the role of guilt and pending issues in the experience of grief and trauma among individuals who have lost a loved one. Specifically, the study examines the mediating effect of grief rumination.

Design:
The study comprises 141 participants, aged between 18 and 76, who have experienced the loss of a loved one. Data was collected at two assessment points: the first assessment occurred 3 to 6 months post-loss, while the second assessment took place 9 to 12 months post-loss. Utilizing a longitudinal design allows for the examination of changes in grief, trauma, guilt, pending issues, and grief rumination over time.

Results:
Analysis revealed total mediation for all models, indicating that grief rumination fully mediated the relationship between guilt and pending issues, and the experience of grief and trauma.

Conclusion:
The results highlight the importance of addressing guilt and unresolved issues in interventions aimed at promoting healthy grieving processes. Targeting grief rumination may be a particularly effective strategy for mitigating the negative impact of guilt and pending issues on grief and trauma outcomes among bereaved individuals.

Eisma, M. C., & Stroebe, M. S. (2017). Rumination following bereavement: an overview. Bereavement Care, 36(2), 58–64. https://doi.org/10.1080/02682621.2017.1349291

Li, J., Tendeiro, J. N., & Stroebe, M. (2019). Guilt in bereavement: Its relationship with complicated grief and depression. International journal of psychology: Journal international de psychologie, 54(4), 454–461. https://doi.org/10.1002/ijop.12483

Milman, E., Neimeyer, R. A., Fitzpatrick, M., MacKinnon, C. J., Muis, K. R., & Cohen, S. R. (2019). Rumination moderates the role of meaning in the development of prolonged grief symptomatology. Journal of clinical psychology, 75(6), 1047–1065. https://doi.org/10.1002/jclp.22751

Exploring the Therapeutic Role of Alternative Tribute Practices in Bereavement: A Longitudinal Study during the Pandemic

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Background:
A significant loss can deeply impact how the bereaved individual perceives themselves and the world around them. When this loss additionally involves traumatic aspects, there is a greater likelihood of the bereaved experiencing difficulty in making sense of it.

Rationale:
By exploring the mechanisms between grief/trauma and the challenges in making sense of loss, we gain a deeper understanding of the individual's adaptation process. Thus, the aim of this study is to explore the moderating role of engaging in alternative forms of tribute (such as creating memorials on social media, writing letters to the deceased, and using the deceased's belongings) in the relationship between grief/trauma, and the difficulty of making sense of the loss.

Design:
The sample consists of 141 participants, aged between 18 and 76, who lost a loved one during the pandemic. This is a longitudinal study with two assessment times, the first being 3 to 6 months after the loss and the second being 9 to 12 months after.

Results:
The results demonstrate that creating memorials on social media and writing letters to the deceased buffered the effect of symptoms of grief/trauma and the difficulty of making sense of loss.

Conclusion:
The contribution of this study lies in increasing knowledge about the impact of alternative forms of tribute in the grieving process. These alternative forms of tribute, when framed as coping strategies for grief, can be beneficial in clinical settings.
Keywords: Grief; Trauma; Meaning-Making; Alternative Forms of Tribute

Boals, A. (2012). The use of meaning making in expressive writing: When meaning is beneficial. Journal of Social and Clinical Psychology, 31(4), 393-409.

Fitzke, R. E., Marsh, D. R., & Prince, M. A. (2021). A longitudinal investigation of the meaning-making model in midlife adults who have experienced trauma. Journal of Clinical Psychology, 77(12), 2878-2893.

Gibbs, M., Meese, J., Arnold, M., Nansen, B., & Carter, M. (2015). # Funeral and Instagram: Death, social media, and platform vernacular. Information, communication & society, 18(3), 255-268. https://doi.org/10.1080/1369118X.2014.987152

Making the Case for Good Grief and Bereavement Care in the Workplace: A position paper for employers, employee representative organisations and policymakers.

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Background:
Bereavement and loss are a natural yet challenging part of life. Many people will be working at the time of a loss, spending a significant proportion of time there, making this a particularly important setting for the provision of effective grief care, in order to best support employee wellbeing1.

Rationale:
To explore how loss experiences impact on employees' personal and professional lives and how employee health and wellbeing can be protected, promoted and enhanced in the workplace, creating necessary foundations for better grieving, the benefits of which extend beyond the employee.

Design:
A literature review was conducted of current workplace and health promotion sources (Cinahl database, WHO and Health and Safety Authority Workplace Guidance, Health/Health Promotion Policies, etc.). Consultation with employees working across several settings was undertaken to capture the lived reality and diversity of grief experiences and to validate the literature review.

Results:
Bereavement, loss and grief have an impact on employee health and is an under-recognised key determinant of employee wellbeing and organisational performance and health. Results show that bereavement care is not only the ethical thing to do but also the legal and cost-effective thing to do2. Positive impacts can be seen on employee morale and welfare and on staff retention, with benefits extending beyond the individual to the family, community and society. A workplace health promotion strategy is an effective vehicle for achieving this3.

Conclusion:
As highlighted in the Adult Bereavement Care Pyramid people need a compassionate response from those in their immediate networks, including the workplace. While individual skills building and awareness is important, organisation wide approaches are vital to embedding good grief support into the workplace. The research highlights the importance of using a health promotion settings-based approach to do this with recommendations for employers and policy makers.

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2. World Health Organisation. (2010). Healthy workplaces: a model for action: for employers, policy makers and practitioners
3. World Health Organization (1986) Ottawa charter for health promotion.

Addressing the social determinants of health in grief and loss theories and models: A scoping review

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Background:
Grief and loss theories and models[1] [2] address how individuals uniquely experience what is considered a universal experience. The focus is on how multiple dimensions (biological, physiological, neurological, psychological), influence the loss. Less clear is how social determinants of health, such as structural (dis)advantage are integrated.

Rationale:
An overwhelming representation of white women in grief research[3] led this group of academics and practitioners, to question whether current theories and models can centrally address diversity, justice, or equity.

Design:
A rigorous scoping review using best practice guidelines[4] explores how research utilizing current models have addressed structural and social determinants of health. Focusing on assumptions and values underscoring theories, methods, and participants, this work aims to map out if and how structural (dis)advantages, systemic oppression, and diverse community experiences are reflected in this scholarship.

Results:
Underscoring this ongoing review, is the need to work collaboratively, and systematically document foundational tenets, methods, and evidence informing knowledge of how grief and loss theories and models address structural and social determinants of health.

Conclusion:
In concert with others[5] we aim to expand our understanding of how grief and loss research can be inclusive, trauma-informed, equitable, accountable and decolonized in addressing the complex social, cultural, economic and political contexts within which loss unfolds.

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Is grief universalism reviving amid digital commercialization?

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This research paper examines the intersection of grief with digital commercial interests, through the lens of current grief understandings. Taking a range of grief-focused digital products, services and phenomena as illustrative examples, it makes the case that the contemporary digital commercialization of grief is giving rise to the revival of outmoded universalist grief framings with problematic histories and attendant harms.

One-size-fits-all approaches to grief have a long history in research, theory and practice, with the twentieth century of Grief and Bereavement Studies dominated by attempts to squeeze grief into a universal shape applicable to all who grieve. However, as this history shows, universalist grief framings harden into rigid prescriptions, creating harmful normative expectations that people ought to grieve in particular ways and durations, and undermining, invalidating and stigmatising experiences that do not accord with supposed grief universals (Valentine, 2006; Wortman & Silver, 1989; Hedtke & Winslade, 2016).

Despite the shift toward plurality and specificity in contemporary grief understandings, this paper observes that universalist grief framings are prominent features of modern digital platforms, products and services in the grief space, which once again threaten to flatten grief’s spectacular diversity (Bonnano, 2010). Moreover, and critically for our field, this paper argues that this signals a return to a dark history of grief framed in monochrome rather than “technicolour” (Skoglund et al., 2023). It seeks to kindle our awareness of the revival of universalist forces and invite exploration about we might navigate and counteract them.

Bonanno, G. (2010). The other side of sadness: What the new science of bereavement tells us about life after loss. Basic Books.

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A New Text-Based Approach to Delivering Quality Bereavement Care

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Professional and community support during bereavement is in short supply and can be difficult to access (Aoun et al., 2020). Only a minority of grievers are extremely satisfied with the support they receive (Cacciatore et al., 2021). Researchers and bereavement professionals are seeking innovative low-cost, high-reach forms of support to meet grievers' needs (Zuelke et al., 2021). This presentation will report on grievers' perceptions of the acceptability and helpfulness of Grief Coach, an innovative, ongoing, expert, text-based grief support service aligned with a public health approach to bereavement care. The messages, grounded in contemporary models of grief and coping, provide support, information, and encourage engagement in adaptive coping behaviors. Participants in the evaluation were bereaved individuals who enrolled in Sue Ryder Grief Coach. Sue Ryder is a bereavement charity in the UK. Based on program administrative data, the 6- and 12-month program retention rate was 97.8% and 83.2%. Among 2,317 subscribers who met inclusion criteria for and completed a brief evaluation (N=1,318, response rate = 56%), 94.8% rated the program as at least moderately helpful, and 95.4% said it contributed moderately to their sense of being supported in their grief. The most common themes emerging from a qualitative analysis of the written comments were how the program helped with coping (59.4%) and appreciation for the program (53.6%). These preliminary data suggest that bereaved individuals find the Grief Coach text message program to be acceptable and helpful, thus making it a viable public health intervention for bereavement care.

The Child Attitude to Grief Scale. Assessing grief in bereaved children and young people; a validation study.

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Background:
The need for measures which effectively assess grief and support needs in bereaved populations is well recognised. However, there is limited evidence for child-specific measures of child grief.

The Child Attitude to Grief (CAG) Scale is adapted from the Adult Attitude to Grief Scale (Sim et al 2014). The 9-item scale explores how a bereaved child/young person is experiencing and expressing their grief, based on the Range of Response to Loss model of grief concepts (Machin 2001), of overwhelmed and controlled core reactions and resilient coping responses. It reflects an emerging call to use a contextualised, multifaceted approach to assessing child grief (Lytje & Dyregrov, 2024). The CAG scale is currently being used with children aged seven to eighteen by a small number of child bereavement services including Winston’s Wish. Upon validation the CAG will have the potential for far wider dissemination.

Rationale:
This is a two-stage validation study to develop and determine the suitability of the scale for use in clinical practice and research/evaluation, following COSMIN guidance. This presentation focuses on the first qualitative stage of the study, assessing the face and content validity of the scale.

Design:
Four focus groups were held with three stakeholder groups; young people with experiences of bereavement (1 group, n=3); parents of bereaved children (1 group, n=3) and professional practitioners who have been using the CAG with bereaved children and young people (2 groups, n=10).

Results:
Participants valued the conversational approach in using the measure, as a means of delivering focused therapeutic sessions and viewed the core constructs and related items as relevant and comprehensive. However, ambiguity was perceived in some of the items, and the language in places considered too complex for younger children. The visual response scale was felt to need simplifying, with potentially different options for different age-groups.

Conclusions:
Our results have informed a modified version of the CAG which is being piloted in cognitive interviews with young people who have experienced bereavement, prior to field-testing to assess the scale’s reliability, validity and responsiveness.

Experiences of Norwegian families attending to online courses of therapeutic writing after the death of a child

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How can bereaved parents receive effective forms of support that promote their health and wellbeing if there is limited knowledge about the nature of these needs and how to meet them? Since 2020, and thanks financing from the DAM foundation and the LUB Research Fund, I have collaborated with The Norwegian SIDS [sudden infant death syndrome] and Stillbirth Association (LUB), and have set the basis for user-involvement and piloted 5 online courses on therapeutic writing (females n=49; males n=15) in Norway. The objectives of this project have been to, a) gain knowledge about the experiences and needs of mothers and fathers as they grieve the death of their children; b) develop an empirically-based intervention that is sustainable for volunteer organisations over time. We have integrated phenomenological and existential methodologies from anthropology and psychology as we work with these families, collecting our data from fieldwork, qualitative surveys, focus groups, and writings that the parents donated to us after attending to our courses. User insights suggest that online low-threshold interventions alike are attractive and inclusive, easing the access to peer-support and specialized grief support independently of geographical location, gender, or diagnosis. The sense of community crafted in these groups, in addition to the benefits of writing practices that increased emotional literacy, helped them process difficult emotions such as anger and shame.

The My Grief mobile app for bereaved parents: a randomised controlled trial

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Background:
The death of a child is one of the most devastating experiences a parent can go through. Bereaved parents show an increased risk for mental and physical health problems and have an increased risk of developing prolonged grief (1).

Rationale:
There are few studies evaluating the effects of psychosocial interventions for bereaved parents (2), and mHealth interventions can be an accessible resource for support. The aim of this study was to evaluate the effect of access to the My Grief app on psychopathology symptoms and evaluate the app's helpfulness for bereaved parents.

Design:
A two-armed parallel-group randomised waitlist-controlled trial for parents who had lost a child 1-10 years was conducted. The intervention group (n = 126) had access to My Grief for three months, and the control group (n = 122) were on a waitlist. Participants reported at baseline and after three months. Effects on symptoms of prolonged grief, posttraumatic stress and depressive symptoms were assessed with mixed effects models. A mixed method was used to analyse closed- and open-ended answers from the evaluation survey.

Results:
Access to My Grief was associated with reduced prolonged grief (B=-1.86, p=.04) and posttraumatic stress (B=-3.85, p=.02), but not depressive symptoms (B=-0.36, p=.61). The parents were satisfied with the app, and would recommend it to parents in similar situations. They found it calming, pleasant and user-friendly, enhancing their understanding of grief and prolonged grief reactions.

Conclusions:
The app may improve symptoms of prolonged grief and posttraumatic stress (3) and is well-received as user-friendly and educational (4) among bereaved parents.

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Exploring Grief: An In-Depth Analysis of Bereavement Counselling in the Initial Phases of Loss

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Background:
The study aims to gain an understanding of the experience of qualified therapists in counselling early-stage bereaved clients and what are the implications in clinical practice.

Rationale:
Existing bereavement research studies primarily focus on the bereavement counselling experience which excludes the initial few months post-death (Aoun et al., 2015; Lundorff et al., 2019; Newsom et al., 2017; Dodd et al., 2019) or proposes that grief counselling applies to those at elevated risk (Machin, 2014). The gap identified in the literature relates to the therapist's experience of counselling provision for clients who are in the early stages of grief.

Design:
Semi-structured qualitative interviews were conducted with six qualified therapists all of whom had bereavement counselling experience in community support services and private practice. A phenomenological approach was the framework for the thematic analysis of the data.

Results:
Participants were in favour of bereavement counselling at all stages in the grieving process based on their clinical practice and personal experience of bereavement. The goals of early bereavement counselling were normalizing the client's experience, providing psychoeducation, assessing the client's risk based on emotional and functional factors, and support through listening and facilitating clients to release their emotions in a safe space. The therapist's qualities of empathy and intent listening skills were deemed as important. The relationship where trust is fostered and being present for the client was seen as an integral part of the process. This research challenges the belief that bereavement counselling is not advised during the first 6 months post-death. There was consensus amongst interviewees that there is no correct time to seek bereavement counselling.

Conclusion:
The therapeutic experience of empathetic listening and a trusting relationship were seen as important in early bereavement counselling. In this research, there were no cautionary aspects to early bereavement counselling. Still, it was acknowledged that the counselling period may be limited to a few sessions and the client should seek assistance of their own accord. This initial connection may facilitate the client's functionality and prevent escalation into prolonged grief. Deeper clinical work was not advised by participants at this early stage of grieving.

The role of public policy for grief support in the case of stigmatised deaths

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Background:
Bereavement after a drug-related death (DRD) has been depicted as a stigmatised bereavement (Stout & Fleury-Steiner, 2023), with a high risk for bereavement complications (Titlestad et al., 2022). Outreach professional help can be an important preventive measure.

Rationale:
Research on DRD bereavement has shown a discrepancy between the bereaved persons' need for help and the help that is received (Kalsås et al., 2023). We will discuss the role of policy guidelines in ensuring equal and justifiable help to those bereaved needing professional grief support in the community.

Design:
This presentation synthesises results from a Norwegian project on DRD bereavement (the END project) and builds on data from twelve focus group interviews with first responders (n=27) and municipal managers (n=26).

Results:
Norwegian guidelines on psychosocial follow-up in case of unnatural deaths have existed since 2011 and have been important for implementing routines for follow-up in the municipalities and for recognising psychosocial follow-up as a public responsibility. The END project has found that DRDs mostly have fallen outside the scope of the guidelines. Results from the END project document a need for more detailed policy guidelines and locally anchored routines for inter-organisational collaboration and communication in the acute phase.

Conclusion:
Well-defined guidelines that are known for all helpers can reduce inequality in service provision and stand forth as crucial in the case of vulnerable and stigmatised populations whose ability to reach out for help can be impeded.

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The relatives' experiences of corona-era funerals in Finland

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The purpose of the study was to describe the relatives' experiences of corona-era funerals in Finland, and to describe future development challenges related to the imposition of corona restrictions and their consequences from the perspective of the relatives.

The study is part of the Grief Research Project at the University of Tampere. The data was collected through electronic survey (n=11) and interviews (n=6) from Finns who lost a loved one during the corona restrictions, through Facebook groups of relatives of those who died of corona, Mieli Ry and bereavement organizations. Inductive content analysis was used as the analysis method.

The corona restrictions affected the funeral arrangements. The funeral preparations were extraordinary and meeting the funeral priest was unusual. There were exceptions when choosing a funeral place. Participation in the funeral was limited. The relatives encountered exceptions in the manner of the funeral and the funeral priest, as well as in the memorial service. Restrictions were violated at funerals.

Relatives' experiences of corona-era funerals were connected to the success of the desired funeral despite the pandemic. Sometimes the funeral arrangements were successful without restrictions. The funeral was also very meaningful to the relatives. The restrictions related to the funeral caused psychological effects on the relatives, and the limited participation in the funeral had an impact on the relationships between the relatives.

The relatives hoped for changes to the restrictions set by the health care staff. Wishes were also expressed regarding the possibility of relatives participating in treatment in the future, better communication with health care personnel, the possibility of last goodbyes, and considering the overemphasis of corona in diagnosis. Development challenges related to pandemic restrictions included hopes for better handling of the pandemic and setting restrictions, making funerals possible in the future, and considering the extra effort caused by the corona pandemic.

The last farewell and funeral rituals are very important for relatives. Despite the exceptional circumstances, the opportunity for a final farewell should be possible for all relatives. In the future, alternative methods of operation for traditional funeral rituals can be developed. When setting all restrictions in an exceptional situation.

Grief, help and support for bereaved persons who use illicit drugs

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Background:
Individuals who use illegal drugs are at a high risk of witnessing drug-related deaths, losing loved ones to such deaths, and experiencing their own overdoses or health issues. Additionally, they are likely to go through a complex grieving process after the loss (Parisi et al., 2019). However, mourners who use drugs have not received much attention in practice or research.

Rationale:
This poster presents insights on bereaved persons who use illicit drugs' experiences of grief, help and support. The aim is to enhance the consciousness and knowledge of an overlooked group of bereaved persons.

Design:
The two studies presented are part of the END project and are based on qualitative individual interviews with 13 bereaved persons mourning drug-related deaths who have, or have had, extensive use of illicit drugs (Selseng et al., 2024; Selseng et al., 2023).

Results:
The bereaved persons describe strong grief reactions. Grief was often managed with increased substance use, but could also have a positive impact on one's substance use. The bereaved persons experienced a lack of social support and help aimed at meeting their needs as mourners. Instead, the focus of others was primarily on their substance use.

Conclusion:
Despite the fact that the death of a loved one had a major impact on their lives and, for many, created a risky life situation, most of the bereaved did not get either the social support or the professional help they needed. It is essential to raise awareness and understanding of how to provide better help and support to individuals who are grieving and using drugs.

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Bereavement support for parents and siblings who have experienced traumatic death of a child in Finland - the perspective of grief experts

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The purpose of the study was to describe grief experts' views on supporting parents and siblings who have experienced the traumatic death of a child in Finland.

The study was carried out as a qualitative study. The data were collected from bereavement experts (n=26) using an electronic LimeSurvey questionnaire. The data were analysed using inductive content analysis.

According to grief experts, parents who have lost their child and the child's siblings need humane, interactive, grief-understanding, concretely helpful, informative, systematic and targeted support the most. The challenges faced by the bereaved are the inadequacy of organizing support, the inadequacy of providing support, the incompetence of the support provider, the inadequacy of utilizing support, the difficulty of dealing with grief, the inadequacy of healthcare operating models and the inadequacy of operating models of the support system.

Actions to improve the support system for the bereaved were described as increasing the understanding of the grieving process, raising grief awareness, offering support as needed, offering concrete support, utilizing the support system adequately and developing operating models for grieving.
The support needs of the bereaved and the support offered to them do not meet sufficiently.

In order to provide equal bereavement support, Finland should create a national bereavement operating model and develop the training of professionals providing bereavement support. In addition, experience specialists should be included in the service development

The possibilities of an online support application to support parents who have experienced the death of a child - the perspective of grief experts

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The death of a child is a traumatizing life event, after which parents and siblings need diverse and long-term support. One way to address the challenges faced by bereaved is to provide an easily accessible online grief support application. Various internet-based support interventions have increased in popularity in recent years and have also been found to be very useful in supporting the bereaved.

This study is part of a larger EU-funded grief project of the University of Tampere. The purpose of study was to describe the views of grief experts on the possibilities of an online grief support application to help parents who have lost their child cope with their grief. The study participants 26 grief experts. The data for the study were collected in spring 2023 from grief experts using an electronic LimeSurvey questionnaire. The questionnaire consisted of 12 background variables and open-ended questions related to the possibilities of the online grief support application to support parents. The qualitative data of the open-ended questions were analyzed using inductive content analysis.

According to grief experts, an online support app designed for bereaved parents helps parents who have lost their children by supporting the well-being of those who are grieving and providing personal and accessible support. The grief support application also offers an interactive form of support, a channel for information and it complements other support services.

The results of both the empirical research article related to the Master's thesis and the add-on can be utilized in the development of support interventions for the bereaved and in training in encountering the bereaved.

An Exploration of bereaved parents' support needs following pregnancy Loss

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Backround:
Death before birth is the ultimate paradox and represents a huge psychological challenge for expectant parents.
The loss of a pregnancy, or death of a baby around the time of birth is generally unanticipated; hopes and dreams for the future imagined are shattered. and the grief experienced is generally unacknowledged and misunderstood by family and society as whole. Recent research has highlighted the specific support need of women following pregnancy loss highlighting the need for hospital based psychological support

Rationale:
Most people are resilient in their grief with 20-30% of the population requiring additional support needs outside of their natural support networks. This initiative proposes to provide level 2 support and risk asses those who need specialist intervention.
Recent national guidelines published in relation to recurrent miscarraiges and stillbirth highlight that maternity hospitals need to provide appropriate psychological support ((H.S.E.2023) to women who experience pregnancy loss. Currently their is the risk of grief being pathologised within the hospital staff with referrals to mental health teams. The purpose of this initiative is to provide a one to one dedicated bereavement support service to women, who experience spontaneous pregnancy loss within in the hospital setting to those women who request it.

Design:
A three month pilot programme has commenced on April 16th 2024, offering a talk therapy to service users who have experienced a pregnancy loss within the past year. This will be provided by a bereavement midwife specialist who has an MSc in Bereavement & Loss, currently studying a BSc in Counselling & Psychotherapy.

Results:
Results will be collated from mid April - Mid July and interpreted to determine service need.

Conclusion:
The healthcare setting plays a crucial role in meeting the needs of women and their partners who have experienced perinatal loss.
Findings of the pilot will determine integration of the service into the hospital's care pathway for bereaved parents, providing those who request additional support with a holistic care pathway.

A rapid review of the evidence on internet-based interventions for bereavement support

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Background:
Grieving is a natural process, and many people adjust with support from family and friends. However, around 40% of people would benefit from additional input. (1, 2) Online bereavement support interventions are increasingly available and evidence on their value is now emerging.(3)

Rationale:
To synthesize evidence on the feasibility, effectiveness, impacts and implementation of online interventions to improve wellbeing, coping and quality of life after bereavement.

Design:
A rapid review of evidence regarding online bereavement support. We appraised study quality using AMSTAR 2 and the Mixed Methods Appraisal Tool. We identified English language articles published 1 January 2010 to 4 January 2024, using Ovid MEDLINE, Ovid Embase and APA PsycINFO. Eligible articles were evaluations of online interventions aiming to improve psychological and psychosocial bereavement outcomes.

Results:
We screened 2050 articles by title and abstract. Four systematic reviews and 35 individual studies were included. Online bereavement support was generally feasible, acceptable, and effective in reducing grief intensity, stress-related outcomes and depression. Positive impacts included: increased access to a supportive community at any time, reduced isolation; opportunities to express and process feelings; normalisation of loss responses; greater access to information on coping; and opportunities for meaning-making and remembrance. Where reported, participant retention was typically >70%. Few negative impacts were identified.

Conclusion:
Online interventions can widen access to acceptable, effective bereavement support and improve outcomes for bereaved people. Future research examining the role of online intervention facilitation is recommended, as are studies involving more diverse populations and assessing cost-effectiveness.

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“Even More Than Standing, They’re Flourishing”: The Experiences of Bereaved Family Members Volunteering on a Bereavement Programme

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Background:
Occasionally, bereaved parents and siblings engage in volunteer work after the death of a child and the practice has been reported to have beneficial outcomes (Huo et al., 2022). Helping others experiencing a similar loss can foster healing (Hanlon et al., 2022). It allows the bereaved volunteers the space to revisit the death of their loved one, which they may not get the opportunity to do in their everyday life (McClatchey et al., 2019).

Rationale:
This study explores the experiences of individuals that have lost a child or sibling, who volunteer on a bereavement camp. The research aimed to understand how volunteering impacts the grief process, and what bereaved volunteers bring to the programme given their personal experience of loss.

Methods:
This was a qualitative study, adopting a descriptive phenomenological design. The participants were seven parents and two siblings volunteering at a bereavement camp. All had experienced the death of a child/sibling under the age of 18 years. Thematic analysis was used to identify findings.

Results:
Bereaved volunteers described the benefits of volunteering to their grief, including keeping the deceased child’s memory alive and providing access to a support system. The positive contribution of these volunteers included a sense of representing life after the child’s death and an intrinsic understanding of families’ experiences.

Conclusion:
The research informs bereavement support providers about the potential contribution of bereaved volunteers to the continuum of supports. It adds to the literature on grief and volunteering and gives voice to a population that is under-represented in current research.

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Hanlon, P., Kiernan, G., & Guerin, S. (2022). Camp draws you back into life again: Exploring the impact of a therapeutic recreation–based bereavement camp for families who have lost a child to serious illness. OMEGA-Journal of Death and Dying, 0(0), https://doi.org/10.1177/00302228221075282
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Development of a logic model describing how online Acceptance and Commitment Therapy can improve bereavement outcomes

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Background:
A logic model is a graphic which represents, in a simplified form, the theory of how an intervention produces its outcomes. Logic models are useful as they clarify intervention components, factors which influence implementation, and data needed to support evaluation.(1, 2)

Rationale:
We sought to develop an online Acceptance and Commitment Therapy (ACT) intervention, called My Grief My Way, to improve coping and quality of life after
bereavement. Here we describe the development of the logic model that guided intervention development.

Design:
We synthesized evidence from: (i) research literature on grief theories, bereavement support and online interventions; (ii) interviews with 9 therapists providing bereavement support using ACT;(3) (iii) workshops involving staff from organisations providing bereavement support and (iv) input from the research team and collaborators. A draft logic model was developed and subsequently refined at a workshop with 5 bereaved people.

Results:
Our resulting logic model illustrates the links between: risk factors for grief; indicators of problematic grief; online ACT intervention components (e.g. audiovisual stories illustrating stuck points in grief; ACT exercises and skills development); intervention features (e.g. easy to navigate); behavioural determinants (e.g. IT literacy, motivation), behavioural change mechanisms (e.g. increased openness, awareness and engagement) and key outcomes (e.g. wellbeing, coping and quality of life).

Conclusions:
The My Grief My Way logic model provides a rigorous framework for the development of online ACT bereavement support based on theories, evidence, and the experiences of bereaved people and professionals. The model will guide future evaluation and implementation of the intervention.

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Developing an evidence - based Competency Framework for Level 2 Bereavement Service Providers

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Background:
The Framework for Adult Bereavement Care[1], based on the public health approach[2], suggests people who experience bereavement have needs ranging from acknowledgement and compassion at Level 1 (all bereaved people) to specialist therapeutic support at Level 4 (minority of bereaved people). The framework also identifies supports/services appropriate to meet each level of need and the corresponding knowledge/skills for those providing support. However, there are no agreed standards for bereavement care services in Ireland, nor agreed competencies for service providers at any level of care[3].

Rationale:
The project sought to develop a CORE Competency Framework for bereavement service providers working at Level 2. Providers at this level offer emotional and/or practical support to those who have been bereaved and is most commonly provided by a bereavement support volunteer or in the context of a person's professional role1.

Design:
A literature review on competence in bereavement care and aligned areas was conducted. Based on this review, a survey was developed which presented a list of core competencies.

Results:
A review of the literature identified six domains of competency and associated indicators. Key subject experts (n=49) were invited to participate in a two-round online Delphi survey. 94% of participants completed Round 1 survey and 74% completed Round 2. The final framework included 89 competency statements under five domains.

Conclusion:
This study used a rigorous process to develop a competency framework for Level 2 bereavement service providers, thus providing a way to standardize the knowledge, skills and attributes expected of a service provider at this level. It will inform the development of an eLearning resource for bereavement service providers in the community. This framework will be of value to national and international bereavement service provider organizations' to guide training for their level 2 service providers.

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Practitioner perspectives on the use of Acceptance and Commitment Therapy (ACT) for bereavement support

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Background:
Acceptance and Commitment Therapy (ACT) aims to improve human functioning and has shown efficacy across a wide range of conditions.(1, 2) ACT may be a promising means of supporting bereaved people, yet evidence on the use of ACT for bereavement support is lacking.(3)

Rationale:
Our aim was to explore how ACT is currently used for bereavement support and practitioners perspectives on its effectiveness.

Design:
Semi-structured interviews were conducted online via MS Teams with practitioners experienced in using ACT for bereavement support.

Results:
Nine participants were recruited. Three themes were identified: (i) creating psychological space around grief; (ii) using psychological space for value-directed action in the midst of grieving, and (iii) adapting ACT for bereavement support. Practitioners indicated that ACT improves clients' relationship with distressing internal experiences. Metaphors and mindfulness techniques were used to encourage acceptance of grief responses, take perspective on distressing thoughts and images, and contact the present moment. Better relationships with distressing experiences were regarded as less psychologically taxing, improving coping and well-being, while providing the psychological space to engage in value-directed action. Sensitive exploration of values was seen as supporting the bereaved person to rediscover a sense of purpose and engage in meaningful activities. Practitioners used ACT flexibly, integrating other interventions, and adapted ACT to the perceived sensitivities of bereaved people, and age-related and developmental factors.

Conclusion:
ACT can be used to support people who have been bereaved to live well with their loss, and to enable them to identify, reconnect with, and act in line with their values.

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Addressing the need for a social network-centric approach to bereavement support

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Background:
Supportive social relationships are crucial when grieving and is the foundational level of the bereavement pyramid. However, many bereaved individuals experience barriers to communication, understanding and care within their close social relationships after a loss, especially so in case of unnatural/traumatic deaths like drug-related deaths.

Rationale:
The aim of the Phd-thesis was to develop knowledge on the needs of help and the conditions for support and care in family and close social networks for individuals bereaved by a drug-related death (Kalsås, 2023).

Design:
The thesis builds on mixed methods. DRD-bereaved family members and close friends (N=255) were recruited for a cross-sectional survey. The participants reported needs for professional help and conditions for support within their social network were mapped. Interviews with bereaved parents (N=14) were then analyzed to explore their experiences of family interactions.

Results:
The sample reported low average scores on variables concerning support in social relationships, 81% reported a need for professional help, and two-thirds felt that their children needed help. The parents perceived that relational family challenges concerned emotionally-oriented conversations and family flexibility. Some parents experienced increased closeness within the family and consequently had less need for professional help. A comprehensive family perspective was lacking in the professional support (Kalsås, 2023).

Conclusions:
By drawing from our findings and leveraging insights from a psychosocial crisis approach like Open Dialogue, which utilizes dialogical social network meetings to mobilize the existing resources within family and social relationships (Seikkula & Arnkil 2006), we advocate for early professional help within a community-based framework. Building on the values of "Compassionate communities" stating that bereavement care is everyones responsibility (Kellehear, 2013), and by prioritizing families and social networks, offering early support through the engagement of natural support systems could prove highly advantageous.

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Co-creation of a specialised training programme in bereavement support: filling the gap in the training needs of Portuguese professionals.

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Bereavement research and intervention in Portugal is advancing, evidenced by a surge in interdisciplinary projects over the past decade. The 11th International Conference on Grief and Bereavement (2017) in Lisbon underscored the necessity for comprehensive research and led to the formulation of a public bereavement policy. This policy, reflected in Standard 3 of 2019 by the Directorate-General of Health, established Portugal's Model of Differentiated Intervention in Prolonged Grief in Adults, derived from Aoun et al.'s three-stage model. Subsequent training initiatives primarily target psychology professionals for specialized intervention in prolonged bereavement.

This study proposes a bereavement support curriculum for Portuguese professionals (education, psychology, health and social work), providing them with qualified bereavement training for selective intervention with people with intermediate bereavement support needs. The methodology involves characterizing the global landscape of grief counseling training, identifying Portuguese professionals' training needs, and critically analyzing both contexts to design a tailored curriculum. Adopting a predominantly qualitative approach, the Educational Design Research method is utilized to solve real-world problems and generate enduring knowledge, using interviews, questionnaires, observer diaries, and focus groups for data gathering.

Phase 3 of the project, focused on mapping the training needs of Portuguese professionals, nears completion. The Seminar on Grief Counseling in Portugal facilitated this phase, inviting abstract submissions from Portuguese professionals, detailing experiences in bereavement intervention, highlighting challenges and training needs. Moving into Phase 4, a workshop featuring an international thanatology specialist will underscore the significance of quality knowledge in effective bereavement intervention. This workshop will guide subsequent focus groups with Portuguese professionals, to achieve the goal of co-creating the bereavement support training curriculum for the Portuguese context.

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Assessing the training needs of Portuguese professionals in bereavement support: Findings from the SALP23 Seminar

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The main objective of the research presented here is the co-creation of a bereavement support training curriculum aimed at Portuguese professionals who provide support to bereaved people in the course of their work. Using a qualitative approach within educational design research, we set out to identify the training needs of these professionals.
To fulfill our research objective, we organized the scientific event SALP23 - Seminar on Bereavement Counselling, in May 2023, at the University of Aveiro, Portugal. Geared towards professionals with background in education, psychology, health, and social work, the seminar centered on "Emerging Practices and Training Needs," fostering an environment for discussion and reflection on the topic.

Twenty-three abstracts were submitted and accepted, predominantly for oral presentation.

The presentations covered different areas of bereavement intervention such as anticipatory bereavement in palliative care, crisis and trauma interventions, vicarious grief amongst health professionals, anticipatory grief of the family carers, bereavement due to unemployment, child bereavement and clinical cases of complicated grief. Challenges noted by professionals encompassed insufficient depth of knowledge regarding contemporary grief models, inadequate familiarity with appropriate intervention methodologies, and a limited understanding of specificities within grief, such as child bereavement, anticipatory grief, and grief resulting from non-death losses. These observations underscore the necessity for specialized training in this field.

The submission of abstracts proved essential in identifying the training needs of Portuguese professionals in bereavement support, fostering active engagement and knowledge sharing among participants. The accepted abstracts provided a thorough insight into the bereavement support in Portugal and fostered connections between professionals and institutions. Ultimately, the organization of SALP23 and the submission of abstracts have emerged as fundamental practices for delineating the training needs of professionals in this field within Portugal.

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Impact of Coping Strategies, Relationship to the Deceased, and Severity of Prolonged Grief Disorder on Individuals Bereaved by Unexpected Loss

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Background: Prolonged Grief Disorder (PGD) includes extensive longing for the deceased, along with cognitive, emotional, and behavioral symptoms. The nature of the death and relationship to the deceased impact how one copes with the loss and influences PGD severity.

Rationale: The aim of this study was to further assess how coping, type of loss, and relationship to the deceased influence PGD severity.

Design: Survey research was used to evaluate the severity of PGD, influence of the pre-death relationship, and coping used for adults bereaved by an unexpected/violent loss or natural loss.

Results: There were significant relationships between dysfunctional coping strategies and PGD severity. The closer to the deceased prior to the death, the higher the severity scores of PGD.

Conclusion: The findings of this study highlight the importance of assessing for the type of loss and coping strategies used by bereaved individuals when diagnosing PGD.

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‘You just wear a mask’: An Interpretative Phenomenological Analysis study to explore the impacts of bereavement by suicide among UK peer support group members.

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Background:
Suicide is widely acknowledged as a pervasive global public health issue. Support for those bereaved by suicide (postvention) is a neglected area of research. Suicide loss survivors (SLS) struggle with guilt, stigma, and a drive to comprehend.

Rationale:
This study aimed to assess the ramifications of bereavement by suicide within a cohort of peer-support group members.

Design:
Data were collected using in-depth face-to-face and online semi-structured interviews. Audio-recordings of the interviews were transcribed and analysed via Interpretative Phenomenological Analysis. Eight people, recruited from a UK Peer Support Group, participated.

Results:
Five Group Experiential Themes emerged: decohesion of life; ‘You just wear a mask’; perpetual psychological conflicts; persistent underlying frustration with ‘the system’; the beacon of peer support. Findings provide insights into the mindset of a cross-section of those bereaved by suicide and the all-encompassing, pervasive, life-shattering consequences of becoming a SLS. These include the duality of their inner torment and public persona, perpetual possession of conflicting thoughts and perspectives, and alienation.

Conclusion:
A unique level of comprehension as to the power of peer-support groups is also outlined. Implications for practice include the signposting of postvention services requiring enhancement and the vital role played by peer-support groups in assisting those impacted.

Prolonged Grief Disorder: Controversy and problematic conceptions

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The introduction of an autonomous diagnosis for pathological grief has denoted a controversial development in psychiatric nosology. As the diagnosis Prolonged Grief Disorder (PGD) is slowly being implemented in clinical practice, this controversy should be addressed. On one side of the debate, clinical utility is put forth as the central argument for the relevance of the diagnosis (Maercker & Killikelly, 2018), while on the other, critics defend the necessity of keeping the phenomenon of grief out of psychiatric practice (Brinkmann, 2018; Frances & Cacciatore, 2022). In our research, we have sought to clarify which misconceptions are at play in the polarities of the PGD debate. In doing this, we have found two overarching critiques against a diagnosis for pathological grief, namely a philosophical/existential and a societal surrounding the term “diagnostic cultures” (Bergsmark & Ramsing, 2023). The first critique relies on an argument of grief as a fundamental emotion and raises issue with theoretical assumptions in psychiatric nosology. The second critique discusses how the extension of psychiatry may have unwanted consequences for addressing societal conflict underlying psychopathology. We argue that these critiques have many important contributions, but that the focus on grief is either misplaced or informed by faulty conceptions of PGD. In this presentation I elaborate on these issues and their relevance for the critique of PGD, including the impact of societal influences on prolonged grief disorder. In conclusion, we argue that many facets of psychiatric nosology are problematic, but that few apply to the psychiatrization of grief specifically.

A therapist-supported internet-based intervention for bereaved siblings: A randomized controlled trial

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Aim:

The loss of a sibling can have a long-term impact on the mental and physical health of the surviving sibling throughout adolescence and later adulthood. Even though bereaved siblings can be identified as a high-risk group, evidence-based interventions for this bereavement group are still missing. Aim of this study was to evaluate the treatment effects of an internet-based writing intervention for bereaved siblings.

Methods:

A randomized controlled trial compared the intervention to a waiting list control group. The 6-week intervention consisted of six structured writing assignments that were based on cognitive behavioral therapy, focusing on the specific situation of bereaved siblings. Eighty-six bereaved siblings (loss > one month ago, no severe psychiatric symptoms) were randomly allocated to the intervention group (n=47) or the waiting list control group (n=39). Primary outcomes were symptoms of prolonged grief disorder and depression; secondary outcomes were posttraumatic stress symptoms and survivor guilt.

Results:

Symptoms of depression and prolonged grief disorder improved significantly in the intention-to-treat analyses from pre-to post-measurement compared with the control group (gDepression = -0.62, gGrief = 0.33). In the intervention group, all primary and secondary outcomes decreased significantly from baseline to 12-month follow-up (gs = -0.38 to -1.04). A significant clinical change could be found for depression (34%) compared to the waitlist control group (10%).

Conclusions:

Bereaved siblings profited from this brief internet-based writing intervention in the short- and long-term. However, future research, such as dismantling studies, may help to further optimize the benefits of an intervention aimed at bereaved siblings.

Efficacy of an Online-Group Intervention after Suicide Bereavement: A Randomized Controlled Trial

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Introduction: People bereaved by suicide are at high-risk for developing mental disorders and suicidal tendencies. In this study, we evaluate an online intervention for individuals bereaved by suicide and its effectiveness on mental health.

Methods: A total of 140 participants were included in the intervention and randomized to either the treatment or the waitlist control group. The intervention consisted of 12 weekly modules based on cognitive-behavioral methods and took place as a webinar in a group format. Primary outcomes were depression and suicidality; secondary outcomes were symptoms of prolonged grief, PTSD, post-traumatic cognitions, hopelessness, and grief-specific symptoms.

Results: Symptoms of posttraumatic avoidance improved significantly in the intention-to-treat analyses (dbetween= .43) and in treatment completers (dbetween = .56), posttraumatic intrusion improved in treatment completers (dbetween = .50) compared to the waitlist control group. In the intervention group, psychopathological symptoms decreased significantly from baseline to 6-months follow-up. However, no differences between the two groups in terms of primary outcomes could be found. Further, we identified factors such as higher scores of depression, grief, suicide ideation, and posttraumatic stress symptoms at baseline that had an impact on the effectiveness.

Conclusions: The results of this study indicate that completing an online group intervention for the suicide bereaved could reduce psychopathological outcomes. However, the waiting control group also improved significantly from pre- to postmeasurement. Future studies with active control groups are needed to further examine the effectiveness.

Could music therapy be of value in in protecting against complicated grief?

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Background:
Arts-based therapeutic approaches, and notably music therapy, may be particularly useful in addressing the risk and protective factors of complicated grief. The current research in this area is however disparate and disconnected.

Rationale:
To synthesise and critically evaluate the international evidence base for music therapy with adult informal carers of individuals with life-threatening illness at pre- and post-bereavement, and to map mechanisms of change of existing interventions on to established risk and protective factors for complicated grief.

Design:
A Joanne-Briggs Institute mixed-methods systematic review. Databases (MEDLINE, EMBASE, PsycINFO, RILM Abstracts of Music Literature, CENTRAL and CINAHL) were searched from 1998 to July 2022. Qualitative data were pooled using meta-aggregation, with synthesised findings mapped to established risk and protective factors for complicated grief.

Results:
A total of 34 studies were included in the review, published between 2003 and 2022. The quality of the quantitative studies was low-medium, with a higher quality of qualitative research identified (medium-high). Synthesised findings from the 22 studies with a qualitative component mapped across established risk factors such as depression, anxiety, family conflict at end-of-life, poor perceived social support, and protective factors including higher spirituality and perceived preparedness for death.

Conclusion:
There is a dearth of high-quality clinical trials in this area, which limits the conclusions which can be made on the benefit of music therapy as a bereavement support intervention. However, the rich qualitative research identified mechanisms of change in existing interventions which mapped to a myriad of risk and protective factors of complicated grief.

In the ruins of violent loss: Countering the world-distancing impact of traumatic bereavement through memory-making commitments in the aftermath of terrorist violence in France (2015-16)

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Background:
The violent experience of losing a child to terrorism permeates the entire experiential horizon of the bereaved, causing them to feel as if ‘cut off’ from the world. In particular, when community support is short-lived and when even the close support circles of the bereaved fail to show understanding of the distinct temporality of traumatic grief, the bereaved are overwhelmed by a deep sense of social isolation and loneliness in grief. As a result, their self-regard and sense of belonging to community are profoundly impacted (Erikson 1995).

Rationale:
Drawing on in-depth phenomenological interviews with bereaved parents following recent terrorist attacks in France (2015-2016) and ethnographic fieldwork in Paris and Nice, the paper explores the fundamental disruptions the violent loss of a child triggers in the lifeworld of the bereaved such as identity change and the sense of alienation from others and the world at large.

Design:
The first-person accounts this paper engages with demonstrate how bereaved parents actively seek ways to continue the bond with their deceased child (Klass, Silverman & Nickman 1996) and to counter the world-distancing impact of traumatic bereavement.

Results:
By focusing on memory-making commitments bereaved parents dedicate themselves to, the paper will show how these ‘commitments in grief’ (Ingerslev 2022) carry a world-directed and world-building purpose rather than simply a commemorative one.

Conclusion:
The paper will argue that affect-laden memory-making commitments succeed not only in keeping the memory of the deceased alive, but also in countering the world-distancing impact of traumatic bereavement.

A bespoke resource detailing the lived experiences of families following sudden and unexpected loss.

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Background:
Global annual deaths from Trauma are greater than any other single cause in the working population (Rossiter 2022).

Rationale:
Although there is acknowledgement of the differences related to loss in sudden or traumatic circumstances. With much research highlighting its significance as a factor in complicated grief (Simon 2013). The majority of the literature, policy and procedures following a bereavement are 'largely developed for those dying of cancer whose terminal phase is relatively predictable' (Walter 2017). The lack of specific information can leave families feeling isolated and bewildered Therefore, the authors set out to create a bespoke resource to support those faced with the sudden loss of a loved one, with real life lived experiences as a guide.

Design:
12 families were approached, to include a wide range of experiences of loss, these included those who had lost siblings & children. Following events such as murder and suicide. Interviews were conducted and transcribed and formatted into the booklet. Booklet linked below.

Results:
The creation of a free, downloadable bespoke resource, which included lived experiences addressing key themes such as 'the myths around grief' and 'little things'.

Conclusion:
The experiences of 12 families who had lost loved ones in sudden and unexpected circumstances led to the creation of a useful resource for those who find themselves suddenly bereaved. As well for those supporting bereaved families including health care professionals, the police and those working in statutory services or education.

https://www.londonsairambulance.org.uk/sites/default/files/2023-09/LAA_Bereavement_Booklet_Digital_2.pdf

The experience of nurses working within a Major Trauma Centre (MTC) caring for the dying trauma patient

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Background/Rationale:
Despite the creation of MTCs leading to increased survival rates (Moran et al 2018), it is acknowledged that there will be a group of patients who will not survive. The care of these patients is an essential part of trauma nursing.
Death from traumatic injury is often sudden, and unexpected. Unexpected death such as traumatic death, has been argued to be a difficult concept for nurses, and more likely to cause negative feelings compared to expected deaths (Shorter and Stayt 2009a).
The Royal College of Nursing's end of life care guidance states that the patient & families should be assured that staff involved in their end of life care are competent and confident (2015).
This piece of work aimed to understand the experiences and challenges faced by the nurses in an MTC in looking after the dying trauma patient and their family.

Design:
Using a qualitative rooted in phenomenology, 8 semi structured interviews were conducted with nurses working looking after trauma patients, the data was analysed using thematic analysis.

Results:
The following themes emerged:

- The unique nature of traumatic death
- Experience versus education
- Emotional toll of providing end of life care.

Conclusion:
The results highlight that in order to provide quality care to the dying trauma patient staff require a combination of knowledge, experience, emotional/moral resilience and support. Further research is needed to consider the ways in which these needs can be met.

Impacts of suicide bereavement on men: A systematic review

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Background/rationale:
This systematic review examines the impacts of suicide bereavement on men, including suicidality, mental health, grief, and social functioning. Given the substantial number of individuals affected by suicide(1), understanding the specific outcomes for men is crucial, particularly in the context of gender differences in suicide, coping styles, and mental health outcomes(2).

Design:
Adhering to PRISMA guidelines, searches for peer-reviewed studies were conducted in MEDLINE, Embase, Emcare, PsycINFO, and Scopus. Findings from narrative synthesis methods were categorised based on comparison groups (non-bereaved men, women bereaved by suicide). Prospero registration: CRD42023437034.

Results:
The review included 35 studies (25 quantitative, 8 qualitative, 2 mixed-methods) published between 1995-2023. Compared to non-bereaved men, suicide bereaved men are more likely to experience increased suicide mortality, heightened susceptibility to mental health problems (e.g., depression, posttraumatic stress disorder), and interpersonal challenges. The review identified gender differences, with men often experiencing more pronounced grief reactions and unique challenges due to societal masculinity norms(3).

Conclusion:
The elevated risk of adverse outcomes for suicide-bereaved men underscores the need for tailored postvention supports. Further qualitative and longitudinal exploration is needed to enhance understanding and effective support for suicide-bereaved men.

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Measuring prolonged grief in daily life in two ecological momentary assessment studies: Is it acceptable and feasible?

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[1]University Of Twente, Enschede, Netherlands, [2]Erasmus University Rotterdam, Rotterdam, Netherlands

Background:
Examining prolonged grief (PG) in daily life, using Ecological Momentary Assessment (EMA), may innovate PG assessment and treatment. EMA is intense longitudinal data-collection method whereby brief surveys are completed multiple times per day often on their phone. As EMA-research on PG is lacking, we evaluated its acceptability and feasibility in two EMA-studies.

Rationale:
EMA-research provides novel insights into how grief unfolds in daily life. These insights are relevant for theory-building on grief and personalizing treatment in daily life.

Design:
Study 1: EMA-items assessing PG-symptoms were developed using cognitive-interviewing with experts (N=5). Bereaved adults (N=80) completed the EMA-items 5 times a day for 2 weeks. Interview-based PG-severity was compared from before to after the EMA-phase using t-tests. Study 2: bereaved treatment-seeking adults (N=184) were randomly assigned to an EMA-phase (same EMA-procedures as Study 1) or waitlist. Interview-based PG-severity was compared from before to after EMA-phase/waitlist using ANCOVA and reliable change indices (RCIs). In both studies, acceptability of EMA-research was examined (with Reactions to Research Participation Questionnaire) using descriptives and feasibility by retention-rates.

Results:
EMA-items were improved after expert-interviews. PG-severity decreased from pre- to post-EMA-phase in Study 1. Study 2 did not show between-group differences in PG-severity, but baseline PG was positively related to PG recovery. In both studies, participation did not raise emotional reactions. Retention was 65% and 74% resp.

Conclusions:
While retention is challenging, using EMA to study PG seems acceptable; EMA may even be useful as therapeutic self-monitoring tool for some people.

Differences on prolonged grief, loss-integration and post-traumatic stress depending on kinship: a cross-sectional study

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Background:
Previous studies have identified kinship as a central sociodemographic variable that may influence the intensity of complicated or prolonged grief symptoms (Fernández-Alcántara et al., 2016; Fernández-Alcántara & Zech, 2017). However, less is known about how kinship impacts other emotional aspects related to the bereavement process, such as depression or post-traumatic stress symptoms.

Rationale:
The aim of the present study was to analyze differences in levels of prolonged grief, as well as in symptomatological aspects (anxiety, depression, post-traumatic stress) and growth-related aspects (post-traumatic growth and loss integration) based on kinship.

Design:
A cross-sectional design was used. A total of 347 bereaved individuals participated in the study. They completed a set of questionnaires that included the Inventory of Complicated Grief, the SCL-90-R, the Impact of Event Scale-Revised, the Integration of Stressful Life Experiences Scale, and the Post-Traumatic Growth Inventory (see Payás-Puigarnau, 2024, for a detailed description). MANOVAs and ANOVAs were performed using kinship as an independent variable with four levels: child, spouse, sibling, and parent.

Results:
Statistically significant differences were found in the levels of complicated grief, loss integration, and symptoms of post-traumatic stress disorder ($p < .05$ in all cases). The loss of a child or spouse was associated with more intense emotional symptoms and lower scores on loss integration.

Conclusion:
Symptoms of complicated grief, as well as other positive and negative emotional outcomes, appear to be influenced by kinship.

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Finding Meaning in Grief: Psychological Adjustment to Bereavement

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Background:
The loss of a loved one is a painful experience with a particular impact on an individual's psychological health. Bereaved people have a higher prevalence of symptoms of anxiety and depression, which can difficult the process of adjustment to grief (Nielsen et al., 2017). An inability to integrate the loss and return to life can lead to the development of Prolonged Grief Disorder (PGD) (Szuhany et al., 2021). Research suggests that some factors can have a protective role in this process, such as meaning in life (MIL) (Gillies & Neimeyer, 2006), spirituality (Christian et al., 2019) and the quality of the relationship.

Rationale:
The goal of this research project is to assess the role of MIL, spirituality, and the quality of the relationship in the process of adjustment to grief, assessing their role in predicting Prolonged Grief (PG).

Design:
This is a quantitative, cross-sectional study with 269 participants (Mage=35.8, SD=12.96) who went through the loss a loved one in the last 5 years. It was administered self-report inventories that measured MIL (MILQ), anxiety and depression (HADS), spirituality (FACIT-Sp-12-NI) and relationship quality (QRS).

Results:
A multiple linear regression analysis showed that a relationship of proximity ($\beta = 0.437$, $p < 0.001$), anxiety ($\beta = 0.278$, $p < 0.001$) and depression ($\beta = 0.271$, $p < 0.001$) were positively related to PG, while spirituality ($\beta = -0.100$, $p=0.041$) was negatively related to PG. The final model is significant ($Z(4, 264) = 77.803$, $p <0.001$) and explains 53% of the PG variance.

Conclusion:
A close relationship with the loved one, anxiety and depression are key factors in the development of PGD. Spirituality seems to be a protective factor in the adjustment to bereavement, unlike MIL.

A mixed-method pilot study of guided internet-delivered cognitive behavioural therapy for prolonged grief in Sweden

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Background:
The death of a loved one can be a traumatic life event, causing symptoms of prolonged grief, posttraumatic stress, and depression. An internet-delivered cognitive behavioural therapy (iCBT) for prolonged grief (1) has in two prior Dutch trials shown efficacy in reducing symptoms of prolonged grief, posttraumatic stress and depression (2,3).

Rationale:
The recent inclusion of prolonged grief disorder in diagnostic manuals necessitates further investigation into effective treatments in various samples. This pilot study aimed to assess the feasibility of iCBT for prolonged grief in Swedish bereaved adults and evaluate symptom reduction of prolonged grief, depression, and posttraumatic stress.

Design:
The study was a mixed-method uncontrolled open trial design. Fourteen participants were given access to the iCBT for eight weeks. Participants answered online surveys about symptom severity before, during and after treatment, and at four months post-treatment. An online survey and a telephone interview evaluating participants' perception and experience of the intervention were completed at post-treatment (n=10).

Results:
The evaluation survey showed that most participants were satisfied with the treatment and all participants would recommend the treatment to someone else in a similar situation. According to the interviews the participants found the treatment helpful but also emotionally intense. Participants appreciated the flexibility offered by the internet format. Participants had reduced symptoms of prolonged grief (d=1.01), depression (d=1.26), and posttraumatic stress (d=0.75) between pre- and post-assessments (n=10).

Conclusion: iCBT for prolonged grief is a feasible and promising treatment, showing effects in reducing symptoms of prolonged grief, depression, and posttraumatic stress. The next step is to conduct a three-arm randomised controlled trial, comparing iCBT treatment to active control and waitlist-control.

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Therapist-guided versus self-guided online grief-specific cognitive behavioral therapy for adults bereaved during the COVID-19 pandemic: a randomized controlled trial and a controlled trial

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Background:
The loss of a loved can cause distress, in particular following a traumatic loss such as losses during COVID-19 pandemic (Kustanti et al., 2023; Reitsma et al., 2023a).

Rationale:
Although face-to-face cognitive behavioral therapy (CBT) is effective in treating prolonged grief disorder (PGD), posttraumatic stress disorder (PTSD), and depression symptoms in traumatically bereaved people, it is unknown if online CBT is effective for people bereaved during the pandemic. Hence, we examined the short-term and long-term effectiveness of online grief-specific CBT for this population in a randomized controlled trial (Study 1) and a controlled trial (Study 2).
Design: In Study 1, 65 Dutch adults, bereaved ≥ 3 three months earlier during the pandemic, with elevated PGD, PTSD, and/or depression symptoms, were randomized to a self-guided online CBT (n=32) or waitlist group (n=33). In Study 2, participants were allocated to a therapist-guided online CBT (n=67) and compared to participants from Study 1. Telephone-interviews were conducted to assess PGD, PTSD, and depression symptoms (with the Traumatic Grief Inventory-Clinician Administered, PTSD Checklist for DSM-5, and Patient Health Questionnaire-9, respectively) at baseline, post-treatment/waiting, and six-months post-treatment. Participants received an eight-week online CBT. In Study 1, analyses of covariance were performed. In study 2, multilevel modelling was conducted.

Results:
Intention-to-treat analyses in Study 1 indicated that the self-guided online CBT group showed significantly lower PGD (d=0.90), PTSD (d=0.71), and depression (d=0.57) symptoms post-treatment relative to waitlist controls, while taking baseline symptom-levels and use of psychological co-intervention into account (Reitsma et al., 2023b). In Study 2, findings showed that both treatments yielded significant reductions on all outcomes. Compared with self-guided online CBT, therapist-guided online CBT resulted in significantly larger reductions in PGD and PTSD (but not depression) symptoms posttreatment and six months posttreatment.

Conclusion:
The results indicate that both guided and self-guided online CBT are effective in reducing PGD, PTSD, and depression symptoms for people bereaved during the pandemic. An additional effect of therapeutic support was found for PGD and PTSD, but not for depression.

Recurrent pregnancy loss and complicated grief: A mixed methods study of women in Northern Ireland

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Background:
The loss of a pregnancy is a significant stressor experienced by one in four women that may be associated with grief and emotional distress similar to other bereavement experiences. The experience of recurrent pregnancy loss, reported by approximately 2.5% of women, is thought to have an additive risk for psychological distress and complicated grief outcomes.

Rationale:
This paper explores recurrent pregnancy loss as a predictor of psychological distress often associated with complicated grief and explores women's experiences of grief and grieving following loss.

Design:
We examined the association of pregnancy loss experiences and bereavement related distress in a sample of women in Northern Ireland (n = 839). A series of Generalised Linear Models were estimated using Jamovi. Qualitative interviews with n=11 women were subjected to Thematic Analysis.

Results:
Among pregnancy loss variables only the experience of recurrent loss was consistently associated with elevated odds of distress outcomes. Compared to those who had experienced one pregnancy loss, those who experienced multiple losses reported greater distress, however, this effect was not associated additive risk. Qualitative findings revealed how women negotiated their losses and grief, highlighting the importance of societal acknowledgment of grief and compassionate care.

Conclusion:
Those who report multiple pregnancy losses may be at risk for adverse grief and distress outcomes. Recurrent loss does not appear to be associated with additive risk in this sample. Further research is warranted to understand the intricacies in this relationship between. Compassionate care and societal acknowledgement of grief following pregnancy loss may help reduce complicated grief outcomes.

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Singularities of the Grieving Process of Family Members of COVID-19 Victims

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Background:
In 2020, COVID-19 quickly became a global alert due to its rapid geographical spread and high incidence of contagion and deaths. The measures to contain the pandemic resulted in a series of social and psychological consequences. In Brazil, there were several restrictions to hold funerals which affected traditional death rituals.

Rationale:
This exploratory research aimed to understand the singularities of the grieving process of relatives of COVID-19 victims and its repercussions on the incidence of complicated grief.

Design:
The adopted methodological procedure is characterized as longitudinal documentary research, through spontaneously published narratives on social media. The data were processed using a combination of lexical analysis and content analysis to compose "content networks".

Results:
The pandemic mourning, experienced uniquely by each person, acquires new layers of complexity when individuals find themselves in vulnerable situations. Therefore, it is impossible to discuss a single bereavement due to COVID-19 deaths – but rather various "bereavements" according to such social markers.

Conclusion:
Specifically in disasters and large-scale epidemics, its necessary to understand grief beyond individual loss. After all, mourning becomes a social phenomenon through the experience of uncontrollable changes in reality and the cultural organization of society. Theoretical insights into the relationship between sociopolitical aspects and subjectivity enable the delineation of strategies for managing the collective grief experienced by the bereaved population.

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Behavioural and psychological interventions for complicated grief and trauma following perinatal loss: A systematic review and narrative synthesis

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Background:
Perinatal loss is a distressing and potentially traumatising event for expectant parents. It has been associated with post-traumatic stress and prolonged, chronic, and/or complicated grief.

Rationale:
There is increasing recognition of the public health impact of perinatal loss and an urgent need for evidence-based trauma- and grief-focused interventions for parents. This review synthesises the characteristics, components, and outcomes of evidence-based behavioural and psychological interventions which are currently used to reduce complicated grief and trauma outcomes among parents who experience perinatal loss.

Design:
A systematic search was conducted utilising a combination of Medical Subject Headings (MeSH) terms and keyword terms across seven multi-disciplinary electronic databases. Included studies were published between 2000-2023, in English, exploring interventions for parents who had experienced perinatal loss, with measured outcomes of trauma and/or grief. A narrative synthesis of intervention components and outcomes are presented using the TiDIER framework.

Results:
A total of 5,745 articles were screened and 16 articles reporting on 15 studies were included in the review. These comprised 12 randomised trials, 2 cross-sectional studies, 1 cohort study, and 1 case series reporting on 15 different interventions. Fourteen of the 15 studies reported significant impacts on trauma and/or grief outcomes.

Conclusion:
Behavioural and psychological interventions are effective in reducing complicated grief and trauma outcomes following perinatal loss. Our extensive search revealed a dearth of recent research and a need for more studies focused on specific sub-groups of perinatal loss.

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Drug-related deaths: addressing a contemporary risk for families, communities, and services

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Background:
Drug-related deaths (DRDs) are a global public health concern, and bereavement for those socially connected to people who use drugs commonly results in a complicated grief with consequential social and health implications. Societal stigmas associated with drug use can leave the bereaved socially disenfranchised while contending with shame, self-blame, and a lack of social support while grieving.

Rationale:
People who use drugs exist within a social context where they touch the lives of many individuals across a range of health, social, and justice systems. At each of these touchpoints, various levels of sustained personal and professional relationships develop. Current European statistics indicate that DRDs are increasing, and people bereaved by a DRD are an underrepresented population within bereavement literature.

Design:
This talk will cover the authors' original work across 3 empirical research studies which amalgamate to cover the social context of drug-related bereavement in Ireland. Each study examines the bereavement experiences of family members, healthcare professionals, and those who were in active addiction at the time of a peer's DRD, respectively (Lambert et al., 2022; O'Callaghan et al., 2023; O'Callaghan & Lambert., 2024). The findings will be mapped as an overview of how the identified subgroups experience DRD bereavement, highlighting the complexity of individual experience within the context of complicated and stigmatized grief. Methodologically, all works utilised qualitative interviews, analysed by a variety of methods such as thematic analysis and interpretative phenomenological analysis.

Results:
Overall, this presentation represents the lived experience of 38 drug death bereaved individuals, all of whom reported significant grief-related reactions unique to the context in which they related to the bereaved. The social construction of addiction within systemic belief systems creates significant barriers to help-seeking.

Conclusion:
These studies have identified a critical period for intervention following the drug-related death of a loved one, client, or a peer, with a requirement for targeted supports for a population who experience a profound grief that is socially invalidated. Supports should aim to address, and cater for, the unique complexities of grief experienced by the bereaved based on their social positioning within society.

Staff education and training interventions regarding pregnancy loss and perinatal death bereavement care: A scoping review

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Background:
Pregnancy loss and perinatal death are distressing and often traumatic events, with poor care experiences often reported. Ensuring staff are appropriately educated and trained is an important aspect of bereavement care and can influence experiences and outcomes.

Rationale:
The nature, extent and range of education and training interventions that have been developed and/or are available to support staff in the delivery of pregnancy loss and perinatal death bereavement care is unclear. We aimed to address this gap; and to also establish: if existing interventions have been evaluated/tested; gaps in the evidence base.

Design:
We conducted a scoping review following JBI guidelines and a pre-registered protocol. We searched six academic databases/platforms, and identified grey literature and unpublished sources by searching ProQuest Dissertations and Theses, Google Scholar, and specific organisational websites (limited to six countries); citation chaining was also undertaken. We included peer-reviewed and grey literature sources relating to education and training interventions on bereavement care for pregnancy loss and perinatal death for healthcare staff (clinical and non-clinical, and trainees), available in English (full texts), published between 2013 and 2023. Qualitative, quantitative, and mixed method studies were considered alongside education and training resources such as online training programmes.

Results:
We identified four published reviews, and 65 interventions reported through 74 records. The 78 included records were: journal articles (n=51); professional magazines (n=6); theses (n=2); websites (n=19). Most interventions were from the US (n=22), UK (n=20), US/UK (n=1) and Australia (n=8). Interventions were classified as: arts-based (n=3); curriculum (n=4); education/didactic (n=24); simulation (n=11); workbook (n=1); workshop/training programme (n=22). Intervention duration mostly ranged from >1 hour to ≤1 day. Just over half of interventions were evaluated, with positive impacts reported. Most studies used self-designed surveys/questionnaires as measurement tools and measured impact immediately post-intervention.

Conclusion:
Our scoping review highlights the variety of perinatal bereavement care education and training interventions that have been developed. Future work should examine intervention effectiveness, including better study designs with longer follow-up, a broader range of outcomes and the use of validated tools. The sustainment and scale-up interventions should also be explored.

Healthcare professionals' discussion of loss and grief with parents of children with life-limiting severe neurological impairment: A scoping review

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Background:
Parents' experiences of loss and grief in the context of caring for a child with life-limited severe neurological impairment are complex[1]. Improving our understanding of the impact of pre-loss psychosocial support for parents from diagnosis to beyond the child's death has implications for healthcare professionals' practice[2]. An overview of evidence on the nature and impact of professionals' discussion of loss and grief is lacking.

Rationale:
The aim of this scoping review is to map and synthesise the evidence on the nature and impact of professionals' discussion of loss and grief with parents of children with life-limiting severe neurological impairment.

Methods (design, data collection, analysis):
A scoping review was undertaken using the PCC (Population, Concept, Context) framework[3] and the PRISMA-ScR reporting guidelines. Three electronic databases (PsycINFO, CINAHL and PubMED) were searched using MeSH terms and keywords. Overall, 35 articles were analysed using a combination of descriptive analysis and thematic synthesis.

Results:
Two overarching themes were identified. Despite the lack of evidence of explicit discussion of these issues, some aspects of loss and grief appeared to guide or implicitly influence professionals' practice. Trust was a key factor in parental experiences of supportive interactions and a compassionate approach to care. Professionals' failure to acknowledge loss and grief was associated with an increase in parental distress and had implications for future care planning.

Conclusion:
Healthcare professional are well placed to discuss aspects of loss and grief with parents of children with life-limiting severe neurological conditions. However, these discussions are only implicitly reported in the literature. Findings suggest that some professionals avoided these discussions. Future research should focus on what this means for understanding professionals' capacity to engage with loss and grief.

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Me after you: Self-concept clarity and prolonged grief disorder

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Background:
Self-concept clarity refers to the cohesion and consistency of self-views independent of whether these self-views are negative or positive. When we lose a person who are particularly entwined into our identity, the self-concept may be temporarily less clearly defined thereby increasing risk for prolonged grief disorder (PGD), or other complications. Indeed, previous research suggest that lower self-concept clarity following a bereavement increased risk for PGD, although this finding is not consistent. It is possible that despite initial self-concept unclarity, that many find self-concept clarity with time and where this is less variable, the risk for PGD is low.

Rationale:
To further investigate the temporal stability of self-concept clarity and risk of PGD

Design:
Data from the MARBLES archive is used to test whether the temporal stability of self-concept clarity relates to risk of PGD using the trait-state-occasion model. One dataset in MARBLES included a measure of self-concept clarity (baseline n = 1061) in participants recently bereaved by homicide.

Results:
Analyses are currently being carried out.

Conclusions:
Identifying known risk factors for PGD is crucial in order to provide tailored care. If relative inconsistency of self-concept clarity is found to be a risk factor for PGD, this may warrant particular attention to identity renegotiation in those who have lost someone who were particularly intertwined in their identity. Future studies could focus on whether the role of self-concept clarity may explain why previous research have consistently identified that a closer relationship with the deceased increased risk for PGD as it offers clear target for intervention.

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Symptoms of prolonged grief in Ukrainian refugee families

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Background:
Over 6 million people have fled their homes in response to the invasion of Russian armed forces in the Ukraine and are internally displaced since the start on February 24th 2022. Many of them have experienced war-related bereavement, which puts them at risk for the development of prolonged grief disorder. Crucially, mental health care consequences are not only at stake in adults (Blackmore et al., 2020), but also in children (Kien et al., 2019). Research into the mental health of Ukrainian families and their needs is therefore urgently needed.

Rationale:
Distressed parents are less able to recognize and respond to the needs of their children (Stein et al., 2014). Importantly, children need their parents to be available for warmth, safety, and support to ensure healthy development (Cooke et al., 2022). For refugee parents who are struggling with their own grief responses, it might be even more difficult to recognize their child’s signals, respond adequately, and express adequate levels of affection (Bryant et al., 2021).

Design:
To be able to follow grief symptomatology over time, we will conduct a four-wave longitudinal online survey study. Participants will be assessed at four time points, approximately 6 months apart. Data collection for T1 started on May 2023. We aim to recruit a total of N=1500 participants at T1, of which n=1000 adults (18 years and older) and n=500 children (8-11 years) and teenagers (12-17 years). To investigate symptom profiles and associated predictors thereof among parents and children, we will use latent class analysis.

Results & Conclusion:
The primary aim of this study is to increase our understanding of the consequences of bereavement for the mental health of refugee parents and children. Our second aim is to inform the development of supportive interventions which can be readily implemented in the family context. This way, the intergenerational transference of mental health problems among refugee families might be prevented.

Lost to the Flames

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Individuals are confronted with losses (life, property, belongings) and/or ambiguous losses (community, trust in the world as a safe and predictable place) when facing natural disasters (e.g., wildfires). Ambiguous losses are a process involving presence and absence, physically or psychologically. In Portugal, wildfire frequency is increasing, and mortality and destruction of physical/social infrastructure may rise.

Wildfire experience appears connected to ambiguous losses and psychological coping (capacity and strategies to cope with the threat and consequences of a fire), with differences based on proximity to fire. This study assessed psychological coping in wildfires with ambiguous loss (property and belongings; sense of safety). We hypothesized that psychological coping would be higher for people at the fire's epicentre than those in its periphery.

Data was collected from adults in Portugal through a cross-sectional survey. The sample (N=310) was divided into two comparative groups, Group 1 (N=144) in the epicentre with ambiguous losses, and Group 2 in the periphery without ambiguous losses related to wildfires. The survey included sociodemographic and additional data, the Psychological Coping Capacity Scale (PCCS), and the Brief Sense of Community Scale.

An independent-samples t-test was conducted to compare psychological coping scores, with significant differences for Group 1 (M=3.24, SD=0.75) and Group 2 (M=3.02, SD=0.79) in the "Self-efficacy" dimension, and in scores for Group 1 (M=3.48, SD=0.52) and Group 2 (M=3.35, SD=0.53) in the PCCS overall score.

Results provide some support for increased psychological coping in individuals who experienced wildfires with ambiguous losses. Future research could analyse ambiguous loss in natural disasters and its connections to psychological coping. Interventions could strengthen psychological coping, without exposure to disasters.

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An Investigation of the Unique Challenges Associated with Suicide Loss: Highlighting Grief Rumination

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Background:
Suicide is a leading cause of death worldwide with significant implications for mental health in those bereaved by suicide. Prior studies have suggested that suicide survivors may be at risk of experiencing mental health connected to challenges making sense of the death, self-blame, and stigma.1 This can manifest as grief rumination, or repetitive thinking about the causes and consequences of the death.2,3 Rationale: Despite robust literature on rumination and suicide respectively, there is a dearth of research investigating grief rumination among suicide survivors.

Design:
This study was a secondary analysis of a larger study on bereavement risk screening. The aims were to: 1) Determine the extent to which grief rumination varied according to loss type (illness, suicide, other causes), 2) Assess depression, prolonged grief, and posttraumatic stress symptoms in suicide survivors, and 3) Investigate grief rumination as a mediator between loss type and mental health outcomes.

Results:
Suicide survivors reported greater total grief rumination and elevated symptoms compared to participants bereaved by illness; all facets of grief rumination were positively correlated with elevated symptoms. Three grief rumination facets (thoughts about counterfactuals, meaning, and relationships) were significantly higher in suicide survivors compared to illness bereaved individuals. Total grief rumination mediated the relationship between loss type and mental health outcomes.

Conclusion:
Given the high potential for suicide survivors to experience ruminative thoughts that may also be linked to mental distress, it is imperative that grief interventions address impairing ruminative thinking in order to reduce suffering in suicide survivors.

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Adapting Meaning-Centered Grief Therapy for Parents Bereaved by Suicide

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Background:
In 2020, suicide was the second leading cause of death in the European Union among people aged 15-29.[1] The premature deaths of so many young people create legions of bereaved parents who must contend with the devastating loss of a child. Given the profoundly painful nature of child loss, bereaved parents are at elevated risk for myriad adverse physical, mental, social, and spiritual health outcomes,[2] including increased risk of suicidal ideation and behaviors.[3] Despite these known challenges, evidence-based support for bereaved parents is sorely lacking.

Rationale: Meaning-Centered Grief Therapy (MCGT) is a cognitive-behavioral-existential intervention originally developed for parents bereaved by cancer.[4] MCGT may have relevance for parents bereaved by suicide, who face unique challenges to making meaning in and after their loss.[5] However, in order to maximize the sensitivity, appropriateness, and impact of MCGT for survivors of suicide loss, empirical research to properly adapt the intervention is critical.

Design: Following the ORBIT model for developing behavioral interventions, we conducted qualitative interviews to obtain feedback from parents bereaved by suicide and professional experts in suicide loss who reviewed the MCGT manual adapted for survivors of suicide loss (MCGT-SSL). Thematic analysis was used to code the qualitative data.

Results: Themes included feedback to refine language choice and specific challenges in meaning-making related to, trauma, guilt, stigma, and anger.

Conclusion: Feedback suggested MCGT-SSL may have promise for parents bereaved by suicide if key changes are incorporated.

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Support for children and young people bereaved by suicide: views of children, young people, parents/carers, practitioners and service managers

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Background:
A recent rapid review of the evidence for the effectiveness of interventions to support children and young people bereaved by suicide found limited evidence from low quality studies (Mann et al., 2023) and there are gaps in guidance for those delivering this support (Andriessen et al., 2019).

Rationale:
Little is known about children and young people's, parent/carers and practitioners' and managers' views and preferences about the delivery of suicide bereavement support for children and young people (Andriessen et al., 2017). The Childhood Bereavement Network (CBN) and Support after Suicide Partnership (SASP) are working together to gather these views and to use them to develop recommended principles, standards or guidance.

Design:
This sequential mixed methods study involves online focus groups with two groups of child bereavement service practitioners and two groups of service managers; in-person focus groups with three groups of 8-25 year old children and young people bereaved by suicide, and with three groups of parents/carers of such children. Findings on their preferences and views about support will be developed into practice statements, shared in a two-round online Delphi survey with practitioners, managers and academics to identify areas of consensus, leading to guidelines to be published ahead of the conference.

Results:
Results will include novel stakeholders' preferences and views on key practice challenges such as how best to support families around communication and information; how to approach group support for children and young people bereaved by different suicides; how to balance public health guidance with honest information.

Conclusion:
Listening to the views of children, young people, parents, practitioners and managers is a crucial part of developing robust guidance in this important area.

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Education and training opportunities on bereavement care for perinatal loss for maternity staff in the Republic of Ireland: A mapping study

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Background:
In Ireland, the National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death emphasise the importance of education and training for maternity staff. A range of relevant programmes have been developed and implemented internationally.

Rationale:
The aim of this mapping study is to establish, for the 19 maternity units/hospitals in the Republic of Ireland, the extent and nature of the provision of education and training opportunities for staff on bereavement care for perinatal loss.

Design:
We administered a purposefully designed electronic survey to clinical leads for pregnancy loss, directors of midwifery/nursing, and clinical nurse specialists in bereavement and loss in each of the 19 maternity units/hospitals, December 2023-February 2024. Questions were predominantly qualitative given the exploratory nature of the study. We asked contextual questions (e.g. hospital name; their name, job title, role in relation to education and training), followed by questions seeking specific details of education/training opportunities provided, and more general questions exploring: details of any programmes previously delivered, or that they would like to offer/deliver, what works or not in terms of the provision of such staff education and training, evaluation of interventions within their unit/hospital, and if people with lived experience are involved.

Results:
Seventeen of the 19 maternity units/hospitals detailed education and training programmes offered. Two did not provide any at the time of survey completion but noted that they had plans to do so further to training being cancelled during the COVID-19 pandemic. The majority of units/hospitals provided one education/training programme (n=10), while five provided two programmes, and two provided three different programmes. Programmes offered were primarily bespoke study days/information sessions. Some units/hospitals provided the following standardised programmes: Dealing with Loss in Maternity Settings (n=4); TEARDROP (Teaching, Excellent, pArent, peRinatal, Deaths-related, inteRactions, tO, Professionals) (n=2). Ten units/hospitals involved people with lived experience in programme development/delivery. Respondents stressed the need for standardised education and training to be available, accessible and appropriately resourced.

Conclusion:
Our mapping study highlights the lack of standardisation of education and training programmes in the Republic of Ireland. Our findings will inform the development or adaptation and potential scale-up of programmes/interventions nationally.