

Book of Abstracts

Poster Presentations

European Grief Conference 2022



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The following section includes all original abstracts submitted and accepted for poster presentations at the European Grief Conference 2022 in Copenhagen.

Abbreviations:

- P: Poster presentation

Posters

Level 0: Society: Grief Literacy, Advocacy & Community (societal grief literacy & awareness)

P35

When Colleagues die - Effects of Grief in the Workplace on the Organizational Culture of Companies

Kerstin Leyendecker

Coaching and accompaniment with Change, Hiddenhausen, Germany

The intended lecture has its origin in the ongoing empirical research work for my dissertation at the Rheinische-Friedrich-Wilhelm-Universität of Bonn. The qualitative research on the topic resulted from my practical work as a coach and corporate grief counselor. The European society is subject to the situation, not least due to demographic change, that every employee is confronted with a death in the company at least once in the course of the professional life. Although managers in the affected teams are not being adequately prepared for dealing with grief and loss. Uncertainties arise in dealing directly with grieving colleagues and their own range of emotions. The aim of this research is to assess the needs of employees within companies and to shed light on the changes in organizational culture that accompany grieving. In order to relate the aspects mentioned in the theory to practice, participant observations will be qualitatively evaluated and expert interviews with affected persons as well as with grief counselors will be consulted. My master's thesis on the topic of communication in the event of death at the workplace has already shown that grief must be given space and that each case of grief and each grieving colleague must be considered individually. Companies often find themselves in a dilemma situation here and are faced with the great challenge of managing the duty of care towards employees and safeguarding productivity by maintaining the ability to work. Initial results show that this can be achieved successfully.

P45

Deceased are not hazardous waste - grief in times of pandemic

David Roth

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"Undertakers at breaking point", "The lockdown is a tragedy for undertakers", "Undertakers sound the alarm". We have had to read a lot of headlines like this in the midst of the pandemic. There were complaints about the risk of infection, bottlenecks in crematoria fantasized and pictures of stacking coffins conjured up. Covid is not the plague and we no longer live in the Middle Ages.

Taking into account the hygiene standards, you can still do a lot for mourners at the moment, provided that you do not understand the profession of undertaker as a transport company from the hospital or nursing home to the crematorium. People can say goodbye at the open coffin without contact, as recommended by the RKI (Robert Koch Institute for infectious diseases). It is also possible to once again touch the deceased person lovingly without endangering oneself.

Grief is love. Even in times of crisis, we must enable people to say a dignified farewell.

What are the possibilities? What does the legislator allow? And why death is the best teacher of civil disobedience right now is something David Roth familiarizes with in his lecture.

P55

The experience of Norwegian parents before and after losing a child to a drug-related death, how they perceive help and support and its influence on their bereavement processes

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Background: Losing a child can be more intense and prolonged than other losses (Li et al., 2003), and parents who experience unnatural deaths, such as drug-related deaths (DRDs), are at risk of developing grief complications (Christiansen et al., 2020).

Rationale: How parents experience DRDs has scarcely been studied (Titlestad et al., 2019). The main aim was to explore how parents experienced DRDs, consequences for the parents and how they coped with everyday life.

Designs: The parents' experiences have been explored and investigated with qualitative, quantitative, and mixed methods.

Results: The parents' grief was characterised by processing an overload of stress due to extended parenthood, grief-related emotions and reactions, and perceived societal and self-stigma (Titlestad et al., 2020). How parents cope with the loss was influenced by processes on an intrapersonal (e.g., level of self-efficacy, using proactive coping strategies) and an interpersonal level (e.g., attitudes and norms). The parents who struggled the most reported low self-efficacy, withdrawal and long-lasting grief (Titlestad et al., 2021).

Conclusion: The Norwegian parents need proactive crisis help post-loss, broad-spectrum help and help over time. On a group level, they call for support groups and support from social networks. Also, there is a need to take action to reduce stigma related to drug use, enhance public recognition of those bereaved by DRD and coordinate services on a societal level. The knowledge generated is of international relevance for practice, policy and for further research, and may be transferable to other forms of unnatural death.

P57

Norwegian siblings' experiences following Drug-Related Death: A Discourse Analysis on How Siblings Give Meaning to their Grief and Needs as Bereaved

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Background: Social processes constitute how grief and needs as bereaved are understood (Brinkmann, 2020). Siblings are a group of bereaved who receive less recognition in society as bereaved than other relations such as parents, children and spouses. This group has also received less attention in research on bereaved following sudden and unnatural death (Bolton et al., 2017).

Rationale: Although grief is social and cultural embedded, the knowledge of how sociocultural processes shape siblings' experiences of grief and needs as bereaved are scarcely studied. The main aim was to explore how bereaved siblings employ discursive resources to portray their grief processes and their understanding of how grief should be managed.

Designs: The data is individual interviews with ten bereaved siblings, seven women and three men. One of the bereaved had lost a sister, and nine had lost their brother to a drug-related death. Employing discourse theories, we analyse interpretative repertoires (Wetherell & Potter, 1988) used by the bereaved sibling in describing how they experience grief processes and how they position themselves as bereaved accordingly.

Results: We will present preliminary findings of interpretative repertoires in use and how the bereaved siblings positioned themselves accordingly.

P63

When grief alienates – Validation of the Oxford Grief-Social Disconnection Scale (OG-SD) in a German sample of bereaved adults

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Background: Social support should influence grief processes positively. However, inconsistent empirical findings suggest the existence of moderating variables. The Oxford Grief-Social Disconnection Scale (OG-SD) measures the subjective experience of social disconnection: Motivated by the fear that others might evaluate them negatively and by concerns about being authentic in one's own grief, bereaved persons suppress their emotions. In turn, this diminishes the rewarding features of authentic social interaction and thereby also the positive effect of social support. The aim of this study was to validate the German version of the OG-SD.

Design: The German translation of the OG-SD was presented to a sample of bereaved adults in an online-survey. A total of 341 participants (34±15 years; 80,8% female) filled out the OG-SD and grief- and symptom-related questionnaires as indicators of validity.

Evaluation: The OG-SD showed an excellent internal consistency ($\alpha=.94$) and good construct validity (e.g., $r_{\text{social support}}=-.52$, $p<.001$). A confirmatory factorial analysis replicated the original factorial structure. Participants who potentially fulfill a diagnosis of prolonged grief disorder scored significantly higher on the OG-SD than the remaining sample ($t[239,20]=9.39$, $p<.001$, $d=1.11$).

Conclusion: The German version of the OG-SD showed good reliability and construct validity and can therefore be used to measure the subjective experience of social disconnection in German samples. Its clinical use lies in the identification of problematic assumptions and beliefs that may diminish the positive influence of social support. The OG-SD can contribute important information to therapeutic interventions such as cognitive restructuring in the treatment of prolonged grief disorder.

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Implementation and Evaluation of a National Bereavement Helpline in Response to the COVID -19 Pandemic in Ireland

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Background: This study describes the design, implementation and evaluation of a national bereavement helpline developed as proactive tiered response to immediate bereavement care during the COVID pandemic, operated in partnership between a national charity and the National Health Service in Ireland. The service was based on Psychological First Aid principles adapted to integrate bereavement education. Its aim was to provide a supportive compassionate listening service, education advice resources and signposting to community services. The tiered response was based on a public health model of service provision with the aim of providing a timely accessible responsive service, when most mental health services were restricted due to the pandemic.

Methods: Two independent psychologist were commissioned to undertake a retrospective service evaluation of six months of the operation of the line, using a volunteer survey, interviews and line usage data.

Results and Conclusions: Results show that the line is meeting a need, PFA + Bereavement is providing a useful framework for service delivery, and there is good adherence to the model. Volunteers are experiencing working on the line as challenging but rewarding. Supervision and debriefing are essential for volunteer wellbeing and confidence. Approximately 10% of callers were referred onto other services. Management report that they good oversight of governance issues and are planning for the future development, and funding of the line for the next two years.

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Shapes Of Grief. Making Grief-Literacy & Grief-Training more accessible to the both the general public and those professionally supporting them

Liz Gleeson

Shapes Of Grief, Greystones, Ireland

Shapes of Grief is an award-winning social enterprise comprising of a Grief Podcast and an online Grief-Education Programme. It was created by Grief Psychotherapist Liz Gleeson, who saw a need for more accessible grief literacy and grief training.

The success of the podcast lead Liz to design an online grief-training programme, aimed primarily at volunteers and professionals supporting people who grieve, level 2 and level 3 of the Adult Bereavement Pyramid. The training programme has been subscribed to by over two hundred professionals throughout Europe and as far away as Australia, the USA, Canada and South Africa! It is self-directed learning and comprises of forty hours of material, delivered by 26 international grief specialists, clinicians and researchers. It features people such as Dr. Murray Parkes, Dr. Doka, Dr. Boss, Dr. Klass, Dr. Neimeyer, Dr. Sands, Dr. Bonanno and many more. Nobody has brought the grief academics and clinicians together in this accessible way before.

Shapes Of Grief recently held a live-show which played to a full audience and had an online audience of over two hundred people (<https://youtu.be/OuUizHONhuQ>). We are in the exploratory stages of a documentary on grief.

This grief animation was premiered last week <https://youtu.be/Wyj1sV3zq0A> which I would love to play for the European Grief Conference, along with an introduction to my work, which will hopefully inspire the audience, initiate some collaborations and generate some lively discussions.

P130

Exploring the playful side of grieving

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Is it possible for grieving to be approached in the same way as we approach play?

(The definition of Play being: 'to engage in activity for enjoyment rather than a serious or practical purpose')

This is the question, which since September 2022 has been explored by two non-academics, inexperienced with grief but with a shared 30-year-experience of personal development interest which gave them a curiosity to explore grieving in a way they could not see modelled in society.

When faced with grief caused by a family member suicide and terminal illness, the pair of friends began a regular structured conversation to explore grieving as a way to 'play' in life. Within their grieving they experienced pain, sadness and all the common experiences referenced in societal conversation about grieving. However, anchored by a commitment to grieve as they play, they also discovered:

- The positives of grieving: the experience of a wider range and depth of emotions including empathy and joy.
- The privilege of grieving: how honoring the dead person provides access to expanding who we know ourselves to be.
- The preparation grief provides for a living a life with daily play.

Since September 2022 their grief journey has been formed around the exploration of a question, which we can assume most grieving people would not find accessible. Their experience does not answer the question but provides first person insight into what could be possible if grieving were approached in the same way as we approach play.

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Children and adults want to talk about death, dying, loss and grief - experiences from Last Aid courses in many different countries

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Background: Last Aid courses (LAC) have been started in 2015 to teach the public about palliative care and to improve the public discourse about death, dying, loss and grief.

Rationale: Unfortunately talking about death, dying, loss and grief is a taboo in many countries. This is a barrier to comforting dying people and people in grief.

Design: A short standardized Last Aid Course with four teaching modules (45 min each) is taught during one day in a classroom setting with 6 to 20 participants. The themes include: 1. dying as a normal part of life; 2. planning ahead; 3. relieving suffering; and 4. final goodbyes. Grief is one of the topics of module 4.

Evaluation: LAC have introduced in 20 countries in Europe, Brazil, Canada and Australia. Research has been an integral part of the implementation process from the beginning. A number of scientific articles have been published on the experiences with LAC in different countries. The results of the scientific evaluation have shown that LAC are feasible and well accepted by people with different cultural backgrounds and nationalities. Children and adults welcome the possibility to talk about death, dying, loss and grief and to learn end-of-life care.

Conclusion: People aged from 8-100 appreciate Last Aid courses and want to talk about death, dying, loss and grief. The courses improve death literacy and may contribute to a better public attitude to engage with people in grief. A presentation of the existing research on Last Aid Courses will be provided.

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Raising Awareness and Responding to the Needs of Bereaved Children

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Background: To introduce the “Irish Childhood Bereavement Care Pyramid” and “Standards for Providing Support to Children Bereaved in Ireland” as tools to understand, identify and address children’s bereavement needs.

Rationale: Children’s grief has similarities to, but is different from adult experience. All bereaved children need to be met with empathy and understanding; adults have a responsibility to inform themselves and respond. Smaller numbers of children develop more complex needs and require more formal supports – peer-based, voluntary groups or professional intervention. The ICBN Pyramid provides a framework to indicate responses to children’s bereavement needs. The draft standards provide a framework for action on an individual, family, local community, service provider and national level. The standards ambitiously set out a vision for an Ireland where loss and grief are accommodated at each of these levels.

Conclusion: This body of work has both practice and policy implications. In particular standard five makes a call for bereavement care to be integrated into national policy. Standard four outlines the practice responsibilities for bereavement service providers. Standard three has implications for community development, education and compassionate community structures. Standard one and two direct focus on practice with children and families. Standards may be used to plan macro and micro bereavement care, to shape provision and to promote quality so that no bereaved child is isolated, marginalised or at risk of poor outcome.

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Middle- age adults coping with the loss of their parents

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Background: Extensive knowledge has accumulated in the field of coping with traumatic loss. Parental loss occurring at a young age is included in this category. Contrary, the loss of elderly parents is considered "a natural part of life" and has been overlooked by researchers (Colarusso, 1998). This conventional approach often conflicts with the offspring's loss experience, specifically by ignoring the impact of the loss on their emotional functioning and self-awareness (Rubin, 1981; Neimeyer et al, 2011).

Rationale: An integrated methodology research was conducted to explore the connection between middle-age experience and parental loss and reveal the loss implications in various life arenas.

Design: 279 Israeli men and women who had lost a parent between the ages of 40-60 at least one year previously, filled in a questionnaire about their middle-aged life experience, styles of mourning (Doka & Martin, 2011), and their concepts about how they had changed. 30 Narrative interviews were conducted (Lieblich, Tuval-Mashiach & Zilber, 1998).

Evaluation: the study revealed gender differences in reacting to loss and demonstrates the emotional intensity of the loss of a mother. Finding meaning in loss emerged as a central theme, alongside orphanhood versus freedom, clarifying values, longing, continuity, and a sense of urgency.

Conclusion: The loss of an elderly parent isn't usually traumatic and yet it is an experience with unique character traits and life-changing potential. Understanding the consequences of parental loss for middle-aged offspring is important, both in providing legitimacy for grief and in promoting personal and social development and growth.

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Bereavement during Covid-19: Findings from a UK-wide online survey on the use and impact of informal and formal support among people bereaved during the pandemic

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Background: Millions of people became bereaved during the Covid-19 pandemic, with many facing significant challenges accessing both informal and formal sources of support.

Rational: We describe the use and experiences of bereavement support in a cohort of people bereaved during the pandemic in the UK.

Design: A longitudinal online survey over three time points. Participants were asked about the support they had used and in free-text comments explained how they felt helped by this support.

Evaluation: By 7-months post-bereavement, 88.3% of T2 survey participants (N=384; 88% female) continued to be supported by family and friends. They were helped with practical tasks, expressing feelings and sharing their grief, remembering the person they had lost, and feeling cared for and less isolated. 36.7% had received formal 1:1 support (e.g. counselling), helping them feel listened to and process their grief in a non-judgmental environment. Online communities (e.g. online bereavement forums and Facebook groups, used by 31%) helped people by sharing with similar others and feeling understood and less alone. 18.8% had contacted a physician for help with sick notes, medication or referrals to specialist bereavement or mental health support. Helplines, informal and formal bereavement groups, and mental health support were accessed less frequently (7%, 8.1%, 3.6%, and 3.1%, respectively).

Conclusion: Results demonstrate the different types and benefits of bereavement support used during the pandemic. These insights can help support providers strengthen the mechanisms through which they benefit support-users, whilst also helping bereaved people identify support that is most relevant to their individual needs.

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The pandemic and the grieving processes: influence of sociodemographic, contextual and emotional variables in a Portuguese sample

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Background: The Covid-19 pandemic has become a global public health problem. Experiencing the loss of a loved one in a pandemic context, whether or not associated with a Covid-19 diagnosis, can affect the grieving process and increase the likelihood of developing prolonged grief. Globally, deaths from Covid-19 are related to increased levels of prolonged grief, anxiety and the ability to regulate emotions.

Rationale: This study aims to assess the impact of the Covid-19 pandemic on the experiences of prolonged grief processes, emotional changes, stressful life experiences. The importance of this research for the scientific community is essential in the context of grieving processes in order to recognize new problems that will have to be tackled in the context of the Covid-19 pandemic.

Design: Quantitative study, in which the sample will consist of approximately 50 individuals who experienced at least one loss during the pandemic, due to COVID-19 or for other reasons. The sample collection is being carried out in clinical contexts, mostly in hospitals.

Evaluation: The study protocol consists of the following instruments: sociodemographic and clinical variables questionnaire, Emotional Thermometer, International Prolonged Grief Disorder Scale (IPGDS-PT), The Integrations of Stressful Life Experiences Scale (ISLES) and Anxiety Scale the death.

Conclusion: According to the literature, it is expected that cases of prolonged mourning will increase due to the circumstances of death, decrease in funeral rituals in a pandemic period. An increase in anxiogenic symptoms is expected, accompanied by increased difficulties in emotional regulation, anger and insomnia.

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Challenges and Changes providing information, research and dissemination during the COVID-19 pandemic

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Background: On the morning of 12th March 2020, following the World Health Organisation's formally describing COVID-19 as a pandemic, the Taoiseach (Irish Prime Minister) Leo Varadkar announced that schools, colleges and childcare facilities would close from 6pm that day. It was vital to the IHF library to stay relevant, proactive, and become integral in efforts to support of students and staff working remotely. Accessibility was the most-frequently mentioned technology tool strength, which is understandable given the many stressors present during COVID-19. It was important to keep in mind that tools should be accessible not just for librarians and staff, but especially for students.

Rationale: How bereavement information and research and dissemination changed through the two years of the pandemic - adaptation to bereavement during the COVID-19 pandemic.

Design: Reviewed the four main areas of IHF library core functions:

- Library instruction.
- Research support.
- Collection development.
- Access to resources – print and online.

Evaluation: Reviewing the pivot to a fully online environment while providing largely uninterrupted access to resources and to valuable services and support during the COVID-19 pandemic.

Conclusion: It is vital for librarians to stay proactive, flexible, and nimble in providing library services and handling library processes, procedures, and policies to meet emerging needs in the rapidly evolving situation. To demonstrate the ability to quickly adapt to new technologies.

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Loss, grief and care - Nursing competence development targeted for patients receiving hemodialysis and their families

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The experience of loss in patients' lives while undergoing long-term treatment with haemodialysis is a major cause of mental health problems. In practice, nurses often have a lack of time and knowledge of how to provide nursing care in situations of loss and grief.

The study aimed to develop knowledge about nursing competencies to care for patients and their families, who experience grief that is linked to loss due to kidney failure, haemodialysis and/or death.

The study took a phenomenological-hermeneutical approach. Semi-structured individual interviews were conducted with 12 nurses caring for patients receiving haemodialysis with no kidney transplantation option and family members. Paul Ricoeur's interpretation theory was used for analysis involving three levels: naïve reading, structural analysis, and critical interpretation and discussion.

Three themes emerged of nurse's experiences. First, nurses experience patient's loss and grief as loss in daily living and as continual grief. Second, the nurse's experience of families' loss and grief was related to their daily living being changed, and emotional overload. Then thirdly, the nurses describe a need for developing competencies targeted patients and families' loss and grief experience including grief work competence, supportive conversation competence, and competencies to work with the organizational and time constraints.

To nurses, patients in hemodialysis and their families experience multiple loss and grief. This study identified a need of developing nurses' competences in kidney care to support these patients and families. Further research is needed to develop these competencies and then implement them in practice.

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Parental death in young adults with divorced compared to non-divorced parents – The consequences on prolonged grief and mental health problems

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Parental death and parental divorce are among the most stressful life events that young adults can experience. No research was found that has taken into account whether a person had experienced former parental divorce when experiencing parental death, and if this had a consequence concerning mental health problems and bereavement.

This research study examined differences in bereavement, well-being and severe mental disorders in young adults who have experienced parental divorce or not <18th year and parental death < 30th year. Wellbeing was measured using WHO-5, Prolonged grief using PG-13 and complicated grief using BGQ and common mental disorders using CMDQ.

190 young adults between the ages of 13-29 were recruited from Facebook via The Danish National Center for Grief. 53 had experienced parental divorce and parental death and 137 had not experienced parental divorce but parental death. Findings confirmed that young adult's experience of parental death are associated to risk of mental health problems, but higher risk for symptoms of prolonged grief, complicated grief, bodily distress syndrome and alcohol misuse was found when losing a divorced parent compared to losing a non-divorced parent to death.

The results confirm that parental divorce post loss appears to be a risk factor for mental health problems after the loss. Future research is recommended to explore the combination of parental divorce and loss of a parent and the impact it has on interventions.

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Not just a family matter. Bereaved friends after the drug-related death

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Background and rationale: An essential part of the project Drug death-related bereavement and recovery (The END-project) is to develop a greater understanding of the living situation of drug death bereaved friends. Despite the importance of friendship, little is known about how people experience and manage the death of a close friend in general. This also applies to drug death bereaved friends. The paper aims to provide knowledge about what drug-death bereaved friends go through and study the kinds of help and support they receive

Method: Qualitative semi-structured interviews were used for data collection, and bereaved friends were interviewed. Reflexive thematic analysis is used to analyze in-depth interviews.

Findings: We present results shedding light on how friends experience grief after losing a close friend due to overdose or other types of drug-related death (DRD). Results show how the relation to the deceased's family and other friends influences the grieving process. Friends can give and get significant support from family members of the deceased and other friends. Our results suggest at the same time that many friends experience becoming lonely mourners who have no one to talk to about the death of the friend. An important finding is that bereaved friends are often reminded of their mortality and have existential questions about their own lives when they lose a close friend.

Conclusions: The grief after a close friend's death and after drug-related death has received little focus in research and services. We argue that researchers and professionals in the fields of drug use, social work, and family therapy need more awareness of close friends as bereaved. Friends' experiences with this presentation linked to a theoretical model of 'The special grief'.

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Transformative Outcomes [a Paradigm Shift] Through Expressive Writing for Adults Bereaved in Childhood - My Mother's Story: Gone Too Soon

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An international grief and bereavement themed anthology, *My Mother's Story: Gone Too Soon* was written by adults who experienced mother loss in childhood or adolescence and documents the connection between expressive writing and healing. The publication blends biography (honoring and celebrating the life of the deceased), with author reflection (revealing authentic elements of the journey of the bereaved). Contributing authors envisioned this collection as a unique resource to the grieving in a broad sense, as well as the specific demographic of adults bereaved in childhood. Eighteen women and two men from Canada, the United States, the United Kingdom, and South Korea, wrote the story of their mother in less than 2,000 words. This template, originally designed for literary and feminist purposes, was identified by Hohn as a method to reframe the narrative of a painful childhood event, and a potential manner through which to replicate the positive and uplifting impacts she felt after writing her own story. Counsellor-facilitated workshops led by Hohn between March and November of 2021 integrated specific expressive writing/journal therapy techniques to access memory and support the arc of inquiry, processing, and reflection.

Outcomes demonstrated how painful emotions can shift to positive and comforting feelings of connection, belonging, gratitude, and resilience, and the ability for joy to co-exist with sadness relating to grief. Individual journeys of self-discovery and healing, including the tangible formation of continuing bonds, was a significant transformation revealed in a group-wide paradigm shift – a change in the narrative from predominantly feeling a mother's absence to finding her presence.

Whilst not designed as research, the transformational path for authors mirrored several qualitative theories, including Heuristic Research, Narrative Inquiry, and Grounded Theory. The transformation experienced amongst participants, and to what degree measurable impacts occurred, remains open for future qualitative and quantitative inquiry.

Level 1: Normal Grief: General Awareness & Support (general support & Information)

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Psycho-social follow up and emotional labour - Professionals' relating to bereaved after drug-related death

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Background: The loss of a family member or a close friend to drug related death (DRD) can be a risk for severe health implications due to the trauma of the loss, and to strains and stigmatization before death. Many of the bereaved will need professional help to prevent complicated bereavement processes.

Rationale: This study explores how professionals' account for characteristics of psycho-social follow up for bereaved after DRD, and the strategies they apply to manage dilemmas in the face-to-face interactions.

Design: The study is based on data from 24 focus group interviews with employees from different organizations that are relevant for providing psycho-social follow up for bereaved after DRD.

Results: Psycho-social follow up is analyzed through the lens of emotional labour. Results describe how professionals apply different strategies to manage their own feelings and accommodate bereaved' feelings and reactions in the context of DRD.

Conclusion: The study concludes that institutional frames for professional work with people in crisis challenges psycho-social follow up for bereaved after DRD. Doing emotional labour and husbanding resources become important strategies for the professionals in face- to-face interactions to manage the unpredictable context and to cope with the emotionally intense work.

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Development and evaluation of a mobile app to provide bereavement support for teenagers in grief – a study protocol

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Background: Each year, more than 4000 children under the age of 18 lose a parent or sibling in fatal causes in Sweden. The loss of a family member increases the risk of psychosocial and mental health problems.

Rationale: Evaluated support interventions directed to bereaved teenagers are few. The aim is to develop and evaluate a mobile app to provide psychosocial support and self-help strategies to teenagers who have lost a family member.

Design: The project includes 3 studies. Study 1 is developing the mobile app in collaboration with the *Randiga huset*, a non-profit organization for bereaved children in Sweden. Study 2 is a pilot study, which has an uncontrolled pre-test post-test trial design. Study 3 is a two-armed parallel-group randomised waitlist-controlled trial to evaluate the effect of the intervention.

Evaluation: The app will be developed together with a reference group of bereaved teenagers. In Study 2, the feasibility of the intervention will be evaluated using an online survey at pre- and post-intervention and a follow-up interview. In Study 3, the effect of the intervention on the teenager's psychosocial well-being and grief will be examined using an online survey at pre- and post-intervention, and at 6 and 12 months.

Conclusion: The intervention has the potential to advance the psychological well-being of bereaved teenagers and decrease the long-term negative consequences associated with childhood bereavement.

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How does support delivered by telephone improve or impair the psychological health of bereaved adults

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Cruse Bereavement Support & The Open University, London, United Kingdom

Background: Many UK bereavement services switched from in-person to telephone support (National Bereavement Alliance, 2020), due to pandemic lockdown restrictions and increased numbers of people seeking support. This trend continues. Cruse Bereavement Support data indicates remote support mitigates several accessibility issues. In this context, bereavement services continue to be over-stretched (Harrop et al, 2021, and Selman et al, 2022).

Only two relevant research papers are identified (Dawes and Ryan, 2020, and Menichetti et al, 2021), focused specifically on telephone interventions with bereaved people.

Rationale: Understanding is needed, about how telephone support impacts upon the psychological health of bereaved people, given the national service changes that have and are taking place.

I have led on a joint report between Cruse and Birmingham University, comparing datasets for people supported in-person and via telephone. Similar levels of psychological health improvements are evident, through use of comparative CORE-10 and AAG outcome measures. Why this is the case remains unanswered.

Design: I am now embarking on a PhD with the Open University, investigating bereaved people's experiences of telephone support. The aim is to answer how telephone support has helped bereaved people. This includes:

- A literature review.
- Questionnaires with numerical scales and free-text.
- Semi-structured interviews and thematic analysis.

Evaluation: The Open University's code of practice for research will govern the ethical approach to this mixed-method study. As the study progresses, practical application points will be identified.

Conclusion: I will use findings to construct open-access training, assisting professionals to maximise the positive impact of telephone bereavement support.

P80

BEST CARE - End-of-life and BEreavement Support for Families in cancer CARE: A survey study with bereaved family members

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Background: Cancer is a leading cause of death in Western countries. The cancer illness trajectory and the loss of a close other to cancer is an incisive experience that significantly impacts family members' (FM) physical and mental health. Health-promoting, general and targeted end-of-life (EoL) and bereavement support are therefore recommended.

Rationale: Research on current adoption and quality of interprofessional bereavement support delivery in acute and home-based cancer care services is scarce. A better understanding of family needs, quality of support, and their impact on family bereavement outcomes is needed to implement and tailor general and selective support.

Design: A multi-center, cross-sectional survey study is currently underway with FM whose close other died while receiving hospital and/or home-based cancer care.

Evaluation: The study will include a target sample size of 170 FM who lost their close others to cancer within the last six months. Study endpoints include *quality of EoL and bereavement care* (e.g., satisfaction with care, level of support), (un)met *support needs*, and *bereavement outcomes* (e.g., coping, resilience, grief). Descriptive and regression analysis will be undertaken to determine quality of care, level of adoption and their influence on family bereavement outcomes.

Conclusion: Preliminary findings will provide context-specific insights into current bereavement support offered by nurses, physicians, chaplains, and other professionals in acute and home-based cancer care from FM's perspectives. It will investigate their influence on family coping in bereavement. Such knowledge is needed to tailor evidence-based recommendations around bereavement support and to ensure that families receive the care they need.

P84

Establishing a Hospice volunteer telephone bereavement service during the pandemic - sharing practice experience from Ireland

Estelle McGinley

Milford Care Centre, Limerick, Ireland

Background: Milford Care Centre suspended face-to-face bereavement services due to the Pandemic. They acknowledged that the grieving process would be impacted (Wallace et al, 2020) and more difficult for many people (Eisman & Tamminga, 2020) so established a telephone support service, staffed by volunteers and coordinated by social workers.

Rationale: Recognising that a lack of death rituals and isolation from social supports impacted bereaved people (Breen, 2020), this support enabled the continuation of bereavement services at a crucial time.

Design: Subsequent to planning and training, bereaved people were offered appointments for telephone or video calls. Supervision and support of volunteers was provided by social workers. In the first 16 months, 71 people availed of 273 telephone support sessions. In addition, two online bereavement support groups were facilitated. The service was utilized by bereaved people living locally, in other parts of Ireland, the UK and Europe.

Evaluation: The project was evaluated using a postal questionnaire and yielded positive responses from the service users and volunteers who found it rewarding to support others at such a difficult time globally.

Conclusion: Although telephone support did not replace the connection of meeting in person, it offered invaluable support for bereaved people who were significantly isolated. The project demonstrates the contribution volunteers make to the provision of bereavement services and highlights that access to bereavement support can be enhanced by routinely offering services virtually.

P150

Qualification in grief counselling during the pandemic

Eva Kersting

Lebenskunst-Kersting, Rees, Germany

Background: The University of Bonn offers a two-semester course program in grief counselling at the workplace. In addition, students can complete a formal qualification in grief counselling according to the standards of the Bundesverband Trauerbegleitung e.V. (Federal Association for Grief Counselling). This poster addresses the issues of personal proximity and intimacy during this further training while being forced to stay apart due to the pandemic.

Reason: Qualification in grief counselling requires a safe space and a personal atmosphere for all participants to interact in. During the pandemic the question was asked whether this atmosphere could be created in a digital format being apart together.

Design: During the two courses held under Covid conditions, valuable lessons were learnt in terms of technology, digital sensitivity, teaching methods and group processes. This poster aims to present the experience gained and weigh up the advantages and disadvantages of digital training while also giving to outlook for future courses.

Evaluation: Dealing with digital technologies in such a personal context was challenging. Different spatial and living constellations had to be taken into account to create a safe and healthy learning atmosphere. Therefore, new teaching methods were included alongside findings in change of communication, self-awareness and perception of emotions.

Conclusion: In summary, digital training in grief counselling requires different skills and teaching methods. Thus, it does not simply replace bodily-presence but represents a separate form of qualification which must be understood as an opportunity and not as a compromise.

P156

The Death Doula/Death Midwife in Contemporary Ireland

Jennifer Moran Stritch

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Death doulas (DD) or death midwives are described as companions and advocates for the dying (Elliot, 2014). While based on the birth doula role, the DD role is not as well articulated, with a great deal of variation in the literature (Rawlings et al., 2018). A lack of consistency exists in terms of the education and training DDs receive, and perspectives vary as to whether or not it should be a registered title within the health and social care landscape (Rawlings et al., 2020).

While the DD is becoming better known globally, it is a relatively new phenomenon in Ireland (Byrne, 2020). There is scant academic material published around the modern concept of the doula and their work, and virtually none in an Irish context. This lack of definition and oversight may create challenges, competition and confusion as they care for people alongside health, medical and death industry professionals (Rawlings, et al., 2021).

This exploratory research seeks a better understanding of Irish death doulas, from the lived experiences of those who undertake the role. Semi-structured interviews will be conducted with 6-10 DDs in Ireland, along with those who use the term “death midwife”. Using thematic analysis, the interviews will be examined for patterns of meaning among the participants, including how they see themselves and their work. The findings will link to the limited international literature on the modern death doula, their motivations for engaging with the work, and their experiences of caring for the dying and comforting the grieving in contemporary Ireland.

P185

Learnings from a Covid-era National Bereavement Support Line

Catherine Tierney

Irish Hospice Foundation, Dublin, Ireland

Background: In response to Covid-19, Irish Hospice Foundation, in partnership with the Health Service Executive, set up a support line for those bereaved during Covid-19, staffed by volunteers. Some loved ones suffered and died alone, families mourned alone, funeral rites were curtailed, the iconic *Irish Wake* ceased and funerals were reduced to 10 mourners at times. Callers needed a compassionate, listening ear to process their grief, trauma and distress. Lonely callers sought refuge.

Rationale: Two years on, what learnings may benefit others?

Design: Based on debriefing and supervision with volunteers, staff discussion and personal reflections of service coordinator.

Evaluation: A compassionate phone service managed and operated remotely – what was most important:

Tone & Language: vital tools to create a warm, receptive space:

Neuroception will be used to discuss how warmth can be intuited, is this a safe space? And also for registering alert – what of challenging calls?

Clinical support & self-care.

Recruitment: protect this 'holy space'.

Challenging callers.

Why so few male volunteers and callers?

Conclusion: Our experience confirms that people are surprisingly resilient but they benefit from being heard, comforted and connected to community (or to professional services). While it is not without its challenges, at the heart of it is our shared humanity. We have learned so much.

[“Listening creates a holy silence. When you listen generously to people, they can hear the truth in themselves, often for the first time. And in the silence of listening, you can know yourself in everyone.” Rachel Naomi Remen.](#)

P196

Challenges and adaptations in bereavement care provision during a global pandemic. A national survey of Irish service providers

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Background: The Covid-19 pandemic has brought bereavement to a more central position in the attention of media, health professionals and researchers. The nature of Covid-19 deaths and the impact of restrictions on funerals, rituals, and support for all deaths during this period result in predictions of disrupted grieving for the medium and longer-term.

Rationale: This study seeks to describe bereavement care providers' experience of demand and type of need for bereavement care during the first year of the pandemic; to describe the self-assessed impact on care providers of providing bereavement care; and to identify the adaptations these services made and challenges currently faced.

Design: An online survey collected data from bereavement service providers across Ireland in 2021 when Ireland experienced level 5 restrictions due to the pandemic.

Evaluation: Of the 199 respondents, 76% reported a change in demand for their service and 91% noted a change in the pattern of need among service users. Many altered their service provision (63%) and/or developed new services (27%) to meet changing patterns of need and the impact of restrictions. They observed an increase in the emotional impact their work had on them (47%) and increased need for support. Positive changes and opportunities were also noted.

Conclusion: The impact of the pandemic presents challenges and opportunities for bereavement care provision. Anecdotally, service providers continue to see the impact of the pandemic on provision, service users and staff. The extent and nature of this impact will be assessed in a follow up survey in 2022.

P218

Children's Memory Garden

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² *Irish Hospice Foundation, Dublin, Ireland*

The author has been a Community Children's Nurse for 19 years and has been involved with bereavement care with many families. The ethos of Paediatric Palliative Care is from diagnosis through to death and bereavement (Together for Short Lives 2018).

The death of a child has a ripple effect on siblings, parents, grandparents, friends, teachers and the community as a whole. In Northern Ireland there are several memory gardens, some are for children that had been known to the regions Children's Hospice, some are for babies that have died before birth or just after (SANDS). The author felt that a garden locally would assist the themes of normalizing grief and tie in with the theme of enhancing public understanding as outlined in the Bereavement Networks mission (2022). It also mirrors level 2 of the Childhood Bereavement Care Pyramid (2014) which highlights the importance of community based support to enhance coping skills.

The idea came about after a bereavement visit and to a wildflower meadow dedicated to the child. The author approached the district council, several meetings were arranged and a proposal put forward. This included the importance of it and suggestions for layout and plan that had spiritual meaning and a potential site overlooking the shores of Carlingford Lough. After 3 years, the council unanimously voted for the idea and there are 2 gardens being developed within the year.

P233

Comfort of touch in times of grief – the concept “respectare®”

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For You - Verein für Sterbebegleitung und Lebensbeistand e. v., Winnigen, Germany

Family carers of people with dementia need very strong resilience. Multiple changes in the person, the relationship and daily life present complex challenges to family systems. Experiences of grief, loneliness and sadness during care and support are experienced variably. These challenges and excessive demands often lead to a move into nursing homes. A feeling of failure, being "pushed away" and the spatial change in the partnership again triggers a variety of feelings. Thus, staff members in the facilities become grief-counsellors, unintentionally & unprepared. Touch is part in this professional setting and encounters the biographical experience of touch of each individual. This is where "respectare®", "touch with respect", can become a new approach. Ritualized strokes allow for recognition, categorization and the experience of safety therein. The question of permission is at the beginning of each session & reveals the appreciative attitude. Being held, being allowed to relax and experiencing affection can be discovered deeply, personally and individually by touching hands. These experiences can be comforting and the processes of dialogue which can also be demonstrated physically. This attentive approach serves to promote resilience on both sides. According to Kitwood, the person-experience is strengthened, comfort is experienced and "love" is transported & made physically tangible. Relatives can be coached, to find a new level of relationship & communication: Moments of encounter beyond cognition take place. These moments create memories for the time, when anticipatory grief changes: "Where life`s most beautiful imprints are made:...above and below the skin."

Level 2: Bereavement Support: Prevention & Risk Factors (extra support)

P1

From One to Eight Million Gods: Observations on Bereavement by a Hospice Psychologist

Morita Aki

Grief and Bereavement Institute, Yokohama, Japan

Background: Grief is a process of accepting the death, coping with distress, adjusting to the absence of the deceased and finding ways to continue the relationship bond (Worden, 2018). The Hawaiian Island's diverse cross-cultural, cross-spiritual and religious communities have developed a unique ability to embrace a variety of belief systems to assist in the bereavement process. This presentation draws upon the clinical experience in Hawaii by a grief counselor born in Japan who brings a singular perspective bridging western and far eastern approaches to coping with grief.

Rationale: Rituals are powerful tools in coping with grief despite differences in cultural contexts (Klass, 2001). In postmodern western culture, some have commented that there is an absence of meaning derived from established religions and cultural traditions. (Sas & Coman, 2016). Thus, there has been a growing interest to turn to other traditions in search of alternatives. Hawaii, as the most ethnically diverse state in America, offers bereaved residents an array of different cultural practices.

Design: Case presentation.

Evaluation: Clinical observation and Self-Report.

Conclusion: A profound sense of despair and sorrow arises when the bond with deceased is severed permanently. Rituals are potent coping mechanisms to reconnect the bond, honor the life of the deceased, and remember shared memories. While each culture has its own rituals that are meaningful, the western audience might find other cultural practices helpful in search of creative ways to continue bonds with the deceased.

P2

Life changing caused by the death of a parent experienced at a young age

Anna Liisa Aho, Anna-Maija Rajamäki
Tampere University, Tampere, Finland

The purpose of this study was to describe the changes the adolescent experienced after losing one of their parents at a young age.

The data consisted of responses collected from the persons whose parent had died when the respondents were young (n=86). The data was collected by using an electronic questionnaire on the websites of two national peer-group organizations in which the respondents had participated. The questionnaire dealt with background variables and one open-ended question about the life changes experienced by young person after the death of a parent. The data was analyzed by the content analysis.

The greatest life changes in the lives of those who had to face the death of their parent included changes in selfhood, disturbed balance of life, alterations in everyday life but the other hand increasing mental strength. The changes in selfhood were related to mental burden, changes in self-image, increase in melancholy and changes in emotional behavior. The changes that disturbed the balance of life were related to disruption in feeling safe, breakage of integrity and fraying of health. The alterations in a adolescent's life were related to balancing in studies and working life, growth in taking responsibilities, changes in daily routines and changes in family dynamics. Strengthening of mental well-being was associated with experiences of post-traumatic growth and mental enhancement.

The life changing of the young people after the death of a parent are comprehensively associated with the psychological and physical well-being as well as the whole life of adolescents.

P3

The Life Changes of Sibling Survivors after a suicide of a brother or a sister

Anna Liisa, Aho, Anja Terkamo-Moisio, Johanna Järvi
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This study describes the sibling survivors' life changes after a suicide of their brother or sister. The data were collected 2018 by electronic survey (N=24) and theme interviews (N=5) from individuals, whose sibling had committed suicide. The collected data was analysed by inductive content analysis.

The described changes in life after a sibling's suicide included increased anxiety of loved ones, burden of life, changes in family ties and in the living world, and a positive self-development.

Siblings share a unique bond; thus, a suicide of brother or sister changes the survivor's life irreversibly and has various mental, physical and social effects on the survivor. The immediate and long-term support is crucial to promote the survivors' coping and prevent the negative effects of the sibling's suicide.

P4

Negative life changes for relatives of victims of homicides

Anna Liisa Aho, Mammu Siekkinen, Anja Terkamo-Moisio
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Homicide causes severe crisis and trauma to the victim's loved ones, whose feelings of death's unnaturalness, unjustness and meaninglessness strengthens the bereavement and the negative feelings connected with it.

This study describes the negative changes in life, experienced by the loved ones (n=29) of the victims of homicide. The data was collected by electronic questionnaire and analyzed by inductive content analysis.

Based on the results, victims' loved ones experienced several negatives changes in life that were related with themselves, their social relationships and society as well as life and the future. Informants described increased aggression, decreased alertness, changes of their character and getting ill. Changes of social relationships and society included increasing unsociability, reduced relationships, and growing lack of trust. Changes towards the future were described as strained life as well as decreasing sense of life and increasing hopelessness of the future.

The changes of homicide victims' relatives' lives are multifaceted and comprehensive. These changes should be taken into account in the support directed to the loved ones of homicide victims. Special attention should be paid to the individuals, who are in working age to prevent further negative consequences.

P37

A Population-based Study of Continuing Bonds in Bereaved Parents after Losing a Child in Pregnancy, During or Shortly after Birth

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Background: The concept of continuing bonds as an ongoing connection between the deceased and the bereaved is complex and multidimensional.

Rationale: To provide insights into the understudied field of continuing bonds after a loss in pregnancy, during or shortly after birth. Furthermore, to explore potential differences between continuing bonds and grief in different types of loss, i.e., a spontaneous loss, in the second or third trimester or after birth, or a termination of pregnancy in the second trimester due to fetal anomalies.

Design: Population-based cohort study. We describe continuing bonds and grief reactions at 4-8 weeks and 13 months after the loss in 980 parents in the Danish cohort "Life after the Loss". We further assess the association between continuing bonds and levels of grief using the Perinatal Grief Scale.

Evaluation: Parents losing due to termination of pregnancy or miscarriage experienced continuing bonds least frequently and had the least intense grief reaction. Parents losing post-partum experienced continuing bonds most frequently and had the most intense grief reaction. Yet, continuing bonds were associated with intensified grief in parents losing after termination or miscarriage, whereas only some significant associations were found after stillbirth or post-partum death.

Conclusion: Our findings indicate that most parents bereaved in pregnancy, during or shortly after birth do experience continuing bonds to their deceased child, however, differently according to type of loss.

P81

Parents' religious/spiritual beliefs, practices, changes and needs after pregnancy or neonatal loss - A Danish cross-sectional study

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² *University of Southern Denmark, Odense, Denmark*

This study describes religious/spiritual beliefs, practices, changes, and needs among parents bereaved by pregnancy or neonatal loss, and assess gender differences in religiosity/spirituality, in this population. A cross-sectional study using data from the Danish cohort *Life After the Loss* was conducted. Data were gathered from a questionnaire survey collected between January 2016 and December 2019. Among 713 respondents, several answered in the affirmative to items related to religious/spiritual beliefs and practices. Some experienced changes in religious/spiritual beliefs and practices, and some wished to talk to someone about these questions. Women reported higher levels of religiosity/spirituality than men.

P144

The emotional impact on nursing staff who engage in Memory Making at end-of-life care in the Hospice setting

Mary McLaughlin

Donegal hospice, Letterkenny & Donegal, Ireland

Background: As a nurse for over 20 years in palliative care, the importance of creating a Memory for loved ones to keep post-death was seen to be of great value in pre and post bereavement care.

Upon completion of the above study, the researcher developed a guideline and tool to enable staff to engage in Memory Making at end-of-life care in a caring and competent manner.

Rationale: To enable all staff to carry out Memory Making and to ensure value was placed on the concept of loss and grieving and how as professionals we can help by this simple act. This act creates a continuing bond with the person who has died whilst also creating a connection with the staff engaged in the process.

Design: Poster presentation explaining the study and presenting the guideline and tools for staff to use in the future.

Evaluation: The study showed that the emotional impact on staff was positive and it enhanced care of the person at end of life, although it highlighted the need for a guideline and tool to encourage all staff to engage in Memory Making at end-of-life care.

Conclusion: Grief during the dying process and grief after death in the researcher's opinion was helped by this simple Memory Making activity and could be transferable to other settings in a universal manner.

P173

A longitudinal study of associations between family communication and functioning and subsequent psychological symptoms in children after early parental death

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Background: Parental loss during childhood or adolescence is often a traumatic life event that increases the risk of adverse psychosocial outcomes such as anxiety and depression.

Rationale: Family communication and functioning may play an important role in understanding grief in bereaved children and adolescents. This is the first study to investigate the associations between family communication and functioning (Family Assessment Device) and development of psychological symptoms (PEDS, SDQ, GAD-7, PHQ-9, PG-13) in bereaved children and adolescents within the first eight months after parental loss.

Design: The study is based on data from the FALCON project, a population-based longitudinal nationwide questionnaire study investigating grief after the death of a parent. All Danish families with children aged 0-17 years, who lost a parent between April 2019 and July 2021, were invited to fill out questionnaires at baseline and follow-up after 6 months.

Regression analyses adjusted for baseline psychological symptoms were used to investigate associations between communication and functioning at baseline and psychological symptoms at 6 months follow-up in each of three age-groups (age 0-5 years, n=52; age 6-12 years, n=74; and age 13-17 years, n=102).

Evaluation: Preliminary findings will be presented. We hypothesize that good family communication and functioning at baseline predicts less adverse psychological symptoms in bereaved children at 6 months follow-up.

Conclusion: Results from this study will contribute with new insight into the role of family factors on psychological symptoms in bereaved children and may point to targets of grief interventions targeting families.

P180

Maintaining intimacy with those who are gone

Tabea Wolf, Lisa Nusser
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Background: Remembering one's past can serve adaptive psychosocial functions. This may be especially true in the context of losing a loved one. Memories may serve to maintain intimacy with those who are gone. However, frequently remembering lost loved ones may also maintain feelings of sadness and being alone.

Rationale: In the present study, we tested (1) whether frequently remembering those who are gone contributes to feelings of grief and personal growth and (2) whether this association depends on relations to continuing bonds with a deceased.

Design: We tested our assumptions in two studies conducted in Germany. In Study 1, 111 adults (between 19 to 84 years) rated their general use of memories to maintain intimacy with those who are departed and provided information about a specific loss-experience, continuing bonds with the deceased, and feelings of grief. The sample of Study 2 (198 adults; between 18 and 75 years) served to replicate findings and to transfer them to experiences of personal growth.

Evaluation: Across both studies, internalized and externalized bonds partially mediated the association between the intimacy maintenance function of autobiographical memory and grief. Internalized bonds also mediated the relationship between intimacy maintenance and personal growth.

Conclusion: Frequently remembering those who are gone contributes to feelings of grief via its relations to continuing bonds. However, due to its relations with internalized bonds, it may also foster personal growth – though to a lesser extent. This strengthens the assumption that intimacy maintenance constitutes a self-negative way of using one's past.

P181

Personal reminiscence styles and adaptation to bereavement: How meaning mediates their relationship

Tabea Wolf, Justina Pociunaite
Ulm University, Ulm, Germany

Background: Losing a loved one often goes along with feelings of sadness or a longing for the person who is gone. Autobiographical memories play an important role here, because remembering the deceased can help to keep the lost loved one close. However, whether memories are indeed adaptive may depend on the way in which they are used.

Rationale: Based on previous findings regarding the association between a person's reminiscence styles and mental health outcomes, we assumed that ruminative and reflective reminiscence styles are differently associated with feelings of grief and personal growth. Moreover, we hypothesized that these relationships are mediated by meaning-making efforts and having made meaning of the loss.

Design: We tested our assumptions in a sample of 198 participants from Germany (between 18 and 75 years; 83.3% female). Participants rated their general use of autobiographical memories first. Subsequently, they provided information about a specific loss-experience and completed measures on meaning-making, feelings of grief, and personal growth.

Evaluation: We ran separate mediation models first to build a parsimonious pathway model. Our results indicate that ruminative reminiscence styles impact feelings of grief and personal growth through their associations with meaning-made. Reflective reminiscence styles, in contrast, influence feelings of grief because of their relation to meaning-making efforts. In addition, they are directly related to personal growth.

Conclusion: The present findings broaden our understanding of how autobiographical remembering contributes to adaptation to bereavement by identifying processes that underly this association. Findings can be applied to research in everyday and clinical settings.

P187

Qualification in grief counselling during the pandemic

Maria Förster

TrauerArbeit, Leipzig, Germany

There wasn't this one single key moment in my life. I spent my whole working life supporting people through grief and crisis: for 14 years as a mortician, from 2011 as a grief counsellor and now as a self-employed alternative practitioner for psychotherapy in the field of integrative grief therapy.

My work as a lecturer and as organiser of the event series "Endlichkeitsdialoge" makes no exception. Here, too, everything revolves around the topics of dying, mourning, death - and yes, also life.

I am often asked by clients in the first consultation whether they are grieving in the wrong way - or whether they are ill. But there also seem to be a lot of insecurities around this topic among professionals from the nursing and geriatric care sector. For fear of saying something "wrong" they remain silent, avoidant or breathe a sigh of relief as soon as the relatives are out the door. Enduring together can be so incredibly difficult to endure. Even among colleagues.

In order to face people empathetically after a loss, you need understanding for their individual heart language. With the grief compass (Trauerkompass), I can see which grief mentality the affected person is currently experiencing. It is a client-centered model of personality typology, according to which people can be divided into four different basic types of mourning (Trauertypen). Not to pigeonhole them, but to better understand their thoughts, feelings and actions and be able to respond to them. To meet them right where they are - in the language of their hearts.

Level 3: Complicated grief reactions: Diagnosis & Treatment (therapy support)

P17

Impact of resilience and social support on long-term grief in cancer-bereaved siblings: An exploratory study

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Background: Bereavement research has mainly explored potential risk factors associated with adverse outcomes, and the role of protective factors has received less attention. More knowledge is needed about factors related to unresolved grief in bereaved siblings. This study aimed to assess grief adjustment and possible gender differences among bereaved young adults 2–10 years after losing a brother or sister to cancer. We also sought to explore how resilience and support from healthcare professionals influenced their grief.

Methods: A total of 99 young adults (18-26 years) who had lost a brother or sister to cancer between the years 2009 and 2014 were invited to participate in this Norwegian nationwide study. The study-specific questionnaire was completed by 36 participants (36.4%). Social support during the sibling's illness, after the death, and during the past year, in addition to grief, resilience was measured.

Results: Overall, the prevalence of unresolved grief was 47.2 % among bereaved siblings, whereas 52.8 % did cope with their grief. The level of coping with grief and resilience was similar between male and female siblings. Bereaved siblings with higher Personal Competence reported lower unresolved grief.

Conclusion: Approximately half of the young adults experience unresolved grief 2-10 years after losing a sibling to cancer. The findings also highlight the need for long-term support to bereaved siblings to help improve their resilience and better cope with their grief.

P47

Prolonged Grief Disorder (PGD) predictors in individuals parentally bereaved as adolescents or young adults: data from two Studies

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Background: Prolonged grief disorder (PGD) is a debilitating condition affecting a small proportion of the bereaved population (Lundorff et al., 2017). Symptoms include enduring feelings of intense grief with wide-ranging effects on relationships (Prigerson et al., 2009) and health (Buckley et al., 2012; Li et al., 2003).

Rationale: Previous research on predictors of PGD has been conducted exclusively with older adult samples. In 2 studies we aimed to replicate previous findings in a young sample, those who suffered parental loss as adolescents and young adults, and to examine novel predictors.

Data were collected online. We measured demographics, attachment style, relationship quality, expectedness and time since death (Study 1) and the following novel predictors: feelings of responsibility for the surviving parent, minimisation of grief expression, family dynamic reorganisation, dependency, manner of death and COVID-19 effects (Study 2). We expected to replicate findings regarding the predictive value of attachment styles and relationship quality in PGD scores. We further expected additional variance would be accounted for by feelings of responsibility, minimising grief and family dynamic reorganisation.

Evaluation: Hierarchical regression analyses revealed time since death, relationship closeness and insecure attachment styles predicted a large proportion of PGD scores variance, replicating previous findings in older samples (Study 1). Study 2 further revealed that family dynamic reorganisation, minimising grief and dependency significantly added to the proportion of PGD variance accounted for.

Conclusion: These findings point to psychological vulnerabilities for the development of PGD and as such inform potential early interventions to prevent PGD in vulnerable individuals.

P65

How to improve services to bereaved by drug-related deaths? People bereaved by drug-related deaths` needs for help compared to received help: A cross-sectional study

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Background: People bereaved after sudden and unexpected deaths can benefit from professional help, and the bereaved call for proactive, early and flexible help over time from professional services. Most drug-related deaths (DRDs) happen suddenly and unexpectedly.

Rationale: To investigate DRD bereaved family members and close friends` reported needs for help compared to received help from professional services, as well as predictors for satisfaction with help. Few studies have examined this topic.

Designs, data and method: A heterogeneous convenience sample of DRD bereaved family members and close friends (n=255) were recruited for a cross-sectional survey and answers were statistically analyzed.

Results: Most DRD bereaved reported a need for professional help after the death regardless of family relation to the deceased. About half of participants had received help, and nearly half of them were satisfied with received help. Older bereaved and participants who received help from a crisis team or psychologist/psychiatrist reported more satisfaction with help. Children rarely received help, and less than one-third of participants were satisfied with this help.

Conclusion: The study shows that younger age groups and children need particular recognition, and a family perspective from services is essential. When assessing the help needs of the DRD bereaved, relations of both psychological and biological closeness should be recognized. Help efforts should be tailored according to established knowledge of the provided help that bereaved populations deem effective.

P70

Symptoms of Prolonged Grief and Posttraumatic stress and functional impairment in close family members 8 years after the 2011 Utøya terror attack

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Background/Rationale: To better understand the long-term health consequences of terrorism, we studied the mental health consequences of bereaved parents and siblings eight years after the Utøya terrorist attack in Norway. We examined the symptom levels of prolonged grief and posttraumatic stress as well as their psychosocial functioning and relation to the labor market.

Design: Bereaved parents (n=88) and siblings (n=34) completed the Inventory of Complicated Grief (ICG), the Impact of Event Scale-Revised (IES-R) and the Work and Social Adjustment Scale (WSAS) to assess prolonged grief, posttraumatic stress, and functional impairment, respectively.

Evaluation: In total, 62.3% of the participants had scores on the ICG indicating a risk for prolonged grief, while 45.9% scored over cut off on the IES. There was a high overlap between prolonged grief and posttraumatic stress (42.7%). Females had significant higher scores on both ICG and IES compared to males. There were no differences between parents and siblings regarding prolonged grief and posttraumatic symptoms. One out of three showed severe functional impairment on the WSAS. Approximately 30% of all the bereaved were outside the labor market, and one third of the parents had become disabled to work after the terrorist attack.

Conclusion: Many bereaved parents and siblings after the Utøya terror attack report long lasting health consequences with symptoms of PG and PTSD and functional impairment. Siblings' grief and trauma reactions were as high as the parents. The results suggest a need for long term follow up of bereaved after a terror attack.

P78

Group therapy for the treatment of Prolonged Grief Disorder

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After extensive clinical studies and research, the Prolonged Grief Disorder (PGD) has been included in the ICD-11 (2018) as a new, independent diagnosis. PGD describes the persistent inability to accept the death of a loved one and the circumstances of the death. This can lead to pathological emotional and behavioral symptoms as well as comorbidities with mental and somatic diseases. This workshop will focus on the treatment of PGD including the training of emotional regulation, integration of the loss in our individual biography, exposure in sensu with the worst event regarding the loss, cognitive restructuring of thoughts that aggravate grief, reduction of avoidance behavior and development of rituals to promote the transformational process. The methods are based on an evaluated group therapy program by Rojas and Rossi (2015), which has been proven one of the more effective in a recent systematic review and meta-analysis. The central intention of the workshop is to share the experiences and knowledge of working with clients suffering PGD in a group therapy setting combined with individual sessions. The program is based on Cognitive Behavioral Therapy and integrates various psychotherapeutic approaches, such as mindfulness-based interventions.

Methods: Oral presentation with case studies, and guided exercises are presented.

Target group: Psychologists, psychological and medical psychotherapists, social workers who work with people suffering PGD.

P118

An integrative treatment program for parentally bereaved young adults based on letter writing

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Background/ Rationale: Losing a parent as a teen or young adult can have far-reaching negative consequences for the young person's mental and physical health, mortality, identity development, future intimate relationships, educational and occupational development and general life satisfaction. Even so, relatively little is known about the specific needs of parentally bereaved young adults and how best to support them.

Design: Over the past 20 years, the Danish National Center for Grief has been providing and fine-tuning a grief therapy program for bereaved young adults aged 20-28 with complicated grief reactions. The method has the dual process model of coping with bereavement and attachment theory as its theoretical underpinnings. It seeks to meet the needs of each individual person given his/her unique circumstances, by in part drawing on CBT and narrative grief therapy techniques, while using letter writing as a primary tool. The treatment modality is individual therapy within a group context.

Evaluation: The treatment program has been found to be effective compared to a waitlist control group.

Conclusion: This presentation will provide an overview of the treatment program. It will briefly address the unique developmental issues facing parentally bereaved young adults, as well as the ways in which the treatment program seeks to meet the individual needs of each client.

P140

The grief of close bereaved friends 1,5 – 8 years after the loss

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Background: All though receiving more attention these last years the grief of close bereaved friends are still a relatively understudied group in relation to grief research. This study is among the first longitudinal studies to focus on young adults that have lost a close friend to a traumatic death.

Rationale: This presentation will focus on the symptoms of grief and trauma reactions of bereaved friends over time, and it's effect on their functioning.

Design: In the present study we have conducted four data collections of close bereaved friends, 18 (T1), 28 (T2), 40 (T3) and 102 (T4) months after the loss of a friend at Utøya July 22, 2011. Measures include Inventory of Complicated Grief, Impact of Event scale, Work and Social Adjustment Scale among more.

Evaluation: A large proportion of the bereaved friends scored above the cut-off level (<25) indicating complicated grief reactions (measured with Inventory of Complicated Grief) – 85% (T1), 69% (T2), 67% (T3) and 21% (T4). This was highly associated with high levels of trauma reactions and problems with functioning. Females reported in general higher scores than males.

Conclusion: Compared to previous studies, bereaved friends in this study show relatively high levels of grief reactions and functional impairment. This can be explained by a close relationship with the deceased and the trauma of the loss. These results shed light on a bereaved group that we know less about than other bereaved groups.

P141

Cognitive-behavioral therapy for elderly bereaved people with complicated grief reactions: Study protocol and preliminary findings

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Background: Elderly people frequently lose a loved one to death. Only few develop complicated grief reactions (CGR), including symptoms of prolonged grief disorder (PGS), depression, anxiety, and posttraumatic stress (PTS), and may benefit from treatment. Studies suggest that cognitive-behavioral therapy (CBTgrief) is a potential effective treatment of CGR. Nevertheless, fine-grained knowledge about delivery formats and change processes of CBTgrief in a real-life clinical setting is warranted.

Rationale: The study's aim is to examine the relative effect of group versus individual CBTgrief for CGR in old age and mediators of therapeutic change.

Design: The study design is a randomized, non-inferiority trial. Participants will be recruited and treated at the Danish National Center for Grief. Eligible participants are elderly people (≥ 65 years) who have lost a loved one (≥ 6 post-loss) and have CGR. Participants will respond to questionnaires at pre-, mid-, post-intervention, three-, and six-months follow-up. The primary outcome is PGS. Secondary outcomes are PTS, anxiety, and depression. Treatment mediators focus on three hypothesized maintaining mechanisms (insufficient integration of the loss, avoidance, and negative grief-related cognitions).

Evaluation: We will present the study rationale, hypotheses, and design as well as preliminary findings of change in CGR from pre- to post-intervention in a subgroup treated with individual CBTgrief (N = 8).

Conclusion: This study will contribute with knowledge about the effect of CBTgrief in a real-life clinic, including potential effective delivery formats and important therapeutic change processes. Together, this may guide improvements of future treatments of bereaved elderly people with CGR.

P152

Surviving traumatic loss- Arguing the case for early interventions

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This workshop will present a framework for supporting individuals and families affected by a traumatic loss who find their profound sense of loss and grief compounded by a variety of complex factors. Exposure to severe trauma cause by traumatic loss, witnessed or otherwise, combined with subsequent life stressors are often predictors of potentially significant mental health problems. Furthermore, a plethora of complicating post bereavement factors such as legal complications, a rupture in the family system and dynamics, facing the trauma of inquests, extended media coverage, social media pressures, economic hardship, the demands of employers for a return to work. Offering early support following a trauma or a traumatic loss makes a significant difference to the long-term recovery of individuals and families affected by such events. The importance of offering strategies that promote adjustment, post traumatic growth, and mitigate against the complications that can and often do arise will be addressed.

Comprehensive assessment of the emotional resources and assets of the individual or family, is followed by a targeted focus on the nature of loss and grief, common reactions to traumatic loss and addressing the subsequent challenges to be encountered. The model is aimed at assisting individuals and families to navigate their way through a multitude of complex extraneous stressors without pathologising normal reactions to traumatic loss. Emphasis is also placed on pragmatic applications of the dual process model of bereavement. Extensive use will be made of case examples. Use of the Post Traumatic Growth questionnaire will also be discussed.

P153

Operationalising prolonged grief disorder: A validation-study of the PG-13 among a general population sample of Danish bereaved adults

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Background and rationale: Prolonged Grief Disorder (PGD) has recently been recognized as a psychiatric disorder in ICD-11 and DSM-5-TR. Several studies using exploratory factor analysis have supported a unidimensional structure of PGD as measured by the Prolonged Grief-13 (PG-13). The recently published ICD-11 proposal proposes a distinction between two clusters of symptoms: Separation distress (i.e. core-symptoms) and associated cognitive, emotional and behavioral symptoms (i.e. associated symptoms), and other researchers have found support for a three-factor structure (Sveen et al., 2020). The aim of the current study is to test competing factor structures of PGD in a Danish sample.

Design: Confirmatory factor analysis will be used to test competing models of PGD in a large sample of 1093 Danish adults that completed the questionnaires 6 months after the loss of either a parent or a partner. The unidimensional model will be tested against a two-factor model reflecting core- and associated symptomatology and the three-factor model. Convergent and divergent validity will be tested through regression analysis of the relationship to depression, anxiety, post-traumatic stress disorder (PTSD) and general well-being.

Evaluation: We expect the two-factor model reflecting the division of core- and associated symptoms of prolonged grief disorder to provide the best description of the PG-13 among Danish bereaved adults.

Conclusion: We expect to present findings supporting the validity of a frequently used measure of prolonged grief symptomatology in a Danish setting.

P167

A longitudinal study of associations between coping strategies and grief symptoms in adolescents after the loss of a parent

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Background: Parental loss in adolescence is a potentially traumatic experience. Adolescents are at risk of developing symptoms of prolonged grief, characterized by persistent and pervasive yearning for the deceased that lasts at least six months after the loss. Severe grief symptoms may impair both mental and physical health as well as social functioning.

Rationale: Knowledge is needed on how coping strategies in parentally bereaved adolescents may impact grief symptoms.

Design: The study is based on data on 100 bereaved adolescents (13-17 years) from the FALCON project investigating the psychological impact of parental loss in families with children under the age of 18. Descriptive analyses are conducted to describe the characteristics of the study population. Regression analyses are used to examine associations between adolescents' control-oriented (cognitive restructuring, problem-solving, social support, and emotional regulation) as well as escape-oriented (distraction, blaming others, social withdrawal, self-criticism, wishful thinking, and resignation) coping strategies (KidCOPE) at baseline (approximately 2 months after loss) and grief symptoms (Prolonged Grief Disorder-13) at 6 months follow-up.

Evaluation: Preliminary findings will be presented. We hypothesize that control-oriented as well as escape-oriented coping strategies are associated with grief symptoms in adolescents up to eight months after parental loss.

Conclusion: This study will be the one of the first to investigate adolescents' coping strategies in a longitudinal design. Knowledge about effective coping strategies is important to support adolescents and their families.

P171

Complicated grief in the context of the COVID-19 pandemic in Ireland: findings from a large national survey

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Background: Between March 2020 and March 2022 over 60,000 people died in Ireland. During that time, end-of-life experiences of thousands of those who died, their families and those who provided care for the dying were adversely affected on account of restrictions imposed due to the COVID-19 pandemic.

Rationale: To examine rates of complicated grief among adults bereaved during the COVID-19 pandemic in Ireland.

Design: The study, which took place between November 2021 and March 2022, was open to all adults aged 18 years and older in Ireland. Participation involved completion of survey, which included a section for anyone who experienced a bereavement during the COVID-19 pandemic. Complicated grief was assessed using the 5-item Brief Grief Questionnaire (Shear & Essock, 2002).

Evaluation: Sixty-eight percent (N=1,230) of those who completed the survey reported being bereaved during the pandemic, close to half of whom had experienced multiple bereavements. Findings from the Brief Grief Questionnaire indicated that 40% of bereaved participants were at potential risk of grief complications with 14% meeting threshold criteria for complicated grief. Individuals in the role of family carers were at highest risk for potential (25%) and actual (29%) complicated grief.

Conclusion: Over 1 in 10 adults bereaved during the first two years of the COVID-19 pandemic in Ireland may be experiencing complicated grief. Those in the role of family carers appear to be at highest risk. Efforts need to be made to reach and provide appropriate therapeutic support to those individuals who are experiencing high levels of grief-related distress.

P172

Seeing both sides of loss: Irish health and social care workers' experiences of end-of-life care and bereavement during the COVID-19 pandemic. Findings from a national survey

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Background: Between March 2020 and March 2022 over 60,000 people died in Ireland. Each person who died was tended to by multiple health and social care workers, themselves vulnerable to personal and professional impacts of the pandemic, including bereavement.

Rationale: To examine experiences of end-of-life care and bereavement among individuals working in health and social care during the COVID-19 pandemic in Ireland.

Design: A large national survey on dying, death and bereavement during the COVID-19 pandemic was run between November 2021 and March 2022. It was open to all adults aged 18 years and older in Ireland. Individuals working in any area of health or social care were included as part of the recruitment strategy.

Evaluation: Health and social care workers made up 21% of the sample (N=352). Of those, 72% had been bereaved during the pandemic, 37% of whom met criteria for potential grief complications based on the Brief Grief Questionnaire (Shear and Essock 2002). Many described a lack of acknowledgement or support within their work settings. Almost one-in-ten (8%) reported wanting bereavement support but did not know where to get it.

Conclusion: There were high levels of personal and professional bereavement and exposure to grieving families among those working in health and social care in Ireland during the first two years of the COVID-19 pandemic. A significant minority of these individuals are likely to have grief-related support needs. Their support needs need to be recognised and responded to within our health and social care systems.

P182

Assimilation of the Grief Experience after suicide loss: a Case Study

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Grief is a universal and challenging experience. When a loved one died by suicide, mourners may experience more difficulties integrating and making meaning of the loss, which may complicate the grieving process. We can expect that psychotherapy will promote the integration or assimilation of such complicated grief experience in a meaningful way, facilitating the alleviation the client's suffering. A thorough analysis of such assimilation process of this problematic experience during therapy may be informative regarding the clients' change in grief.

In the present intensive case study, we aimed to explore (1) how a client experiencing complicated grief assimilated her loss due to suicide throughout therapy and (2) how such assimilation process was associated with changes in her grief symptoms.

Laura, the participant, was collected from the "Clinical and Narrative Change in Online Constructivist-Narrative Intervention for Complicated Grief: Exploration of the use of the Internet and the New Technologies in Psychotherapy". She was treated within the framework of Neimeyer's meaning reconstruction grief therapy, receiving 13 online sessions. The intensity of grief symptoms was assessed by the Complicated Grief Inventory. The level of assimilation of her grief experience was assessed by the Assimilation of Problematic Experience Scale.

Our findings suggest that therapy facilitated the assimilation of the grief experience. Such assimilation was associated with an alleviation of suffering. For clinicians it may be useful to be aware of their clients' assimilation growth, as it may give them clues about the resolution of grief throughout therapy. Further clinical implications will be discussed.

P209

Not without my Sister. Grieving after Prenatal and Infant Loss in the Family Context

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Background: Annually there are around 200.000 children that die due to pregnancy and infant loss in Germany. Most of the time these children get no acknowledgement from society and often not even from their families, which causes many complications during the grieving process.

Rationale: In my work I support families in their grieving process by including the stillborn babies in the family system. Firstly, we need to talk about is acknowledgement, bonding and integration before we start with the grieving process itself. We also need to find a different type of relationship to the deceased child than we usually do after losing a loved one. With this approach I see significant differences in how families get back to life and find a healthy way of grieving compared to families who don't take these important steps.

Evaluation: Over the last 9 years I have worked with over 600 families and have seen how impactful this approach is! Even if it takes place years after the loss itself.

Conclusion: With this approach we can make the grieving process a lot easier for the families. Given the chance of properly advising the families before the stillbirth of their child, it is even possible to prevent trauma.

P220

The pandemic and the grieving processes: influence of sociodemographic, circumstantial and emotional variables in a Portuguese sample

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Background: The COVID-19 pandemic has affected the death process, posing a threat to the physical and psychological health of individuals. There are several studies that point to the influence of multiple factors related to the COVID-19 pandemic that can affect the grieving process, contributing to the development of the diagnosis of prolonged grief, as well as to the appearance of depressive and anxiogenic symptoms.

Rationale: This study makes it possible to reveal the negative psychological impact resulting from losses that occurred during the COVID-19 pandemic and, consequently, the possibility of developing an important problem of prolonged grief. Thus, the objective of the study is to evaluate the impact of the pandemic on the experience of grieving processes, considering the variables guilt, trauma and depression.

Design: A quantitative study whose sample will consist of approximately 50 individuals who have experienced at least one loss during the COVID-19 pandemic, due to this or other reasons. The sample collection is being carried out in clinical settings.

Evaluation: The protocol consists of a questionnaire on sociodemographic and clinical variables, carried out for the purposes of the study; International Prolonged Grief Disorder Scale (IPGDS-PT); Event Impact Scale-6 (IES-6); Patient Health Questionnaire (PHQ-9) and Bereavement Guilt Scale.

Conclusion: Through this study, a significant increase in cases with a diagnosis of prolonged grief as a consequence of the COVID-19 pandemic is expected, as well as an increase in traumatic, depressive symptoms and guilt-related grief.

P239

The importance of Group Intervention in Complicated Mourning: The contribution of participants in a pandemic context

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Background: Psychological interventions in a group format have demonstrated their effectiveness in reducing the symptoms of prolonged grief.

In this way, is essential to understand how each individual experiences group intervention through their narratives.

Rationale: In this study we intend to understand the importance of a group intervention in complicated grief, in the context of loss of spouses, thus privileging a narrative free from the perspectives and subjective experiences of the participants in the intervention group.

Design: The sample consists of 6 psychiatric patients in the process of prolonged mourning for the loss of spouses aged between 39 and 59 years. Given the qualitative nature of the investigation, the semi-structured interview appeared to be the most adequate data collection method. The qualitative data analysis procedures were guided by the principles of Grounded Theory, using the Qualitative Research Solution (QSR) – with the NVivo 11 software.

Evaluation: The group intervention generated positive effects on the prolonged grieving process itself. The main changes and benefits reported by the participants were related to the increase in emotional, social and psychological well-being, the sharing of experiences and the coping strategies developed in the group.

Conclusion: the analysis of the individual experiences of the participants allowed us to deepen our knowledge of the therapeutic effects of dynamics group on the individual grieving process, with important implications for the mental health of the participants.

P245

Formative research for the cultural adaptation of an online guided self-help intervention targeting prolonged grief disorder among Syrian refugees in Switzerland

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A central issue for victims of armed conflicts, such as Syrian refugees, is loss and grief, which is reflected in high prevalence rates of prolonged grief disorder (PGD). The use of internet-based interventions (IBIs) is considered a viable option to address the large treatment gap for Syrian refugees. So far, research investigating PGD and its treatment in this population as well as IBIs targeting grief remains sparse and limited to Western cultural contexts.

Following the RECAPT framework proposed by Heim et al., the present synthesis of previous research represents the first stage (formative research) in the cultural adaptation process of an IBI for PGD among Syrian refugees in Switzerland. The synthesis' focus lies on exploratory qualitative research conducted by Killikelly et al., including key informant interviews and focus groups with Syrian refugees and healthcare professionals in Switzerland investigating cultural concepts of distress related to grief and the development of culturally sensitive diagnostic instruments for PGD. This is supplemented by an ongoing review of the previous literature on culturally sensitive grief interventions. The findings inform a new model of grief for Syrian refugees, including culturally relevant symptoms such as "weariness" and "emotional outbursts", with the theme "refugee experience" playing an important role in the prediction of symptom severity. Furthermore, critical factors in the mourning process, such as mourning rituals, social support or religious activities were identified. These findings provide the basis for the next stage in the RECAPT framework, the cultural adaptation of an IBI for PGD in Syrian refugees.