

Book of Abstracts

Oral Presentations

European Grief Conference 2022



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

Abbreviations:

- O: Oral presentation
- WS: Workshop

Thursday 22nd September

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

O13

The Impact of Police Behavior During Death Notifications on Mental Health of the Bereaved

Laura Hofmann, [Birgit Wagner](#)
Medical School Berlin, Germany

Background: Delivering death notifications can have a significant impact on grief and the mental health of bereaved individuals. Police officers are often the first people to have contact with the bereaved, an empathetic but also professional approach is crucial in this exceptional situation.

Rationale: It is essential to examine the specific characteristics of police behavior during the delivery and to identify helpful behavior, so that relatives can be supported in the best possible way during the delivery process.

Design: We examined the experiences of 86 individuals who received death notifications from the police. Symptoms of prolonged grief, depression, and post-traumatic stress symptoms were assessed.

Evaluation: 40% of the bereaved reported negative experiences with police, negatively perceived interactions and perceived stigmatization were associated with posttraumatic avoidance. The presence of others (e.g., crisis intervention) was associated with higher scores of depression. Officers staying with the bereaved after delivery, as well as providing detailed information about further procedures and handing out information material regarding support services, was associated with a more positive perception of the interaction as well as with a lower perceived stigmatization.

Conclusion: The results show the impact of the police behavior on the bereaved and their mental health. It is evident that certain behaviors lead to a more positive perception of the interaction and a lower experience of stigmatization. Negatively perceived behavior can have an influence on the development of psychopathological symptoms. The results underline the relevance of the need for regular training in dealing with relatives during police operations.

O219

Connections – Supporting School Communities in the Shadow of the Pandemic

Kelly Moraiti,¹ Alexandros Vallides,¹ Faidon Hatzis,¹ Alexandra Kalaitzaki,² Danai Papadatou,³ Eugeina Vathakou,¹ Eleftheria Ralli,¹

¹ *Merimna - Society for the care of children and families facing illness and death, Halandri, Greece*

² *Merimna – Society for the care of children and families facing illness and death, Thessaloniki, Greece*

³ *National And Kapodistrian University Of Athens, Athens, Greece*

Objective: “Connections” is a distance learning program which aims to empower 2.000 primary and secondary educators across Greece to effectively support students who encounter the life-threatening illness or death of a significant to them person during the pandemic.

Rationale: Research evidence suggests that physical and social restrictions have increased the risk of long-term mental health problems and grief complications for those bereaved from COVID-19 or other cause. Children who are not prepared for the death of a loved person, are deprived of opportunities to share good-byes, do not attend the funeral, or lack the support of overburdened and emotionally exhausted parent(s), are left alone to make sense of a harsh reality. Under these circumstances schools may function as caring communities when educators are trained and supported to facilitate children’s adjustment to loss(es).

Methodology: “Connections” adopts a blended teaching approach, where asynchronous and real-time online learning are combined, ensuring participants’ engagement and retention. The training focuses on childhood support through (a) the course of a life-threatening illness and (b) bereavement. Educators access the online audiovisual material, at their own time, on an educational platform, and participate in two 3-hour online sessions during which they discuss -in a plenary format or small groups- selected topics and scenarios with Merimna’s grief counselors. Each training lasts 20 days and is attended by 150 educators.

Results: Improved knowledge and skills on supporting grieving students, and strengthened community bonds among educators, students and families have been documented.

O42

Grief Literacy: How to Take it into Practice and Education

Lauren J. Breen,² Daisuke Kawashima,³ Joy Karima,⁴ Susan Cadell,⁵ Amy Chow,⁶ Mary Ellen Macdonald,⁷ Phyllis Kosminsky,⁸ David Roth,¹

¹ *Pütz-Roth Bestattungen und Trauerbegleitungen, Bergisch Gladbach, Germany*

² *Curtin University, Perth, Australia*

³ *Chukyo University, Nagoya, Japan*

⁴ *Dalla Lana School of public health, Toronto, Canada*

⁵ *Renison University College, Waterloo, Canada*

⁶ *The University of Hong Kong, Hong Kong, Hong Kong*

⁷ *McGill University, Montreal, Canada*

⁸ *Fordham University, Pleasant Ville, United States*

Death and dying are highly medicalized and professionalized in many contexts, generally occurring in hospitals, hospices, and residential aged care facilities. The compassionate care movement challenges the notion that death and dying should be housed within clinical and institutional contexts; further, it works to normalize conversations about death and dying by opening dialogue in public spaces. Community-based practices and conversations about loss and grief still tend to be framed within medical and professional paradigms, however, and remain marginal in this agenda.

Grief could be in general better conceptualized and operationalized within the public health framework.

Together we develop the concept of Grief Literacy. We define grief literacy as an individual's capacity to access, process, and use knowledge regarding the experience of loss.

To illustrate a grief literate society, we developed vignettes to capture variability in the types of loss, as well as who is experiencing the loss, who died and/or what was lost, when the death or loss occurred, where the loss occurred, and how the person died or the loss occurred.

This capacity is multidimensional: it comprises knowledge to facilitate understanding and reflection, skills to enable action, and values to inspire compassion and care.

These dimensions connect and integrate via the interdependence of individuals within socio-cultural contexts.

In order to operationalize grief literacy, social groups need to work to understand the challenges and drivers so that it can be best implemented in our communities. We believe grief literacy augments the concept of death literacy, enhancing the compassionate communities approach.

WS27

When Words Are Not Enough - creative approaches to grief

Jane Harris, Jimmi Edmonds

www.thegoodgriefproject.co.uk, Totnes, United Kingdom

Film screening/discussion/panel of 3 minute trailers from Beyond The Mask (60 mins) and A Love That Never Dies (75 mins).

We co-founded The Good Grief Project after the death of our son Josh in 2011. Jane is a psychotherapist and Jimmy is a BAFTA award winning film editor. Together we make films. Since our sons' death we have come to realise that our grief has been a series of creative acts. Accommodating his loss into our on-going lives has been about finding various ways to fill the void left by his absence. In that sense everything we do to attend to our grief is about making something new.

Throughout history people have needed to talk about their grief, but much in contemporary society tells us that grief is a depressing, morbid subject.

As we know grief takes many shapes and colours.

Our films and publications are the result of much searching, of much trial and error, lots of experiments to find a new way of grieving, a new way of living, of being active and of trying to find a more equitable language to express grief.

Publication of our latest creative partnership when **'When Words Are Not Enough - creative approaches to grief** will be in Oct 2022.

See our website to watch the trailers for

Beyond The Mask

A Love That Never Dies

<https://thegoodgriefproject.co.uk/our-films>

O99

Bereavement after death in Sweden

Inger Benkel, Annika Olsson, Charlotta Öhrling, Johanna Skoglund, Carl Bäcklund, Joakim Öhlén, Daniel Enestedt, Stina Nyblom
Sahlgrenska University Hospital, Gothenburg, Sweden

Background: Grief can affect well-being of individuals depending on the consequences of the death regarding social situation, relationships, health and outlook on life. Research on support for mourners has shown that social networks provide support at a basic level, which is sufficient for most people.

People with complicated grief may need support from professionals. Swedish society is characterized by a high degree of individualization, multiculturalism and a combination of secular and multi-religious orientations. The current internationally developed theoretical perspective on grief has not had the same breakthrough in Swedish society or healthcare.

Purpose: To present a design for studying grief and what support measures people in grief have received after a loved one has died. The study began in February 2022.

Method: The study is carried out in collaboration with mourning associations, a pensioners' association and funeral homes and consists of a digital survey of mourners in a western county in Sweden. The questionnaire is designed by the research group. A special survey of complicated grief is included for those who stated that the death occurred more than six months ago. The survey is distributed from February to May 2022 and has ethical approval.

Results: The preliminary results show a great interest among the participants in sharing experiences of being a mourner. The survey will provide statistical data and the respondents' descriptions of experiences of grief.

Conclusion: The study will contribute new knowledge about how grief is expressed in Swedish society and what needs for support people in grief have.

O177

Informal support to the bereaved before and during the pandemic scenario: a qualitative study on the experience of family and other informal agents in Italy

Tiziana Marinaci,¹ Claudia Venuleo,¹, Lucrezia Ferrante,¹, Simone Rollo,¹, Omar Gelo,¹, Gloria Lagetto,¹, Daniela Nogueira,², Carla Cunha,², Eunice Barbosa,², Patricia Pinheiro,², Marie Tølbøll Marx,³, Tina Graven Østergaard,³, Rafael Jódar Anchía,⁴, Elena Gismero,⁴, María Prieto Ursua,⁴, Juan Núñez Partido,⁴, José Gamoneda,⁴, Joana Soares,⁵, Eduardo Carqueja,⁵

¹ *University of Salento, Lecce, Italy*

² *University of Maia, Maia, Portugal*

³ *Danish National Center for Grief, Copenhagen, Denmark*

⁴ *University of Comillas, Madrid, Spain*

⁵ *CHUSJ, Sao Joao, Portugal*

The concept of Compassionate Community identifies the social network of people suffering a significant loss as a primary source of support. It conveys the importance of building and sharing knowledge, skills, and good practices to support the bereaved, in opposition to the view of grief as an individual event and toward network-centered care. There are many actors in communities who, because of their emotional connection with the bereaved person or their social function, find themselves supporting people who have suffered a significant loss. However, we know very little about their experience as informal support agents, the difficulties they encounter and their training needs. As part of the European project 'AURORA@COVID19-EU' funded by the Erasmus+ Agency (reference 2021-1-PT01-KA220-VET-000033092), a Partnership for Cooperation between 5 European partners - an analysis of the difficulties and training needs of the informal agents has started in the Italian context; a necessary step for the construction of training resources to share with the community. 87 in-depth interviews were collected (61% female; mean age: 42,32; SD: 14,835): 19,5% of the indirect agents were relatives of the bereaved, 19,5% religious advisers, 18,4% friends, 17,2% teachers, 12,6% funeral providers, 12,6% pharmacists. In 54% of the cases, the bereaved supported by the indirect agents suffered a loss during the COVID-19 pandemic. A qualitative analysis of the interviews has been made. Findings allow identifying the ways of interpreting their own functions, the kind of support offered, and emotions and difficulties in offering help, also highlighting specificities related to the COVID-19 scenario.

O143

Bereaved Adults in Denmark - The Socioeconomic Consequences

Mette Vinter,¹ Majbritt Skov,² Ida Marie Steinbring Rasmussen,²

¹ *The National Center for Grief, Copenhagen K, Denmark*

² *Deloitte, Copenhagen S, Denmark*

Background: Being bereaved of an intimate other count as one of the most uprooting and stressful existential events in human life. In severe cases prolonged grief disorder is the result and requires specialized psychological treatment. Here we look at the consequences of loss of partner and associated health- and socioeconomic effects in an adult Danish population.

Rationale: Several studies highlight that loss of partner can have severe effects on the psychological and mental wellbeing of the bereaved as well as related societal and economics consequences.

Design: Key studies were used to generate hypostases regarding the health- and social-economic effects of partner-loos. The hypostases related to increased use of healthcare and social services, loss of economic self-sufficiency and risk of physical and mental illness etc. A population over the age of 27 with partner loss in 2015 were sampled from the Danish National Registries. Microdata were sampled over a period of four years (the year of loss and the subsequent three years). A logistic regression model was used to compare the sample-population with a Danish background population.

Evaluation: We found that in the subsequent years after partner-loss a higher proportion of bereaved adults:

- received sickness benefits
- had more healthcare contacts
- had a lower degree of economic self-sufficiency

compared to the background population in general.

In-depth results will be presented at the conference.

Conclusion: There is a socioeconomics potential in securing a systematic grief support system, including specialized treatment targeting bereaved adults in risk of prolonged grief disorder.

O189

The first results of Covideuil-France: the pandemic and the need to preserve funeral rites

Livia Sani, Yasmine Chemrouk, Marie-Frédérique Bacqué
University of Strasbourg, Strasbourg, France

The socio-health restrictions activated to counter the spread of the SARS-CoV pandemic (which has so far caused around 1900,000 deaths in Europe) prevented the completion of end-life and funeral rites, probably promoting the development of psychopathologies related to grief.

This is the main research question of COVIDEUIL, a longitudinal and international mixed study conducted at three different times, each six months apart, in France, Quebec, Italy, Spain, Greece, Switzerland, and Belgium (and soon also in Mexico).

The data presented below regard the preliminary quantitative results collected in France from May to October 2021.

274 participants, of which 83.5% were women and an average age of 48.5 years old, responded to an online survey that included the Traumatic Grief Inventory Self-Report Version, Texas Revised Inventory of Grief, Grief Coping Questionnaire, Post-traumatic Growth Inventory, and the General Health Questionnaire-28.

The average age of the deceased was 74 years old and 32% died from COVID-19.

43% of participants think that the wishes expressed by the deceased regarding the funeral have not been fulfilled, and 86% attribute this impossibility to the pandemic.

Furthermore, our results show that losing someone from COVID-19 could lead to a greater risk of developing a traumatic (TGISRV, $p=0.002$) and pathological (TRIG, $p=0.009$) grief disorder, along with the inability to satisfy the deceased's wishes (TGISRV, $p=0.03$).

Confirming our hypothesis, carrying out the traditional collective and funeral rituals are essential practices for mourners on a psychological and a social level, protecting them from the risk of developing psychopathological complications.

O31

"Am I an expert?" Teachers' Professional Development on Death Education

Polyxeni Stylianou

Cyprus Ministry of Education, Sports, and Youth, Lacatamia Nicosia, Cyprus

Developing a training program for teachers on Death Education is challenging both theoretically and practically. It needs a multidisciplinary approach, which involves fields as diverse as philosophy, religion, psychology, and sociology, but it also requires teachers to engage in a critical self-reflection on their personal beliefs and biases about grief issues. Additionally, it should offer tools and practical directions to encourage teachers discuss the concepts of loss and grief in their classrooms. Children's literature is the main proposed tool of integrating discussions on death issues in the classroom, as it offers opportunities for children to become involved in real-life situations around these sensitive issues in an engaging and non-threatening way. Moreover, it reduces the sense of unfamiliarity on the subject since discussing children's literature in classroom is something teachers do feel experts on, unlike Death Education. To raise awareness on Death Education and to explore teacher techniques and pedagogical tools that would lead to the integration of issues of loss and grief in the school setting, I have designed and implemented a 12-hour training program for primary school teachers. In this presentation I will briefly discuss the content of this program, which has been offered annually by the Cyprus Pedagogical Institute since 2016. The program is changing year by year based on teachers' needs, the experience gained through its implementation, and the challenging new tools that the writers give us.

O194

21 years of the Childhood Bereavement Network - working together to support grieving children in the UK

Alison C. F. Penny, Gail Precious

Childhood Bereavement Network, London, United Kingdom

Background: Services for bereaved children in the UK developed in an ad-hoc way from the 1990s, in response to research, practice developments, and demand from parents and families. The Childhood Bereavement Network (CBN) brings these organisations together to improve the availability, range and quality of bereavement support.

Rationale: CBN was established in 2001 and as the organisation reaches its 21st birthday (the 'age of maturity'), it is appropriate to review its establishment, achievements and future plans across all tiers/levels of the bereavement care pyramid.

Design: CBN achieves its objectives by advocating for changes in mental health, education, end-of-life and welfare policy in the interests of bereaved children and young people building and resourcing a community of practice among professionals, and generating new approaches to supporting bereaved children and young people.

We will describe key moments in our history including publication of our framework for good practice, our policy campaign for better financial support for bereaved families, and our leadership of the sector during the Covid-19 pandemic.

Evaluation: We will present findings from our recent survey of CBN members, demonstrating what they value about CBN, how their membership has influenced their practice with bereaved children, and what more they want from us.

Conclusion: Understanding the successes and challenges of CBN will be of use to colleagues wishing to establish similar national networks across Europe.

WS148

Arts & Creative Engagement Experiential Workshop

Elizabeth Hutcheson

Irish Hospice Foundation, Dublin, Ireland

This 90-minute workshop will explore how creative engagement can encourage deeper conversations about dying, death, and loss, especially during a crisis.

Creative engagement offers anyone interested in bereavement the opportunity to help people approach issues of dying, death, grief, and remembering, in a healthy way and deepen connections with these difficult issues beyond conversations of cultural norms.

It's also invaluable at times of uncertainty when personal narratives are fractured, such as during a lethal global pandemic, where everyone is affected by loss, some by extreme loss, and normal patterns of grieving are disrupted.

With its extensive knowledge of dying, death, and bereavement, the Irish Hospice Foundation (IHF) was uniquely placed to launch its Arts and Creative Engagement programme as an early Covid response in Ireland.

Using filmed examples of diverse arts projects resulting from the programme, this workshop facilitated by Elizabeth Hutcheson will demonstrate how harnessing the power of creativity can contribute to healing and remembrance in communities. They help people make meaning. They bring solace. They always have.

Moreover, IHF's recent [Time To Reflect](#) survey indicates unprecedented impact on all bereaved persons (whatever the cause) and all those who cared for the dying throughout the pandemic. Early findings suggest steep challenges ahead as grief evolves into poor mental health and wellbeing.

This workshop will elaborate on IHF's [Compassionate Culture Network](#) and [Seed Grants](#), which can act as supportive models for others to replicate.

Films for Screening: [HERE](#).

O165

Opportunities and Challenges in Bereavement Care Implementation Research

Rahel Naef, Qendresa Thaqi, Simon Peng-Keller, David Blum
University of Zurich, Zurich, Switzerland

Guidelines recommend specific support for families that starts at the end-of-life and continues into bereavement, using a three-tiered model of different types and levels of bereavement support based on individual family member risks and needs. European research suggests that guideline uptake has been poor or inconsistent, leading to a considerable gap in evidence-based care provision to affected families.

Our programme of implementation research around bereavement support in acute-critical and palliative care settings aims to translate evidence into practice and to build organisational capacity for bereavement support. One survey in two acute care settings - one somatic, one psychiatric - with health professionals has found lack of time and organizational commitment, insufficient training and skills, and views that bereavement care is someone else's job were the most frequent barriers. Another survey study in acute and community-based cancer care settings with health professionals and bereaved family members is currently underway.

Challenges include the securing of funding and buy-in of health care teams who are already stretched to their limits. Gaining access to bereaved family members through health professionals, who may not feel well prepared to invite study participation during a vulnerable family time, hamper recruitment efforts. Opportunities include health professionals' commitment to provide comprehensive psychosocial and spiritual support to families, and strong research-practice partnerships.

We will highlight the challenges and opportunities in bereavement care implementation research with health professionals and family members. Such a structured reflection is important to build capacity for bereavement care research in Europe.

O188

National Public Bereavement Information and Support Campaign in response to the COVID-19 pandemic

Sarah Woods, [Orla Keegan](#), Philip Dodd
Health Services Executive, Dublin, Ireland

Background: The Covid-19 pandemic has had a major impact on individual and collective experiences of death, dying and bereavement. From the start of the pandemic to 20th October 2021, Ireland had lost 5,306 lives to Covid-19 and all deaths were associated with restrictions in family mourning (45,000 deaths equating to approx. 405,000 bereavements). The pandemic context may have negatively affected grieving, in some cases leading to increased levels of Prolonged Grief Disorder. Some groups at increased risk include healthcare workers and the elderly.

Rationale: Evidence suggests that promoting bereavement information/supports at a population level, in line with a public health approach, can be effective as psychoeducation and facilitating access to services. Widely promoted and disseminated advertisement campaigns can support this.

Design: In November 2021 the Irish Health Service Executive (HSE) and Irish Hospice Foundation (IHF) established a working group to develop a programme to increase awareness of enhanced supports and services available for people who are experiencing grief, those supporting them and other target groups. A rapid literature review was conducted, core grief education messages were co-produced and communication channels were identified.

Evaluation: The social media campaign resulted in 20.7 million impressions, reaching 2.6 million people. A radio and print campaign drove people to a dedicated web page as well as IHF bereavement support line. A healthcare worker specific campaign was developed with the HSE Employee Assistance Programme.

Conclusion: A mass media public awareness campaign is an effective means of providing simple, evidence-based (level 1) information on grief & bereavement.

O195

Development of a national framework for bereavement care. A structure to support policy and planning in Ireland

Amanda Roberts,¹ Keegan Orla,¹ Tom O'Brien,² Niamh Finucane,³ Erna O'Connor,⁴ Peter Hanlon,⁵

¹ *Irish Hospice Foundation, Dublin, Ireland*

² *Health Service Executive, Dublin, Ireland*

³ *St Francis Hospice, Dublin, Ireland*

⁴ *Trinity College, Dublin, Ireland*

⁵ *Barretstown, Kildare, Ireland*

Background: Over 30,000 people die in Ireland annually. Varying estimates indicate that between four to ten people are significantly impacted by each death, yet there is a dearth of national data and policy to guide how bereavement is best supported in Ireland. Although this gap has been highlighted previously, the COVID-19 pandemic has brought this to the fore, highlighting the need for us to reflect our understandings of bereavement care in standard practice and national policy in Ireland.

Rationale: This project aimed to develop a national public health framework for adult Bereavement Care.

Design: The development of this framework stemmed from recent Irish research¹ which recommended a variety of ways to enhance bereavement care in Ireland. The framework development process used a collaborative approach which included a wide consultation with bereavement care providers operating at all levels of care, including both state and voluntary sectors across Ireland and a smaller working group of representatives of these services.

Evaluation: A national consultation of the final framework received 56 responses from a wide range of professionals working in bereavement care in Ireland. An overwhelmingly positive response was received; 96 to 100% of respondents reported that they understood the framework and 94% could place their service within the tiered framework.

Conclusion: This public health framework sets out needs and responses for *All, Some and Few* bereaved people. It provides a structure for planning short-term and more long-term responses and services to meet bereaved people's needs in a COVID and post-COVID-19 Ireland.

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

O53

The END project – studies of bereaved by drug-related death, service provision and knowledge translation

Kristine Berg Titlestad, Lillian Bruland Selseng, Kari Dyregrov
Western Norway University of Applied Sciences, Bergen, Norway

Background: The Norwegian project “Drug Death Related Bereavement and Recovery” (The END-project) was launched in 2017 (ResearchGate, 2022). END is an extensive research project with five studies on bereaved following drug-related death and the professionals involved in follow-up. The primary project objective is to improve the life situation for a marginalized group in society. The secondary objectives aim to develop knowledge about the bereaved (before and) after drug-related deaths and document how services help and relate to the bereaved. Thirdly, the END project aims to contribute to research-based municipality service innovation and, finally, to develop educational programs to meet students’ and professional practitioners’ training and competence needs.

Rationale: Despite extensive preventive actions, reducing drug-related deaths (DRDs) remains an international major health challenge. How bereaved and help providers experience DRDs has scarcely been studied.

Designs: The data in the studies derives from questionnaires with 255 bereaved and in-depth interviews with parents (n=14), siblings (n=14), and close friends (n=18). In addition, data is collected from public and non-governmental service providers from focus groups (n=105) and a questionnaire (n=103).

Target population: The presentation will be the introduction in a proposed panel about “Drug-Related Death Bereavement - perspectives of bereaved and professional helpers”. We will present the END research design and an overview of the project group and advisory board. The presentations from the END project relate to *grief in society* (Level 0) and *providing services in a volunteer/community space* (Level 2). The type of focus is *Research*.

O149

“One chance” - SWAN End of Life (EoL) and Bereavement Care model

Fiona Murphy

Liverpool University Hospitals NHS Foundation Trust, Liverpool, United Kingdom

Background: Developed and implemented, by nurses, in 2012, following family complaints and CQC concerns regarding standards of EoL and bereavement care, SWAN, (Signs, Words, Actions, Needs), has the key principle “permission to act and break the rules that don’t exist.”

Instigated at the point of recognition of dying, distinguished by a swan symbol, it supports care throughout EoL, into bereavement and beyond. Adopted in 50 care organisations, throughout the UK, SWAN is an example of best practice.

Rationale: Providing high-quality, individualised EoL and bereavement care for every patient, every family, every time.

Design: SWAN aligns EoL, bereavement care and organ donation enabling everyone to access equitable, high-quality care, regardless of diagnosis or circumstances. It recognises the importance of care in circumstances where death is expected as well as sudden/unexpected death. A person/family-centred approach to care is given before and after death. Individualised bereavement care and support for families, including memory-making and meeting faith needs is facilitated by all staff, irrespective of clinical specialism or position.

Evaluation: SWAN improves EoL/bereavement care, empowers staff, impacts positively on organisational culture, is a recognisable standard of quality for CQC and is easily transferrable to different ages, circumstances and settings.

It is flexible, evolves to meet need and offers an inclusive approach working with different professionals and staff groups across organisations, promoting networking and best practice.

Conclusion: SWAN offers a consistent, equitable approach, which can successfully support improvements in standards of EoL and bereavement care, across Europe

O184

Redesigning Childhood Bereavement Support: The Perspective From Scotland

Denisha Killoh, *Includem*, Glasgow, United Kingdom

Background: The National Childhood Bereavement Project was established by Scottish Ministers to improve support for those who are bereaved during childhood (under 26). The Lead of the Project has used her own experiences of childhood bereavement to ensure lived experience is at the heart of the Project by helping others to explore what is and isn't working, and what they would like to see change. This bold new way to do policy-making for child bereavement services has been lauded across the UK and internationally recognised.

Rationale: The effect of grief on a rapidly developing adolescent brain can have a lasting impact that we all have a collective responsibility to mitigate and support. By listening directly to those who have lived through grief during childhood, the Project has learned what Scotland must do to offer holistic and robust support before, at the time, and after a bereavement.

Design & Evaluation: The Project has gathered information on local and national organisations about the type of support that is available and the criteria to access this and analysed previous research in the field. By engaging with over 300 people across all 32 Scottish local authorities through one-to-one interviews, roundtable discussions, webinars, events and surveys it has co-created and evaluated its recommendations.

Conclusion: A final report of findings will be published this year, which will contain co-created recommendations for change that will be submitted to Scottish Government to act upon. Through sharing these findings with other practitioners across Europe, they too can learn how to enable those with lived experience to drive service innovation.

O56

“Nothing to mourn, he was just a drug addict”

Kari Dyregrov,² Lillian Bruland Selseng,¹

¹ *Western Norway University of Applied Sciences/ faculty of health and social scie, Kaupanger*

² *Western Norway University of Applied Sciences, Bergen, Norway*

Background and rationale: Although drug-related deaths are a significant contributor to the overall number of deaths worldwide, knowledge relating to the consequences for those bereaved by drug-related deaths is scarce. Since individuals and families affected by substance use are prone to stigma, there is an urgent need for knowledge about the occurrence and content of stigmatization of those bereaved by drug-related deaths.

Design: A mixed methods approach was used. In total, 255 participants (parents, siblings, children, partners, other family members and close friends) who had lost a person to a drug-related death were recruited. Thematic and descriptive analyses were undertaken on data derived from open-ended and standardized questions from a large survey exploring systematically the contents of interpersonal communication experienced by participants following their bereavement.

Findings: 42% of the respondents reported experiencing derogatory remarks from close/extended family and friends, work colleagues, neighbors, media/social media and professionals. The main themes were dehumanizing labeling, unspoken and implicit stigma, blaming of the deceased and that death was the only and the best outcome. The remarks were negative and powerful despite being directed at people in crisis and originating from individuals close to the bereaved participants.

Conclusions: Individuals bereaved by drug-related deaths experience harsh and stigmatizing communications reflecting the existing societal stigma toward drug users. This contributes to the marginalization of grieving individuals at a time when they need support. Making people aware that stigma occurs, why it happens and how it is transmitted in society can help reduce it and its adverse consequences.

O192

Sensed presence experiences of deceased family members: A cross-cultural pilot study

Edith Maria Steffen,¹Anne Austad,² Pablo Sabucedo,³ Karina Stengaard Kamp,⁴ Jacqueline Hayes,⁵ Chao Fang,⁶

¹ *University of Plymouth, Plymouth, United Kingdom*

² *VID Specialized University, Oslo, Norway*

³ *University of Liverpool, Liverpool, United Kingdom*

⁴ *Familieninstitutionen Topshoj, Soroe, Denmark*

⁵ *University of Roehampton, London, United Kingdom*

⁶ *University of Bath, Bath, United Kingdom*

Background: Sensed presence, or *sensory and quasi-sensory experiences of the deceased* (SED), also sometimes called 'bereavement hallucinations', are very common following bereavement. Research into the cultural features of SED has suggested that sociocultural processes may influence phenomenological properties, perceiver valence, societal stigma and treatment. However, more in-depth and nuanced research into the interwovenness of cultural processes and individual perception of SED is needed.

Rationale: Based on a previous state-of-the-art review completed by the researchers as part of a working group within the International Consortium for Hallucination Research (ICHR), evidence of cultural differences as well as of shared aspects of SED needs to be developed in preparation of a larger cross-cultural study.

Design: This pilot study (to be completed by July 2022) involves a qualitative investigation of SED across four sites (China, Norway, Togo, UK) with 5-6 participants per site. Data are collected via a two-part interview process, firstly via an open narrative format (Part 1), and secondly, via a detailed phenomenological interview adapted from Luhrmann's 'comparative phenomenology' approach (Part 2).

Evaluation: Through case-by-case and cross-case analysis, the study seeks to gain initial evidence of the interplay between contextual and individual factors that may shape the experience of SED and how SED are made sense of and integrated into individual belief systems.

Conclusion: On the basis of this pilot followed by a larger study, it is hoped to identify specific 'pathways of meaning-making' with specific consequences for individuals, which may have important implications for bereavement care and support.

O20

The UK Commission on Bereavement- experiences of bereavement across the UK

Briony Hudson,¹ Rachel Warren,, Emily Harrop,² Lucy Selman,³ Sam Royston,⁴ Gail Precious,⁵ Morgan Vine,⁶ Isobel Roberts,⁶ Anna Davies,⁶ Alison Penny,⁷

¹ Marie Curie, London, United Kingdom

² Cardiff University, Cardiff, United Kingdom

³ University of Bristol, Bristol, United Kingdom

⁴ Marie Curie, London, United Kingdom

⁵ Childhood Bereavement Network & National Bereavement Alliance, London, United Kingdom

⁶ Independent Age, London, United Kingdom

⁷ Childhood Bereavement Network, National Bereavement Alliance, London, United Kingdom

Background: The increased number of deaths due to the Covid-19 pandemic offered an opportunity to explore experiences of bereavement to ensure that appropriate services and systems are in place to support people during their grief.

Rationale: The UK Bereavement Commission places the voices of the bereaved at the centre of a series of recommendations for the future of bereavement support in the UK.

Design: A call for evidence, comprising online surveys, group discussions and oral evidence sessions, conducted between September 2021 and February 2022 captured experiences of bereavement from the perspectives of bereaved children and adults, along with organisations who support the bereaved. Qualitative data was analysed using thematic analysis while descriptive statistics summarised characteristics of respondents, and in the individual survey types of support accessed and satisfaction with support received.

Results: 1135 adults, 90 children and young people and 131 organisations across the 4 UK nations participated. Of the adult responses, 87% were female and 68% were of working age. One third of participants described losing a parent, a further third described losing a partner. Challenges described related to administrative tasks, financial challenges, the emotional impact of bereavement and access to bereavement support. Additional challenges concerned issues associated with grieving during the COVID 19 pandemic.

Conclusion: The UK Commission on Bereavement demonstrated how people affected by bereavement have faced significant challenges in accessing support that meets their needs. This evidence will be central to the development of recommendations for the future of bereavement support in the UK.

O253

Grieving in Lockdown Ireland during the Pandemic: A Hospital Chaplain's Perspective

Christine O'Dowd-Smyth

Chaplain to University Hospital Waterford, WATERFORD, Ireland

Grieving in Ireland is culturally communal and societal. The dying are visited in hospital by chaplains & loved ones. The dead are waked at home & in funeral parlors where a large public of mourners cross the country, and the globe, to pay their respects to a dead relative, friend or neighbor.

Put simply: "Death is no hushed whisper in Ireland. It's a rallying cry to a whole community' ([McCann, 2020](#))

Covid 19, with its subsequent sending of Irish citizens into strict lockdowns, meant that almost overnight, both dying and grieving a loved one had to be done alone.

This paper will examine, through a sociological as well as pastoral lens, the consequences to Irish society as whole, of grieving in isolation with the withdrawal of all traditional cultural and religious supports.

If grieving is by its very nature a liminal condition. What then, if one is forced to grieve alone, alienated at the limen, feeling a "sense of powerlessness, isolation and meaningless experienced by human beings when they are confronted with social institutions and conditions that they cannot control and consider oppressive" (Seeman, 1959)?

This paper will investigate signs that dis-engagement from sources of meaning and solace resulting in hopelessness may have led to a correlation between societal lockdown during the pandemic and intensified anomic suicidal ideation in Irish society, leading to a further increase in bereavement and grieving.

What then, are the consequences for Irish society post pandemic? What are the possible solutions to be envisaged?

O134

Opportunities and Challenges for Perinatal Bereavement Care in Hungary

Eva Zsak

Semmelweis University, Budapest, Hungary

Context: Grief caused by pre- and perinatal loss is a phenomenon of complicated or even pathological mourning, an immense emotional burden for the parents, for their environment and for the medical personnel, as well, yet, it is a less studied field.

Objectives: (1) Analyse the presently applied practices in Hungarian healthcare institutions, (2) compare the valid protocol with the effective support provided and (3) examine the effects these adverse outcome events have on the care-providing personnel professionally and psychologically.

Method: Qualitative analysis, in-depth interviews with the involved personnel (N=12). The research focuses on the practice of the institutions regarding overall support for the bereaved families; on the existing and wanted theoretical and practical competencies; on personal attitudes regarding death and loss and on the experienced difficulties.

Results: Acting well professionally when facing pre- and perinatal loss is a specially demanding task for Hungarian healthcare professionals, with few tools for bereavement care when communicating, when helping families cope with grief and loss, or when coping with their own feelings, all these involving a high risk for burn-out and compassion fatigue for them, while awareness of the importance of perinatal bereavement care is widely present.

Conclusions: Specific trainings are to be implemented on all levels of the formative processes to improve coping strategies, communication and adequate supporting skills and competencies aimed at providing better support for the patients and offering self-protecting measures. Guidelines for national standards in perinatal bereavement care may provide proper background for adequate support.

O137

The AURORA@COVID19-EU project: An Articulated response for the Bereaved impacted by the Covid-19 Outbreak through a Strategic Partnership in European Countries

Daniela Nogueira,¹ Carla_Cunha,¹ Eunice Barbosa,¹ Patricia Pinheiro,¹ Joana Soares,² Eduardo Carqueja,² Maria Prieto,³ Rafael Jódar,³ Juan Nuñez,³ M^a Elena Gismero,³ José Gamoneda,³ Claudia Venuleo,⁴ Omar Gelo,⁴ Cossimo Quarta,⁴ Tiziana Marinaci,⁴ Lucrecia Ferrante,⁴ Simone Rollo,⁴ Gloria Lagetto,⁴ Marie Tølbøll Marx,⁵ Tina Graven Østergaard,⁵

¹ *University of Maia - ISMAI, Maia, Portugal*

² *University and Hospital Center S. João, Oporto, Portugal*

³ *Comillas Pontifical University, Madrid, Spain*

⁴ *University of Salento, Lecce, Italy*

⁵ *DNCG - Danish National Center for Grief, Copenhagen, Denmark*

The coronavirus-19 outbreak raised huge societal challenges for Europe, putting bereavement and loss issues at the center of this crisis. The death toll has been particularly high in countries from the southern axis of Europe, like Italy, Spain and Portugal, which were affected by high number of COVID-19 direct and indirect deaths. Dealing with grief and bereavement has been particularly problematic, due to lockdowns, social isolation and diminished social and health support. Also, social practices surrounding death, care to the terminally ill, were shaped by a framework of emergency restrictions, which impacted/neglected cultural practices and traditions surrounding bereavement. The AURORA project (funded by the Erasmus+ Agency; reference 2021-1-PT01-KA220-VET-000033092) is a Partnership for Cooperation between 5 European partners: the DNCG – Danish National Center for Grief (Denmark); Comillas University (Spain), Salento University (Italy), the CHUSJ – a hospital-based reference grief center in the North of Portugal and University of Maia (coordinating partner from Portugal). Departing from the different and complementary expertise of the partners in terms of grief and bereavement, the AURORA project adopts an integrated response to train different professionals, and the surrounding community to reach key target groups directly/indirectly involved with bereaved people. This presentation will highlight the main goals of this partnership namely, fostering different training resources to be applied in the most affected countries (Spain, Portugal and Italy) and build capability for implementing a public health model for grief and bereavement by involving different target groups (i.e., mental-health professionals, and other health professionals or educators).

O145

Thinking and talking of the experiences with the deceased

Justina Pociunaite, Tabea Wolf
Ulm University, Ulm, Germany

Background: It is usual for the bereaved to reminisce about the person they lost. The centrality and meaning made of loss can contribute to the grief outcome, but it is unclear how they affect the memories of the deceased. Moreover, richer phenomenology defines important autobiographical memories, but it is yet to be examined if this also characterizes the memories of the deceased.

Rationale: This study investigates how centrality and meaning-made of loss and grief reaction influence the frequency of thinking and talking about the deceased and whether memory characteristics are as relevant as for autobiographical memories in other samples.

Design: 99 German participants completed self-report questionnaires and participated in an interview. Participants' age ranged from 18 and 82 years of age ($M = 51.37$, $SD = 14.86$), where most were women (79.80%). During the interviews, participants recalled up to 10 self-relevant memories that included the deceased and rated each memory regarding social sharing, private remembering, valence, intensity, and vividness.

Evaluation: Participants retrieved a total of 768 memories. Intensity and vividness consistently predicted the frequency of the recall: The higher the intensity and vividness, the more talked and thought about they were. Neither centrality, meaning-made, nor grief contributed to the frequency of remembering the memories of the deceased.

Conclusion: The frequency of reminiscing about the deceased was not affected by the reaction to bereavement and loss. The subjective experience of memories, however, contributed to how frequently the memories were retrieved.

O160

Resources to empower parents support young children after a suicide death

Maura Keating

Irish Childhood Bereavement Network, Dublin 2, Ireland

Background: Families bereaved by suicide need helpful, appropriate and accessible information and support. For parents, telling children about what has occurred can be extremely challenging.

Rationale: The use of evidence-based picture books with guidance notes are a positive way to support adults navigate complicated conversations, reading books with children also provides the opportunity for repetition which is essential for helping the absorption of very complex subjects like death 'Because of the interplay of verbal and visual stimuli these materials can offer a powerful opening to discussion on challenging topics' (ICBN1).

Design: The establishment of a national oversight group under the umbrella of the National Office for Suicide Prevention (NOSP) in collaboration with the Irish Childhood Bereavement Network (ICBN). Assign a project team between NOSP & ICBN, with input from a publisher, children's writer and illustrator.

Evaluation: Project team gather content information with consultation and feedback from national oversight group and external experts where relevant. Submit draft publication for clinical oversight to the national authority. Engage in focus group consultation with families from peer support suicide bereavement group.

Conclusion: Through the work of ICBN and NOSP we identified the lack of tailored resources in Ireland that parents can use jointly with their child to help feel confident with the narrative to talk to children about suicide. We established an oversight group and a project team to develop a resource to include an illustrated story book, a guide for parents and a website landing site with signposting and further resources.

O112

Supporting front line health workers experiencing grief in Covid 19 through digital eLearning resources

Breffni Mc Guinness, Catherine Tierney
Irish Hospice Foundation, Dublin, Ireland

Background: Front line health workers have experienced personal and professional grief while providing care during Covid 19.

Rationale: The personal and professional grief of frontline health workers are not often recognised or supported in their workplaces.

Design: Irish Hospice Foundation collaborated with front line health workers to create eLearning resources to support them when experiencing grief:

Coping with Grief in an Acute Hospital setting: <https://hospicefoundation.ie/the-acute-hospital-and-workplace-grief/course.html>

Coping with Grief in a Nursing Home setting: <https://hospicefoundation.ie/the-nursing-home-and-workplace-grief/course.html>

Loss and the Grieving Process – for all front line health care staff <https://hospicefoundation.ie/loss-and-the-grieving-process/course.html>

Evaluation: The courses have been accessed by over 600 staff and adopted in to the Irish Health Service Executive website pages on grief.

Conclusion: These resources help raise awareness of grief as a workplace issue for acute hospital and nursing home staff, and provide initial support.

Friday 23rd September

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

O14

Grief Trajectories in Bereaved Parents Following the Loss of a Child in Pregnancy, Birth, or the Neonatal Period. How is Gender, Type of Loss and Previous Losses Associated with Resilience and Prolonged Grief? Data from a Danish Longitudinal Follow-Up Study

Sofie Mørk,¹ Dorte Hvidtjørn,² Maja O'Connor,³ Sören Möller,⁴ Tine Brink Henriksen,⁵ George A. Bonanno,⁶

¹ *Syddansk Universitet / University of Southern Denmark, Vester Skerninge, Denmark*

² *University of Southern Denmark, Odense C, Denmark*

³ *Aarhus University, Århus, Denmark*

⁴ *Odense University Hospital, Odense C, Denmark*

⁵ *Aarhus University Hospital, Århus, Denmark*

⁶ *Teachers' College, Columbia University, New York, United States*

Background: Research suggests that the prevalence of probable prolonged grief disorder (PGD) is 10% in a diverse population of bereaved and that, in the face of trauma, most people follow a trajectory of resilience. However, it is unknown whether this transfers to parents with a loss in pregnancy, during birth, or shortly after birth, and risk-factors for PGD is still to be established for this population.

Rationale: Our aim was to describe trajectory classes of probable PGD and to identify early risk-factors for class membership in bereaved parents.

Design: We used data from the Danish prospective cohort, Life After the Loss. Parents with a loss in pregnancy, during birth or within the first 28 days after birth completed self-report questionnaires of PGD symptoms at one, seven, and 13 months after their loss. The PGD symptoms were captured by the instrument, Prolonged Grief Disorder-13 (PG-13). Growth Mixture Modeling was applied to establish distinct classes of grief, and potential risk-factors for class membership were investigated. These included gender, previous loss, having living children and type of loss (spontaneous abortion, termination of pregnancy due to fetal anomalies, stillbirth, neonatal death).

Evaluation: From 1/2-2015 to 22/2-2022, approximately 1.000 parents were included. Preliminary results show that the prevalence of probable PGD, seven and 13 months after the loss, was 3.9% and 2.1%, respectively. Further results are pending and will be available in due time before the conference.

Conclusion: Will be available in due time before the conference.

O176

Nurturing resilience - integrating a theoretical model of loss, an associated assessment tool and a practice approach to working with grief

Linda Machin

Keele University, Crewe, United Kingdom

Background: My research and practice revealed the diverse ways in which people grieve but also suggested some unifying patterns which underpin how people experience and express grief.

Rationale: From these observable patterns I developed a two-dimensional framework, the Range of Response to Loss model (RRL). The RRL proposes an interaction between a) reflexive primary reactions, arising from learned and internalised feeling, thinking and behavior prompted by loss, and b) conscious coping responses which seek to address inner psychological processes and the external consequences of a loss.

Design: The Adult Attitude to Grief scale (AAG) was devised to reflect the concepts in the RRL model and used in research to validate those concepts.

Evaluation: In addition to supporting the RRL concepts, the research demonstrated the capacity of the AAG to profile the individual dynamics of a person's grief. The 9-item self-report measure reveals the extent to which a person is overwhelmed by grief or instinctively controls its impact (dimension 1), together with the characteristics which distinguish between vulnerable or resilient coping (dimension 2). The AAG has gone on to be used in practice to identify client need, as a framework for therapeutic conversation and as a guide to intervention¹. The AAG has been psychometrically validated², is used in many services in the UK and has been translated into several European languages.

Conclusion: This approach to working with grief provides a theoretically grounded practice tool which not only addresses the current distress of loss but seeks to enhance the potential for resilience³.

O120

Mobilizing a multidisciplinary workforce to support bereaved people in Denmark

Lene Larsen, Christina Virklund

Danish National Center for Grief, Copenhagen, Denmark

Background/Rationale: The Danish National Center for Grief, established in 2017 with support from the Danish government, seeks to ensure that healthcare professionals throughout Denmark have the necessary competence to help bereaved people. To achieve this, several initiatives have been implemented. One involves implementing a specialized training program for working professionals, such as nurses, social workers, counselors, and priests. The program is a collaborative effort between the Grief Center and local professional schools/colleges.

Design: The course consists of 15 all-day seminars, presented in three-day-blocks over 6 months. The instructors are multidisciplinary content experts. During their training, students learn about natural and complicated grief reactions among other things, and improve their competence and confidence in supporting bereaved people through exercises. The program emphasizes both theory and practice, with an underlying “transfer of learning” pedagogical approach. During the program, each student designs and implements an improvement project, using the PDSA model for improvement projects. The project addresses a bereavement-related issue in the workplace, thereby directly improving services to bereaved people.

Evaluation: The students complete a project, write a paper, and give an oral presentation. Their performance is graded. They obtain credits towards their BA or continuing education requirements.

Conclusion: The current presentation will provide an overview of the training program, including its structure, theoretical basis, content, and examples of practical exercises. Examples of student projects, which have had a real and immediate impact in practice, will also be mentioned.

O87

Changes in Themes of Grief Counselling During the COVID-19 Pandemic: A Mixed-Methods Study

Bettina Doering,¹Berit Telaar,² Rita Rosner,² Christina Hanauer,²

¹ Brandenburg Medical School Theodor Fontane, Neuruppin,

² Catholic University Eichstaett-Ingolstadt, Eichstaett, Germany

Background: The impact of the COVID-19 pandemic on the grieving process is unclear. Bereaved persons in need of support often seek help through grief counselling.

Rationale: To explore potential changes in grief counselling during the pandemic.

Design: Grief counsellors (n=83) provided sociodemographic and counselling-related characteristics in an online-survey. They indicated whether eight pandemic-specific themes (identified through a literature search) changed in their importance for the counselling process. They answered an open-ended question regarding additional pandemic-related themes that they considered of special relevance. Data were analyzed using a mixed-method approach, i.e. Cochran's Q (followed by Bonferroni-corrected post-hoc Dunn-tests) and a qualitative content analysis.

Evaluation: Counsellors were mostly female (92.5%), their mean age was 55.72 (± 9.07) years. Due to COVID-19, support groups and face-to-face deliverance of counselling significantly decreased, while individual counselling and remote deliverance increased. All of the literature-based themes became more important in the counselling process: „shattered assumptions“ (54.2%), „traumatic circumstances of the death“ (66%), „additional stressors“ (69%), „loss of daily routines“ (82%), „funeral restrictions“ (92%) „restrictions during the dying process“ (94%) and „social isolation“ (94%). Especially the latter three were rated as more relevant ($Q(7)=144.09$, $p<.001$). The answer categories derived from the open-ended question corroborated the previously identified themes and added new themes (e.g., feeling forgotten by politicians and the society).

Conclusion: Grief counsellors indicate that COVID-19 has changed the counselling and that new pandemic-related themes emerge. Future research should complement these findings with the perspective of bereaved persons and identify how counselling can adapt to these new challenges.

O158

Grief: The missing part. Reviewing what we know about loneliness and grief and finding what we still miss

Anneke Vedder,¹ Paul Boelen,¹ Kathrin Boerner,² Jeffrey Stokes,² Margaret Stroebe,¹,
Henk Schut,¹

¹ *Utrecht University, Utrecht, Netherlands*

² *University of Massachusetts, Boston, United States*

Background: Loneliness is a core aspect of grief.

Rational: Intriguingly, as described in our recent review, there is lack of clarity about its precise role and operationalization in bereavement and bereavement research. This shortcoming is also illustrated in the current criteria for prolonged grief disorder, where loneliness is listed as one of the main components in the DSM-5-TR while it is not considered a symptom of prolonged grief in the ICD-11.

Evaluation: Reviewing the literature has resulted in some insight into the current significance of loneliness during bereavement. But above all, it has become evident that we know too little about this central phenomenon in grief.

Conclusion: We emphasize the importance of establishing the role of loneliness in bereavement. Theoretical aspects that need to be taken into consideration will be discussed, as well as valid and reliable operationalising of loneliness. Additionally, we will address research design issues that need attention if we want to gain deeper insight in loneliness in grief.

O98

A national community-based bereavement support service for bereaved parents: the invisible process behind service development

Sharon Vard

Anam Cara, Dublin 18, Ireland

Background: Each year in Ireland, more than 2,750 families are affected by the death of a child. Parental grief is complex and has been associated with adverse parental outcomes, including a heightened risk for psychological distress, diminished psychosocial well-being, increased risk of psychiatric comorbidities (including prolonged grief), poor physical health, increase in use of health services and increased mortality.

Rationale: Anam Cara is an all-island organisation providing support to parent's who have experienced the sudden or expected death of their child, of any age. It was established in 2008 in response to an identified gap in service provision. Through reflective practice and ongoing evaluation, Anam Cara has developed a comprehensive community-based bereavement service for bereaved parents which provides information, resources, support and referral to therapeutic support, if required.

Design: The service elements are evaluated through ongoing monitoring, an annual anonymous survey with service users and more recently an external academic-led evaluation. Other key stakeholders, including professional group facilitators and volunteer parents, play an important role in this reflective process.

Evaluation: This ongoing reflective and evaluative process has identified key areas for improvement and developments within the service, including recruitment of professional facilitators, training, supervision and code of behavior policies/procedures for volunteer parents; and production of a bespoke training manual for both professionals and volunteers.

Conclusion: Anam Cara's development from a parent led bereavement support service, to a comprehensive community-based bereavement service for bereaved parents provides useful insights into the invisible process behind service development.

O227

Financial and welfare provision for children bereaved of a parent in Europe

Alison C.F. Penny, Gail Precious

Childhood Bereavement Network, London, United Kingdom

Background: When a parent dies, many children and families face significant economic as well as emotional and practical challenges, which can lead to secondary losses and contribute to poor outcomes. Forms of social insurance and welfare benefits make provision for their needs, to differing degrees across European nations.

Rationale and design: This paper will review the types of financial support from the state that is available across Europe for bereaved families when a parent dies, the philosophies behind these schemes and how these are expressed in eligibility criteria and provision.

The UK system will be presented as a case study, exploring the role of government, bereaved families, the courts and civil society in influencing recent changes. This will include the government's redesign of bereavement benefits from a survivor pension to a death grant, court judgments about the unlawfulness of denying bereavement benefits to parents who were living with but not married to their partner, family and civil society campaigns to extend the duration and amount of support available.

Evaluation: Lessons from the UK experience will be shared. Audience members will be encouraged to consider their relevance to addressing parallel challenges in other European nations.

Conclusion: Financial provision from the state is a significant aspect of support for families when a parent dies. Civil society organisations can influence this provision in the interests of grieving children and their surviving parents.

O175

The Grief and Bereavement and the pandemic by COVID-19: A transnational study on its impact on well-being

Eunice Barbosa,¹ Daniela Nogueira,¹ Carla Cunha,¹ Patrícia Pinheiro,¹ Joana Soares,² Eduardo Carqueja,² Rafael Anchía,³ José Gamoneda,³ Elena Gismero,³ María Ursua,³ Juan Partido,³ Claudia Venuleo,⁴ Omar Gelo,⁴ Tiziana Marinaci,⁴ Cossimo Quarta,⁴

¹ *University of Maia, Maia, Portugal*

² *S. João Hospital and University Center, Porto, Portugal*

³ *University of Comillas, Madrid, Spain*

⁴ *University of Salento, Lecce, Italy*

The COVID-19 pandemic situation and the disease containment measures impacted the rituals and the meaning given to the experience of death and dying, being expected emotional repercussions. The present study aims to analyze the level of emotional distress in terms of anxiety and depression symptoms, and post-traumatic stress reactions, as well as to epidemiologically characterize the grieving process in terms of the prevalence of prolonged grief. This study is being applied in different European countries heavily affected by the COVID-19 pandemic, namely Portugal, Spain and Italy. Participants included in this study are 18 years of age or older and have experienced a loss of a significant other in the last two years. These participants are assessed through the GAD-7 (anxiety), PHQ-9 (depression), IES-6 (post-traumatic stress reactions), and PG-13 (Prolonged Grief Disorder), applied from an online form. The preliminary data, report to the online collection during the year 2021, including a total of 191 participants with an average age of 31 years. Only 10% of the participants admit not having participated in the funeral rituals of their loved one. The preliminary results on the mental health of the bereaved participants, showed that 75.6% of participants presented clinical symptoms of anxiety, 30.5% presented clinically significant post-traumatic stress reactions, and 66.9% presented clinical levels of depressive symptoms. Regarding the complicated grief reactions, 23.8% of the bereaved manifest symptoms indicatives of possible prolonged grief disorder. These and other results found in the study will be discussed.

O146

Experiences of Norwegian Mothers Attending an Online Course of Therapeutic Writing After the Unexpected Loss of a Child

Trine Giving Kalstad,¹ Olga Lehmann,²

¹ LANDSFORENINGEN UVENTET BARNEDØD, Oslo, Norway

² NIEFT, Bergen, Norway

Background: Losing a child is a challenging loss as it fractures survivors' sense of parenthood and other layers of identity. Given that not all the bereaved parents in need for support respond well to available treatments and that many have little access to further intervention or follow-up, online therapeutic writing interventions have strong potential.

Objective: To explore how a group of bereaved mothers experienced the process of participating in such an online course for the integration of grief.

Methods: Through an existential phenomenological approach we focused on the analysis of fieldwork notes (n= 13), qualitative data from the application survey (n= 35), qualitative data from assessment survey (n= 21), excerpts from the journals of some participants (n = 3), and email correspondence between some of the participants and the course facilitator/main researcher (n = 5).

Results: We categorized the results in three meaning units: 1. Where Does my Story Begin? The "Both And" of Silent Chaos; 2. Standing on The Middle Line: A Pregnancy That Does Not End; 3. Closures and Openings: "Careful Optimism" and the need For Community Support. These meaning units shed light on ways in which participants experienced writing as an opportunity for self-exploration regarding their identities and their emotional world, as well as developing and strengthen a bond with their lost child. They also experienced a sense of belonging, validation and acceptance in the online group.

Conclusion: Online writing courses could be of benefit for bereaved parents, but do not replace other interventions such as psychotherapy.

O83

A Feasibility Study of the My Grief App for Prolonged Grief in Bereaved Parents in Sweden

Rakel Eklund,¹ Maarten C Eisma,² Paul A Boelen,³ Filip K Arnberg,¹ Josefin Sveen,¹

¹ Uppsala University, Uppsala, Sweden

² University of Groningen, Groningen, Netherlands

³ Utrecht University, Utrecht, Netherlands

Background: The death of a child is a devastating experience for most parents. Consequently, bereaved parents are at risk to develop physical and mental health problems, including prolonged grief disorder (1).

Rationale: There is a lack of evaluated psychosocial interventions for bereaved parents (2). The aim of this study was to examine the feasibility of the psychosocial self-help app, *My Grief*, for bereaved parents.

Design: Thirteen parents from Sweden had access to the app for four weeks. Eight of them took part in a semi-structured telephone interview after the intervention. A thematic analysis was used, and resulted in two themes “*experiences of the different sections and their content*” and “*the overall use and experience of the app*”.

Evaluation: The study provided evidence for the app’s feasibility and acceptability, with participants reporting satisfaction with the app and stating that they would recommend it to parents in similar situations. According to the participants, the app was easy to use, the content gave a feeling of not being alone or weird in how one grieves, and the app gave a valuable overview of information, knowledge and further support. In addition, all parents expressed that an app like My Grief is needed and would be particularly useful to access early in the grieving process.

Conclusion: The app appears acceptable and feasible to use and is being evaluated in a larger randomized controlled trial (3).

O199

Bereavement Care – a European social and psychological model?

Orla Keegan,¹ Irene Murphy,² Mai-Britt Guldin, Joaquin Limonero,³ Inger Benkel,⁴ Marilyn Relf

¹ *Irish Hospice Foundation, Dublin, Ireland*

² *Marymount Hospice, Cork, Ireland*

³ *Unitat de Psicologia Bàsica, Barcelona, Spain*

⁴ *University of Gothenberg, Gothenberg, Sweden*

Background: Bereavement services can assume a lower priority than other aspects of palliative care and community services. However, evidence shows the need for targeting interventions to those bereaved most in need.

Rationale: Interpsychic, intrapsychic and social factors in grief (Stroebe et al, 2008; Newsom et al, 2019) align with a tiered approach to support. Little is known about the variation of bereavement support across health/social care systems in Europe. This study explores bereavement care practices in palliative care across Europe with respect to a public health model.

Design: A cross sectional survey of bereavement care was completed by 370 representatives of palliative care services in 25 countries. A four-round Delphi exercise derived priorities for bereavement care in palliative care across Europe. Both phases were informed by the three-tiered Model (NICE, UK) and a Public Health approach.

Evaluation: Only 33% had formal guidelines for bereavement services; a broad range of theoretical models were reported. While Dual Process model was most frequently cited, 88% of those citations were UK or Ireland. Delphi recommendations support the empowerment of bereaved people to understand their experiences; early identification of care needs; provision of targeted bereavement care; provision of education and training for professionals and integration with local communities and services.

Conclusion: While this study focused on palliative care, its findings suggest that there is scope to work across cultures, languages and health care systems to develop bereavement care. What structures, if any, exist for achieving cooperation and consensus? It is time to start a conversation.

O76

Unguided online treatment of persistent complex bereavement disorder, posttraumatic stress, and depression in adults bereaved during the COVID-19 pandemic: a randomized controlled trial

Lyanne Reitsma,¹ Paul Boelen,¹ Jos De Keijser,² Lonneke Lenferink,³

¹ *Utrecht University, Utrecht, Netherlands*

² *University of Groningen, Groningen, Netherlands*

³ *University of Twente, Enschede, Netherlands*

Background: The death of a loved one during the COVID-19 pandemic is considered a potentially traumatic loss, which may increase grief-related distress.

Rationale: This randomized controlled trial evaluated the short-term effects of an unguided online grief-specific cognitive behavioral therapy (CBT) (compared to no treatment) in reducing persistent complex bereavement disorder (PCBD), posttraumatic stress disorder (PTSD), and depression symptoms in adults who lost loved ones during the COVID-19 pandemic.

Design: Sixty-five Dutch adults, bereaved at least three months earlier during the pandemic, with clinically relevant PCBD, PTSD, and/or depression, were randomly allocated to an immediate treatment ($n = 32$) or waitlist condition ($n = 33$). Telephone interviews were conducted to assess PCBD, PTSD, and depression symptoms (measured with the Traumatic Grief Inventory-Clinician Administered, PTSD Checklist for DSM-5, and Patient Health Questionnaire-9, respectively) at baseline, post-treatment, and post-waiting period. Participants received an eight-week unguided online grief-specific CBT including exposure, cognitive restructuring, and behavioral activation assignments. Analyses of covariance were performed.

Evaluation: Intention-to-treat analyses indicated that people in the intervention condition showed significantly lower PCBD ($d = 0.90$), PTSD ($d = 0.71$), and depression ($d = 0.57$) levels post-treatment relative to waitlist controls post-waiting, while taking baseline symptom-levels and the use of professional psychological co-intervention into account.

Conclusion: The unguided online CBT proved to be an effective intervention, reducing PCBD, PTSD, and depression symptoms in recently bereaved people. Pending replication of these findings, online interventions may be more widely implemented in clinical practice to improve treatment options for emotionally distressed bereaved people.

O162

Developing a model of support for Resource Officers for Suicide Prevention in Ireland: findings from a participatory action research study

Siobhán Mc Brearty

Health Service Executive, Swinford, Ireland

Background: Suicide is a global health issue. An estimated 800,000 people die by suicide each year (World Health Organisation, 2019). In Ireland, 390 people died by suicide in 2019 (Central Statistics Office, 2022). It is estimated that 135 people are exposed to each death by suicide (Cerel *et al.* 2018). In Ireland, those exposed include Resource Officers for Suicide Prevention (ROSPs). ROSPs are funded by the National Health Service in Ireland to provide advice and support to communities and families bereaved by suicide.

Rationale: To date, no study has explored the impact of exposure to suicide on ROSPs or their unique support needs.

Design: This study utilised a qualitative participatory action research design, involving focus groups and a consensus-building process. Three online focus groups took place with staff employed as ROSPs (N=12) /70% of the population of ROSPs to explore the impact of suicide on them and their views regarding their support needs. A group consensus-building process then took place to translate findings from the focus groups into recommendations for a model of support for ROSPs.

Evaluation: Thematic findings from the focus groups included the emotional impact of occupational exposure to suicide; the impact of working in isolation and critical questioning of self and others following deaths by suicide. Through the consensus-building process, an agreement was reached on a model of support for ROSPs in Ireland.

Conclusion: This study demonstrated the unique needs of a group exposed to suicide who require access to a range of supports.

O41

When young children grieve: daycare children's experiences when encountering illness and loss in parents

Martin Lytje

University of Bergen, København Ø, Denmark

The loss of a parent during early childhood (0–6) is a difficult experience. Not only do such children lose a caregiver at an age where they are dependent on adult care, they also lose a future life-guide. This is at a time where children seldom understand the full meaning of death and its consequences. While being one of the most significant experiences that can befall a young child, to our knowledge no studies have explored such children's own views on their grief and recovery following a parental loss.

To remedy this gap, this study investigated the experiences of 12 children aged 6–8 who all lost a father or mother while being three to six years old. All participants attended a daycare institution at the time of the loss. Interview data was analysed through thematic analysis.

The study finds that children are developing an understanding of what it means to live with loss, but want truthful information about the illness of their parent, and to understand the loss. They value help from the remaining parent, but also appreciate the support from daycare staff and friends.

Being the first study to explore daycare children's own view on their grief, this presentation contributes with important methodological contributions and findings. The presentation is worth attending for any researcher interested in exploring young children's grief. Highlighting, that under the right circumstances, children have much to contribute when it comes to understanding their support needs.

O50

National Implementation of Volunteer Bereavement Support in Denmark

Mette Vinter,¹Mette Finnedal,², Svane Susanne,¹, Dannie Larsen,³

¹ *The National Center for Grief, Copenhagen K, Denmark*

² *The National Center for Grief, Aarhus, Denmark*

³ *FriSe, Aarhus, Denmark*

Background: In 2021 The National Center for Greif (DNS) and the association of Volunteer and Self-help Centers in Denmark (FriSe) joined forces in reclaiming the need for volunteer bereavement support in local communities. FriSe is a national organization with 80 members – 11 self-help organizations and 69 volunteer centers, where 35 are also running self-help groups. DNS is a specialized national treatment and knowledge-center with more than 20 years of experience with bereavement and grief.

To our knowledge this is the first large scale implementation of volunteer bereavement support in Denmark, building on DNS' theoretical foundation and FriSe' nationwide volunteer community work.

Rationale: Volunteer-lead bereavement support in Denmark is often varied and scares. There is a need to reclaim grief and bereavement as a community based concern.

Design: Building on FriSes tradition of self-help groups and DNS' peer-to-peer support a user manual was developed, including a training-program ensuring knowledge dissemination and implementation of volunteer bereavement support.

Evidence supporting bereaved with a natural grief reaction and relatives with anticipatory grief were included. Thematic group sessions and exercises for bereaved- and relative-support groups were identified.

Evaluation: A total of 22 members from FriSe are participating in the pilot-program. Preliminary results show high satisfaction with the evidence-based approach to bereavement support. The program is undergoing further evaluation and testing in 2022.

Conclusion: Volunteer and social networks are key in bereavement support. Focus is needed on supporting individuals, families and local communities in building their own capabilities and connections with each other.

O169

A call to action: Evaluating Covid related measures with regard to bereavement

Heidi Mueller¹, Alison C.F. Penny², Patricia A. Anewalt³, Carl B. Becker⁴, Stephen R. Connor⁵, Inge B. Corless⁶, Gerry R. Cox⁷, Debbie A. Kerslake⁸, Geok Ling Lee⁹, Danai Papadatou¹⁰, Ruthmarijke Smeding¹¹, Elizabeth A. Lobb¹², Amanda J. Tarbet¹³

¹ Dept. for Medical Oncology and Palliative Care, University Hospital of Giessen and Marburg, Giessen Site, Germany

² National Children's Bureau, Childhood Bereavement Network, Hackney London, United Kingdom

³ Hospice & Community Care, Lancaster, PA, United States

⁴ Policy Science Unit, School of Medicine, Kyoto University, Kyoto, Japan

⁵ Worldwide Hospice Palliative Care Alliance, London, United Kingdom

⁶ MGH Institute of Health Professions, Boston, MA, United States

⁷ Dept. of Sociology, University of Wisconsin La Crosse, United States

⁸ School of Social Policy, University of Birmingham, United Kingdom

⁹ Department of Social Work, Faculty of Arts and Social Sciences, National University of Singapore, Singapore

¹⁰ Nursing Dept., School of Health Sciences, National and Kapodistrian University of Athens, Athens, Greece

¹¹ Palliative Care Institute Liverpool, University of Liverpool/UK and Lecturer Education Palliative Care, Switzerland

¹² School of Medicine, the University of Notre Dame, Sydney, Australia

¹³ Library and Information Resources Network, Clearwater FL, United States

Background: Since the beginning of the pandemic, policy makers, scientists and health care providers have focused on measures to prevent the spread of COVID-19. Societies are faced with unprecedented challenges of loss, trauma, and grief. This paper presents (a) the impact of pandemic conditions upon bereaved people and (b) a call to action for social change based on the available research data.

Rationale: Death, dying, and bereavement are topics of social concern and responsibility. In Europe, these have not yet become a social and political priority. Hence, the results of this study inform how the needs of the bereaved are best met in times of crisis. This study was conducted by 12 members of the International Work Group on Death, Dying, and Bereavement and is being submitted to the IWG board of directors for endorsement.

Design: Four of the authors/contributors conducted a scoping review, searching Medline via PubMed, CINAHL Complete via Ebsco, APA PsycInfo, Scopus, Clarivate Web of Science Core Collection, CINII, and Japan Medical Abstracts for empirical studies from January 2020 to September 2021. The team divided into sub-groups tackling specific topics, seeking policy recommendations for each.

Evaluation and conclusion: During the pandemic, adults, children, and adolescents were exposed to numerous stressors simultaneously. Mass media contributed to invalidating losses by dramatizing end-of life events. Evidence-based recommendations and suggested practices include: ensuring accurate communication and family visiting at the end-of-life, using screening tools with caution, and proactive outreach to vulnerable groups.

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

O124

Learning from the experts: A co-operative inquiry approach to explore grief processes in bereaved adults

Lene Larsen, Lisbeth Hybholt, Maja O'Connor, Line Helbo Schierff
Danish National Center for Grief, Copenhagen, Denmark

Background: The Dual Process Model of Coping with Bereavement (DPM) is a leading theory of how bereaved persons adjust to the loss of a significant other and to subsequent changes in their life circumstances.

Rationale: DPM proposes that there is an adaptive oscillation between loss-oriented and restorative processes. Empirical data supports these processes, but the oscillation between them is not well-understood. If the proposed processes are experienced by bereaved adults and when, how, and why oscillation occurs need further exploration.

Design: A group of nine bereaved adults (age 33-79 years) and three clinical researchers have met for 9 three-hour meetings during the spring of 2022. Through the co-operative inquiry method, they discussed grief processes, the DPM, and ideas for how to capture the dynamics of grief (the oscillation) in a self-report design. Based on this collaboration the group developed a questionnaire to investigate the process of grief in adults, which will be tested in a second study with a larger sample of bereaved adults using experience sampling.

Evaluation: This study includes qualitative analysis of the group discussions with the aim to develop a questionnaire for capturing the process of normal grief in bereaved adults.

Conclusion: We will present preliminary findings and share lessons learned from using the co-operative inquiry approach. We will focus on the group's interesting ideas for expanding the DPM to reflect changes over time.

O7

Therapeutic outcome measure use in an online bereavement counselling service (OBCS)

Bianca Neumann,¹ Linda Machin,²

¹ Sue Ryder, Downham Market, United Kingdom

² Keele University, Crewe, United Kingdom

Background: Prior to the coronavirus pandemic, there was controversy as to whether online counselling services are as effective as therapy in a counselling room.

To evidence effectiveness and usefulness the bereavement care service standards recommend for services to be set up with assessment and outcome measures.

Method: The OBCS therefore set up a pathway to implement these standards: 172 people were assessed using the Adult Attitude to Grief (AAG) scale (Machin, 2014) which determines the presence of overwhelmed feelings and controlled functioning, and the resilient capacity to balance these.

Results: The majority (85.4%) reported a decrease (an improvement) in their score, although for some 7.6% the score remained the same before and after. For a small number, 7.0%, the score increased. 69% of those who had reported suicidal ideation prior to counselling responded 'No' after counselling.

People were also assessed using the Detection of Emotional Distress scale (DED). The majority, (82.7%), reported a decrease in their score (improvements), for some the score remained the same (7.9%) before and after. The score increased for 9.4%.

Conclusion: Findings suggest that the OBCS is an effective service for most clients. To understand how grief impacts people in today's society, help normalise grief and perhaps challenge the existing focus on formal support, we need to explore the data further to make assumptions about what increases client vulnerability, types of services and community development are required and if the effects are lasting.

O97

We need a uniform EU regulation for paid bereavement leave

Nikola Gazzo

Berlin consultancy, Berlin, Germany

In 2020, an estimated 5.2 million people died in the European Union and there were about 192.5 million employees. If a bereavement occurs in a company, at least 5 people, i.e. every 10th employee, are in acute mourning. My research, publications and surveys in cooperation with scientific working groups and networks relate to dealing with "grief in the workplace". We strive for an open approach to bereavement in the workplace, which must be understood above all by executives and company management.

The "European Grief Conference" prompts me to draw attention to the labour law side of "workplace grief" at EU level:

What is the labour law framework of bereavement leave in member states?

I found 27 legal regulations in 27 countries: on average, a mourner gets 2-4 days of "special leave" in the EU, with a few exceptions; in France and the UK, there were legislative changes in early 2020. In both countries, very committed bereaved families and associations had fought a decade-long battle to get paid time off after the death of a child passed into law.

Do we need these decades of struggle for each EU country or can we not create a uniform regulation at EU level?

There are 4 main instruments to influence the EU institutions: "the directive, the regulation, the recommendation and the opinion".

In my presentation, I show the possibilities of how, despite the principle of subsidiarity, to unify labour legislation in relation to paid bereavement leave in the EU.

O205

10 years since Utøya: What have we learned about grief after terror?

Pål Kristensen

University of Bergen, Bergen, Norway

Bereavement after terror incidents is associated with elevated risk for mental and physical health problems and functional impairment compared to other types of disasters. Still, few studies have assessed the long-term consequences of terror incidents. More than 10 years have gone since a Norwegian born terrorist killed 77 young people in a terror attack in Oslo (8 dead) and at Utøya Island (69 dead). During these years the Center for crisis psychology/University of Bergen have conducted a four-wave study collecting data at 1 ½, 2, 3 ½, and 8 ½ years after the attack on Utøya. A total of 246 bereaved persons including 101 parents, 52 siblings, 90 close friends, and 3 others family members have participated in a survey and/or in- depth interviews. In this presentation I will first summarize the most important findings from the study including the prevalence, risk factors and trajectories of prolonged grief disorder (PGD) and posttraumatic stress disorder (PTSD) and the bereaved's use of and satisfaction with public help measures. The second part will discuss what this study has taught us about grief after terror. The accumulated knowledge from this study has important implications both for the Directorate of Health who are preparing crisis and long-term management plans for victims of terror incidents to general practitioners and mental health specialists working directly with the bereaved.

O210

Adapting complicated grief therapy for people with intellectual disabilities and enduring mental health difficulties

Emma Conway,¹ Damien O'Riordan,² Dodd Philip,¹ Suzanne Guerin,³

¹ *Health Service Executive, Dublin, Ireland*

² *Royal College of Surgeons in Ireland, Dublin, Ireland*

³ *University College Dublin, Dublin, Ireland*

Background: As the understanding of complicated grief in the general population has developed, similarly there is established evidence of this issue in people with reduced cognitive ability, including those with an intellectual disability (Dodd et al., 2008).

Rationale: Complicated grief therapy (CGT, Shear & Gribbin Bloom, 2017) is an evidence-based intervention developed for the general population. The aim of our presentation is to describe the process of adapting CGT for delivery with individuals with reduced cognitive ability due to intellectual disability or severe and enduring mental health difficulties.

Design: The research uses an action research design (Meyer, 2000), with the research team leading the adaptation process, specifically the revision of the treatment manual. In addition to qualitative analysis of meeting notes to identify key challenges and decisions, a sample of professionals working in relevant settings was provided with the adapted materials.

Evaluation: Key challenges in the process included adapting the standardised tools used in the initial assessments that form part of CGT, and adopting a more concrete approach to abstract concepts related to death, dying and bereavement. Concepts such as imaginal revisiting and the role of significant others (including staff), required consideration and planning to allow for implementation with the target group.

Conclusion: With the identification of complicated grief in diverse populations, it is important to consider how best to provide appropriate support and intervention. The aim of the research is to provide an initial model of a therapeutic approach with the target populations for further research.

O217

Empty-Chair task for unfinished business in prolonged/complicated grief

Jose Gamoneda, Rafael Jodar,
Pontifical Comillas University, Madrid, Spain

The Empty-Chair Task for Unfinished Business is a useful Emotion-Focused technique in dealing with emotional process in grief. Specifically, the Empty-Chair Task facilitate the letting-go process, acceptance of the loss, transform the relationship, and the meaning reconstruction process, all important process in bereavement and grief, related to clinical improvement.

However, there is scarce evidence around the key processes in the resolution of this task in the context of grief. In this oral communication we will describe the process of 12 clients with prolonged/complicated grief who worked through their emotional process in Empty-Chair Task facilitated by their Emotion-Focused Therapist. Four topics will be described: General processes in unfinished-business resolution (expression of the need, change in the perception of the significant other, emotion processing and meaning creation); key processes in unfinished-business resolution in the context of complicated grief (processing of the primary sadness, expression of unmet needs, exploration of the traumatic elements of the loss and death), blocks and difficulties (interruption of the emotion, secondary emotions, self-criticism, relational wounds) and reconstruction of the relationship and resolution (cherish the legacy, involvement in new meaningful projects).

O110

Responding to Suicide Bereavement in the Workplace – Developing National Resources for Employers and Unions

Breffni Mc Guinness, [Orla Keegan](#)
Irish Hospice Foundation, Dublin, Ireland

Background: In Ireland, between 400-500 people die by suicide every year. It is estimated that between 6 and 14 people are directly impacted by a death by suicide.

Rationale: In 2020 the Irish Business and Employers Confederation (Ibec) contacted the Irish Hospice Foundation for guidance on how to respond to the death of employees through suicide during the Covid 19 pandemic.

Design: The IHF collaborated with a number of partners including employee and employer representatives to develop practical, easy to use resources for workplaces to respond to suicide. These consisted of:

A printed Guide for Employers including guidance on bereavement policy development.
(<https://hospicefoundation.ie/wp-content/uploads/2021/11/Responding-to-Suicide-A-Guide-for-Employers.pdf>) and

An eLearning course (<https://hospicefoundation.ie/responding-to-suicide-in-the-workplace/course.html>) which provides guidance for owners/CEOs/managers when an employee dies by suicide.

Evaluation: Resources have been accessed by over 1000 workplaces to date.

Conclusion: These resources provide a practical, sensible and sensitive set of guidelines for responding to bereavement through suicide.

New tools to assess DSM-5-TR and ICD-11 prolonged grief disorder in research and practice: Research in about 1000 bereaved people

Lonneke Lenferink,¹ Heeke Carina,² Maarten Eisma,³ Christine Knaevelsrud,² Geert Smid,⁴ Jos De Keijser,³ Minita Franzen,³ Paul Boelen,⁵

¹ *University of Twente, Groningen, and Utrecht, Enschede, Netherlands*

² *Freie Universität Berlin, Berlin, Germany*

³ *University of Groningen, Groningen, Netherlands*

⁴ *University of Humanistic Studies, Utrecht, Netherlands*

⁵ *Utrecht University, Utrecht, Netherlands*

Background: When grief reactions are so intense and persistent that they impair daily functioning, a diagnosis of a prolonged grief disorder (PGD) may apply. Slightly differing criteria-sets for PGD are included in the two most commonly used classification systems in mental healthcare: the ICD-11 and DSM-5-TR.

Rationale: We examined psychometric properties of two new measures that assesses both criteria-sets for PGD: (i) a survey called the Traumatic Grief Inventory-Self Report Plus (TGI-SR+) and (ii) the clinical interview-version named the Traumatic Grief Inventory-Clinician Administered (TGI-CA).

Design: The TGI-SR+ was evaluated in two Dutch samples. Sample 1 consisted of 278 adults, bereaved by various causes. Sample 2 included 270 adults who lost loved ones in a traffic accident. All participants completed online surveys. The psychometric properties of the TGI-CA were examined in 211 Dutch and 222 German adults, bereaved by various causes, using telephone interviews.

Evaluation: We found support for a 1-factor model for DSM-5-TR and ICD-11 PGD. The items demonstrated good internal consistency and temporal stability. Associations between PGD, posttraumatic stress, and depression levels supported convergent validity. Associations between demographic/loss-related variables and PGD symptoms supported known-groups validity. Optimal clinical cut-offs for the TGI-SR+ total score were ≥ 71 for probable caseness of DSM-5-TR PGD and ≥ 75 for ICD-11 PGD. When using the TGI-CA, rates of probable caseness for DSM-5-TR PGD were lower than ICD-11 PGD.

Conclusion: The TGI-SR+ and TGI-CA are reliable and valid to assess DSM-5-TR and ICD-11 PGD in research and practice. Both instruments are freely available in multiple languages.

O198

Co-occurrence of Approach and Avoidance Behaviour in Prolonged Grief: A Latent Class Analysis

Maarten C. Eisma, Lonneke I. M. Lenferink
University of Groningen, Groningen, Netherlands

Background: Severe, persistent, and disabling grief is included in the International Classification of Diseases (ICD-11) and the Diagnostic and Statistical Manual of Mental Disorders 5 Text Revision (DSM-5-TR) as prolonged grief disorder (PGD). Loss-related avoidance behavior perpetuates grief and effective exposure therapy for PGD reduces such avoidance behavior. Yet, behaviors that appear characterized by approach of the loss/a desire to reunite with the deceased (i.e., yearning, rumination, proximity seeking) also appear implicated in PGD. We aim to solve this paradox, by examining the proposition that loss-related approach and avoidance behaviors co-occur in PGD.

Rationale: Three-hundred ninety-four bereaved adults filled in questionnaires assessing loss-related approach behaviors (rumination, yearning, proximity seeking) and loss-related avoidance behaviors (anxious avoidance, experiential avoidance) and PGD per ICD-11 and DSM-5-TR. Latent class analyses identified subgroups with different approach and avoidance behavior profiles.

Design: A cross-sectional survey.

Evaluation: A three-class solution yielded the best fit, comprising a low approach/low avoidance class, a high approach/low avoidance class, and a high approach/high avoidance class. The high approach/high avoidance class showed significantly higher PG symptom levels compared to the high approach/low avoidance class and the low approach/low avoidance class. The high approach/high avoidance class also demonstrated higher odds of probable ICD-11 and DSM-5 PGD than the other classes.

Conclusion: Co-occurrence of loss-related approach and avoidance behaviors appear characteristic to PGD. Distinguishing bereaved people with different behavioral patterns of approach and avoidance behaviors may help improve the efficacy of exposure therapy for PGD.

O123

The Danish National Centre for Grief's Bereavement Program

Line Engel Clasen

The Danish National Centre for Grief, Copenhagen, Denmark

Background/rationale: The death of a parent is a significant risk factor for a child's later mental health problems. The child's adjustment to this new life situation is greatly impacted by not only the surviving and grieving parent's ability to parent consistently and empathically but also by the functioning of the entire family system. Based on the holistic rationale that it is not meaningful to support a child in isolation from their family system, the Danish National Centre for Grief have developed a Danish program that includes the entire family. The program is a three-step model: 1) family sessions focusing on improving family functioning and communication concerning grief and grief related emotions 2) individual therapy for the bereaved children 3) group therapy for children and separate parent sessions.

Design and evaluation: A qualitative pilot study of the program focused on possible changes in the family's grief handling. Results from interviews with parents indicate that they through the program have experienced that 1) family sessions facilitated a joint understanding of the individual family members' grief processes 2) the program helped them connect with and put their grief into words 3) group sessions enabled an experience of a shared faith encompassing possibilities for recognition and mirroring of emotions.

Conclusion: We would further like to investigate and discuss how the combination of the program's preventive and therapeutic elements interact. It is our hypothesis that our close collaboration with the family affects the treatment outcome of the child.

O170

Changed Utterly? Findings from a national survey on public perceptions about the impact of the COVID-19 pandemic on attitudes towards death and grief in Ireland

Helen Coughlan,¹ Siobhan Murphy², Sharon Foley,² Avril Easton,² Orla Keegan,² Lynn Murtagh,² Gráinne Rogers,²

¹ *RCSI University of Medicine and Health Sciences, Dublin , Ireland*

² *Irish Hospice Foundation, Dublin, Ireland*

Background: Confrontation with the existential reality of death was one consequence of the COVID-19 pandemic. Between March 2020 and early 2022 in Ireland, death rates of those with COVID-19 were reported daily as headline news. Deaths from all other causes were not reported.

Rationale: To examine Irish adults' views on the impact of the COVID-19 pandemic on their attitudes towards death and bereavement.

Design: The study was open to all people aged 18 years and older in Ireland. Participation involved completion of survey comprising both quantitative and qualitative questions about the impact of the COVID-19 pandemic on personal attitudes towards and exposure to death and bereavement.

Evaluation: Between November 2021 and March 2022, 2,262 individuals completed the survey. The sample ranged in age from 18 to 86 years. Thirty-two percent were male, 67% female and 1% non-binary or other.

Over two-thirds of participants reported that the pandemic had changed their attitudes towards dying, death and bereavement (68%) and/or increased their awareness of grief and the impact of loss (67%). Eighty-three percent reported that knowing someone who was bereaved during the pandemic and 56% reported that the pandemic had resulted in them speaking more to family and friends about death and dying.

Conclusion: For a majority of adults in Ireland, the COVID-19 pandemic changed their attitudes towards death, dying and bereavement. The national confrontation with death and bereavement acted as a catalyst for conversations and discussions among Irish adults about end-of-life care and bereavement that may not have taken place otherwise.

O122

Traumatic anger: research findings and clinical applications in grief therapy

Lonneke Lenferink,² Jos De Keijser,¹, Angela Nickelson, Shraddha Kashyap,³, Paul Boelen,⁴

¹ *University of Groningen, Leeuwarden, Netherlands*

² *University of Twente, Enschede, Netherlands*

³ *University of New South Wales, Sydney, Australia*

⁴ *University Utrecht, Utrecht, Netherlands*

Background: Posttraumatic anger is a multidimensional construct that consists of five factors comprising anger at i) the criminal justice system, ii) other people, iii) the self, iv) a perpetrator, and v) desire for revenge.

Preliminary evidence shows that anger at the self and perpetrators are related to PTSD-symptoms.

Rationale: Expanding the focus from trauma victims to people exposed to a traumatic loss of a significant other, e.g., due to road traffic accidents (RTAs), may enhance our knowledge on factors that are amenable to change in the treatment of Prolonged Grief Disorder (PGD) and PTSD.

Design: In this study, we examined associations between the posttraumatic anger factors and PGD and PTSD using structural equation models in a survey of 284 Dutch bereaved after TRA.

Results: The expected five-factor structure of the Posttraumatic Anger Questionnaire was supported. Anger at the self was related to greater PGD ($\beta = 0.35$) and PTSD ($\beta = 0.50$).

Evaluation: Anger subtypes relate differently to distress after traumatic loss. Anger towards the self seems the most detrimental type of anger and can be an important target in treatment.

Conclusion: In clinical practise focus on posttraumatic anger in PGD may be promising. In this presentation technics on how to treat traumatic anger are demonstrated.

O190

Is the quality of the pre-death relationship associated with the quality of the continuing bond?

Edith Maria Steffen, Karina Stengaard Kamp
University of Plymouth, Plymouth, United Kingdom

Background: According to the continuing bonds perspective, the continuing bond (CB) is a continuation of the pre-death relationship, well-illustrated by qualitative research. Quantitative research into CB has focused on how helpful or unhelpful CB may be, testing for intrapsychic factors of the griever, the circumstances of the death or broad type of relationship, using frequency measures of CB. What has not been explored on a larger scale is whether the quality of the pre-death relationship itself is related to the quality, and thus experience, of the continuing bond.

Rationale: We explored how the quality of the pre-death relationship is associated with the self-reported quality of the most significant CB.

Design: A cross-sectional online survey was completed by a non-clinical pre-pandemic sample of 312 adult-age participants. The survey contained a newly developed 23-item questionnaire on CB expressions, as well as the Quality of Relationships Inventory – Bereavement version (QRI-B) and a number of other variables.

Evaluation: Using hierarchical logistic regression analysis we found a significant association between both a closer pre-death relationship and more positive CB evaluation, and a more conflicted pre-death relationship with more negative CB evaluation. Interestingly, low level of conflict pre-death was the strongest predictor for reporting positive CB.

Conclusion: Level of conflict in the pre-death relationship seems to be even more important for the continuing bond than the level of pre-death closeness. This points to the significance of unresolved conflict, or 'unfinished business', as potentially hampering the development of a helpful continuing bond.

O166

Development of the Traumatic Grief Inventory-Kids-Clinician Administered (TGI-K-CA): An interview to assess Prolonged Grief Disorder in children and adolescents

Iris Van Dijk,¹ Paul Boelen,¹ Jos De Keijser,² Lonneke Lenferink,³

¹ *Utrecht University, Utrecht, Netherlands*

² *Rijksuniversiteit Groningen, Groningen, Netherlands*

³ *University of Twente, Enschede, Netherlands*

Background: Around 10% of bereaved youths experience symptoms of Prolonged Grief Disorder (PGD). Recently, PGD was newly included in the two main classification systems for mental disorders: the ICD-11 and DSM-5-TR. In adults, PGD criteria can be measured using the Traumatic Grief Inventory-Self-Report Plus (<https://osf.io/rqn5k/>).

Rationale: Assessment of PGD symptoms in youth is currently hindered by the lack of an instrument for ICD-11 and DSM-5-TR criteria. To fill this gap, we developed an instrument to assess PGD symptoms in children and adolescents based on interviews with grief experts and bereaved children.

Design: Five experts rated the items on alignment with DSM and ICD criteria and comprehensibility and provided qualitative feedback. The adjusted items were then presented to seventeen bereaved youths (*median*_{age} = 13.0 years, *range* = 8 – 17 years). Using the Three-Step Test Interview (TSTI), children were asked to verbalize their thoughts while answering the PGD items.

Evaluation: Issues raised by experts were mostly related to ambiguous formulation of the items or low understandability for children and adolescents. Items that had fundamental issues according to experts were adjusted. The TSTI showed that children encountered relatively few problems with the items. Commonly reported problems with some of the items (e.g., regarding understandability) led to final adjustments.

Conclusion: With input from grief experts and bereaved youths, we developed an instrument to assess PGD criteria as defined in DSM-5-TR and ICD-11 in bereaved youths. Further quantitative research is currently undertaken to determine the instrument's psychometric qualities.

O178

"Space for Mourning" in Society and Community Development - Perspectives and Opportunities

Guenter Czasny

Initiative "Room for Mourning", Suessen, Germany

The initiative "Space for Mourning" would like to achieve a change in the perception and handling of mourning in society, so that mourning is given more space as well as attention and appreciation.

What can the responsible municipalities and churches contribute to this regarding their responsibility for the carelessness of society?

What conditions must be created within a municipality so that people who are in grief or in life crises receive the support and care that they would need in the sense of a successful responsibility for the carelessness and bereavement support?

What contribution can existing cemeteries make here?

With the "Space for Mourning" initiative, we have spent years scientifically researching how cemeteries can fulfill this challenge. Together with mourning experts, scientists and associations in charge, we have developed comprehensive fundamental knowledge. We are making the resulting architectural-psychological design principles experienceable in a "Future Park", to make it available to all those working in cemeteries as a basis for a future-oriented development of cemeteries, and furthermore to make it experienceable for society as a space for mourning.

Other activities of the initiative are extensive training programs for all those working at the cemetery, the continuous information of society, especially through the platform "trauer-now.de" as well as an intensive influence on all responsible political levels to actively support this process.

All of this is intended to support the aim of giving mourning more space, attention and appreciation in society.

O154

Development and validity of the Aarhus Structured Clinical Interview for ICD-11 and DSM-5-TR Prolonged Grief Disorder (PGD-SCI)

Maja O'Connor², Maria Louison Vang,¹ Christina Buur Steffensen,² Ask Elklit,¹ Mark Shevlin,³, Lisbeth Frostholt,² Katrine Komischke-Konnerup,² Nicolai Ladegaard,²

¹ *Southern Denmark University, Odense M, Denmark*

² *Aarhus University, Aarhus C, Denmark*

³ *Ulster University, Belfast, Ireland*

Background and rationale: Prolonged Grief Disorder (PGD) is a newly established diagnosis in ICD-11 and DSM-5-TR that captures disordered grief and is currently being implemented worldwide. A reliable, valid, and easy-to-use diagnostic interview for PGD is therefore needed. The aim of this study is to develop, test, and validate the Aarhus Structured Clinical Interview for Prolonged Grief Disorder (PGD-SCI).

Design: PGD-SCI was developed from ICD-11 and DSM-5-TR PGD criteria through a rigorous process involving clinicians, focus groups of bereaved adults, pilot testing, and thorough clinical supervision. The interview was then tested in a sample of approximately 125 bereaved adults who completed diagnostic interviews and self-report scales for PGD, depression, PTSD, and generalized anxiety (GAD).

Psychometric properties of PGD-SCI will be tested in a latent variable modelling framework. Specifically, the construct validity will be evaluated using factor analysis, and regression analyses will be used to test the concurrent validity of the through relationships to depression, PTSD and GAD. Reliability will be evaluated through rest-retest and inter-rater reliability analyses.

Evaluation: We expect that the PGD-SCI will show high psychometric qualities on all markers. The data will be analyzed in the summer of 2022. We will present the development and results of the PGD-SCI at the conference.

Conclusion: We expect to present a valid and easy-to-use structured clinical interview for diagnosing PGD. This is especially important considering the ongoing implementation of ICD-11 and the derived need to enable diagnosis PGD in Health Services in a simple and reliable way.