

# An evidence based model of structured bereavement support

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## Approach

The need to develop a new service model was driven by volunteers' experience of working with many bereaved people with greatly varying support needs and the recognition that such support had to be tailored to these differing needs. Some required little more than reassurance that their feelings of grief were normal and would become bearable as the natural process of adapting to loss ran its course. However, a relatively small proportion needed some degree of structured and skilled intervention.

It was therefore necessary to devise a way to determine, safely and reliably, which clients need the greatest and most skilled levels of listening and counselling and how develop a workforce that could respond effectively to that broad range of client need.

In conjunction with the University of Utrecht, research was explored with a view to building an evidence based approach to the development of CBCS services.

## Outcomes

Research literature was reviewed and CBCS chose to base their model on the work of Schut, Stroebe, Van den Bout and Terheggen<sup>5</sup> that suggests several levels of intervention:

- Primary preventive interventions: aimed at all bereaved.
- Secondary preventive interventions: aimed at bereaved at risk.
- Tertiary preventive interventions: aimed at bereaved suffering from complicated or pathological grief.

Working in collaboration with Henk Schut and CBCS volunteers, the organisation developed and introduced a new assessment tool – the Initial Client Interview (ICI). This was based on a number of questions in the Inventory of Complicated Grief developed by Holly Prigerson. Three further questions about suicidal ideation, risk taking behaviour and guilt were added. In total the ICI includes 12 questions, leading to 5 possible outcomes:

- **No intervention at this time** (we offer reassurance, an information pack including self directed care materials and the option to call the CBCS National Helpline at any time)
- **Referral to a Skilled Listener** (a fully trained and supervised CBCS volunteer)
- **Referral to an Advanced Skills Listener** (a fully trained CBCS volunteer with at least 60 hours supervised practice who has met an internal quality standard (badly worded, I know).
- **Referral to a Counsellor** A volunteer who meets the standards for Registration by one of the Professional Bodies for Counselling.
- **Referral on to another (specialist) agency**

In addition training was developed for volunteers carrying out the (ICIs). For each of the three volunteer roles listed above, training levels are specified based on the standards of COSCA - Counselling and Psychotherapy in Scotland.

## Introduction

In 2014 there were 54,239 deaths in Scotland<sup>1</sup>. Prigerson, Vanderwercker and Maciejewski estimate that on average four people are affected by each death<sup>2</sup> which suggests that there are over 215,000 people experiencing grief each year.

Research findings suggest that between 80 and 90% of these people will have a “normal” grief reaction<sup>3</sup> adapting to their loss with the support of family and friends, making use of information to help them to understand and normalise their reactions. The remaining 10 to 20% (up to 44,000 people) are at risk of experiencing grief at a level that may cause significant impairment to function on a daily basis.

Cruse has provided support to bereaved people in Scotland for nearly 50 years and in 2002 Cruse Bereavement Care Scotland (CBCS) was set up as an independent charity. Since then our 300 volunteers in our community teams across Scotland have continued to supported the increasing demand from bereaved people of all ages and backgrounds, from children to older people.

Supporting people with all types of bereavement whether through illness, accident, suicide or violent death, CBCS has continued to develop and extend services in response to need.

This has involved developing and delivering professionally validated training for all volunteers; developing a structured evidence based model of care and offering choices for bereaved people. Clients may access CBCS support at anytime in the way that will suit them, for example, through face to face support and drop-in social support groups, or by telephone, SKYPE and email.

This poster explores the development of the structured model of evidence based support.

## Conclusion

The implementation of an evidence based structured approach to bereavement support has enabled CBCS to tailor the type and level of support its volunteers offer to the needs of the individual client. It has enabled us to be consistent and to offer choice and flexibility in the timing and the range of services offered enabling the organisation to provide support from the point of first contact with CBCS. Using an evidence based model has also enabled more effective evaluation and research of effectiveness and impact, and early findings from a longitudinal research study from the University of Utrecht suggests that clients benefit from this structured approach to bereavement interventions.

## References:

1. National Registers of Scotland - Births, Marriages and Deaths - Preliminary Annual Figures for 2014
2. Priggerson H, Vanderwerker I, Maciejewski P. A case for inclusion of Prolonged Grief Disorder in DSM- V (*in Handbook of Bereavement Research and Practice* 2008)
3. *Ditto*
4. Schut, H.A.W. Stroebe, M.S., Bout, J. Van den & Terheggen, M. (2001). The efficacy of bereavement interventions: Determining who benefits. In: M.S. Stroebe, R.O. Hansson, W. Stroebe, & H.A.W. Schut (Eds.). *Handbook of bereavement research: Consequences, coping and care* (pp. 705-738). Washington: American Psychological Association Books