

Waves:

a psycho-educational programme for adults bereaved by suicide

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Abstract: This article outlines an eight-week, co-facilitated psycho-educational grief support programme for adults bereaved by suicide. The programme's design and content draw on current theory and research on effective bereavement interventions, and on evaluations of what has worked well in similar suicide bereavement groups. Action research methods are used to inform its development, review and modification. The programme content has a dual focus on information and emotional support. It combines facilitation by experienced professionals who have personal experience of bereavement by suicide with opportunities for peer support. End-of-programme evaluation shows that these features are highly valued by participants.

Keywords: Bereavement, suicide, support group, psycho-education, peer support

Many different models of support groups and programmes have been developed to help bereaved people, including those bereaved by suicide. They include professionally led support groups, peer support groups, self-help groups, and a range of counselling and therapeutic groups (Cerel *et al*, 2009; Forte *et al*, 2004). These groups constitute a form of 'postvention', in that their aim is to mitigate negative effects and promote adaptive coping in those affected (Shneidman, 1981; Parrish & Tunkle, 2005).

There is a recognised lack of robust research evidence for the effectiveness of bereavement interventions (Jordan & McMenamy, 2004; Jordan & Neimeyer, 2003; Schut & Stroebe, 2005). Systematic reviews have found relatively small or non-existent effects of bereavement interventions, and frequent methodological problems in studies (small sample sizes, lack of control groups, high attrition rates of participants). However, grief counselling is at least as effective as traditional psychotherapeutic approaches for those who actively seek it out (Larson & Hoyt, 2009).

Brown and colleagues (2007) have called for the use of prevention science to inform programme design and for evaluations to investigate not just those who benefit from programmes/interventions but also those who do not. Jordan and Neimeyer (2003) argue that not everyone who is bereaved may need formal intervention and support: that bereavement-related symptoms may reduce naturally over time, and that formal intervention programmes may increase rather than decrease the risk of negative outcomes for some people. It is thus very important that programmes are designed to meet the specific needs of the populations and individuals they serve. This paper outlines a programme for the suicide-bereaved that was designed to address these concerns.

The Waves programme

Waves is a grief education programme developed in Wellington, New Zealand, for any adult over 17 years of age who has been bereaved by suicide, regardless of gender,

relationship to the deceased, or time since bereavement. It is run in conjunction with Skylight, a specialist trauma, grief and loss support agency. It is a structured eight-week psycho-educational programme run in a closed group format that aims to improve adaptation and functioning following life changes and trauma (Cerel *et al*, 2009). Although it falls within the category of short-term support, Waves is designed to encourage participants to develop ongoing support networks with peers and with community services. It is not an outreach service, as it relies on individuals seeking help proactively. This approach is also supported by research (Schut & Stroebe, 2005).

Waves aims to help people understand and manage their grief and loss following bereavement by suicide. It is informed by two exemplar bereavement intervention programmes: an intervention for parents bereaved of a child or young person by violent death (Murphy, 1996; Murphy, Johnson & Lohan, 2003) and an intervention for children bereaved of a parent or sibling by suicide (Pfeffer *et al*, 2002). It is in line with national and local strategic policy in New Zealand (Associate Minister of Health, 2006; Ministry of Health, 2008) to improve support for *whānau* (family) members, friends and significant others affected by suicide.

Waves was developed in response to feedback from the suicide-bereaved in Wellington who had reported a lack of access to suicide-specific support and negative experiences with generic grief programmes and support groups. The programme has been running twice a year since 2006.

The programme is advertised locally through the hospital, GPs, counselling services, funeral directors, and specialist support websites such as Skylight (www.skylight.org.nz) and Suicide Prevention Information New Zealand (www.spinz.org.nz).

Action research (Villares, 2009; Johns & Henwood, 2009) was used to inform both the initial design and the ongoing development of the programme. This is an evolving cyclical process involving data gathering, analysis, reflection, change, and more data gathering to inform the next cycle. This process has been repeated for every programme run to date – nine times over the last five years.

The following sections briefly describe the aims, structure and delivery of the Waves programme. It has not yet been formally evaluated, but this is a primary objective for the future.

Aims of the programme

Waves has similar broad aims to other bereavement and suicide bereavement programmes: assessing risk and making appropriate referrals; evaluating coping abilities; identifying maladaptive behaviour and patterns of thinking, and exploring past, current and alternative strategies for coping with grief (Cable, 1988). It aims to help the bereaved find meaning in the death; deal with feelings of guilt, blame and personal responsibility; manage feelings of rejection,

abandonment, stigmatisation and social isolation, and resolve difficulties in family interaction and communication (Beautrais, 2004). These aims are achieved by providing the bereaved with:

- factual information about suicide, grief, coping strategies and resources, and referral if necessary
- a safe, respectful and nurturing environment to talk about their experiences with others
- opportunities to learn more about suicide so they understand it better and can put it into perspective, and
- a forum where they can learn about and share strategies with other suicide-bereaved for improving individual and family functioning, dynamics, and communication in order to build resiliency and promote wellbeing (see session content, Table 1).

Underpinning theory

The Waves programme is informed by a social constructionist approach (Neimeyer, 1999). This emphasises that, while there are some common core elements to grief, loss and bereavement, each individual's experience is unique to them. It sees bereaved people as active participants in the grief process who can make choices and have agency. It avoids prescriptive notions of what constitutes 'normal' grieving and encourages exploration and examination of the meanings, beliefs and understandings that shape individuals' responses to loss. Bereavement is seen as a transformative experience that is integrated into the self-narrative of the bereaved, changing how they view the world, other people and their self. Loss and suicide are seen as rippling out like waves, influencing every aspect of the bereaved person's life.

Stroebe and Schut's (1999, 2010) dual process model is explained to help the bereaved make sense of their grief. This model proposes that there are two major orientations in grief – a loss orientation and a restoration orientation process. The therapeutic environment for the delivery of the Waves programme is influenced by Yalom (1985), in that it seeks to create a group environment that fosters interpersonal learning and hope, reduces social isolation (universality), provides the bereaved with a sense of cohesion (belonging), and encourages altruism. Alongside, participants are offered guidance and advice as appropriate. The evaluation questionnaire administered in the final session specifically asks participants about their experiences of these factors throughout the programme.

The Waves' programme content has been strongly influenced by Neimeyer and Stewart (1996), and their proposal that reconstruction of meaning is essential to help the bereaved make sense of and integrate their loss into their lives, develop continuing bonds with the deceased and regain a sense of continuity (Neimeyer, 2006; Neimeyer *et al*, 2010). Waves uses a range of tools and activities,

Table 1: Outline of the Waves programme sessions

Session	Objectives	Psycho-education component		Emotional component
		Information content	Skill emphasis	
1 Introductions	Outline of programme. Explain group processes, boundaries and safety.	Suicide bereavement.	Communication. Negotiation of group rules. Setting personal and group goals.	Building trust, empathy and rapport. Reducing stigma and isolation.
2 Understanding the grieving process	Understand and explore diversity in grief experiences.	Mapping grief and grief responses.	Charting progress, reactions and key events. Identifying strategies and support used to manage grief.	Sharing grief, affirming and destigmatising reactions. Acknowledging progress.
3 The effects of grief and suicide	Understand and examine physical, psychological, social and spiritual effects of grief.	Grief styles – instrumental and intuitive. Gender differences to loss. Effects of grief.	Assessment of grief styles and needs. Identifying adaptive and maladaptive coping strategies.	Sharing thoughts and feelings. Affirmation of ways to maintain wellbeing.
4 Living with why? Managing the hard times	Understand suicide, risk factors and prevention. Promote self-awareness and self-care.	Facts and myths about suicide. Psychology of suicide. Risk and protective factors for suicide.	Making sense of suicide. Learning to explain suicide to others. Managing strong emotions and triggers. Self-care.	Dealing with guilt, anger, responsibility and coroner's reports. Reframing and sharing the impact of loss.
5 Helping others through the hard times	Understand how suicide affects families, others, and social relations.	Ecomaps of social and relational networks. Effects on and support needs of children, teens, adults, friends and colleagues.	Resolving communication and interaction issues in families and networks. Identifying ways to support others, including children.	Sharing experiences of stigma, social isolation and family conflict. Compassion fatigue and caregiver burnout.
6 Healing and new beginnings	Understand the importance of continuing bonds, accommodation of grief and how to foster resiliency.	Loss-restoration model of coping and adaptation to grief. Resiliency and post-trauma growth.	Ways to preserve memories through rituals and creative means. Identifying factors that build resiliency.	Sharing positive and negative memories of the deceased.
7 Looking ahead	Understand factors that facilitate long-term coping and adjustment.	Restoration and reorganising life. Transitional psychology.	Identifying sources of support, assets and strengths. Problem-solving.	Sharing future expectations, hopes and possible selves.
8 Closure, feedback and evaluation	To bring closure to formal group work. Evaluate programme.	Review of programme content and skills learnt. Facilitators provide feedback.	Identifying personal progress, future goals and needs. Building ongoing social support and connections.	Participants share their experiences of programme and hopes for the future.

including Hipp's (1995) grief map and narrative techniques, to explore the influence of suicide and grief on life transitions and identity. McAdams' model of life-stories and identity (Bauer & McAdams, 2004; McAdams, 2008) and narrative techniques have informed the design of activities to help the bereaved to find meaning, challenge negative and forced identities (eg. victim or widow) and identify aspects of personal growth from their experience.

Participants

Up until 2010, participants were mostly women who had lost partners and spouses to suicide, and mothers of male teenagers/young adults who had taken their own life. The programme is gradually developing a reputation in the local community as being 'male- and youth-friendly'. Participants now represent a range of ages, relationships to the deceased and length of time since bereavement.

Participants find out about and enter the programme via three main routes: self-referrals (usually from information on the internet); direct referrals from Victim Support, GPs, counsellors and funeral directors, and referrals from friends and families. People may only join the group at least six months after the death. Six months is thought to allow sufficient time for the suicide-bereaved to feel ready, able and willing to discuss their grief with others, and to have identified any emerging difficulties in their grief management. Those whose bereavement is more recent are placed on a waiting list for subsequent groups and offered one-to-one or family counselling in the interim, if they are struggling to process their response to their loss.

Cable (1988) has argued that having groups open to people at all stages in the grief process can work well because those who have progressed can serve as models and helpers for those whose loss is more recent. This is supported by feedback from the Waves end-of-programme questionnaires and focus group interviews. Participants who have been bereaved longer and who have accommodated and adjusted to their grief describe how much they value the opportunity to 'give back' some of the help and support they have received by supporting the more recently bereaved. This 'giving back' appears to contribute to a sense of greater autonomy and control and reduced feelings of helplessness.

Screening and participation issues

Some research suggests that not all people bereaved by suicide require or benefit from formal intervention, even if they believe they will (Schut & Stroebe, 2005). This highlights the importance of screening to identify those who are ready to benefit from group-based support and those whose needs may be better met elsewhere (O'Toole & Sullivan, 2003). Waves uses a revised version of the Brief Cope Inventory (Carver, 1997) and the Grief Experience Questionnaire (Barrett & Scott, 1989) in the

screening interviews, which are undertaken by one of the co-facilitators who is also an experienced counsellor. The screening interview covers personal history (past or current mental health issues; history of input from GP, counselling and support services; substance abuse and relationship difficulties; work and home situation), relationship with the deceased, and the circumstances of the suicide. The screening process allows the facilitators to make an informed assessment of the potential risk and needs of participants.

Participants are monitored throughout the programme sessions for signs of severe and chronic grief and symptoms of depression, anxiety, post-traumatic stress disorder (PTSD) and other mental health problems, and referred to their GP or other professionals as appropriate.

Sessions and content

The programme content has a dual focus on information and emotional support (Murphy, 1996; Murphy *et al*, 1996; Murphy *et al*, 1998) and is designed to balance professional input with peer support from group members (den Hartog, 2003). Based on participant feedback from comparable programmes, Waves' two-hour sessions are structured to provide information in the first half and emotional support in the second, and include components of problem-solving, adaptive coping and emotional support (Murphy *et al*, 1996; Murphy *et al*, 1998). Programmes designed in this way have been shown to reduce mental distress (Murphy *et al*, 1998; Murphy *et al*, 1999).

The first hour of every session is focused on sharing information, discussing themes and issues, and developing coping skills. In the second hour, participants explore aspects of their personal grief experience.

Table 1 summarises the content of the eight sessions. In the final, eighth session participants are invited to complete a questionnaire about their experiences of the programme, and take part in an informal focus group interview around a shared meal. They reflect on their own and each other's learning and experiences and discuss how to maintain contact with each other and with the facilitators and other support services, via email and internet, informal meetings and refresher sessions.

Evaluation and feedback

The end-of-programme questionnaire and focus group discussion are part of the formative evaluation of the programme. The qualitative end-of-programme questionnaire is based on that used by Murphy (1996), and elicits participants' views on content (relevancy, timing, usefulness), facilitation, group processes and outcomes from learning, and coping and grief. It includes five point Likert-scale questions that allow some quantitative reporting of participants' responses. The questionnaires can be analysed

by demographic and other participant characteristics to identify individual differences in responses to the programme content.

The in-depth focus group interviews allow the exploration and identification of aspects of the programme that are working well and those that could be improved, as well as intended and unintended outcomes, effects, participants' concerns and ongoing needs. These are used to inform the ongoing development of the programme. However they are also important to the participants and provide an opportunity for them to play a positive role in the development of support for the suicide-bereaved.

Some examples of feedback from participants are listed in Table 2. These comments underline the value given to the structured programme, the expertise of the facilitators in creating a safe and supportive environment, and the opportunity to connect with and gain support from a community of fellow grievers.

Participants have provided feedback on tools and activities that have been found to be useful and culturally appropriate, including Durie's (1994) Te Whare Tapa Wha model, which is used to promote awareness of factors that shape individual and *whā nau* wellbeing, and Hipps' (1995)

grief map and eco-maps (Hepworth, Rooney & Larsen, 2002; Ray & Street, 2005), which are used to help plot the impact of suicide on relationships and social networks.

Some changes have been initiated by the facilitators following reflection on process and delivery and in light of new research findings. For example, in 2007 the facilitators introduced the pre-group interviews, screening tools and an early-leaving process, to improve participant safety and mitigate exposure to further experiences of loss when members decide not to complete the programme and leave prematurely.

Facilitators and co-facilitation

Jordan and Neimeyer (2003) argue that the kind of grief counselling that the bereaved find most helpful is more like skilful social support than diagnosis-specific medical treatment. Leadership and co-facilitation is regarded as vital to the success of group programmes (Stebbins & Stebbins, 1999). Facilitators need to be able to help the suicide-bereaved experience their grief, understand it, and learn practical skills to accommodate and adapt to it; but they should not be at the centre of the process (Cable, 1988).

Table 2: Feedback from participants

Timing of the programme	Learning opportunities
<p>'And the timing of it was fantastic as well. I was just at the stage when I was ready to talk about it'</p> <p>'Timing and content were just right. From session one, I was led on a journey with the way prepared by each session and its content.'</p>	<p>'I learnt about different agencies that I can contact ... and how to set up a personal support network.'</p> <p>'It helped me change feelings of blame or guilt and that it is possible to move past the death and remember the person with love.'</p>
Content	A community of grievers
<p>'Session 2 was really good. Understanding people's styles of grieving as it made me more accepting of self and others' behaviours and actions.'</p> <p>'Session 4 was most relevant – understanding suicide and living with why – it helped me understand more about the nuts and bolts of suicide and was helpful.'</p>	<p>'That it's not just me – I'm not alone.'</p> <p>'It is good to be part of a community and be with people who have had similar experiences.'</p> <p>'I learnt that we are at different stages of the journey and this allowed both understanding to occur but at the same time allowed members to learn from each other in a meaningful way.'</p>
Facilitation and expertise	Confidence and resilience
<p>'It helps if the facilitators have had an experience of suicide in their lives to share and recall.'</p> <p>'It was good learning from somebody who has spent time researching different aspects of suicide and reasons for it.'</p>	<p>'I'm actually OK to talk to people about it now ... Now I'm part of a community, I have more courage.'</p> <p>'The programme encouraged me to re-connect with family and friends.'</p>
A safe and structured environment	Ways to improve the programme
<p>'This provided me with information that I knew I could trust and in a controlled and safe environment.'</p> <p>'It's about learning about suicide and information giving and for men that might be safer.'</p>	<p>'You could possibly make it a longer programme. Seemed like there was never enough time to cover everything.'</p> <p>'An ongoing group that met monthly would be good.'</p> <p>'The programme syllabus is great but without the right facilitators it could flop – it's the delivery that counts.'</p>

The Waves programme aims to offer participants a group encounter with facilitators who can provide inspiration, hope and a context for learning new coping skills in an environment where there is a balance between input from the professionals/facilitators and from the bereaved participants. Facilitators and group members act as role models for each other, sharing experiential and professional knowledge and providing mutual support. This model seeks to minimise the distance between helper and helped, strengthen and develop the community of learners, and enhance social capital, trust, norms and the networks on which participants can draw (den Hartog, 2003). The Māori principle of Ako – to reciprocally teach and learn (Salter, 2000) – is an important part of the Waves group process. Ako is fostered where there is engagement, connectedness and reciprocity within a *whā nau* of interest and promotes knowledge, self-esteem and empowerment in the *whā nau* members (Salter, 2000).

Harms' (2007) approach provides a systematic framework for critical, reflective practice, and for forming and maintaining what Jordan and Neimeyer (2003) describe as 'therapeutic relationships' – including teacher/learning relationships – with participants.

Waves was designed and co-facilitated by the author, a lecturer at Victoria University of Wellington who has worked as a community educator in suicide prevention and with traumatic incident management teams, the police, Victim Support and other first-responders to suicide. He has also worked individually with young people and families affected by suicide. The other co-facilitator (Caroline Cole) is a qualified counsellor with many years of experience in providing one-to-one, family and group counselling for children, teens and adults. She is also a qualified teacher. Both facilitators attend the group sessions: the author takes the lead in the psycho-educational part of each session, and Caroline Cole takes the lead in the emotional support part. In this way they work to their strengths and work together collaboratively to support each other and the group members.

The co-facilitators meet before each session to plan it, discuss roles, review and revise activities and discuss any difficulties group members may be experiencing. They draw on examples from research and practice to explain ideas and introduce material. They work together to facilitate learning in small break-out groups (sometimes based on gender, age or circumstances), rotating around the groups as members share strategies, discuss issues and develop their understanding. At the end of every session, the co-facilitators discuss the process and outcomes of the session, the progress of individual group members, and any issues that may need to be addressed before the next session. The co-facilitators' practice is informed by a number of clinical guidelines (eg. American Association of Suicidology, 1992; Lifeline Australia and the Australian Government

Department of Health and Ageing, 2009; World Health Organisation, 2008).

Both facilitators also have personal experience of bereavement by suicide. Participant responses to the end-of-programme questionnaire and focus group interviews show clearly that this combination of professional expertise and personal experience is regarded by participants as a strength (see Table 2). The facilitators are seen as belonging to the community of survivors/bereaved and thus better able to understand participants' experiences. They can also draw on personal experience when discussing the effects of suicide and strategies for managing grief. This combination of knowledge, skills and personal experience may help to establish trust, rapport and credibility with participants.

Future development

A number of plans are currently being considered for the future development and evaluation of the programme. These include an evaluation using a randomised control design or comparison groups, and the use of pre-test and post-test measures to examine the effects of content and process on outcomes (intended and unintended) and for different groups (gender, relationship with the deceased, time since bereavement). It is hoped that future research on the process and outcomes of the programme will help advance thinking and knowledge in adult education and on suicide bereavement as well as, more specifically, on transformative learning in bereaved people (Moon, 2010) and in adults bereaved by suicide (Sands & Tennant, 2010).

The relationship-based pedagogical approach taken in the Waves programme and its structured approach to working with, rather than on, the bereaved may not suit everyone. Another important area of research is the identification of those aspects of the intervention that contribute to intended and unintended short- and long-term outcomes, how delivery of the programme affects the facilitators (eg. development of skills, burn-out/compassion fatigue or risk) and if the positive outcomes achieved by the programme can be replicated by other facilitators in other contexts. Planning an external evaluation that focuses on the efficacy of the programme and finding out more about who benefits from the programme and who does not are key priorities for the next stage of development. ■

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