



Development of a logic model describing how online Acceptance and Commitment Therapy can improve bereavement outcomes

ACBS World Conference 2024

David Gillanders

University of Edinburgh





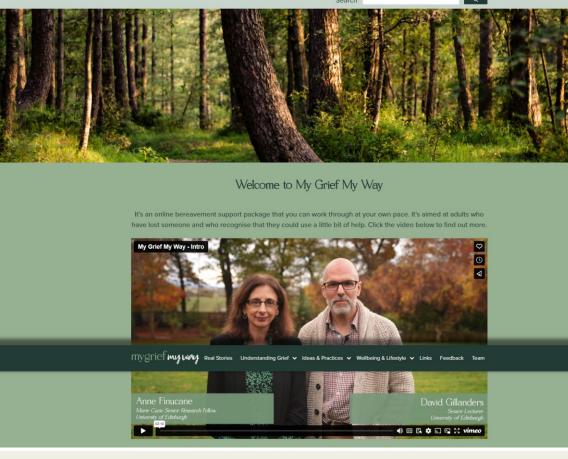


Dr Anne Finucane (Co-PI) Dr David Gillanders (Co-PI) **Dr Anne Canny Dr Emily Harrop Dr Lucy Selman** Dr Donna Wakefield Dr Brooke Swash **MsTamsin Burnett Ms Kelly Maton** Prof. Michael Cholbi, J. Spiller, M.G.M.W. Project Advisory Group



mygrief





Audio Exercises

Developing Awareness

Helping you to learn how to be more present and aware of what is happening and how you are dealing with grief









Presentation aim

The value of **logic models** in intervention development

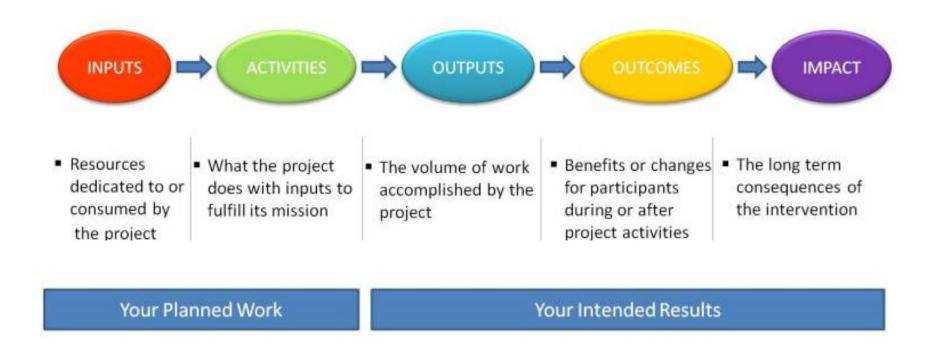
To outline our approach to developing the logic model underpinning the MGMW intervention.



What is a logic model?

- A graphic which represents in a simplified form your understanding of how an intervention produces its outcomes
- Shared understanding
- Informed by formal and informal knowledge.

Elements of a logic model



- Problem or aim
- Behavioural mechanisms
- Implementation strategies

My Grief My Way (MGMW) Logic model development







My Grief My Way Logic model

RISK FACTORS FOR PROBLEMATIC GRIEF

SITUATIONAL

- Financial hardship
- Social isolation
- · Kinship care or the care system
- Minoritised communities

CIRCUMSTANCES AROUND LOSS

- Unexpected death
- Violent death
- Death of a child
- · Loss of support system
- Young age of bereaved person
- Carer
- · Bereavement during COVID

INDIVIDUAL

- Past history of depression, separation anxiety or post traumatic stress disorder
- Traumatic childhood experiences
- Complex relationship with the deceased person
- Multiple losses

INDICATORS OF PROBLEMATIC GRIEF

OVERWHELMING NEGATIVE EMOTION

Guilt, anger, fear, regret, anxiety, depression

OVERWHELMING PRACTICAL AND FINANCIAL WORRIES

LOSS OF MEANING AND PURPOSE

- Unable to move forward
- · Loss of identity / identity disruption
- Spiritual crisis

BURDEN OF EXPECTATIONS

- Self / others / society
- · Unsure 'how to grieve'

SELF-CRITICISM

ISOLATION AND LONELINESS

- · Loss of physical contact
- · Connection and intimacy
- Separate / cut-off from others

TRAUMATIC MEMORIES

- · Relating to how the deceased died
- Complex relationship with deceased (unresolved)

AVOIDANCE

- Alcohol / Drugs
- Unable to go to certain places
- · Emotional numbness

PHYSICAL IMPACT OF GRIEF

- Pain
- Fatigue / Exhaustion
- · Sleep difficulties

INTERVENTION COMPONENTS

STORIES ILLUSTRATING COMMON STUCK POINTS WITH GRIEF

- Videos
- Audio / Podcasts
- Images
- Text

METAPHORS TO SUPPORT PERSPECTIVE TAKING

EXERCISES TO SUPPORT MINDFULNESS, AWARENESS, SELF-COMPASSION, CONNECTION WITH VALUES

ART / POETRY TO SUPPORT PRESENT MOMENT AWARENESS AND PERSPECTIVE TAKING

LINKS WITH OTHER APPROACHES

- Psychoeducation
- · Compassion focused therapy
- Trauma focused
- Dual process model
- Philosophical perspectives

ACT TRAINED VOLUNTEER SUPPORT IF NEEDED

INTERVENTION FEATURES

- Easy to navigate
- Easy to access
- Feedback
- Targeted 2 levels depending on need
- Flexible starting point
- Strategies to sustain
- Safe
- Links to further resources
- Access to trained bereavement support volunteers

BEHAVIOURAL DETERMINANTS

- Internet access
- Comfort with online intervention
- Volunteer availability if needed
- · Motivation / Commitment
- Practice
- Feedback

BEHAVIOUR CHANGE MECHANISMS

PSYCHOLOGICAL FLEXIBILITY

DEVELOPING OPENNESS

- Defusion
- Acceptance

DEVELOPING AWARENESS

- Contact with present moment
- Perspective-taking

ENGAGEMENT AND COMMITTED ACTION

- Reconnecting with values and what matters
- Taking steps to do what matters

OUTCOMES

SHORT TERM

INDIVIDUAL

- Reduction in overwhelming emotion
- Increase in resilient coping response
- · Increase in wellbeing
- Greater psychological flexibility
- Improved social support
- Feel better able to cope

ORGANISATIONAL

- Acceptable evidence based intervention
- Immediate support available to clients

LONG TERM

INDIVIDUAL

- · Engaging in valued activities
- Reconnection with old hobbies / friendships
- Developing new hobbies / friendships
- Making space around grief can remember their loved one without feeling overwhelmed

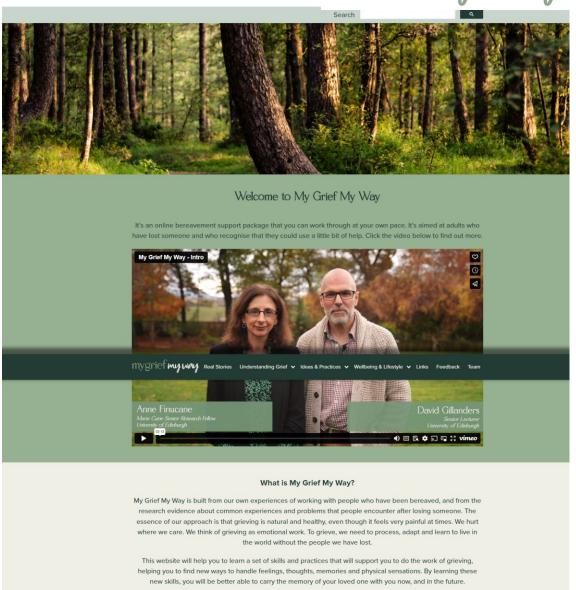
ORGANISATIONAL

- Able to support more people
- Cost-effective
- Offer support where there is a waiting list
- Reduce pressure on services
- Volunteers trained in evidence based approaches





My Grief My Way



Overwhelm

After a loss, people typically describe how painful and overwhelming the feelings can be. These can be emotions such as pain, loss, missing your loved one, feeling lost or alone, sadness, despair, but also other feelings that you might not be expecting, such as regret, guilt, anger, bitterness, or jealousy of people who have not lost a loved one. Other aspects of loss can also be overwhelming. There are often a great many practical things to attend to, such as settling an estate, clearing a house, dealing with belongings. Bereavement can also be very practically disrupting,

mygrief wy W/W Real Stories Understanding Grief v Ideas & Practices v Wellbeing & Lifestyle v Links Feedback Team





How we try to block out the pain

The feelings that come after loss can be so upsetting and overwhelming that we do whatever we can to deal with them. Sometimes this involves different ways that we try to block out emotions, memories or thoughts. This can include things that are not especially unhealthy such as *sometimes* preferring not to talk about how you are feeling. Sometimes we can get into habits that in the longer term are not likely to be helpful to us, such as *never* talking about how you are feeling, drinking too much, using drugs or overusing prescribed medication, or just staying busy with work or home tasks. Sometimes the situation that we are in means that in the short term we need a way to shut down overwhelm. However, in the longer term, it's generally not likely to be effective if we don't learn how to be with our feelings.

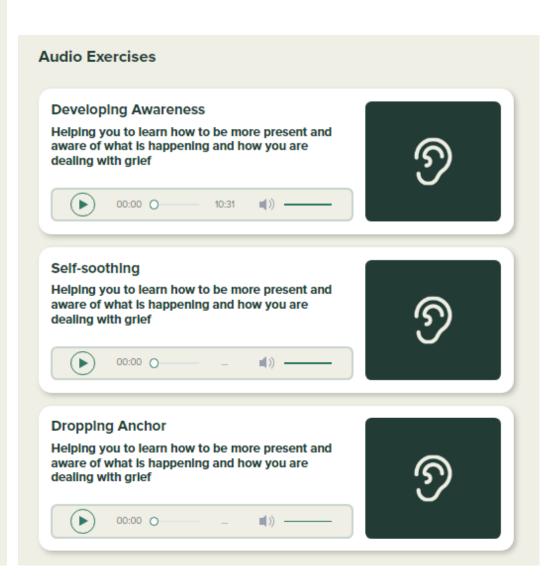


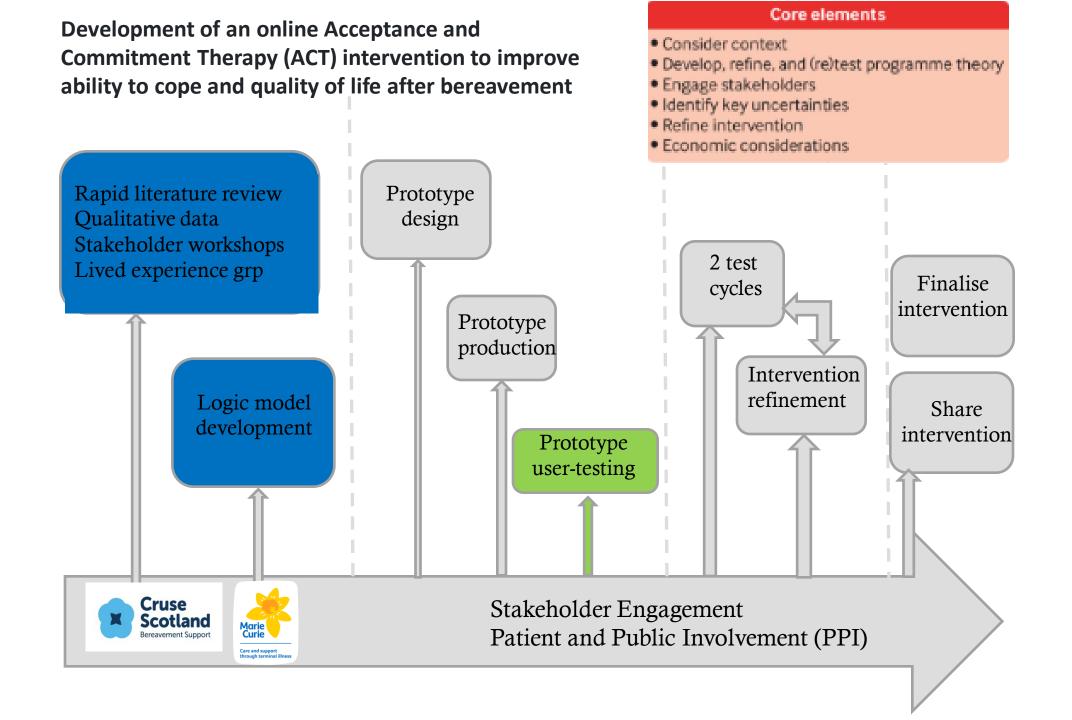
Aware Skills

We can all do some things without really being aware of what we are doing. Quite often things like nail biting, driving a car, scrolling through our phone can be done as if we are on 'autopilot'. When we act on autopilot, there is a good chance that we won't really notice the consequences of what we are doing, and we will be quite influenced by short term benefit compared to longer term outcomes. For example, sometimes people try not to think about their feelings of grief by getting busy with work or other tasks. In the short term this can feel successful because the person has a sense of getting on with things and their feelings are kind of held at bay. However, in the longer term these feelings are not resolved, and they can lead to underlying stress. If we learn how to increase our awareness, we then notice what is influencing us, and we can make more effective choices about how we want to handle things. Increasing our awareness skills can also help us to ride through really intense emotional waves.









Conclusion: Logic models

- 1. Useful graphical representation of how an intervention or programme of work is understood
- 2. Illustrates how outcomes and impacts are expected to occur
- 3. Is dynamic and can be refined as new evidence emerges.
- 4. Supports thinking about all aspects of intervention development and implementation.





Dr Anne Finucane

Marie Curie Senior Research Fellow

Clinical Psychology, University of Edinburgh

a.finucane@ed.ac.uk

X: A_Finucane

Dr David Gillanders

Senior Lecturer

Clinical Psychology, University of Edinburgh

David.gillanders@ed.ac.uk

X:@davidgillander



THE UNIVERSITY of EDINBURGH

References

- Gibson Watt T, Gillanders D, Spiller JA, Finucane AM. Acceptance and Commitment Therapy (ACT) for people with advanced progressive illness, their caregivers and staff involved in their care: A scoping review. *Palliative Medicine*. 2023;37(8):1100-1128. doi:10.1177/02692163231183101
- Willi N, Pancoast A, Drikaki I, Gu X, Gillanders D, Finucane A. Practitioner perspectives on the use of acceptance and commitment therapy for bereavement support: a qualitative study. BMC Palliative Care. 2024 Feb 28;23(1):59. doi: 10.1186/s12904-024-01390-x. PMID: 38418964; PMCID: PMC10900636.
- Davidoff F, Dixon-Woods M, Leviton L, et al. Demystifying theory and its use in improvement. BMJ Quality & Safety 2015;24:228-238.
- Emond T, Guillaumie L, de Montigny F. Using a logic model to develop an intervention for improving miscarriage care in the emergency department. Eval Program Plann. 2021 Apr;85:101910. doi: 10.1016/j.evalprogplan.2021.101910.