


# Implementing a new approach to bereavement needs assessment: a challenge for practitioners and organisations



Dr Linda Machin

Visiting Research Fellow, Keele University

Nikki Archer

Family Support and Bereavement Service  
Manager St Giles Hospice, Lichfield

Dr Marilyn Relf

Head Of Education, Sir Michael Sobell  
House, Oxford

# An Overview

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- Rationale for revisiting assessment
- Background to the project
- A new approach to assessment
- Organisational Implications

# Why Assess Need?

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- ❑ Palliative care encompasses the needs of the 'Family'
- ❑ Duty of care
- ❑ Not everyone needs support
- ❑ Limited resources
- ❑ Assessment clarifies concerns
- ❑ Enables objective decision making about bereavement care needs
- ❑ NICE (2004)

# How is need currently assessed?

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- Assessment undertaken by nurses
- Formal and informal methods are used
- Combination of methods

# Why the need for change?

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- Discontent with current assessment practice.
- Informal methods lead to inconsistency.
- Current tools have limited reliability.
- Subjective interpretation of data.
- Reduced opportunity to make assessment.
- Ability of staff to engage with assessment (skills and knowledge).

# Why this project?

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- Steering group
- HBOS and HtH
- Project group (current issues, contemporary theories and new thinking)
- Consultation
- Review
- Guidance document

# Risk Factors to Coping Styles

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- 'Risk' assessed by circumstantial factors
- Coping Styles – a way of exploring individual capacity to manage loss and grief

# Range of Response to Loss

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- **Overwhelmed** – feelings of distress dominant
- **Controlled** – focus on managing day to day demands
- **Resilient** – able to manage emotional, social and practical demands with equilibrium
- **(Vulnerability** – absence of resilience)

## Parallels between 'Responses to Loss' and key models of grief

Responses to Loss	Overwhelmed	Resilient	Controlled
(Machin 2001)			
Attachment theory (Ainsworth et al 1978)	Anxious/ Ambivalent	Secure	Avoidant
Stress theory (Horowitz 1986)	Intrusion		Avoidance
Dual Process model (Stroebe and Schut 1999)	Loss Orientation	←----- ---- oscillation ----- -→	Restoration Orientation
Personality related (Martin and Doka (2002)	Intuitive grief – emotional coping	Blended grief - emotional and cognitive coping	Instrumental grief – cognitive coping

# Core dimensions of grief

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**Overwhelmed**

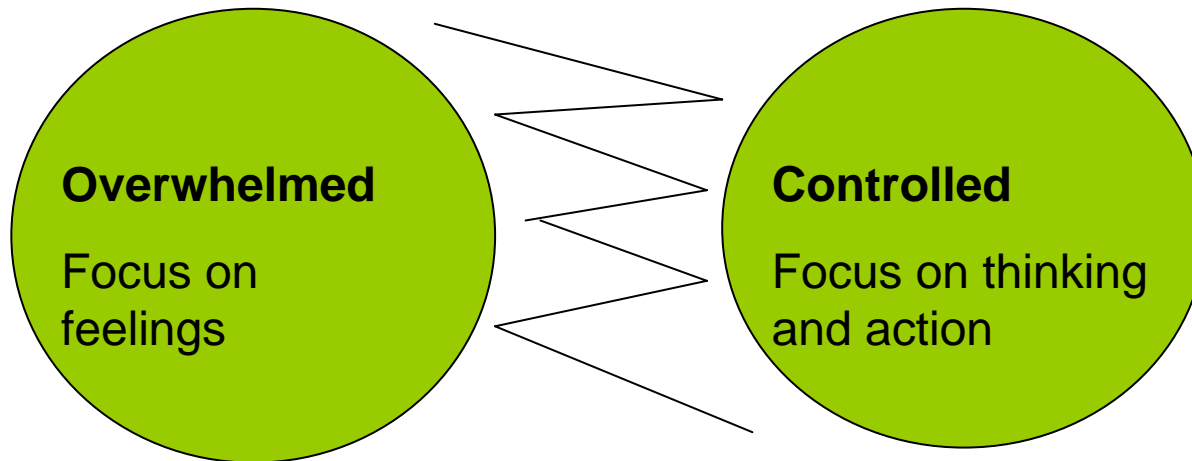
Focus on  
feelings

**Controlled**

Focus on thinking  
and action

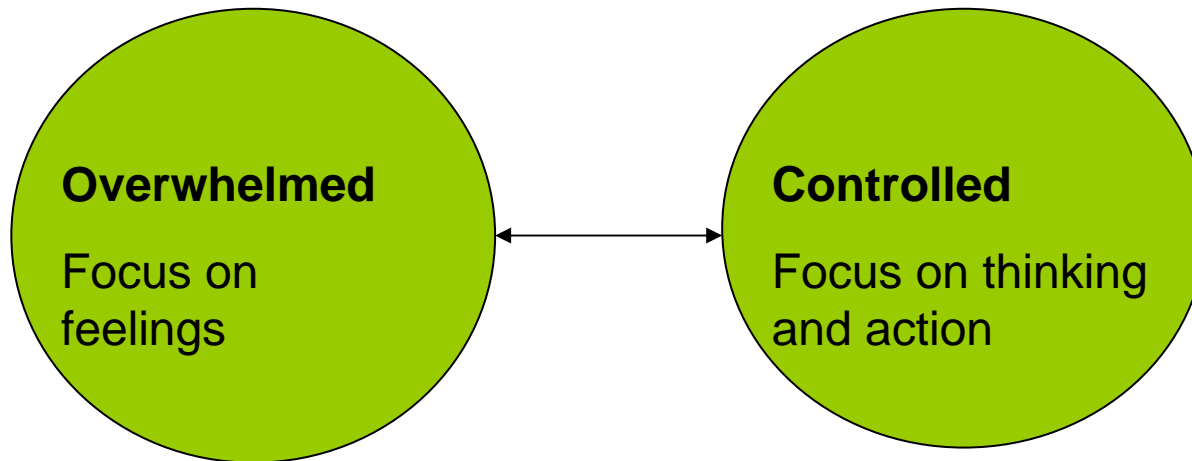
# Resilience

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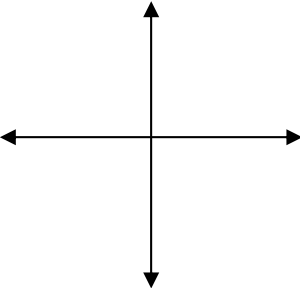
# Vulnerability

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# Matrix of Range of Response to Loss

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Overwhelmed & Vulnerable	<b>Vulnerability</b>	Controlled & Vulnerable
<b>Overwhelmed</b>		<b>Controlled</b>
Overwhelmed & Resilient	<b>Resilience</b>	Controlled & Resilient

**Typical statements indicating type of response to loss  
(based on Adult Attitude to Grief Scale, Machin 2001)**

<b>Response</b>	<b>Type of statement</b>
<b>'Overwhelmed'</b>	I can't stop thinking about X and all that is happening to him and us
	I'll never get over this awful experience
	Life will seem pointless when x dies
<b>'Resilient'</b>	It's only natural to feel sad in this situation
	It's hard but I can cope with the situation
	It's bad at the moment but I think things will get better
<b>'Controlled'</b>	I think, you just have to be brave
	I can't let other people see how sad I am
	I think you just have to get on with life.

## Examples of narrative indicators of responses to loss

Narrative Process	Range of response to loss		
	Overwhelmed	Resilient	Controlled
<b>External Narrative</b>	Emphasis on the awfulness of the experience	Attention given to positive and negative aspects of Experience	Emphasis on facts
<b>Internal Narrative</b>	The speaker may assume the role of victim	A positive sense of personal Resourcefulness	Accounts of painful emotions minimised
<b>Reflexive Narrative</b>	A lack of hopefulness and difficulty in finding a sense of meaning.	Sense of optimism in spite of the sadness and a capacity to find meaning.	Desire to divert from painful aspects and a need to demonstrate strength and stoicism.

# Organisational components of assessment

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- ❑ Education and training to develop knowledge and assessment skills
- ❑ Managerial commitment to ensure that assessment is part of core practice
- ❑ Leadership and co-ordination to develop systems and maintain routine assessment practice
- ❑ Administrative support to monitor referrals and record service uptake
- ❑ Knowledge of local service provision.

# Who should be assessed?

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- NICE (2004) – everyone
- The reality
- Equitable access
- Realistic protocol

# What is involved?

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- ❑ Collaborating with the family ensuring ethical practice
- ❑ Working as a team
- ❑ Assessment documentation
- ❑ Decision making
- ❑ Putting the care process into action according to protocol

# The way forward

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- Publication of guidance document
- Training workshops
- Piloting and research
- Ongoing reflection and review

# Your reflections

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- ❑ Do the ideas of vulnerability and resilience resonate with your practice experience in a way that provides a useful new approach to assessment?
- ❑ What are the implications for implementing these ideas in your practice setting?