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Longitudinal Evaluation of a Therapeutic Groupwork Intervention with Suicide-Bereaved Children.

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Abstract

Empirical evidence indicates that parental suicide during childhood is a risk factor for mental health difficulties and even suicide, highlighting a need for efficacy-based interventions for suicide-bereaved children. This study presents a child-centred longitudinal evaluation of a groupwork intervention for suicide-bereaved children aged 8-12 years. Five children aged 8-12 years participated in intervention. The Child Behavior Checklist (CBCL, Achenbach, 1991) measured emotional and behavioural problems and social competence. A function assessment method was adapted to explore the impact of bereavement through suicide on children's functioning, in addition to semi-structured interviews and a social network questionnaire. The study found that four-fifths of children scored within the clinical range for internalising and externalising problems pre-intervention while social competency was within a normative range. Six months post-intervention, symptomoloty had decreased substantially. Four years on, some participants had taken leadership roles in their schools on suicide-prevention initiatives. Children's qualitative reports highlighted that participation in groupwork enhanced connectedness, emotional expression, family communication processes, memory and sense-making, processes associated active coping in suicide-bereaved children. Reflecting on the methodology a small sample size and the lack of a control group were key limitations. However it is a unique study in an Irish context. In conclusion, group work appears able to address isolation, social stigma and communication challenges with suicide-bereaved children and highlights the contribution of peer support. Conclusion: Groupwork can effetively address isolation, stigma and communication challenges with suicide-bereaved children and highlights the contribution of peer support.

Key words: Children, suicide, suicide-bereaved, groupwork, intervention

Longitudinal Evaluation of a Therapeutic Groupwork Intervention with Suicide-Bereaved Children

Empirical research indicates that parental suicide is a risk factor for child mental health difficulties (Sethi & Bhargava, 2003) and suicidal thoughts and behaviour in adulthood (Wilcox et al., 2010; Sørensen et al., 2009). Offspring of suicide decedents were found to be at greater risk of psychiatric disorders and suicide compared to offpring of parents who died from other causes while bereavement in childhood or adolescence was a significant predictor of future distress and greater suicide risk compared to those bereaved in young adulthood (Wilcox et al., 2010; Sørensen et al., 2009).

Recent studies have attempted to understand whether children bereaved by suicide experience bereavement differently compared to children bereaved due to other causes. Cerel, Fristad, Weler & Weller (1999; 2000) found that suicide bereaved children were more likely to experience anger and shame (grief-related emotions) and less acceptance of the death one year after bereavement than non-suicide bereaved children. They found no differences between the groups on sadness and thoughts and behaviour. Cerel & Roberts (2005), in a survey of a 5,918 U.S. adolescents, of whom 1.2% experienced a family member's death by suicide in the past year, found that suicide-bereaved adolescents were more likely than their peers to report behaviour problems including emotional distress, marijuana use, binge drinking, suicidal ideation and attempt. Bereavement through suicide did not have a significant independent effect on school grades or parent-child connectedness. Pfeffer, Karus, Siegel & Jiang (2000) compared outcomes within 18 months of parental death for 16 suicide-bereaved children with 64 age-matched cancer-bereaved children aged 6-13 years. While suicide-bereaved children reported higher levels of depressive symptomology than cancer-bereaved children, levels of symptomology for both groups was comparable with a

normative sample. Brown et al. (2007) compared 24 suicide bereaved children and adolescents from 15 families with 302 children from 186 families who lost a parent from all causes other than suicide (homicide and accidents) and found no significant differences between the groups on child or family functioning.

Familial bereavement through suicide therefore is not a homogenous experience for children and not all children need intevention. However the emerging link between age of complicated grief including bereavement through suicide and psychological risk means that it is important to target children experiencing complicated grief with non-pathologising, child-centred interventions (Melham, Moritz, Walker, Shear & Brent, 2007). Andriessen (2009) argues for the role of 'postventions', that is, interventions which address the psychological impact of bereavement by suicide and which may prevent future suicidal behaviour. Hobfoll et al. (2007) identified the essential elements needed in any psychosocial intervention to address trauma, namely to promote safety, calming, individual and collective efficacy, connectedness and hope. Bereavement through suicide impacts on all of these elements in children's lives; in particular feelings of stigma, shame, and guilt often infuse social relationships creating isolation. The manner of communication of the suicide can influence child outcomes (Hung & Rabin, 2009; Cain, 2002). In a review of the literature on the impact of suicide on individuals within families, Cerel et al. (2008) noted that a death through suicide in a family affects communication processes within the family and between the family and their extended networks in profound ways. Distortion of communication processes may occur around the issue of blame, "overtly expressed or covertly communicated through non-verbal cues and social withdrawal, straining and even rupturing the cohesiveness of a family" (p. 39). The development of secrecy around the cause of death also has a deleterious impact on communication and on social networks, and family members are most likely to hide the cause of death from children. A third observed communication pattern can

be social ostracism and self-isolation by suicide survivors. Taken together, these distortions of communication patterns may create a cycle of avoidance, misunderstanding and social distance between surviving family members and their broader social networks of friends, relatives, colleagues that can complicate grief and mourning. Jordan (2001) argues that it is the social processes and the impact suicide has on family systems that make the subjective experience of grief after a suicide loss quite different from other losses. Dyregrow, Nordanger & Dyregrow (2003) found self-isolation was by far the best predictor of psychosocial distress following a family suicide. Cvinar (2005), in a review of the literature, argues suicide has an effect on families that transcends the immediate loss through the mediating effect of individual or societal stigma and intervention. Such stigma may be unique to the experience of bereavement through suicide and may require interventions tailored to address suicide-specific dynamics (Heikes, 1997).

A child-centred analysis of the experience of suicide-bereavement is under-explored in the literature. Provini, Everett & Pfeffer (2000) found that adult relatives of suicide victims frequently go through a process of questioning the reasons for suicide/self-blame and avoid talking about the suicide for fear of being overwhelmed. This had an impact on their role as parents as they have an additional responsibility of helping children understand and process the loss. Given children's emotional and cognitive developmental status, meaning-making about suicide may be challenging, especially if parental capacity to support them in this task is impeded as a result of their own grief. Currier, Holland & Neimeyer (2007) argue that challenges to a capacity to construct an understanding of a violent bereavement, including suicide, mediates complicated grief symptomoloty

Therapeutic groupwork offers a peer-based, child-centred intervention model that may offer different benefits to individual psychotherapy. Moore & Freeman (1995) argue that as grief is a normal rather than pathological psychological reaction to death, community-based

support groups offer an appropriate response. Pietila (2002) argues talking about bereavement in a group is an social action and can function to take grief out of an inner isolated/isolating space into a social space where people can find understanding, a sense of mutual acceptance and togetherness. Pfeffer et al. (2002) conducted a group intervention for suicide bereaved children consisting of 10 weekly sessions and separate, simultaneous sessions for surviving parents informed by attachment theory (Bowlby, 1980), responses to loss, and cognitive coping (Lazarus & Folkman, 1984). Intervention group children experienced a greater reduction in anxiety and depressive symptoms compared to non-intervention children. Seventy five per cent of the waiting-list/control group (75%) dropped out compared to 18% of the intervention group. Mitchell et al. (2007) conducted an 8 week group intervention for 6-8 children aged 7-13 years bereaved by parental suicide. Session goals focused on expression of feelings, instilling hope, understanding the act of parental suicide and children's experiences of grief, interpersonal learning, an integration of conflicting feelings towards the parent who had died. They found groupwork helped children comprehend what suicide is, why it can happen, and enhanced coping and effective communication.

Daigle & Labelle (2012) evaluated a group therapy programme for eight suicide-bereaved children aged 6-12 years. The intervention targeted emotional expression, communication about suicide, problem-solving, and psycho-education. They reported a positive impact on self-esteem, anxiety and depression symptomology, agency and communication.

This paper describes a child-centred, longitudinal, mixed-method evaluation of the impact of a therapeutic group intervention with five suicide-bereaved children aged 8-12 years. Questions the research sought to address were as follows:

(1) What was children's experience of the groupwork intervention?

(2) What areas of functioning did children feel were impacted by the suicide of a loved one and did the groupwork help them develop competency or skills to manage better in those areas?

(3) How isolated/connected did children feel to their supportive networks; specifically, what were the number, quality and strength of relationships children had with significant people in their lives?

The Group Intervention for Suicide-Bereaved Children

The Children's Bereavement Group met weekly for 1.5 hours over 12 weeks. Groupwork was facilitated by a Child & Adolescent Psychotherapist and either one or two family workers. The groupwork template for children aged 8-12 years was devised by (organisation) aworking group, supported by a child psychotherapist from (organisation), a member of the team from (organisation), (organisation) and a psychotherapist from (organisation). The groupwork model was informed by recommendations arising from the Barnados project "*Talking with children bereaved by suicide*". Methodologies included art, physical activities, worksheets, reflective activities, and mindfulness practice.

Sessions were structured to progressively explore the bereavement experience, moving to memories of the loved ones and finally a focus on the future. Each session began with lighting a candle. In the first session, children were told this was to help them to think about the person they had lost. Various activities were used to involve children in the groupwork activity including art activities, physical activities, worksheets, reflective activities, and mindfulness practice.

Session 1 Introductions and why we are all here.

The introductory session sought to establish a safe, therapeutic space. The ritual of lighting the candle was introduced to the children, children used artwork to explore their hopes and fears and then they were given a box to decorate and children were told this box is for them to keep their work in during the group. This box took on the identity of a 'memory box' that children took home with them at the end of the groupwork.

Session 2 Why I'm here? Sharing and being connected

The goal of sessions to was to allow children to express 'what brings me to this group'. The session reaffirmed discussions of the previous week that everyone in the group has lost someone through suicide. Children were invited to write or draw something that represented why they are coming to the group. A core exploration was 'connectedness' and this was created through creative and physical exercises that explored themes of helping each other, safety, sharing of experiences, differences and support.

Session 3 All about me-changes in my life since the death

This session focused on the fact that all children had recently lost someone through suicide and the aim of the session was to explore what had changed in their lives. Using a story of 'The river', participants used collage, drawing and painting to explore their feelings and changes.

Session 4 How the family has changed

Following on from the previous session, the objective of this session was to help participants understand how the family had changed as a result of suicide-bereavement and to look to other family members to receive support and help.

Session 5 My story of the death

In week 5, groupwork focused on exploring and reflecting on each participant's story of the death, what they were doing when they heard the person died, who told them, the history behind the death. Children worked individually, supported by the facilitators and also in the group. Mindfulness exercises (breathing exercises, bodyscans) helped children focus on and manage emotions.

Session 6 The funeral

This session focused on thinking about the funeral, if children went to it, if they didn't, memories of the occasion or what they would like to know. Questions such as 'what happens to people when they die'? were raised and explored.

Session 7 & 8 Questions we have and what happens after death?

The group were invited to put forward what questions they have and the sessions explored why people die by suicide and why do people kill themselves. The discussion raised lots of issues as to why people died by suicide. These were written on a big piece of paper. It had been planned to devote one session to this topic but given the needs of the group, a decision was made to devote a second session to this topic. Session 8 focused on 'Why suicide'? and exploring answers to this.

Session 9 Memories of loved one

The aim of this session was to explore, reflect and look at memories about the person who died.

Session 10 Affirmations, coping mechanisms and hopes for the future

Session 10 aimed to develop self-esteem by helping participants to look at affirmations, hopes and coping skills and to instilling hope for the future.

Session 11 Reflection on the group and ending

Reflection and ending. This session addressed questions such as 'What have I learnt about bereavement over the last eight sessions? How am I feeling now that the group is coming to an end? Who will I turn to for support?

Week 12 (post-intervention)

Ending celebration – Children and facilitators went ice-skating and for a meal.

Method

Participants

Participants were 4 boys and 1 girl aged 8-12 years referred to a community-based bereavement support service in Dublin, Ireland following the death of a family member by suicide. Three children had lost a parent, one an uncle and one child had lost a brother and sister through suicide. All had previously attended individual counselling. All were at least one year post-bereavement.

Procedure

Parents and children were interviewed at four time periods; pre-intervention, post-intervention, six months post-intervention and four years post-intervention. Three parents and children engaged with the four year follow-up.

Parent interviews lasted 40 minutes and explored the perceived impact of the intervention on children. The Child Behaviour Checklist (CBCL, Achenbach, 1991) was administered. This yields a Total Competence score (activities, school, social domains) and a Total Behaviour Problems score (Internalising and Externalising Behaviours).

A child-centred methodology explored children's experience of the groupwork on functioning and relationships. A construct-elicitation method developed by Bolton & Tang, (2002) was adapted to identify the areas of functioning children hoped would change as a result of group participation. The objective was to develop a personally relevant instrument to learn from children about areas of functioning in their lives that have been impacted as a result of bereavement through suicide. Children were presented with two dolls, one of represented a boy or girl bereaved by suicide and the other, a non-bereaved peer. They named what tasks might be easier or more difficult for one doll to do compared to the other. Children were shown five drawings of children carrying a light (easy) to a very heavy (hard) load to comprise a five point scale and they rated each task they identified on degrees of difficulty.

A social network & strength of relationship questionnaire assessed the number, quality, and strength of children's relationships. Children named the people they had most contact with each week. They then identified their relationship to that person and whether the person lives at home with them. They rated the quality of the relationship (1=bad relationship, 2= ok relationship, 3=good relationship).

Semi-structured interviews explored childrens' experience of attending the group. Each evaluation session took approximately an hour. Children were asked some specific questions about the group such as: What was your experience of attending the group? What did you like best about attending the group? What did you find difficult about attending the group? What would you tell another boy, about your age that lost someone they love through suicide, about the group? Would you advise him to attend the group? Is it easy or difficult to talk about your (parent(s)? best friend? Significant relatives? Has this changed since the group began? Each was recorded, transcribed and analysed using themal analysis (Braun & Clarke, 2006).

The study design included a waiting-list matched sample control group of children attending individual counseling. Three children and families agreed to participate initially and participated in an initial interview. However at 3 months and later follow up, there was no plan to hold a new group and so it was not possible to offer control group children an opportunity to participate in a group and parents and children were not interested to continue as a control condition. Therefore it was not possible to include a control group.

The study was supported by an expert advisory group. Ethical approval was obtained through joint University/organisation Ethics Committee. All names used in the results are pseudonyms to protect anonymity.

Results

Child Behavior Checklist The Child Behavior Checklist (Achenbach, 1991) was analysed by converting raw scores to age-standardised scores known as T-scores. The mean T-score is 50. For Internalising problems (I), Externalising Problems (E), Total Problems (T), and Social Competence (C) , T-scores less than 60 are considered in the normal range, 60-63 represent borderline scores and scores greater than 63 are in the clinical range (bold).

Insert Table 1 Here

Pre-intervention scores indicated that 80% (n=4) of children scored within the clinical range for behavioural/emotional problems. Total competence scores (activities, school and social competence) were similar to normative sample scores for all children. Post-intervention, 1 child (20%) scored within the clinical range for internalising and total problems. All scored within the normal range for total competence. Six months post-intervention, 1 child (20%) scored within the clinical range for internalising problems and all children were within the normal range on total problems. It was mid-December and some

children reported that things were more difficult for them at Christmas . Scores were somewhat elevated compared to immediately post-intervention and the approaching holiday may have been a factor. At four year follow up with three participants, total competence scores and total problem scores were within the normal range.

Social relationships The child-administered social network and strength of relationship questionnaire found that the average number of people in children's weekly social network at pre-intervention, post-intervention and + 6 month follow-up respectively was 11.6, 13.25, and 13 people with a range of a minimum of 7 people to a maximum of 19 people. Children reported more relatives than friends in their networks (surviving parent(s), sibling(s), uncles, aunts, grandparents, and cousins). The number of people in children's networks was not affected greatly by suicide but children reported that the quality of relationships and feeling able to talk about the relative that died, or in particular to talk about suicide, was impacted within these relationships.

Pre-intervention, 60% of children described their relationship with parent(s) as good and this had increased to 80% post-intervention and six months post-intervention. Children reported good relations with parents but more difficult relationships with siblings. This may have implications for services working with children bereaved by suicide.

Functioning construct-elicitation The function assessment facilitated children to identify the areas of functioning where bereavement through suicide impacted them personally. 'Special occasions' and going to the graveyard were cited as difficult by a number of the children. One child noted 'Helping his brother at home' remained 'a little difficult' at all time periods as his relationship with his brother had deteriorated significantly since the bereavement. At 6 month follow up, the only girl in the group reported 'Going to the graveyard', 'talking about my Dad' and 'going to places my Dad brought me' was easier than before and she attributed this to "Going to the group, because I had a chance to talk about

things". One child had lost his brother and sister through suicide and he talked of the things they used do with him such as take him out for his birthday or take him trick-or-treating at Halloween. He missed them more at these times, especially Christmas and on their birthdays. At immediate post-intervention, he said one of the things he noticed since the intervention was that he feels sad and cries more since he started attending the group and crying is moderately hard. He clarified that "It is easier not to cry, its harder to cry". Pre, post and at six months post-intervention, he found getting up in the mornings to be still a little difficult but had no difficulty going to football. For the child who lost his Uncle,'Going back to house where relative died by suicide', 'Seeing cousins whose father died' and 'Talking to cousin' were areas of difficulty that became easier and eventually presented no difficulty over the assessment periods. Finally, one child talked about how 'Getting along with Dad', that meant in his words, that "He is no longer there to get along with and to do the things I used to do with him, and that that thinking about dad makes me sad" was difficult. 'Missing Dad' was a little difficult and 'Thinking of Dad' was something that he rated as 'often can't do'. At the post-intervention interview, he said he had talked a lot about Dad in the group and at home and that he knows everything about him and is happy about this. Asked at six month follow up, asked if attending the group helped him, he replied "A bit, It helped me to get along with me Da, so didn't have to keep thinking about him. Its easier to cope with Da and to get along with everyone". Clinically, these responses provide insight into the day to day tasks which children found more difficult as they were accompanied by difficulty in regulating troubling and difficult emotions and impacted their perceived ability to do these tasks.

Analysis of themes At pre-intervention, the most common concerns of children were feeling sad, that it was harder to laugh and smile, and that things had changed with their friends. One child said other kids were more distant since his father died. When asked if he would like to join a group for children bereaved by suicide he said 'Yea, it would help in letting go'.

Interviews with two boys showed a preoccupation with death, one of whom told stories of children he knew that died in tragic or violent accidents. Children's subjective accounts support the findings on the Child Behavior Checklist of raised levels of internalising problems (depression) and some externalising problems (anger, aggression).

Communication and connectedness. One of the most important contributions of the group as identified by children and was that it reducted isolation, in particular the sense of being "the only one" to experience suicide bereavement. It enhanced connectedness both to other children in the group and in their ability to talk with their immediate family about the suicide and other things. Children identified their primary expectation was that the group would be a place where they could talk with other children that had lost someone in their family through suicide. It was important to them that all children were suicide bereaved.

> Everyone had lost someone through suicide. If it was for other reasons, like accidents, it would be all sorts of things, it would have been different. (Ben, post-intervention)

> If the group was mixed (different causes of death), they wouldn't understand that the one they loved that died, they wouldn't understand about suicide. (Anne, post-intervention)

In the first session, one child told the other children he expected they would be "talking about anything, talking about the people in our family that died". One child said "talking about it" (the suicide) was the hardest thing about the loss of his father through suicide and that this is what he expected to be doing. Wittenberg & Reis (1988) distinguish different domains of personal competence such as initiating relationships, self-disclosure, providing emotional support and offering validation of experience. The group provided children with an opportunity to experience these competencies and to engage in reciprocal peer support.

Anne noted “Its easy to talk about it (suicide) in the group but I can’t talk about it to my friends in school”. Six months later, Anne noted

> I think... .after the group, I felt I could talk to people - before the group, I bottled things up and never really talked about my Da but since group finished I’ve been talking to people more and saying how I feel.

Secrets were broken in the group. One child was the person who found his father and had been told at the time that if the Gardaí (police) were given this real information he would have to give evidence during the inquest so a story around the death was developed. In the group he told the ‘real’ story. According to his mother, he “got to go into detail about how his Da died and how he found him” and went from being “very muddled up and very angry”, to being able to talk openly about the suicide. All children noted they found it easier to talk about the suicide of their loved one and attributed this to taking part in the group.

> Researcher: Is there anyone you find it easier to talk to since the group ened?
>
> Fergal: Everyone, expecially with my mother because I can tell her stuff about my brother and sister, and stuff like why did my sister kill herself and all, stuff like that. And my Ma said stuff like, that she was sad over my brother doing it, she missed him and all. (Six months post-intervention)

> Researcher: What would you tell another child about the group?
>
> Michael: It was very helpful It helped you to get over it because you talk about it more. It helped me, yeah. I don’t know why. (One year post-intervention)

As individual efficacy and personal expressiveness was inhanced, collective efficacy emerged as children felt better connected to others within and outside the group (Hobfoll et al. 2007).

Meaning making. A central theme in children's accounts was that participation in the group helped them to remember and to construct a narrative of the suicide. This was socially negotiated and shared as they recounted their experience, asked questions of each other and experienced the empathy of others in the group. Anne commented:

> Sometimes I couldn't remember stuff and sometimes I had to write down things and I could not remember and that was hard. Like things about the day of the funeral, and memories and all that stuff.

Remembering and talking about the time of the death of the family member and the funeral was difficult for all participants. Ben noted:

> In the middle it was hard. I didn't really talk out loud but when we'd go into our corner and write it down, that was easier. ....found it hard to talk about why they commit suicide…but yea, then it was ok.

David felt that the group did not help him with the most important question that he wanted answered - to understand why people commit suicide.

> David: The group didn't help much… It doesn't help to understand why people commit suicide… Feel the same, nothing's changed. Everything's the same, everything has stayed the same.
>
> Researcher: Can you tell me more? What was it that you wanted help with?
>
> David: To understand more...
>
> Author: To understand..?
>
> David: About why people commit suicide.

‘**Do no harm’?** At all interviews, all parents and children were asked if they had any concerns about the groupwork or if they had observed any negative impact? All said no. On the contrary, parents and children felt it was very important that children had a chance to have this group experience with peers that were similarly bereaved. The “good stuff” mentioned by many or all children included that they made new friends, that they had to write down good memories, had a chance to have a laugh, draw and they enjoyed the activities. It seemed important that if a child did not want to be ‘on task’, there was space to be in the room but to engage/disengage as needed. David noted one of the things that was important for him was “We wouldn’t just have to sit down and listen, could play with toys. I liked making new friends, having a laugh, drawing.”

All children liked the last day where they went ice-skating and had a meal afterwards. This created a ‘normalised’ space for the children to spent time together but not focused on bereavement.

Four years on. Three child participants took part in a follow up focus group discussion four years post-intervention. Two participants told of how they have taken leadership roles in their schools on suicide, suicide bereavement and prevention. One adolescent contacted a national leader on youth mental health, raised funds and set up a school-based programme running a drop-in space in the school for young people that have been affected by suicide or to gain support if they are having problems. Another participant has taken an active role on suicide awareness and prevention in her school. The group intervention is arguably having a multiplier effect as these adolescents now reach out to their peers and mobilise adults to engage with them on suicide-related interventions. This was an unanticipated outcome. All three former participants said they found the intervention very positive and timely, that it gave “space for yourself” and all still had their memory boxes from that time. Reflecting back on the group, they said they would have liked to have had a

male facilitator (all facilitators were female) and would have liked an organised reconnection event some time after the group ended.

Discussion

This paper sought to offer a child-centred evaluation of a groupwork intervention for suicide-bereaved children. Four of five children scored within the clinical range for behavioural/emotional problems pre-intervention while social competency was within a normative range. Six months post-intervention, symptomoloty had decreased substantially. Four years on, two of the participants had taken leadership roles in their schools on suicide-awareness and prevention iniatives. Qualitative reports highlighted that feelings of isolation, in particular, feeling like being "the only one" to experience such a traumatic loss impacted on peer relationships and communication. Children reported that the peer group process provided them with something different to individual counselling. Participation in the group resulted in enhanced social connection, emotional expression and family communication about suicide. It facilitated remembering, allowed the narrative of the suicide to unfold, gave children a space to ask questions about suicide and engage in sense-making. These are processes associated with promoting resiliency and active coping in suicide-bereaved children (Brown, 2007; Cerel et al., 2008) and highlights the special contribution of peer support (Cowie, 2011).

The research has some significant limitations. The primary weakness is the sample size of five children, only three of whom were able to be followed up four years later. The lack of a control group is also a major limitation. However this was a unique intervention in the Irish context and therefore although methodologically inadequate, there is a great need for research which examines interventions for suicide-bereaved individuals, especially children.

Further research is needed to develop and evaluate peer and community-based interventions for suicide-bereaved children. This is particularly important as suicide in Ireland has increased significantly since the onset of recession in 2006/2007, in particular the suicide of men who are also fathers.

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