

## **Bereavement Group Counseling Proposal**

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## **Bereavement Group Rationale**

One in 20 people has known someone who has taken their life over the past year; suicide will touch one in five people throughout their lifetime (Young et al., 2012; Ali, 2015). One suicide can affect between four close family members (CDC, 2020) to 80 relatives, friends, and acquaintances (Andriessen et al., 2019). Overall, suicide is the 12<sup>th</sup> leading cause of death in the United States (CDC, 2020). Suicide is the second leading cause of death for ages 10-14 and 25-34, the third leading cause of death for ages 15-24, and the fourth leading cause for ages 35-44 (CDC, 2020). Roughly twice as many people died by suicide in 2020 than by homicide (Garnett et al., 2022). The ripple effects are staggering. The number of people who have lost a loved one due to suicide grows daily, as does the need for mental health support for the bereaved.

### **Literature Review**

#### ***Rationale, Goals, and Objectives***

Many clinicians inadvertently create obstacles for the bereaved by failing to understand the grief process and the individualistic nature of suicide bereavement (Peters et al., 2013). The bereaved may have difficulty trusting clinicians, as many clinicians have limited knowledge and experience working with suicide survivors (Buglass, 2010). Due to the stigma of suicide, and the trauma associated with surviving a loss of this kind, some individuals avoid seeking care.

#### ***Theoretical Format***

Young et al. (2012) detailed three main grief stages after losing a loved one: acute grief, the initial response after the event; integrated grief, an ongoing and eventual adaptation to life after the event; and complicated grief, grief that stems from a traumatic event that is prolonged and remains persistent, where the individual does not transfer into integrated grief. Survivors of suicide have an increased risk of complicated grief (CG), with 10-20% or more of bereaved

individuals experiencing CG that may persist for as long as 3-5 years before reaching integrated grief (Young et al., 2012). Complicated grief creates difficulty for the individual to function in daily life. It may affect their daily social functioning, employment, and put them at risk of suicidal ideation and related behavior (Young et al., 2012). Untreated, CG may cause "suffering, impairment, and poor health outcomes, and will persist indefinitely without treatment." (Young et al., 2012, p. 179).

Time-limited interpreted group therapy, a combination of interpersonal psychotherapy, exposure therapy, motivational interviewing, cognitive behavioral therapy, and elements of gestalt have all been used in work with grief therapy groups. Young et al. (2012), Supiano et al. (2017), and Zisook et al. (2018) have narrowed down somewhat efficacious methods for leading therapy groups for the bereaved. Medication and group therapy prove the most effective, where medication alone has the least satisfaction and the highest dropout rate (Zisook, 2018).

Considering the multiple variables involved in personal grief, not one method will benefit all. There is, however, a list of best practices that seem to ameliorate profound, complicated grief. With assistance, and if the natural grief process is supported, one can transition from CG to integrated grief (Young et al., 2012). Strategies used to aid in this transition include loss-focused grief work: talking about the death and surrounding events, using imagery, creating a deep sense of connection to the deceased, and other exercises that resemble exposure techniques combined with cognitive restructuring (Young et al., 2012; Supiano et al., 2015). In addition, restoration-focused grief work encourages reestablishing a bereaved individual's social support network. In restoration-focused work, participants pursue goals and engage in meaningful relationships with others through practicing experiences that provide enjoyment (Young et al., 2012). As a facilitator becomes familiar with the group's needs, the group therapy plan may be modified to

emphasize one aspect and table others. For instance, group members may struggle with guilt more so than rejection, or the facilitator may need to allow more space for talking about intense feelings of shame, anger, and questions about why their loved one took their life.

### ***Group Population and Prescreening***

Feelings of shame, guilt, and fear of stigma create barriers for individuals seeking care. Suicide survivors (defined in this paper as those who are bereaved due to a loved one completing suicide) are at risk for developing psychological problems and maladaptive coping strategies (Ali, 2015; Cvinar, 2005) as well as anxiety, depression, PTSD, complicated grief, and overall poor physical and mental health (Young et al., 2012; Andriessen, 2019). Newly bereaved individuals and those suffering from the acute grief stages should be excluded from grief groups, as group counseling may adversely affect the natural grieving process (Shut & Stroebe, 2005). Likewise, not all bereaved need grief counseling. There is no evidence to suggest routine intervention is beneficial; it is successful when offered to those who suffer from exceptional stress and feel they have no other support (Schut & Stroebe, 2005; Peters et al., 2013).

Suicide survivors experience complex emotions around their loved one's death. Searching for answers why, remorse for not doing more, and guilt for how they may have treated the loved one may be scenarios that replay in an individual's mind, causing mental anguish. Individuals can experience ruminating thoughts, fixating on clues they missed or arguments they may have (Young et al., 2012). For this reason, group therapy can benefit those suffering from CG. Support groups offer a supportive atmosphere where some individuals can feel comfort in knowing others can relate, and group members can freely express strong emotions, providing a means for catharsis. Group work can also normalize their loss and help members reintegrate into home and community support systems (Ali, 2015).

Hospitals, funeral homes, mental health professionals, and organizations such as Life-Sight, a nonprofit organ donation organization, may help disperse informational materials to those who have recently lost a loved one. Programs where individuals seek care through a specific organization, are proven to have better results (Schut & Stroebe, 2005).

### ***Practical Considerations***

Homogenous support groups are the most helpful (Young et al., 2012). For instance, bereaved parents meet with other bereaved parents, and those who have lost a spouse meet with widows and widowers. Survivors long to be with others who can share their pain in a non-judgmental, accepting, and loving way. Group setup should be in a circle, with no one considered the leader, and with facilitators who include a mental health professional and a trained peer that has experienced a loss and gone through a similar grief program. Groups led by trained psychotherapists fare better than social groups for bereaved individuals, but replication studies reveal ambiguous outcomes (Andriessen et al., 2019).

The environment should be in person, in a library conference room, or in a community center. Soft lighting and comfortable seating can help participants feel more comfortable, especially if they exhibit intense emotions. High dropout rates occur among online participants (Supiano et al., 2017). It should be noted that online group research was done prior to the Covid epidemic; views may change after the normalization of online meetings during this time. The literature did not detail advantageous group numbers; however, in empirical studies, the average group ranged from 10 to 15 participants with two facilitators.

## Group Objectives

- Providing emotional support. Suicide bereavement can be a highly isolating experience. One of the most important goals of a suicide bereavement group is to provide a safe and supportive environment for members to express their emotions, share their experiences, and receive validation and empathy from others who have gone through similar losses without feeling judged or stigmatized.
- Offering a sense of community. Suicide bereavement groups can provide a sense of belonging and connection to others who understand the unique challenges and complexities of losing someone to suicide. Participants can share stories, coping strategies, and resources with one another, and build supportive relationships that can last beyond the group sessions.
- Facilitating healing and recovery. Loss can be a long and difficult journey, and a goal of this suicide bereavement group is to help participants move towards healing and recovery. This may involve exploring different coping strategies, learning how to manage difficult emotions, and finding ways to honor and remember loved ones.
- Cultivate a healthy grieving process. Revisit memories of those who were lost without crippling distress. This includes uncoupling the loved one from the circumstances surrounding their death.
- Raising awareness and reducing stigma. Suicide is often a highly stigmatized topic, and one of the goals is to raise awareness about the complex factors that contribute to suicide. The aim is to reduce stigma around mental illness and normalize seeking help for emotional distress.
- Providing education and resources. Educational resources on grief and loss, suicide prevention, and mental health are available. Information on support services and resources available in the community is provided to help participants access the help they need.
- Encouraging post-traumatic growth. We help grieving parents find meaning and purpose in life after loss by instilling hope, promoting growth and development beyond grief.

## **Informed Consent**

Welcome to our Suicide Bereavement Group Therapy program. Our program provides a supportive and confidential environment for those who have experienced the loss of a loved one through suicide. To create an honest environment that facilitates interpersonal exploration, certain guidelines need to be agreed upon by each participant. Please read this form carefully and ask any questions you may have before signing it.

### **Purpose of the Group Therapy Program**

The goal of this group therapy program is to provide a safe and supportive environment for those who have experienced the loss of a loved one through suicide. The group will provide an opportunity to share experiences, emotions, and coping strategies with others who have been through a similar experience.

### **Benefits of Participation**

- The benefits of participation in the Suicide Bereavement Group Therapy program include:
- Opportunity to share experiences, emotions and coping strategies with others who have been through a similar experience.
- Support and learning from others who have experienced a similar loss.
- Coping strategies to help manage feelings of grief, anger, guilt, and other emotions associated with the loss.

### **Confidentiality**

Although we cannot reinforce complete confidentiality, we ask that group therapy sessions remain confidential. Participants are asked to respect the privacy and confidentiality of other group members. The group facilitator will discuss the limits of confidentiality during the first session.

### **Group Participation**

Group therapy is an active and participatory process. Participants are encouraged to share their thoughts, feelings, and experiences with the group. However, participation is voluntary, and members can choose to not share or participate in any group activity. Group facilitators will establish and maintain a climate of respect that enables group members to disclose personal information in a judgment-free, safe space.



### **Duration and Frequency**

The group will meet weekly for 12 sessions. Each session will be approximately 90 minutes long. Participants are expected to attend all sessions unless there is an emergency or other extenuating circumstances.

### **Risks and Benefits**

The risks of participating in this group therapy program are minimal. However, some individuals may experience temporary distress or discomfort while discussing their experiences. The benefits of participating in the program include the opportunity to share and learn from others who have experienced a similar loss and to develop new coping skills.

### **Withdrawal**

Participants are free to withdraw from the program at any time; however, we ask that you stay a minimum of three sessions. Starting a new group can be difficult and awkward. We encourage participants to discuss any concerns or issues with the group therapist before deciding to withdraw from the program.

### **Consent**

I have read and understand the information provided in this consent form. I understand the purpose, benefits, and risks of the Suicide Bereavement Group Therapy program. I voluntarily consent to participate in this program and agree to abide by the rules of the program.

Printed Name of Participant:

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Participant:

\_\_\_\_\_ Date \_\_\_\_\_

Date & Signature of Group Facilitator

\_\_\_\_\_ Date \_\_\_\_\_

## **Group Sessions**

### **Activities**

Grief groups focused on the bereaved due to suicide have the most success when there are psychoeducational and psychotherapy components and clear guidelines and manuals that are grief-specific for the intervention (Supiano et al., 2017). The most successful therapeutic activities include retelling the narrative of the death, having imaginal conversations with the deceased, and memory reintegration (Supiano et al., 2017).

This proposal means to implement a continuum of care dependent on how affected group members appear. Provided that individuals presenting moderate symptoms of complicated grief and others affected seem to benefit the most, adults in these categories are included in this mixed psychoeducational and psychotherapy group. Sharing and mutual recognition combined with structured activities are the focus of this grief group. A manual will be provided detailing the structure of the group, with 16 sessions meeting once a week for two hours each session of this closed group.

Components of CGGT (Complicated Grief Group Therapy, Supiano et al., 2017) and CGT (Complicated Group Therapy, Zisook et al., 2018) are interwoven into the group content. These include writing tasks, group psychotherapy, and CBT-based psychoeducation intervention. Supiano et al. (2017) divide the 16 weeks into seven core modules: the lay of the land, self-regulation, aspirational goals, rebuilding connection, revisiting the story of the death, revisiting the world, memories, and continuing bonds. Participants experience four treatment phases: getting started, core revisiting sequence, midcourse review, and closing sequence. Although this bereavement group framework was not designed explicitly for suicide bereavement, it appears to be the most beneficial (Zisook et al., 2018).

### **Sessions 1-3 (120 Minutes per Session)**

Obtain history of the clients' interpersonal relationships, lay the groundwork to establish a strong therapeutic alliance, and provide psychoeducation about the types of grief, describing the elements of each.

Each session begins with a check-in, open forum, and introduction of the topic. Twenty minutes are allotted to a closing discussion looking ahead for the next week, troubleshooting potential difficulties. Hope is instilled with each session, along with psychoeducation on complicated grief treatment.

*Session 1.* Personal goals work done through Motivational Interviewing, inviting members to consider how life would be if it no longer interfered with their life by envisioning future. Members are encouraged to identify practical, long-term goals related to interests, possibly entailing personal fulfillment. Review qualities of typical and atypical grief.

**Sample Session 1 Overview.** Welcome participants to the meeting with introductions and a establishing a check-in routine. Briefly state purpose and available group supports. Thank all for attending and lead with hope. Outline structure of the group, learning objectives, and group guidelines. Ask if anyone in the group would like to add to the guidelines. Mention the uniqueness of grief, and the grief as a river analogy. Distribute resources and a calendar of group meetings. Mention homework may be offered but members can opt out of the homework at any time. Group members will be invited at this time to rate their willingness to change, confidence in their ability to move through the grief process, and readiness to focus on their grief. Talk through the idea of “moving on,” misconceptions and feeling around this idea, and how grief can change but our love for those we lost does not. At the conclusion of the session, open up to

discussion about the upcoming week, potential difficulties, and tips to navigate situations from other group members.

*Session 2.* Dispelling the misconceptions of suicide grief and mourning. Introduction of a Grief Monitoring Diary: members jot down their average grief level for the day and a brief note on surrounding situations. Grief monitoring diaries also help members recognize situations associated with high and low levels of grief, allowing members to feel more in control of their emotions, increasing self-efficacy. Remind group members to bring a supportive person the following session.

**Sample Session 2 Overview.** Initial warm-up (check-in, topic recap from last session, review of guidelines.) Begin with a discussion between grief and mourning, how do group members view the difference. Transition to a discussion on suicide and guilt, and how do these additional layers affect grief and mourning. Discuss blame and responsibility, and how group members view the two. Give group members 5 minutes to brainstorm misconceptions, either their own, or misconceptions from others. Then open the full-group discussion. Conclude group with the upcoming week, ask if any group members anticipate difficult situations and solicit responses from other members that might help. Thank members for their participation and focus on a strength the group exhibited.

*Session 3.* Attending to psychological issues: stigma, substance abuse, suicidal thoughts, intense sadness.

**Sample Session 3 Overview.** Warm up, check in, review guidelines. Ask about the prior week, address situations group members were worried about and see how they turned out. Give group members 7 minutes to brainstorm intense feelings they've experienced and have them

write the feelings on a sticky note. Hang butcher paper on the conference room wall, one piece for many strong emotions (shock, confusion, yearning, fear, shame, embarrassment, loneliness, anxiety, regret, self-blame, etc.) and have group members put their sticky notes on the corresponding butcher paper to show the similarities and differences between strong feelings in the group. Open the floor to talk about feelings they've had since losing their loved one. Remind members healthy mourning includes expressing oneself and that it is both normal and natural to express feelings. Part of mourning (tie to last session) is to visibly experience emotion. Discuss the difference between the natural, chaotic state of grief and how clinical depression differs.

\*The facilitator should be mindful of members exhibiting clinical depression and/or suicidal ideation and speak to the group member individually.

### **Sessions 4-9**

Exercises designed to help individuals come to terms with the loss and address the restoration of the capacity for joy in life are introduced. (Performed both inside and outside the group.)

*Session 4.* Imaginal revisiting and debriefing. Focusing on processing the death, members are invited to recount the circumstances surrounding the loss of their loved ones serves two purposes: allows the facilitator and group members identify beliefs that inhibit processing the loss and forms a path to acceptance. Session concludes with members imagining how they would "put the story away."

*Session 5.* Situational revisiting. Facilitator challenges thoughts and behaviors that inhibit the bereaved member's quality of life (avoiding situations, places, people, and activities once enjoyed.) Address practical issues, enhancing self-care rituals.

*Session 6.* Imaginal conversation with the deceased. Allows for members to address issues surrounding intense emotions, ambivalence, anger, guilt, etc.

*Session 7.* Working with memories and pictures.

*Sessions 8 & 9.* Group members and facilitators identify impediments to the grief process. Members are encouraged to target feelings, behaviors, and thoughts that activate the attachment system, impeding their progress through grief.

### **Sessions 10-16**

Both the facilitator and group members review progress, their journey through time with the group, and collaboratively decide how best to complete the group treatment. Incorporates Interpersonal Psychotherapy.

*Session 10.* Former group members are encouraged to attend to provide hope for the future. Invite group members to seek integration, not focus on resolution.

*Session 11.* Interpersonal Psychotherapy strategies to inventory personal relationships. Open discussions with group members and support person.

*Session 12.* Attending to social issues. Family conflict, blame, withdrawal of family members or friends, secondary losses, feelings of isolation.

*Session 13.* Attending to physical and cognitive issues. Heavy focus on psychoeducation, research on neurological and physical change brought on by trauma. Have group members noticed physical and cognitive changes? Again, provide hope that many trauma responses are not permanent.

*Session 14.* Reaching out for help, how to access resources. Ask group members who they turn to for help, talk about the peaks and valleys of grief, invite support members back. Role play group member situations that might be difficult.

*Session 15.* Looking at change. Ask group members to evaluate how they are changing and if they are “stuck,” how might they become unstuck. Have values changed and are there new attitudes, insights, and skills.

*Session 16.* A review of the prior 15 weeks. Identify group and individual strengths that will aid with the grieving process. Provide handouts detailing community resources and allow for members to share contact information if they would like to stay in touch with other group members. Facilitators can share honest and supportive feelings about the group at this time.

### **Outcome Evaluation Questionnaire**

- 1. Overall, how helpful was this suicide bereavement group in assisting you with your grief? (Circle one)**

Not at all helpful      Somewhat helpful      Moderately helpful      Extremely helpful

- 2. How much has your participation in this group helped you understand and cope with the suicide death of your loved one?**

Not at all      A little      Some      A great deal

- 3. How much has your participation in this group helped you feel less isolated and alone in your grief?**

Not at all      A little      Some      A great deal

- 4. How much has your participation in this group helped you feel more hopeful about the future?**

Not at all      A little      Some      A great deal

- 5. How likely are you to recommend this bereavement group to someone else who has experienced this type of loss?**

Not at all likely      Not very likely      Somewhat likely      Very likely

**Is there anything you would like to add about your experience in this group or suggestions for improvement?**



## Resources

### Resources for the Bereaved

1. **988 Suicide & Crisis Lifeline**  
<https://suicidepreventionlifeline.org/help-yourself/loss-survivors>  
 -Self Care  
 -Find Local Support
2. **Alliance of Hope for Suicide Survivors**  
<https://allianceofhope.org>  
 -Information Sheets  
 -Blog & Community Forum  
 -24/7 Support Group with Trained Moderators & Visiting Mental Health Clinician
3. **American Foundation for Suicide Prevention (AFSP)**  
<https://afsp.org/ive-lost-someone>  
 -Survivor Support Group Directory  
 -Local AFSP Chapters
4. **American Association of Suicidology (AAS)**  
<https://suicidology.org/resources/suicide-loss-survivors/>
5. **The Compassionate Friends**  
[www.compassionatefriends.org](http://www.compassionatefriends.org)  
 -For grieving parents; not suicide-specific
6. **Friends for Survival**  
<http://www.friendsforsurvival.org>  
 -Monthly Newsletter  
 -Staff & Volunteers have all been directly impacted by a suicide death  
 -Provides information on how to build a community-based suicide survivor support program
7. **Parents of Suicides and Friends & Families of Suicides (POS-FFOS)**  
<http://www.pos-ffos.com>  
 -Public Message Board: Suicide Grief Support Forum  
 -Online Chat
8. **Suicide Awareness Voices of Education (SAVE)**  
<https://save.org/what-we-do/grief-support/>  
 -Focus: Public awareness & education  
 -“Coping with Loss” section dedicated to offering support to the bereaved  
 -Directory of Support Groups

## Reading List

1. *After Suicide Loss: Coping with Your Grief* by Bob Baugher and Jack Jordan
2. *It's OK That You're Not OK: Meeting Grief and Loss in a Culture That Doesn't Understand* by Megan Devine
3. *No Time to Say Goodbye: Surviving the Suicide of a Loved One* by Carla Fine
4. *Voices of Healing and Hope: Conversations on Grief after Suicide* by Iris Bolton
5. *Why People Die by Suicide* by Thomas Joiner

## Resources for Group Facilitators

*The Basics: Facilitating a Suicide Survivors Support Group*

By Linda L. Flatt, SPAN USA National Advisory Council Member

[https://www.mirecc.va.gov/visn19/postvention/docs/Support\\_Group\\_Facilitator\\_Guide.pdf](https://www.mirecc.va.gov/visn19/postvention/docs/Support_Group_Facilitator_Guide.pdf)

*Pathways to Purpose & Hope: A Guide for Creating a Sustainable Grief Support Organization for Families and Friends after a Suicide Death*

Friends for Survival

<https://allianceofhope.org/wp-content/uploads/2019/04/PathwayToPurposeAndHope.pdf>

*Postvention Toolkit for a Military Suicide Loss*

Department of Defense and the Defense Suicide Prevention Office

<https://www.dspo.mil/Portals/113/Documents/PostventionToolkit.pdf>

*Suicide Bereavement Support Group Facilitation*

Lifeline Australia

[https://issuu.com/save-library/docs/lifelines\\_australia\\_sbsg\\_handbook](https://issuu.com/save-library/docs/lifelines_australia_sbsg_handbook)

*Survivors of Suicide: A Support Group Leader's Handbook*

Star-Center Publications

[https://www.starcenter.pitt.edu/sites/default/files/survivors\\_of\\_suicide\\_-\\_final\\_-\\_1.9.19.pdf](https://www.starcenter.pitt.edu/sites/default/files/survivors_of_suicide_-_final_-_1.9.19.pdf)

### **Issues in Application**

A small number of the bereaved may experience adverse reactions to sharing or hearing activating stories and should be screened out using questionnaires and interviews. However, most individuals bereaved by suicide find grief groups helpful, specifically in navigating everyday situations and interpersonal relationships (Young et al., 2012), and those struggling with complicated grief may benefit the most (Ali, 2015).

Further research on the treatment of suicide bereavement is needed. Research to date focuses mainly on the characteristics of suicide bereavement (Andriessen et al., 2019). There is a lack of empirical studies on the treatment of complicated grief, and assumptions about treatment should be reconsidered (Schut & Stroebe, 2005). Also disheartening are underrepresented populations, including men, indigenous populations, adolescents, and seniors (Andriessen et al., 2019). Under-studied aspects, specifically as they relate to the effects of psychoeducation, recognizing and accepting one's grief, and peer support make creating a best-practices framework difficult (Andriessen et al., 2019), as does the multi-faceted and distinctive nature of personal grief.

Other limitations include the scarcity of diverse methodologies used when running suicide grief groups. Conversely, individuals who suffer from CG can recover if they receive the correct care. Suicide survivors can develop an increased empathy for others and, if the treatment fits the individual, over time, develop feelings of greater self-efficacy from living through a tragic event and being able to manage their grief (Ali, 2015). Not all individuals will benefit from group therapy. However, providing a safe atmosphere for individuals suffering from complicated grief learn and share can benefit a large segment of the grieving population.

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## Notes/Revisions

Suicide has a profound and complex impact on survivors, with a ripple effect reaching up to 80 people per individual (Andriessen et al., 2019). In 2020, it was the 12th leading cause of death in the U.S. (CDC, 2020). Survivors of suicide loss experience a range of emotional responses, such as guilt, shame, and grief, often making their bereavement experience more complicated than other forms of grief (Young et al., 2012). This proposal outlines a structured, supportive group therapy intervention aimed at addressing these unique challenges for those impacted by suicide.

### Literature Review

Research highlights that survivors of suicide are at risk of developing complicated grief (CG), which may persist for years if left untreated (Young et al., 2012). Group therapy, when structured with a balance of psychoeducational and therapeutic components, has shown efficacy in helping individuals process grief and reintegrate into social systems (Ali, 2015; Supiano et al., 2017). Modalities such as interpersonal psychotherapy, cognitive behavioral therapy (CBT), and exposure therapy have been incorporated into successful bereavement group interventions (Zisook et al., 2018).

### Rationale, Goals, and Objectives

The overarching goal of the bereavement group is to support survivors of suicide loss in transitioning from complicated grief to integrated grief by providing a safe, structured environment. Specific objectives include:

- Emotional support for expressing and processing intense grief.
- Creating community among participants to reduce isolation.
- Facilitating post-traumatic growth by addressing stigma and cultivating hope.

- Education on grief and mental health resources, reducing misconceptions and promoting healthier coping mechanisms.

#### Theoretical Format

The group will use a time-limited interpreted group therapy model. Core approaches include:

- Interpersonal Psychotherapy to address interpersonal issues exacerbated by loss.
- CBT-based psychoeducation to reshape maladaptive thoughts and behaviors.
- Exposure Therapy (review procedures/evidence/group setting recommendations and caveats) to revisit the loss and normalize grief-related emotions.

The group therapy framework includes 16 sessions, each lasting two hours, with integrated modules focusing on self-regulation, memory reintegration, and post-traumatic growth (Supiano et al., 2017).

#### Group Population and Prescreening

The target population is individuals experiencing complicated grief due to suicide bereavement. Participants will be screened for symptoms of CG, depressive symptoms, and suicidal ideation. Those in acute grief stages or with inadequate social support will be excluded, as research suggests group therapy may be contraindicated in these circumstances (Schut & Stroebe, 2005).

#### Practical Considerations

Groups will be homogeneous (e.g., bereaved parents together) and consist of 10–15 participants, led by a licensed mental health professional and a trained peer. Sessions will be held in a comfortable, private space conducive to emotional expression, ideally in a community center or library. Online participation is an option but will be offered as a secondary modality due to high dropout rates in virtual settings (Supiano et al., 2017).

## Group Objectives

- Emotional support: Provide a judgment-free zone to express grief and receive validation.

Participants will receive an informed consent form outlining the group's purpose, confidentiality guidelines, risks, and withdrawal process. Group therapy participation is voluntary, but participants are encouraged to attend at least three sessions before deciding to withdraw, to fully experience the group dynamic.

## Session Overview:

### 1. Sessions 1-3: Introduction and Psychoeducation

- Establish therapeutic alliance, group goals, and educate on grief types.
- Introduce grief monitoring diaries for self-regulation.
- Discuss common misconceptions of suicide-related grief and its social stigma.

### Sessions 4-9: Processing the Loss

- Explore grief through narrative retelling, imaginal conversations with the deceased, and memory reintegration.
- Address avoidance behaviors and reengagement with life activities.

### Sessions 10-16: Rebuilding and Post-Traumatic Growth

- Encourage participants to reconnect with social networks and plan for life post-group.
- Reflect on group progress and invite former group members to provide encouragement.

## Activities

Grief Monitoring Diaries: Daily tracking of grief intensity and associated events.



Imaginal Conversations with the Deceased: Structured therapeutic dialogues to address unresolved emotions.

Revisiting the Loss Narrative: Retelling the loss story in a supportive environment to process and accept the event.

#### Outcome Evaluation

Participants will complete an outcome evaluation questionnaire assessing the group's impact on their emotional state, sense of community, and ability to cope with grief. Key questions include:

How helpful was the group in assisting with your grief?

How much did the group help reduce feelings of isolation?

#### Issues in Application

While group therapy is beneficial for many, it may not suit everyone. Some participants may experience re-traumatization or emotional distress from hearing others' stories. Close monitoring and individual follow-up for those displaying signs of worsening mental health are crucial (Ali, 2015).