



THE UNIVERSITY of EDINBURGH

mygrief
my way



Development of an acceptance-based bereavement
support website to enhance coping and quality of
life after bereavement.

MAIN Launch webinar

10th June, 2025

Dr. David Gillanders & Dr Anne Finucane

University of Edinburgh



THE UNIVERSITY of EDINBURGH

mygrief
my way

FUNDED BY



Marie
Curie

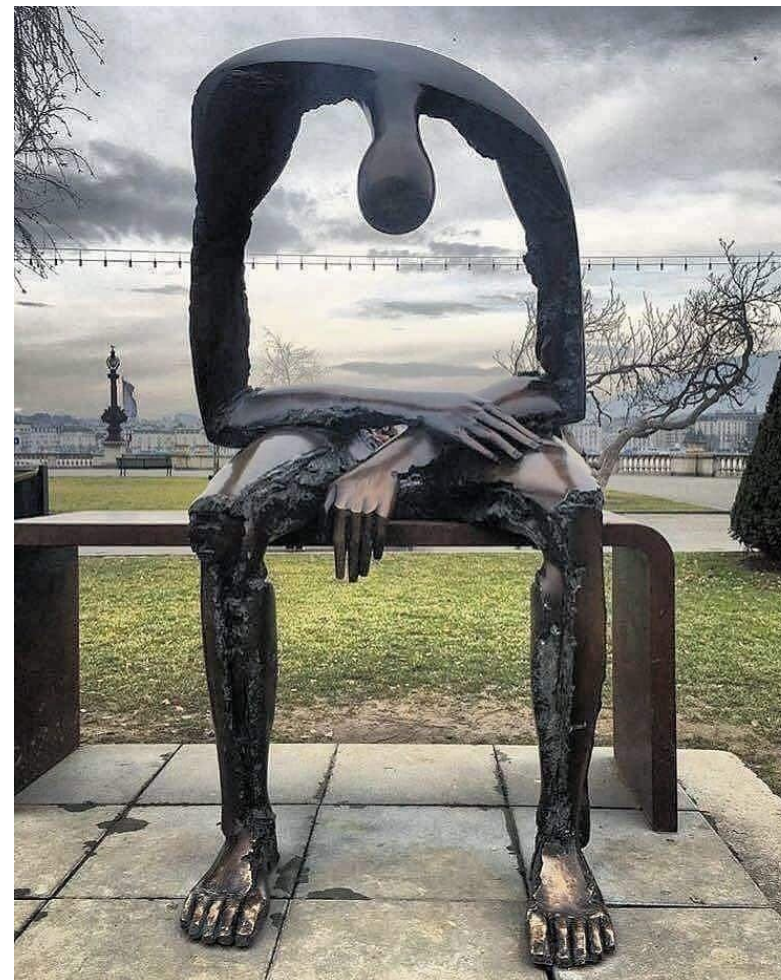
Co-investigators

Anne Finucane (Co-PI)
David Gillanders (Co-PI)
Anne Canny
Emily Harrop
Lucy Selman
Brooke Swash
Nick Hulbert-Williams
Juliet Spiller
Aileen Neilson

Collaborators

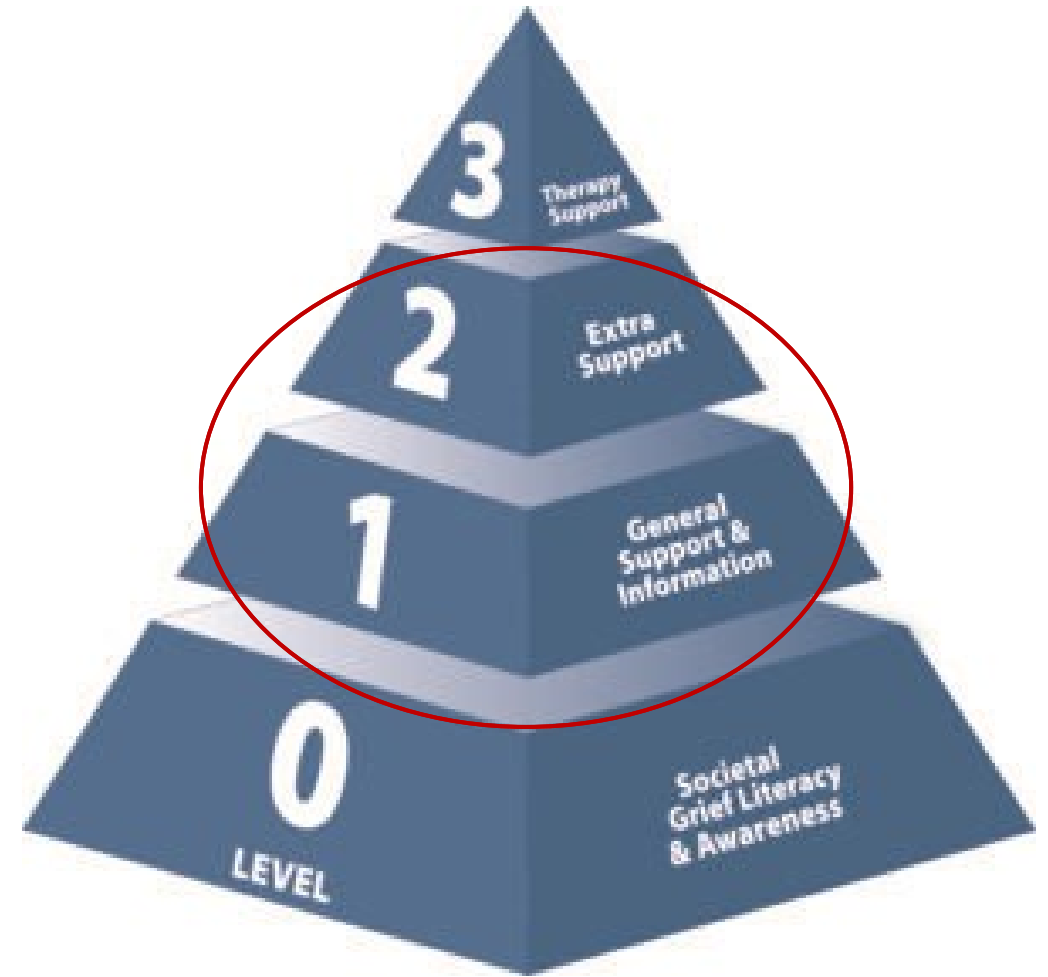
Ray Owen
Graham Whyte
Nicola Reed
Fiona Arnott-Barron
Angharad Burden
Kelly Maton
Tamsin Burnett
Kelly Maton
Donna Wakefield
Michael Cholbi

Peter Buckle & the M.G.M.W. Project Advisory Group



Bereavement support needs in the UK

- Est. 3.5m people bereaved each year
- 10% need specialist support (Level 3)
- 30% may benefit from extra support (e.g. volunteer led/Level 2)
- Many adjust well with support from friends and family
- HOWEVER normal grieving was disrupted during the pandemic.



Developing online bereavement support interventions



Gaps in the provision of bereavement support exist



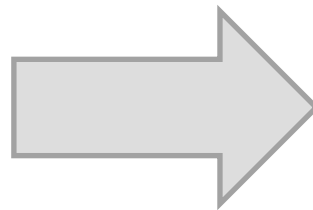
Need is greater than can be met by existing services



Access to support at the right time



Evidence-based interventions.



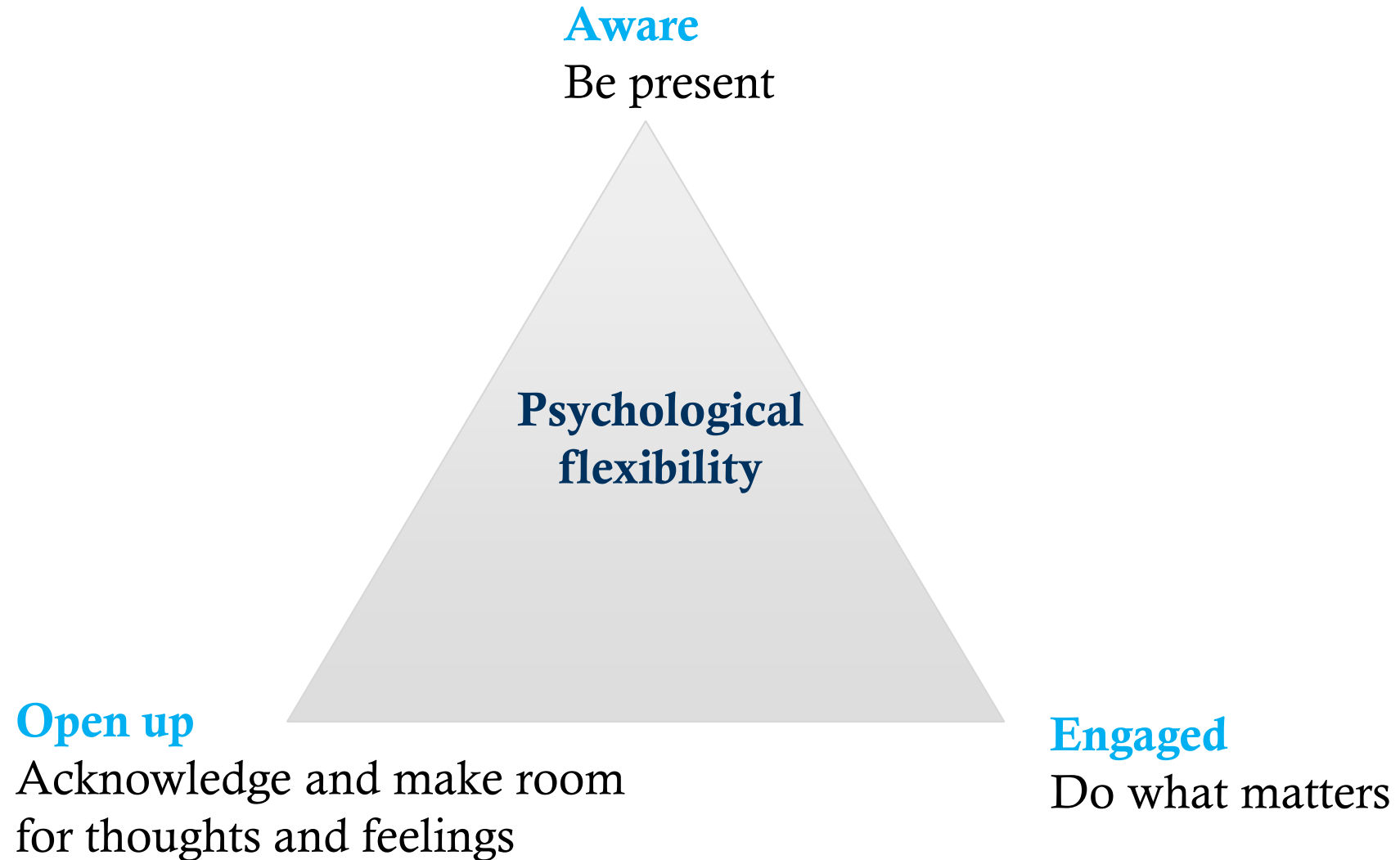
mygrief
my way

- Online bereavement support based on **Acceptance and Commitment Therapy**



THE UNIVERSITY *of* EDINBURGH

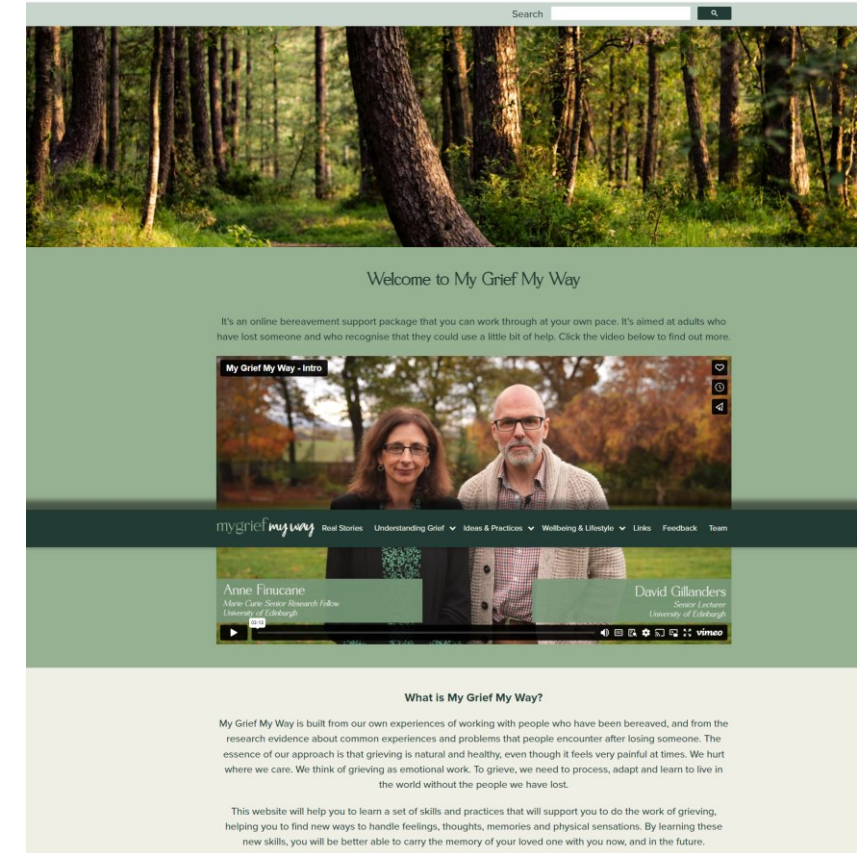
ACCEPTANCE AND COMMITMENT THERAPY (ACT)



Development of an online ACT intervention to improve ability to cope and quality of life after bereavement

Aim

- To develop a **programme theory** and **logic model** to illustrate how an online ACT-based bereavement support resource could lead to improved outcomes
- To **design, test and refine** a prototype intervention/resource.





THE UNIVERSITY *of* EDINBURGH

My Grief My Way (MGMW) development

Sources



Logic model development: Review of evidence and theory

- A Rapid Review of Literature on Online Bereavement Support
- Scoping review on ACT in palliative care
- Knowledge of existing theory
- Other relevant evidence



Logic model development: Qualitative work

Willi et al. *BMC Palliative Care* (2024) 23:59
<https://doi.org/10.1186/s12904-024-01390-x> BMC Palliative Care

RESEARCH Open Access

Practitioner perspectives on the use of acceptance and commitment therapy for bereavement support: a qualitative study

Nikolaus Willi^{1*}, Anna Pancoast¹, Ioanna Drikaki¹, Xueying Gu¹, David Gillanders¹ and Anne Finucane^{1,2}

Abstract

Background There is currently a high demand for bereavement support coupled with inconclusive findings as to the efficacy of existing approaches. Acceptance and Commitment Therapy (ACT) aims to improve human functioning and has shown efficacy across a wide range of conditions. ACT may be a promising means of supporting bereaved people, yet evidence on the use of ACT for bereavement support is lacking. The aim of this study is to explore how ACT is currently used for bereavement support and practitioner perspectives of how it helps following bereavement.

Methods Semi-structured interviews were conducted online via MS Teams with practitioners experienced in using ACT for bereavement support. Data were analysed thematically guided by a framework approach.

Results Nine participants were recruited. Three themes were identified: (i) creating psychological space around grief; (ii) using psychological space for value-directed action in the midst of grieving, and (iii) adapting ACT for bereavement support. Practitioners indicated that ACT improves clients' relationship with distressing internal experiences. Metaphors and mindfulness techniques were used to encourage acceptance of grief responses, taking perspective on distressing thoughts and images, and contact with the present moment. Better relationships with distressing experiences were regarded as less psychologically taxing, improving coping and well-being, while providing the psychological space to engage in value-directed action. Values exploration, sometimes using metaphors and exercises, was seen as supporting the bereaved person to rediscover a sense of purpose and engage in meaningful activities alongside their grief. Practitioners used ACT flexibly, integrating other interventions, and adapted ACT to the perceived sensitivities of bereaved people, and age-related and developmental factors.

Conclusion ACT is used to support people who have been bereaved to live effectively with the difficult thoughts and feelings associated with grieving and to enable them to gradually identify, reconnect with, and act in line with their values after loss.

Keywords Acceptance and commitment therapy, ACT, Bereavement, Grief, Qualitative research, Psychological adaptation, Coping skills, Coping behaviour, Coping strategies, Psychological well-being

Qualitative interviews (N = 9 ACT practitioners)

- Identified problematic grief responses
- Mindfulness
- Defusion and perspective taking exercises
- Sensitivity when talking about values
- Starting point differs
- Useful integration of related therapies.



THE UNIVERSITY *of* EDINBURGH

Logic model development: Key stakeholder engagement

- Meetings with bereavement support organisation staff
- Research team and collaborator meetings





Logic model: Lived experience group

- 5 females and 4 male
- Diverse cultural backgrounds
- Loss of parent, spouse and child
- Expected and traumatic loss
- Time since loss varied
- Single and multiple losses
- Retired, working, care professionals, academia.





Logic model development

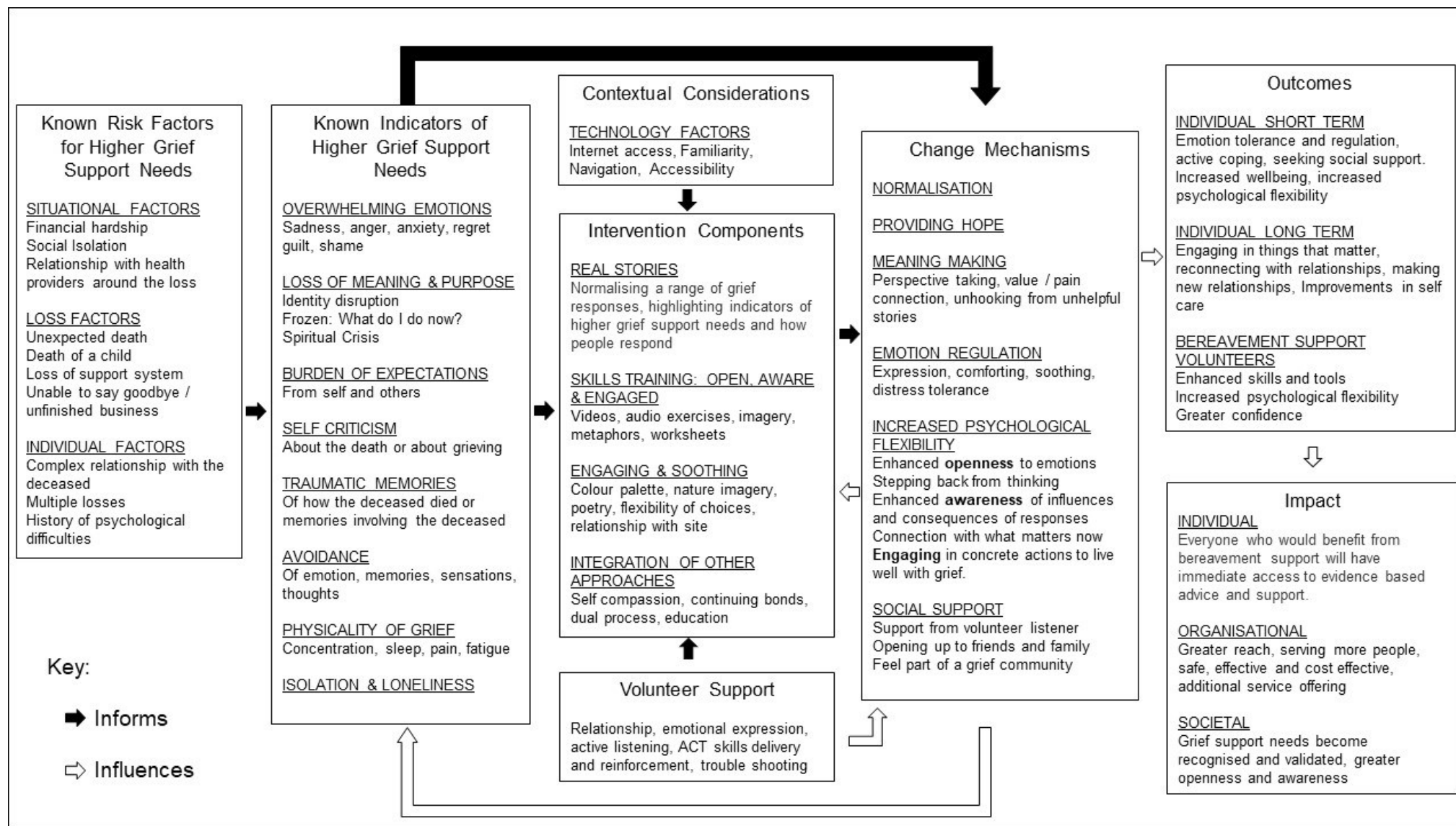
1. Literature reviews/evidence synthesis
2. Qualitative data collection
3. Stakeholder meetings
4. Research and collaborator team meetings
5. Lived experience group input



My Grief My Way
Logic model



My Grief My Way
Prototype

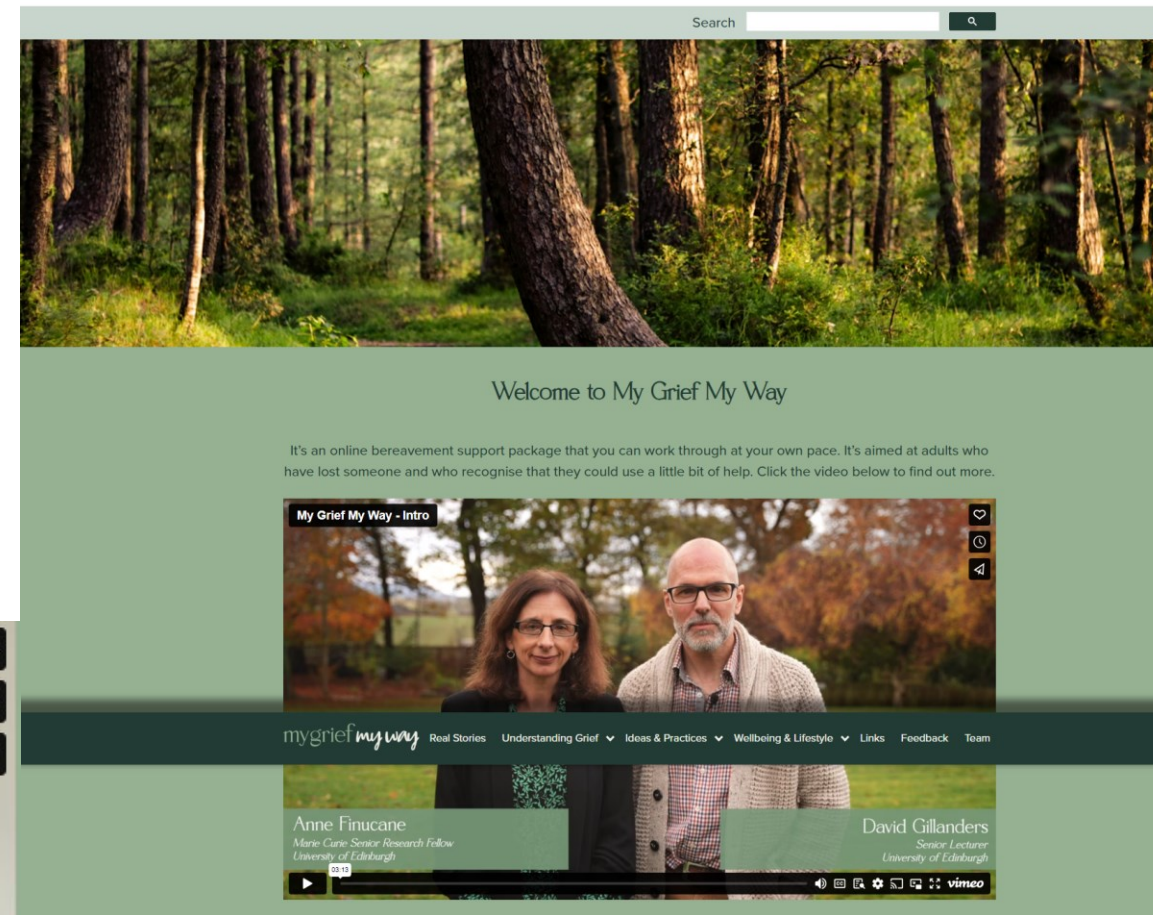




THE UNIVERSITY of EDINBURGH

mygrief
my way

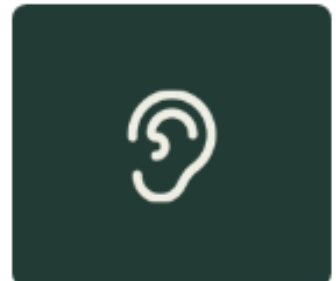
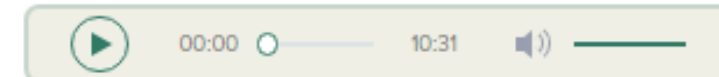
Unexpected Death



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





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](https://doi.org/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.
- Finucane A, Canny A, Mair APA, Harrop E, Selman LE, Swash B, Wakefield D, Gillanders D. A rapid review of the evidence for online interventions for bereavement support. *Palliat Med*. 2025 Jan;39(1):31-52. doi: 10.1177/02692163241285101. Epub 2024 Oct 15. PMID: 39407434; PMCID: PMC11673319.



THE UNIVERSITY *of* EDINBURGH

mygrief
my way

CORE ELEMENTS

FUNDED BY



**Marie
Curie**

- Engaging and accessible: video, language, imagery, poetry (from the heart), consistent person / relationship with the site
- Real people's stories edited to show common stuck points of grieving
- ACT skills training – videos, worksheets, audio
- Understanding and normalising a wide range of responses
- Specific strategies for self support – wellbeing, lifestyle, sleep, cooking, exercise



THE UNIVERSITY *of* EDINBURGH

mygrief
my way

FUNDED BY



**Marie
Curie**

EXAMPLES OF CONTENT

- Real people's stories

EXPECTATIONS OF SELF AND OTHERS

- ACT skills training

OPEN SKILLS

- Poetry

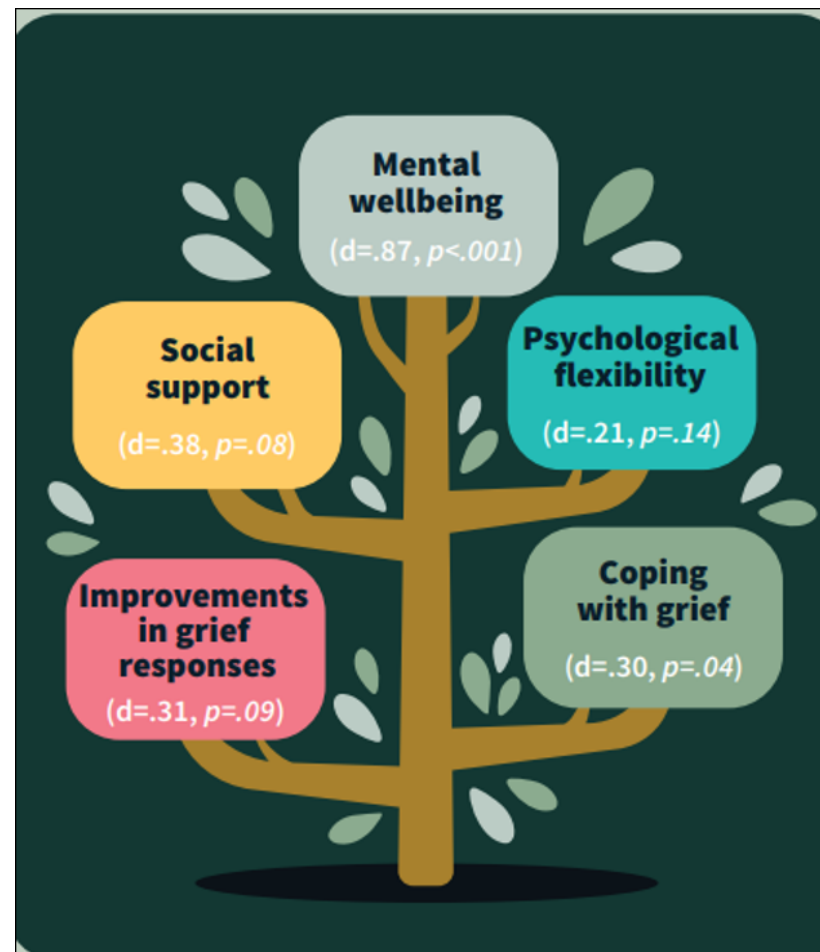
START CLOSE IN

QUANTITATIVE FINDINGS

- Small n (only 27 participants total, 20 provided both pre and post measures)
- Baseline analysis – no difference between those who completed post questionnaires and those that did not
- Time between pre and post – mode = 49 days (7 weeks) (Range 41 – 111 days)

QUANTITATIVE FINDINGS

- ✓ Large improvement in wellbeing
- ✓ Small effect size changes on other variables
- ✓ Suggests indicator of benefit





THE UNIVERSITY of EDINBURGH

mygrief
my way

FUNDED BY



Marie
Curie

QUALITATIVE HEADLINES

“Yes, I think it's very user friendly and I think it's easy to access and I think it quite clearly lays out you know, where you can find everything.”

“I guess I felt there was people caring for you. So, it did give you that you were caring and that you weren't alone. It was there whenever you wanted it.”

“Yeah, I realise how strong I am. And how honest I am with myself. Being open with myself about my feelings and, you know, being aware of the impact of what I'm feeling and how it has an impact on me.”

“From 6-7 weeks ago until now... what an improvement and I think that My Grief, My Way has played a big part in that, you know.”

My Grief My Way Agency Perspective

—
Nicola Reed

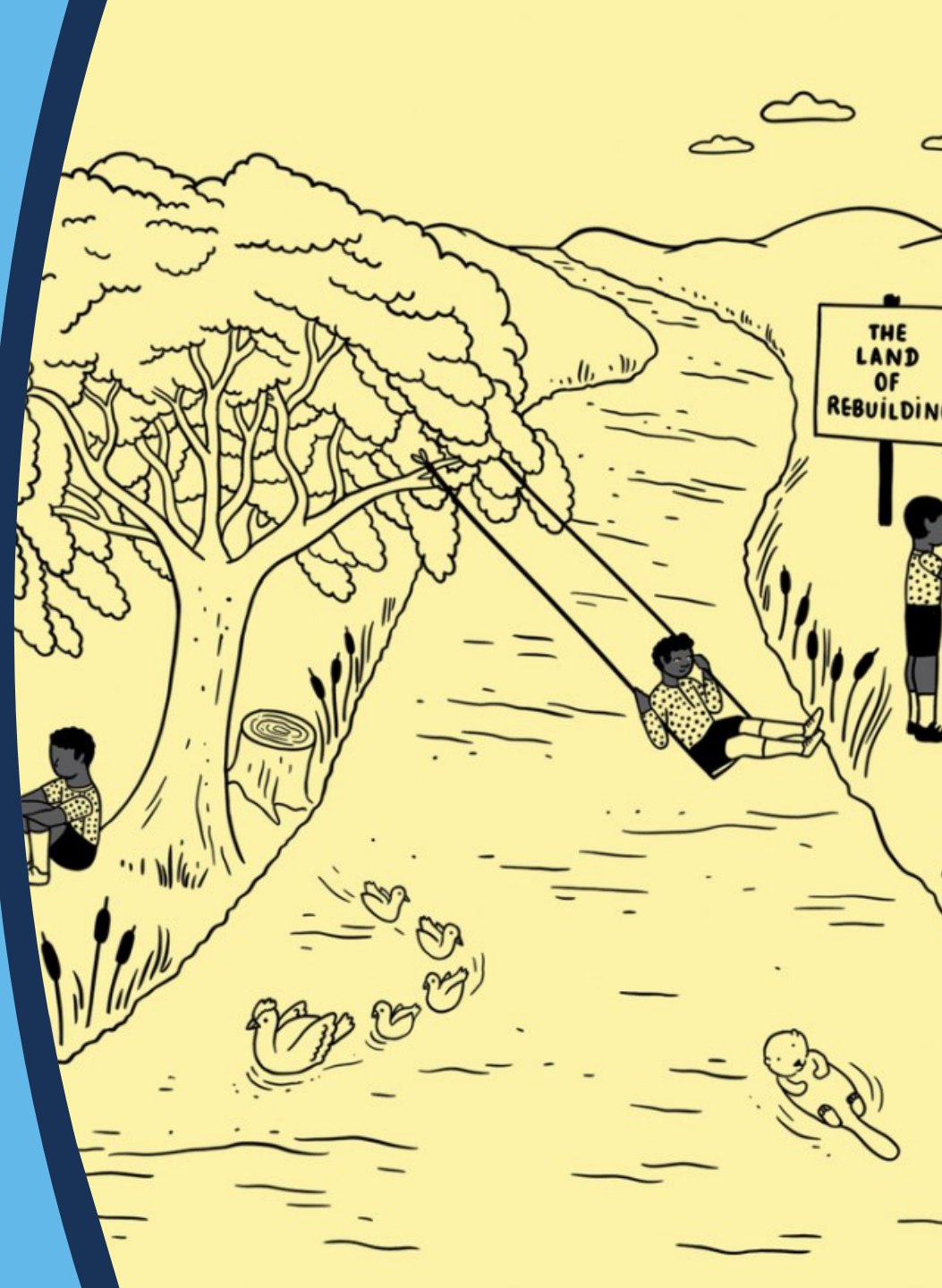
Director of Client Services



Graphic Source:

You will be Okay, Julie Stokes,

Illustrated by Laurène Boglio



Some Trends ...

Changing demand for services

- 50% of our clients have been bereaved < 1 year
- Increasing waiting lists
 - Dip in volunteer numbers post pandemic
 - Triage indicating higher levels of client complexity
 - and some assessed as not needing support ...
- Changed preferences for how support delivered
 - Helpline (phone) to GriefChat (online text based)
 - Higher levels of remote support requested



Our vision is a
compassionate
Scotland in which
the impact of
bereavement and
grief is **properly**
understood and
supported.



Background – University of Edinburgh

1.1 Background

Grieving is a natural process; typically, 60% of people who are bereaved are at low risk of complex grief issues and learn to adjust with support from family and friends. For three in ten people, additional support provided by volunteers or peer support groups is helpful; and for one in ten people specialist support provided by mental health professionals is needed.^(1, 2) Despite this need, access to support is inconsistent.⁽³⁾



THE UNIVERSITY
of EDINBURGH

Our involvement – Cruse Scotland

- Stakeholder meetings
- Involvement of client / bereaved individuals
 - Patient & Public Involvement (PPI) group
 - Website materials –resources & videos
- Volunteer involvement
 - Training
 - Website review
 - Client support
 - No intervention / Low / Moderate support needs
 - Self-directed / volunteer-supported
 - Feedback



My involvement

- Director of Client Services
 - Meet current needs of clients
 - Future proofing
- Counsellor
 - Therapeutic basis
 - Foundation - grief models
 - Research based
- Trainer
 - Hopeful for what may lie ahead!

"6. As a counsellor, I can only take you as far as I have been willing to go in my own life."
Counsellors' Creed – Author unknown



The future is bright ...

- Embedded in resource materials
 - Website
 - Literature
- Support options
 - Self directed support
 - Resource whilst on waiting list
 - 'Early support' development
 - Volunteer facilitated counselling support
- Volunteer training & development opportunities
 - Recruitment & retention

