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**The Finnish Association
for Mental Health**



On the Path to Recovery

– a Group Model for
Bereaved by Suicide

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The use of the On the Path to Recovery group model does not require a notification or payment to the Finnish Association for Mental Health (FAMH). The use of the name On the Path to Recovery does, however, require managing the entire support group programme in accordance with the structure and content presented in this guidebook, since the model in question has been registered by the FAMH.

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1

INTRODUCTION

Losing a loved one by suicide is a major life-altering crisis. Often only little postvention care is offered. Those bereaved by suicide are, however, at risk of suffering from complicated grief reactions and mental health problems. Supporting the coping of them should also be regarded as suicide prevention work, as those bereaved by suicide are also at risk of attempting suicide themselves. (Cerel et al., 2008, pp. 42—43.) (Uusitalo, 2006, p. 339.)

The World Health Organization (WHO) recommends and provides instruction on arranging peer support groups for those bereaved by suicide, for a variety of reasons including the fact that they have less opportunities to discuss their grief within their own communities than other bereaved persons (see WHO 2008, 2014).

The suicide of a loved one often leads the bereaved to secrecy caused by guilt, which may also lead to withdrawal from social relationships. Loss by suicide often produces a social stigma for the bereaved. The members of close communities may also avoid discussing the loss in order to, e.g., protect the bereaved, since they are afraid of causing more pain by discussing the matter. Together, these problematic social relationship patterns may create a vicious circle of misunderstanding that may lead to increased avoidance and withdrawal when functional social contacts are particularly essential for recovery. (Cerel et al., 2008, p. 39.) Those bereaved by suicide may have experienced psychic symptoms for decades, since they have refused to discuss, or have felt that they have been prohibited from discussing, what they have experienced (Pompili et al., 2008).

One possibility for those bereaved by suicide is to deal with the matter in a peer support group where they can discuss their experiences with others who have been through the same ordeal. The participants may also seek help from peer support groups because they feel that discussing the matter with their family, friends or colleagues is difficult or insufficient for their needs. These kinds of support groups have been arranged and developed by the Finnish Association for Mental Health (FAMH) since 1995. This handbook presents an implementation model for professionally guided peer support groups. The model is the result of long-term development work, and it has received excellent feedback. The FAMH is the world's oldest non-governmental mental health organisation, and it was founded in 1897.

According to gained experiences and received feedback, participating in a peer support group has greatly helped many of the participants, significantly facilitated their recovery from the crisis, and

alleviated their sense of hopelessness. Many people experience a strong sense of loneliness in their grief, but this feeling is significantly alleviated by the sense of community created by peerhood and by being heard and encountered by the counsellors and other people who have suffered the same fate. Having the experience of being able to openly share the difficult event, and to be truly understood by others, is a significant step towards personal recovery. Listening to the experiences of others provides support and belief in a brighter future. With the aid of recovery-promoting peer support activities, the participants' functional capacity can be enhanced and their loneliness, marginalisation, mental health problems, and suicides can be prevented. (See The FAMH 2009, 2010.) (Andriessen et al., 2017, 127.)

The aim of the professionally guided peer support group activity is to utilise the shared experiences and compassion of persons in a similar life situation and to support their recovery process in a safe environment. A clear and progress-oriented structure is necessary in order for the group programme to be successful. This guidebook provides detailed instructions for the realisation of such a peer support group. The instructions are the result of long-term and diverse experience, and they can be applied in accordance with the situation and operational environment.

The methods and the content to be discussed in the group will be finalised together with the participants during the group meetings to ensure that the expectations expressed at the beginning are met. This operating method is based on the dialogical working method, which is connected with the theory of social constructionism. This theory does not accept the concept that knowledge is based on making objective observations of the world. Knowledge does not exist in the observer nor is it an object of observation, but rather something that people create together in interaction with one another. This is also the best way to internalise information and utilise it in one's own life (see Gergen, 1999.). In different cultures, different themes may be emphasised in the discussions. (Feigelman et al., 2016.)

It is the counsellors' responsibility to guide the group in a way that allows the group members' voices to be heard and that ensures everyone the opportunity to speak enough. The counsellors should not dominate the discussions, but rather encourage the group members to discuss the current themes with each other. The principle of 'not-knowing' is the most important guideline for the counsellors (see Anderson, Gehart, 2007.) The structure and content of each group meeting is to be modified and applied according to the needs of the group. Allowing the participants to affect the themes of discussion and to bring up matters which are important to the group at each given meeting is an essential working method.

The On the Path to Recovery bereavement group is a model registered by the FAMH, and the use of the name requires managing the entire support group programme in accordance with the structure and content presented in the guidebook. Using the model with the On the Path to Recovery name does not require a notification or payment. It should be noted that deviating from the instructions will affect the outcome, i.e., to what degree the participants feel that they have received peer support and encouragement for building a future while recovering from a serious crisis.

2

GROUP SIZE AND STRUCTURE

There should be at least five participants, so that a sufficiently diverse and supportive group can be guaranteed. Five to ten participants will be selected for the group, and two social and health care professionals will act as counsellors. A group programme for more than ten participants is, on the other hand, too large to be managed and realised in a reasonable time frame that would allow everyone enough time to speak.

The age distribution can be wide, since the participants are connected by a similar experience. The age of majority could be considered the minimum age, whereas the maximum age of the participants is only limited by the applicants' psychological and physical condition. There are often more women than men in the groups. If only one man is going to participate in the group, the applicant should be informed of this and asked to consider whether this prevents him from participating. Usually this has not prevented anyone from participating in the group, even though, in such a case, bringing forth the male perspective and receiving support as a man may have been somewhat more difficult.

The aim is that, in terms of loss, the group should be homogeneous in order for the peer support to be realised as well as possible. That's why it is advisable to arrange separate groups for those who have lost a child (most commonly an adult child) by suicide and for those who have lost another family member or loved one (a parent, sibling, spouse, or close friend). Particularly losing a child by suicide is perceived as such an exceptional ordeal that is advisable to separate it from other losses and as its own theme. It is also important to acknowledge the fact that if the target group is narrowed down heavily, e.g., for only those who have lost a sibling, it is very likely that a group of sufficient size cannot be assembled.

Support groups can also be arranged for couples that have lost a child or for families where a parent has committed suicide. At the same time as these family courses for parents, groups for, e.g., 5–8-year-old and 9–12-year-old children and teenagers can be offered.

When assembling a group, it should be noted that there may be several applicants from a single family. Experience has shown that one group should contain only one member of a single family (of course, the exception of the above-mentioned groups arranged for couples or families). It is unavoidable that matters related to family dynamics arise within the support group. Such matters are beyond the scope of peer support group activities and can often impede the process of all

participants if the attention is directed at the tension in family relationships. Particularly matters related to guilt can often be significant, and sharing them in a group where there are several members of a single family is usually not possible. It is the counsellors' responsibility to make the group function without tension, and therefore an effort is made to divide members of the same family into separate groups, if possible.

The group model presented in this guidebook consists of 15 weekly group meetings that are held at the same time and place every week for 2–2.5 hours at a time. Experience has shown that 15 meetings is sufficiently long period of time (approx. 3.5 months), and the group can be arranged in the course of one term, i.e., during an autumn or spring. According to the participants' feedback and the counsellors' experience, ten meetings is too short a period of time for the process. Holding only ten meetings has, however, sometimes been the only possible solution due to a lack of resources, and thus the model can also be compressed into ten meetings. Assembling a support group that meets more than 15 times is often challenging in terms of resources and the participants' commitment.

It is recommended that the group meets weekly on the same weeknight, so that the group members have time to participate after work and studies. The duration of one group meeting should be limited to a maximum of 2.5 hours at a time in order for everybody to be able to concentrate after a long day. It is advisable to adjust the duration of the meeting to the size of the group. For a small group, two hours is a sufficiently long period of time. It is advisable to take a short break during a group meeting and offer the participants something to eat and drink, if possible. Serving some snacks and beverages has also been regarded as something that creates a sense of community, although it should not be allowed to attract too much attention.

The group programmes that start in the autumn have usually been scheduled so that there is a break during Christmas and the last meetings are held in January. The reason for this is that the participants often find Christmas a particularly difficult time of year, and knowing that the group meetings will continue makes them feel better.

It has been considered beneficial to arrange a follow-up meeting approximately three months after the last meeting, so that the participants have one more chance to gather together and discuss how everybody has been after the actual group process ended. Arranging a follow-up meeting also relieves the pressure related to the ending of the group programme experienced at the final group meeting.

The location of the group meetings should be relatively easy to reach by public transportation. Attention should also be paid to the chairs and ventilation. The meeting space should be equipped with pens or pencils and paper, a flip chart, and exercise and feedback forms, depending on the theme of the group meeting. The meetings should always be arranged in the same space, since, according to feedback, the participants find it disturbing if the location is changed in the middle of the process.

3

THE ROLE AND RESPONSIBILITIES OF THE COUNSELLOR PAIR

The groups are led by a work pair, i.e., usually two professional counsellors or a professional counsellor and an expert by experience trained for the task. A hired managing counsellor with appropriate training and experience in handling crises and traumas, such as a psychologist, social worker, psychotherapist or psychiatric nurse, is responsible for the group activities. The expert by experience may also act as a co-counsellor if they have a clear role as a counsellor and not as one of the participants and if they have received adequate training for the task and understand the basic principles of group guidance.

If the expert by experience acts as the co-counsellor, the counsellor pair must clearly define, in advance, the ways in which their roles are similar and the ways in which they differ in terms of the division of responsibilities and the smoothness of working as a pair. The expert by experience may act as a good example of the fact that it is possible to find a way from loss to the path of recovery and hope, and that a person bereaved by suicide is allowed to build a future even though the grief may still sometimes take hold of them. After the participants have recounted their stories, the expert by experience can also tell their loss story in a brief and concise manner. If the expert by experience does not tell the group about their loss, it may cause a lack of credibility when it comes to their role in the group.

The professional and the expert by experience acting as a counsellor pair are both equally responsible for handling practical arrangements and venting situations as well as planning the group meetings in advance.

All counsellors should be compensated for their work. Using volunteer workers as counsellors in such groups is not recommended. When working with themes as painful as these in a process-like manner, it is essential to ensure an equal division of labour and responsibilities between the counsellor pair. Attention should also be paid to the amount of psychological strain the counsellors are subjected to and their ability to cope at work. If this kind of group programme were to be realised through volunteer work, the volunteer counsellors would not only have to have extensive

experience in organising group activities and discussing the themes of grief and loss, but they would also need to be very committed to the work and have strong support structures.

As a work pair, the counsellors must ensure the functionality of the group process and provide the content and operating structures for the programme. Working in a counsellor pair enables joint reflection, assessing and planning. It also ensures occupational health and safety when working with challenging themes. The counsellors should be provided with individual or joint support in the form of supervision of work or a venting opportunity with a suitable worker.

It is the counsellors' responsibility to create a safe group so that peer support can be realised in the best possible way. The counsellors direct the process and make their own contribution to the discussions and provide the group with new points of view. The counsellors can speed up the discussions, but they can also slow them down, if necessary. Good questions direct the group better than the counsellors' answers, even though the counsellors do have significant insight to share and often much experience in group guidance. Experiential knowledge from other participants is easy for the group members to absorb, and that is also what they themselves want to provide. Being able to receive support and provide it to others is a significant part of recovery and empowerment.

No one has unequivocal answers to or instructions for how to recover from a suicide by a loved one, and therefore these matters should arise from experiences shared between the group members. The counsellor's role is to remain in the background rather than occupy a position in the foreground. The groups vary in terms of how much the members talk among themselves and to what extent the counsellor is expected to lead the group discussions. In this situation, the counsellors must try and make the discussions run as openly as possible by adjusting their own contribution according to the need.

The counsellors ensure that everybody in the group has an equal opportunity to be heard, that no one will be offended, that possible conflicts will be dealt with right after they have occurred, and that the group is constantly directed towards recovery. A very frequent problem in the groups is that someone is speaking all the time or that someone does not say much at all. It is the counsellors' responsibility to restrain those who speak too much and encourage those who do not speak at all. The counsellors should, however, bear in mind that no one has to actively speak if they find it difficult.

The participants may also wish for a strongly structured programme, activities, lectures or counselling and guidance. The counsellor pair should justify to the group why creating and keeping up a joint discussion is important and what it is based on: sharing a common experience from various points of view creates a sense of peer support and consequently alleviates anxiety and many difficult feelings. This cannot be achieved by giving lectures or using the meetings for performing various activities.

Sitting down for a group discussion may at first feel stressful, but, on the basis of the feedback collected over several years, this method is highly praised for relying on the thoughts and contemplation of the group members. If the budget allows, external experts can attend the group meetings a few times. For instance, a physiotherapist can provide information on body awareness or a relaxation coach on resources.

The counsellor pair

- supports the forming of a confidential, safe, and open atmosphere
- is dependable, trustworthy, and present in a calm manner
- takes the participants' life situations, objectives and requests into account
- supports and encourages everyone to attend the group discussion, is fair and treats everyone equally
- enables dealing with varying, and even contradictory, feelings and thoughts in the group and accepts and allows the venting of various feelings and various experiences
- tailors the topics, questions and exercises to serve the group's needs
- compiles and acquires the written materials and the materials used in the practical methods.

Before the beginning of the group programme, the counsellors will plan the framework for the group meetings, outline the content (chapter 5) and agree upon mutual division of labour. The objectives and division of labour must be clear. If the collaboration is smooth, the counsellor pair should consider managing more groups together. This way a functional common course of action can be developed. After each group meeting, the counsellors will get together to briefly assess the success of the meeting and the progress of the group process and to vent the thoughts and feelings which have arisen during the group meeting. The plans will be amended according to the participants' needs, if necessary.

The joint planning and debriefing meetings are important for both, collaboration and the counsellors' ability to cope. Particularly putting difficult and challenging group situations and phenomena into words and discussing them reduces psychological strain and is beneficial for future counselling activities. Finally, the framework and division of labour will be outlined for the next group meeting. After the group programme has ended, a comprehensive counsellor meeting will be held to discuss the thoughts and feelings the group has evoked. A counsellor's assessment form will also be completed in the meeting, and the success of the entire process will be assessed from the point of view of the counsellors.

4

ASSEMBLING THE GROUP

4.1. Publicity and marketing

The difficulty in launching a support group often lies in that such a group programme cannot be started, despite the clear need for it, due to the insufficient number of applicants. Extensive publicity work and looking for contacts is necessary, particularly in connection with the launching phase of a new group-form operation. When the structural basis for the operation and the functional channels for directing the applicants have already been established, assembling a new group after a few realised group programmes is often much easier.

Launching a new type of, or any kind of, group activity requires systematic groundwork. The related amount of work is often underestimated and consequently not enough time is dedicated to it. Assembling a group is, above all, outreach work, and it is particularly so when doing it for the first time and the appropriate channels for finding participants are still to be located. It is advisable to start the launching of a completely new type of group programme approximately six months before the first group meeting. It is also possible that a group of people already exists in connection with, e.g., another association, which of course changes the situation.

Information concerning the group programme should be communicated in various directions, particularly to the so-called gatekeepers, who encounter customers touched by loss and can suggest that they participate in a peer support group. For many bereaved persons, the threshold to participate can be high, even if a group activity is just the kind of support they need. Therefore, it is important that efforts be made to lower the threshold, if possible. One way of providing information is making social and health care professionals aware of these activities so that they can encourage their customers to participate. Direct communication to the target group itself is also required (see Appendix 1).

Information concerning group programmes about to begin should be provided extensively and well in advance to, e.g., social and health care service providers, educational institutions, crisis centres, associations, and free newspapers, through which potential group members can be reached. The next group programmes about to begin should be posted on the websites of organisations as soon as their planning begins.

If the activities are ongoing, regular communication must also be invested in so that the number of participants is not reduced. Communication in different networks must be constant and regular also due to the fact that the workers may change.

4.2. Participant interviews and selection

Applicants can apply to the group programme by phone, via the link on the website of the arranging entity, or in some other way that has been made as easy as possible. The potential group participants, who often feel highly incapacitated, should be provided with the opportunity to declare their interest in such activities without making a special effort. A more detailed description of the group activities can be provided, e.g., on the website of the organisation accompanied by a brief and simple contact form, with which one can enrol as an applicant for the group programme (see Appendix 2).

Those who have applied for the group programmes will be contacted soon after the arrival of the application information (via e-mail or by phone or letter) to set a date for an interview. If the group programmes can be applied for on an ongoing basis, some of the applications may concern a programme that begins, e.g., in six months. In this case, the managing counsellor can, instead of setting a date for an interview, inform the applicant of the next time they will be contacted to inform them of the beginning of a group programme.

The applicants for the groups are interviewed to determine whether they would benefit from the group-form peer support in question or if individual conversational therapy would suit them better. The interviews help to assemble a group in which peerness is realised as well as possible. It is essential to ensure that the participants are initially able to participate in all group meetings, which is a sign of their commitment.

The aim of the interviews is to provide information in both directions and, above all, to lower the threshold to participate. It is advisable to convey this aim to the applicant so that the interview situation will not give the impression of the applicant being critiqued. The objective is also to assess the group's suitability for the applicant.

The aim of the interview is

- to receive information on the applicant, their situation/condition, and need for support
 - to assess whether the time is right for participation and to refer the applicant to other services, if necessary
 - to inform the applicant of the group programme objectives and content and to lower the threshold to participate
 - to acquire information on the applicant's degree of motivation and opportunity to commit
-

The interview will be carried out either by phone or face-to-face on the premises of the arranging organisation. The duration of the interview is approximately half an hour. The interview framework (see Appendix 3) serves as the basis for the interview.

The participants will be selected after the interviews. The applicant may be informed of admittance to the group right after the interview, if possible. This could be the case when, e.g., the number of applicants equals the number of open positions.

The criteria for selection are

- **The applicant's physical and psychological condition**

The counsellor must assess, together with the applicant, the applicant's ability to participate weekly in a group dealing with loss for a few hours at a time where they will also be subjected to hearing the loss stories of others. It is also advisable to assess whether the applicant is able to make it to the meetings on time and whether the distance to the meeting location is reasonable.

- **The opportunity to commit to the group programme for its entire duration**

It is essential for the applicant to be able to commit to the group programme for its entire duration. If some of the group meetings are skipped, the participant will lack the feel of a coherent process at the end of the programme. Sometimes missing a meeting is unavoidable due to, e.g., illness, but it is important that the applicant can beforehand commit to attend all the meetings. It is disturbing for both the applicant themselves and the rest of the group if someone attends the meetings irregularly.

- **Those without another form of support shall be prioritised for admittance to the group**

If there is a large number of applicants, those who do not receive or have not received support elsewhere shall be selected for the group.

- **At least six months ought to have passed since the loss**

This principle is related to the timeliness of participation and the benefit gained by participating. The aim is to offer peer group support at the point where other support from family, friends, colleagues or public services has decreased or ceased. Many people find peer group support necessary and significant at the point where the need for processing the loss has arisen after the more acute crisis phase. According to the descriptions of many participants, at this point, the processing of grief and loss is actually just about to truly begin. Many describe the first year as being mostly survival from one day to the next, a period when the bereaved does not have the resources to deal with what has happened or to consider its impact on their life.

Usually approximately 1–2 years have passed since the loss when a person participates in a support group, and such participants have a great need to process their situation.

Listening to the loss stories of others and sharing experiences together is most beneficial to those who are no longer in the acute crisis phase and enough time has passed since the loss in order for them to be able to process it in a peer support group. When the worst emotional storms have passed, there will be room and opportunity to reflect on the effects and implications of what has happened. The ability to utilise peer support usually becomes possible only after the acute traumatic stress caused by the sudden death of a loved one ceases and functional capacity improves. Each applicant's ability to participate in the group will, however, also be assessed individually in terms of how much time has passed since the death of their loved one.

Applying for a place in the group must be made as easy as possible, and the interviewing practices and selection criteria must be kept as such that the threshold to participate remains as low as possible. Even though conducting the interviews is a major investment, it is the best way to assemble a group while ensuring the applicants' commitment, their need for participation, and the meaningfulness of it. The interview situation itself already serves as an intervention – also for those who end up receiving support elsewhere.

A notification concerning admittance to the group will be sent to each applicant (see Appendix 4). Other forms of support will be sought for those who have not been selected, and the selection criteria will be explained to them. To those who have been selected, an invitation will be sent in good time before the group programme begins. The relevant information concerning the group programme will be provided in the invitation: schedule, contact information, and, if necessary, other practical matters to be taken into account. If one of the selected applicants cancels their participation, they can be replaced by an applicant on the waiting list for whom the group programme is suitable on the basis of the interview but who has not been admitted due to the number of applicants.

5

GROUP PROGRAMME CONTENT AND METHODS

General information

Group activity is not treatment nor psychotherapy, even though group programmes do have therapeutic effects and despite the fact that some of the counsellors may have been trained psychotherapists. The activity can be described as resource-oriented, meaning that in addition to dealing with unpleasant and difficult subjects, the participants are also actively supported in finding and strengthening their own coping mechanisms and opening up future prospects. In the group activity, the participants are encouraged to trust their own life experience, but, on the other hand, the aim is also to produce new structures of meaning that reinforce the participants' own agency in order to resolve impasse situations. The group activity promotes mental health, and its aim is to prevent a difficult situation from becoming chronic and to assist the participants in finding their way back to a normal life with the aid of short-term low-threshold support.

The content structure of the group programme and the processing methods for the themes have been outlined in advance, whereas the more detailed content of the group meetings will be tailored to the needs of the participants and the aim of the group programme. The group members' wishes and expectations concerning the group process will be compiled at the beginning of the group programme. It is essential to include those wishes and expectations in the discussions on the themes and the contents of the group meetings so that the group members can identify with the process. In the course of the group meetings, issues arising from the themes during the discussions will also be given time for processing.

The group programme will begin with the recounting of loss stories, so the narrative approach will be emphasised at the beginning. From then on, the discussions will mainly be conducted in a large group, even though discussions will also be conducted in pairs or small groups from time to time. In addition, brief analyses suitable for the situation will be presented as the basis for discussion. Action methods and exercises, such as the use of picture cards or writing a letter (see Appendix 9), can also be utilised.

Lectures by professionals are sometimes requested in the feedback. Support group activity is not, however, group psychoeducation, but a discussion group activity based on peerness in which the participants produce content by sharing their experiences. The multidimensionality of grief is a matter beyond the scope of psychoeducation, i.e., as a multidimensional experience, grief cannot be understood by only intellectual means and professionals cannot provide exhaustive instructions on how to deal with personal grief. It is, of course, understandable that the participants would like someone to tell them how the grieving process is performed, but the counsellors should explain that this is not possible, as grief is a personal process that can only be supported, not instructed. It is, however, possible for a professional to give brief introductions on, e.g., self-compassion and the different conceptions of grief, to serve as the basis of joint discussion.

In each group meeting, it is advisable to conduct a brief relaxation exercise before starting the final discussion round.

The themes and structure for each group meeting will be outlined in the following. Even though the structure will be modified in interaction between the counsellors and group members, it will nevertheless provide the framework for each meeting.

THE 1ST GROUP MEETING

Initial meeting and the recounting of loss stories

- Opening words and information concerning the group programme
- Introducing the counsellors and participants
- Agreeing upon the rules
- Outlining the participants' objectives in relation to the group programme
- Outlining the participants' wishes concerning the themes
- Commencing the recounting of loss stories
- Venting round

First, the counsellors will introduce themselves and wish the participants welcome. They will sum up, in brief, the theme, purpose, aim, and framework of the group activity. The purpose of the opening address is orientation and the creation of a safe atmosphere.

After this, the participants will introduce themselves. At this point, they will only be required to disclose their name and briefly describe their feelings and expectations on attending this first meeting. The initial nervousness can be alleviated with, e.g., the aid of a picture card exercise. The picture cards will be spread out on the table, and each participant will pick the card that best describes their current state and tell the others about it in brief. The participants will also be asked not to recount their loss stories at this point, as loss stories will be discussed soon and everyone will have enough time to tell their story in their turn. If the group programme were to begin with the sharing of long background stories, it would make the actual recounting of loss stories somewhat pointless. The counsellors should remain attentive and interrupt the participants if they do not follow the instructions and explain to them why the specifics of the loss and the reason for

attending the group should not yet be disclosed in more detail at this point.

Agreeing upon the group rules is important, as it creates trust and sense of security. The group members will be asked to share the matters they find important in order for the group programme to be successful, such as the obligation of secrecy, confidentiality, and commitment to participation. Expressing all kinds of emotions, both laughing and crying, is allowed (permissiveness). The group rules will be compiled on a flip chart which will be on display at each meeting. The counsellors may add, e.g., the above-mentioned issues to the rules if the participants do not bring them up. It is also advisable to agree upon practical matters, such as arriving on time, turning off mobile devices, and reporting possible absences in advance.

It is also important to agree in advance that the counsellors may interrupt the participants, if necessary, so that there will be enough time for everybody to tell their stories. It should be explained that the interruption should not be taken personally, even though it may feel harsh when discussing sensitive matters. This rule is easy to resort to if a situation requires interrupting, and the counsellor may then refer to the fact that the matter has been previously agreed upon.

Sometimes, in peer groups, the loss experienced by one person is seen as deeper than the loss experienced by another. The counsellors see it as a matter of utmost importance that the groups have a rule which clearly specifies that no one's experiences are to be invalidated or compared against the experiences of someone else. Everybody has the right to experience grief in their own way and to their own extent regardless of the situations of others.

The counsellors will use the flip chart to compile, in brief, the group-related objectives of all participants, e.g., what kind of issues they would like to discuss and what are they expecting to obtain from the group process. In addition, the participants' wishes concerning the important themes that they feel the need to discuss during the group programme will also be written down.

Even though the group is provided with a programme framework and themed group meetings, the counsellors must listen to the group members' needs and add themes to appropriate group meetings. The group dialogicity will be best realised when the participants have had the opportunity to affect the course of the group programme. The order of the themed meetings can also be changed if that seems to serve the group process better. The content of the flip chart will be revisited in the course of the group programme to go through the themes that have already been addressed and those that still require further discussion.

The recounting of loss stories will commence at the first meeting. It is important to begin the recounting of loss stories already at the first meeting, since many of the participants are anxious to discuss their situation and, at the same time, very nervous about doing so. The recounting of loss stories also immediately triggers the formation of peer support, as all loss stories are reflected in the similar experiences of other participants and generate the sense of providing and receiving support. Sharing and listening to loss stories is, however, also quite hard. The counsellors should explain to the participants that even though the first group meetings are hard, it is important to begin the programme in this way so that the group can get to the heart of the matter, i.e., the reason why the group has been assembled, right away.

The idea is that everyone describes, in their turn, in their own words and with as much detail as they deem appropriate, whom they have lost and when and how they have lost them. Each participant will be asked to tell the group about the situation due to which they ended up seeking support from the group. Approximately 20–30 minutes are allotted for each participant, and 2–4 participants can start recounting their story at the first meeting. The order in which the participants will recount their stories should be written down on the flip chart.

It is the counsellors' (important) responsibility to keep track of time, so that each participant is allowed an approximately equal amount of time to speak. The counsellors can inform the group in advance that they will notify the speaker when they have only a few minutes left, so that the person recounting their story can start to wrap up. The participants should also be reminded that all emerging themes will be revisited and that they will be discussed throughout the entire group process. The counsellors should also emphasise the fact that the purpose of recounting loss stories is to allow each participant a brief yet peaceful moment to share their life situation with others. Recounting the loss story often alleviates the initial nervousness, as the participant has had the opportunity to disclose their loss in an understanding and permissive environment.

A quick venting round will be conducted at the end of each group meeting. Each participant will then briefly describe, in their turn, their mood, state, and feelings before going home after the group discussion. This way the participants will have the opportunity to vent matters that are still bothering them after the discussions, and this way these matters can also be discussed with the counsellors right away. If one of the participants is very distressed and emotional, the counsellor may stay behind to have a discussion with them after the group meeting and agree upon, e.g., staying in touch before the next group meeting. This may happen from time to time, and the counsellors should be prepared for it after the group meetings.

The counsellors should also remind the group members of the importance of rest after the taxing first group meeting and of the fact that there is no need to be frightened by one's own reactions. It is also advisable to tell the participants that they can contact the counsellors between group meetings to vent their emotions, if necessary.

If a participant is not able to attend the first group meeting, they can still attend the next meeting, but after that the group will be closed. This is to protect the group members' process. In addition, if a new member were to start the group programme in the middle, they could not properly join the sharing of loss stories anymore, so a very important element would be left out of their process. The importance of committing to the group programme, i.e., participating in every group meeting, cannot be stressed enough. If some group members only attend group meetings occasionally, they will not obtain a coherent experience and neither will those who have committed themselves to the program.

THE 2ND GROUP MEETING

The recounting of loss stories

- Greeting round
- Continuing the recounting of loss stories
- Relaxation exercise
- Venting round

All group meetings will begin with a round during which everybody can tell in brief how they have been and vent their feelings in relation to the last meeting. The group members will be provided with the opportunity to recount what kinds of insights they have gained during the past week or otherwise describe events from the previous week that have affected their situation. It is advisable, however, to keep this round short, so that there will be enough time left for the actual theme of the meeting. The purpose of the initial round is to calm the participants down and orientate them to the objective of the group programme. Since everyone comes to the meeting from their everyday hustle and bustle, taking a moment to calm down and orientate to the subject is often called for.

At the second meeting, the recounting of loss stories will continue in the agreed order.

At the beginning of the group programme, the emphasis will be on the recounting of loss stories and listening to the loss stories of others. Each group member will recount her/his loss story in the way they wish to share it with others at that point. Some will recount their loss story with a long, winding, and detailed narrative, some concentrate on analysing feelings or discussing family relationships, some wish to tell about the time before the suicide, whereas some wish to concentrate on describing the time after it. The stories of others are listened to in an intensive manner and without interruptions. After each story, the group members and counsellors will have the opportunity to present questions to the person who has recounted their story or to ask for clarifications. They can also briefly tell the group about what the story has in common with theirs.

It is important for the formation of peer support that the group starts with the stories of the participants and that the recounting of the stories is allowed enough time at the beginning of the group process. It is also important that the person recounting her/his loss story is allowed to do so without interruptions, although the counsellors may interrupt them when the allotted time is about to run out. During the recounting of loss stories, the counsellors should also assume the role of a listener and ensure that everybody is allotted an approximately equal amount of time to recount their story. If a participant becomes unable to continue their narrative or starts to cry, the counsellors may word the situation in a way that makes the participant feel safe and that will not place more pressure on them.

The recounting of one's own loss story is considered, on the one hand, difficult and, on the other hand, relieving, whereas listening to the stories of others is considered hard but meaningful. The opportunity to compare one's own story with the stories of others is considered a significant experience that creates the common basis for the discussions. After each recounting of a loss story, the group members' questions will link their own stories to the story they just heard. Thus, the collective sharing of loss stories will result in the participants' stories creating new perspectives and opening up discussions that will give new insights to many participants. An intensive team spirit is often quickly formed in a group. Many participants say that it is a great relief to truly realise that they are not alone with their experience and that all matters related to the subject can be discussed in this forum.

The counsellors may, however, find it challenging to assume the state of 'not knowing' and being present in the moment with the group instead of the role of counselling. The counsellors' attitude towards group guidance could be such that, with each group, they will embark on a journey of always searching for and developing something new, even though certain frameworks and operating methods exist.

External parties have criticised the recounting of loss stories at the beginning of the group programme as being something that could retraumatise the person recounting the story and that it subjects the listeners to the traumatic stories of others. None of the experienced counsellors have perceived the matter this way and none of the participants have provided such critical feedback. For the participants, time has passed since the event, so the trauma is no longer acute. In addition, the participants usually have already recounted their loss story on several occasions before joining the group. The participants are usually able to control what they recount, and even though listening to the loss stories of others is considered hard, it is also considered meaningful, as it provides the opportunity to compare the experiences of peers with one's own experience. The interviews conducted before the group programme play an important role in this, as they enable the evaluation of the applicant's psychological condition and ensure that a sufficient amount of time has passed since the loss, which further reduces the risk of being retraumatized.

It is advisable to conduct a brief relaxation exercise at the end of a meeting, so that the participants can dispel the often heavy mood from their minds and bodies. In addition, conducting a quick venting round is important in order for everybody to be allowed to put their feelings into words before going home. The counsellors may ask each participant to do something particularly relaxing at home, e.g., repeating the group relaxation exercise.

THE 3RD AND 4TH GROUP MEETING

Immediate reactions to loss and suffering difficult feelings

- Greeting round
- The immediate reactions to loss and how the participants have coped with them
- Various feelings caused by the suicide of a loved one:
guilt, anger, anxiety, shame, bitterness, relief, envy, fear, loneliness, etc.
- The most difficult feelings and how they have been managed
- Regulation and processing of feelings
- Body awareness
- Relaxation exercise
- Venting round

During the greeting round, it is advisable to revisit the matter of what it felt like to share and listen to the loss stories at the two previous meetings and what the participants are currently thinking about the group programme. Dealing with difficult feelings and reactions will be the next theme after the recounting of loss stories.

The group can be divided into two small groups, which will both be guided by one counsellor. The group members will be requested to reflect on their immediate reactions to the loss: what happened to them when they heard about the suicide and what their physical, psychological, and social reactions to the event were. The experiences can be compiled on a flip chart to be later discussed with the whole group.

The idea is to start directing the discussion on the recovery of the participants towards the present situation and the future already at the beginning of the group programme and to maintain that direction throughout the following meetings. These themes will be discussed at the following group meetings. The counsellors should constantly keep the perspective of survival and recovery in mind despite the fact that the group is still discussing the chaotic and horrible feelings related to the initial phase. The participants can be encouraged to share their feelings and to disclose all that they have already survived while emphasising the fact that all group members are now on the same path to recovery, a path that will be travelled by discussing the matters together.

The discussion concerning the theme of difficult feelings can be started with the following pair work assignment.

The group members will be divided into pairs. Each pair will be provided with a piece of paper with the following question on it: Which feelings have been the most difficult for you after the loss and how have you coped with them? The group members will then be asked to reflect on their own feelings ranging from the very first moments after the life altering event to this day. At first, the participants will fill out the handout by themselves and then they will discuss their answers in pairs. Then the counsellors will compile all the emotions disclosed by the group members on the flip chart, after which they will be discussed with the entire group.

This exercise will often lead to a discussion that lasts for the entire third meeting, and the discussion on these feelings can be continued at the following, i.e., the fourth meeting. Some of the difficult feelings named at this meeting can be discussed at the following meeting, and suitable exercises can be selected for dealing with them.

It is advisable to discuss the recognition and naming of feelings, the importance of the recognition, and how to deal with different feelings. It is also advisable to discuss what means the participants have discovered for controlling and regulating their feelings. The state of being overpowered by emotions can often generate and maintain an uncontrollable and gloomy outlook on the future. Gaining insights and finding ways to manage the situation, no matter how insignificant, can, however, show that regulating emotions is possible and that the power of unpleasant emotions can be reduced.

When difficult feelings are being discussed, the counsellors must bring up the participants' own possible suicidal thoughts or the desire to die if the group members do not introduce the subject. The counsellors should ask the participants directly when they have had such thoughts. In this target group, suicidal thoughts are very common, and they are often difficult to discuss in a situation where a loved one has ended up taking their own life only a little while ago. The fact that the counsellors open up the possibility for a discussion such as this often brings relief and alleviates the intensity or obtrusiveness of suicidal thoughts. In connection to this, the counsellors can also disclose, as an instance of psychoeducation, what state of mind those who are planning suicide end up in when they wish to escape a situation they find unbearable.

These peer support group programmes will focus on the sharing of experiences, thoughts, and feelings through discussion. Therefore, it is also advisable to discuss bodily reactions and feelings and how to take them into account, as well as taking care of physical well-being. Brief relaxation and mindfulness exercises can be conducted during the group meetings, and the participants can also be asked to conduct them at home, if they find them suitable. It is advisable to always conduct a brief relaxation exercise before starting the final discussion round.

Effects and significance of loss

- Greeting round
- Changes in life due to the suicide of a loved one
- Matters I lost along with the loved one
- How has the loss affected my life/the life of other family members/the life of the possible children in the family?
- Theme-related discussions in small groups and pairs, exercises
- Relaxation exercise
- Venting round

‘Which matter related to this theme do you find important and wish to discuss with the group?’

After the greeting round, this question can be used as a means of collecting the participants’ thoughts on all that they have lost along with the loved one who ended up taking their own life, on all it has affected, and on the changes it has brought about in their lives. These thoughts can be written down on, e.g., a flip chart.

It is particularly advisable to divide the group into two smaller groups for discussing this theme if the same group contains, e.g., those who have lost a spouse and those who have lost a sibling or parent. In the light of past experience, it is advisable that those who have lost a spouse discuss this matter in their own group, as a relationship ending in death differs greatly, in terms of the effects of the loss, from losing, e.g., a childhood family member. As was mentioned earlier, attending a separate support group is recommended for those who have lost a child, but, if such a group is not available, those who have lost a child should also be placed in their own separate small group for discussing this theme.

The following matters are often brought up for discussion:

- The place where the suicide took place – confrontation or avoidance?
 - What things were connected with finding the loved one?
 - Did the person who died by suicide leave a message for their loved ones, and if so, what kind of a message, and if not, what does it feel like?
 - Funeral-related matters.
 - The anniversary of the death, the birthday of the deceased loved one, and other important anniversaries and special days.
 - Being encountered in one's grief, what does being encountered/not being encountered by others feel like and what impact does it have: experiencing feelings of loneliness and isolation.
 - The attitude of loved ones and acquaintances towards the situation, their unexpected reactions and the reactions of children.
 - Having to explain the situation: what to tell people who ask about the matter when one does not want to disclose everything.
 - Concrete changes in one's own everyday life due to the loss: possible change of residence, changes in financial and other practical matters, changes in routines, and the end of shared activities.
 - Personal ability to cope and functional capacity in everyday life.
 - Accepting loss.
 - Peace of mind, fears.
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THE 7TH AND 8TH GROUP MEETING

Trauma, grief, and comfort

- Greeting round
- Traumatic crisis, the stages of crisis, and personal experience
- Differences in experiencing grief and trauma
- Comprehensiveness of grief: How do I mourn and what kinds of matters do I mourn?
- Relaxation exercise
- Venting round

At first, the counsellors and group members should discuss matters related to experiencing a trauma, such as what kinds of symptoms are regarded as trauma-related and how they can be dealt with. After this, grieving will be discussed from different points of view. It is advisable to go over central theories on grief by discussing them. One example of these is Cullberg's traditional, yet questioned, theory on the stages of grief: shock, reaction, processing and reorientation. The counsellors should be careful not to create an educational situation and ensure that the group members still have the opportunity to define things.

All kinds of theories have been produced on the functions and stages of grief, and many of the earlier conceptions have been either refined further or declared too stereotypical. The theoretical outlines on the progress of and recovering from grief should not be taught as psychoeducation in these groups, because they might lead the participants to think that their grief should progress in a certain way. These models need not, however, be discarded, as they can be discussed together. The models might act as catalysts for discussion, they can be reviewed critically, and they can provide insights into the participants' personal situations. It is also advisable for the counsellors to point out that even though the models should not be regarded as definite guidelines, they can bring up various accurate grieving-related points of view. The differences in experiencing grief and trauma should be discussed and each participant should compare them with their own experiences.

Extensive literature exists on grief and traumas, and it is advisable to utilise and possibly briefly introduce it to the participants, in case they wish to read up on the matter later.

During these group meetings, before discussing grief and trauma with the entire group, the subject can first be discussed in pairs or small groups with the aid of, e.g., the following questions.

- What have you experienced as traumatic in relation to this loss and how does it affect you?
- To what extent have you recovered from the trauma, and in which matter would you require assistance and support?
- What things do you mourn along with this loss?
- In what way do you mourn? What are the functions of grief?
- The similarities and differences in mourning between men and women.
- What is the grief of a child like, and how could a child be supported in their grief? (If there are children touched by this loss).
- How can suicide, loss, trauma, and grief be discussed with loved ones?
- How to mourn together? The difficulty of putting grief in words.
- Living with grief and trauma – how can emotions be controlled?
When should help be sought? When has grief become chronic?
- Body awareness in connection with grief and trauma. In which part of the body can it be felt and how can the body be taken care of?
- Who to turn to now that family members, friends or colleagues no longer want to hear about the suicide of a loved one?

It is important to allow time for discussing comfort after going over the themes of grief and trauma.

- What brings comfort?
 - How would you like to be comforted? What has not comforted you?
 - Comforting rituals.
-

THE 9TH AND 10TH GROUP MEETING

Matters supporting recovery and survival

- Greeting round
- Coping mechanisms: constructive and unconstructive ones
- Self-compassion skills and the importance of forgiveness
- Which close relationships do and do not support recovery?
- Sources of help
- Venting round

These group meetings are dedicated to discussing different coping mechanisms, i.e., what means each participant has used, both knowingly and unknowingly, and what means could and should be tested and used in future. The insights of the group members can be utilised by, e.g., compiling these means on separate pieces of paper and grouping them on the wall. Some of the means can be categorised as constructive and some as unconstructive, and new means can be added to the wall as they emerge. At this point, the counsellors may also add means to the wall. Things that can truly bring a person down and the means for preventing their effect are also discussed in connection with this exercise. In addition, classifications concerning different coping mechanisms can also be introduced and used as the basis for discussion on how each of the participants perceives their own way of survival.

Close relationships can either further or hinder the adjustment and recovery of a bereaved person. There has been much discussion of which relationships have become more important due to the loss and which have, often unexpectedly, hindered recovery. Discussion is generated on how to limit relationships which have a negative impact on recovery to protect oneself and on how to maintain and draw strength from the relationships that promote recovery. Furthermore, where can one find the strength to support those loved ones who are still having a hard time after the loss?

When discussing the coping mechanisms, it is important to list different sources of external help that each participant can utilise at their own place of residence. The possibility of beginning individual therapy and related practical matters are also often discussed at this point. Many important information sources, whose addresses and other important information can be written down and shared, are available online nowadays. The participants can also be referred to other available services and support, if necessary. The counsellors should, therefore, have sufficient knowledge of different services and the possibility to seek information concerning them or have the possibility to, e.g., invite a person who can provide information on local sources of help and tangible ways of reaching them, to a group meeting.

For instance, the following themes can be discussed at these group meetings:

- Forgiveness and its significance: can I forgive myself, the deceased loved one, or others whom I may blame for matters related to the loss?
 - Forgiveness towards oneself, self-compassion and how to practice it.
 - What does it mean to let go and what kinds of things are related to it?
-

Before beginning the final round, it is advisable to remind the group that the group programme is drawing to a close, but that there is still time to discuss themes requested by the group members. At this point, the counsellors should be careful not to begin discussions on themes that might take group members back to the first moments of the loss or to asking why it all happened. The themes discussed at the final group meetings should support the participants' recovery and bring hope of a brighter future. If a group member still has the need to vent their traumatic experiences or discuss difficult matters related to the first stages of loss, they should be supported in seeking individual counselling.

It is also important to discuss the fact that outside the group programme everyone is free to deal with their loss the way they want to, but that the final meetings of the peer support group are reserved for discussing the participants' well-being and future prospects.

The counsellors should also stress the fact that they do not assume that the group members will stop dealing with their loss or that the loss will somehow cease to affect them when the group programme ends. Of course the counsellors hope that, by the end of the group programme, the effects of the loss will be alleviated and that each participant will have gained personal coping resources.

Before the next meetings dedicated to remembering the lost loved ones, the participants will be provided with instructions for the meeting and the speaking order will be written down on the flip chart. A picture of the deceased loved one and/or important objects that remind the participant of them can be brought along to the remembrance meeting. Each participant will have approximately 20 minutes to speak about their deceased loved one, to describe them in a way they want to and wish to remember them. At this point, where the deaths of loved ones have already been discussed extensively, it is important to stress the fact that the point is to recount what kind of persons they were when they were alive. In addition to this, the participants should bring up the good features of their loved ones that they wish to remember them by, even though all sides of the loved ones and all aspects of their lives can be brought up.

THE 11TH AND 12TH GROUP MEETING

Remembering loved ones

- Greeting round
- Remembering the lost loved one (with, e.g., a picture or an important object)
- The importance of remembrance in the grief process
- Venting round

At these meetings, each group member has the opportunity to disclose memories of their loved ones. All memories that the participants wish to and can recount can be shared with the group. A picture gives a face to the lost person, which makes them more real to the other group members. In the course of past remembrance meetings, the group has become to realise that instead of, e.g., eight members, the group actually has 16 members, as the lost loved ones at the centre of the discussions become more vivid and real along with the photographs and remembering.

Each participant can, in their turn, describe what kind of a person their loved one was when they were alive, what their good features were and how they brightened up the lives of their family members, although more difficult features and aspects can also be recounted. After each remembrance session, the other group members can ask questions about the loved one. If the participant does not bring the matter up during remembrance, the counsellors should ask them what, particularly, they wish to remember their loved one by.

The remembrance meeting has been considered important as it has brought comfort and increased the understanding of one's own grief and emotions at this stage of the process. It should, however, also be acknowledged that, due to different reasons, everybody may not yet be ready for it and nobody should be pressured into remembrance of their loved one.

If there are eight participants in the group, remembrance can be carried out in two meetings so that at each meeting, four participants speak about their loved ones for no more than 30 minutes. This way there will be enough time at each group meeting for the initial and final rounds and a possible brief relaxation exercise. The counsellors should ensure that each participant is allowed the same amount of time, and they should also inform the group in advance of the fact that they will gently interrupt the person recounting their story if the time allotted for them is about to run out.

THE 13TH AND 14TH GROUP MEETING

Resources and the future

- Greeting round
- Recognising resources: what inspires me, what gives me strength
- What kinds of things drain resources and what can be done about them?
- Reconstructing one's own identity
- Future prospects
- My plan for the next six months (e.g., a letter to oneself):
How will I take care of myself physically, psychologically, and socially?
- Venting round

The aim of these meetings is recognising resources, finding new perspectives, and outlining the future. Central themes to be discussed are the recovery of one's own sense of security and faith in life, as well as the increasing and strengthening of personal well-being.

Contemplating one's own existence, the self, in the changed life situation is important. Many participants describe time in terms of pre and post suicide of a loved one – the era changed and now they must partly reconstruct their own identity. What do I need now? How do I view different thoughts, matters, and people? The lives of many of those bereaved by suicide must be reconstructed on the basis of the new situation. This brings up various issues, and sharing them with others in a similar situation is important and meaningful.

When contemplating the self and identity, the following matters, among others, can be discussed:

- The loss and return of self-esteem.
 - What is good and healthy selfishness?
 - What does embitterment cause and how can it be avoided?
 - Personal boundaries: recognition and adherence – what does it mean in practice?
 - Loss gradually becoming part of one's own life story.
-

In the course of these group meetings, it is advisable to practice relaxing together and to perform a few brief and easy mindfulness exercises that the participants can then later try at home. With the aid of these exercises, the participants can learn to soothe themselves and improve their ability to concentrate. The participants often suffer from anxiety and the inability to concentrate, which are matters everyone can learn to alleviate themselves. In this context, it is also natural to discuss matters related to sleeping and eating and to remind the participants that taking care of oneself physically is important for recovery.

Increasing psychological resources may feel challenging, but at this point in the group process the following themes, among others, can be discussed:

- What gives me hope?
 - Can I take pleasure in a variety of things?
 - What inspires me?
 - What kinds of things give me strength and new thoughts?
-

The future can be discussed with the aid of, e.g., a backcasting exercise: at first, each participant thinks about what they would say about their life in three years, what kinds of things would be part of their life and how would they be doing. This discussion orientates the participants to contemplating the future, as such contemplation is often difficult after a traumatic loss.

At this point, one possible exercise is giving the participants 15 minutes to write a letter to themselves. In the letter, each participant will discuss matters which promote and hinder their recovery and what they could do to support themselves in the next three months. The counsellors keep the letters, and they are opened at the follow-up meeting, which will be held three months after the group programme has ended. The content of the letters does not have to be shared with others.

THE 15TH GROUP MEETING

The final group meeting

- Greeting round
- Written feedback
- Feedback discussion
- Thoughts related to the ending of the group programme
- The Feedback to Others exercise
- Agreeing upon a follow-up meeting
- Venting round

The written feedback should be collected right after the greeting round (example of a feedback form, see Appendix 5). Particularly the discussions at the final meeting can further increase the team spirit and stress the uniqueness of the group experience. This can be reduced from influencing the feedback by asking the participants to fill out the feedback forms right at the beginning of the meeting before the joint discussions.

An oral feedback round will be held after the participants have provided written feedback. The group members can also be instructed to give feedback to themselves on their own participation. The counsellors can ask the participants 'What has this group programme meant to you? What have you gained from the group programme that will help you go back to your everyday life?'

After this, matters related to the ending of the group programme will be discussed.

- What kinds of feelings does the ending of the group programme evoke and how should they be dealt with?
 - What do the current mood and grieving have in common with, and where do they differ from, the mood and grieving at the beginning of the group programme ?
 - What am I worried and relieved about at the moment?
 - How do each of the participants perceive the future challenges of everyday life and what do they think about them?
 - How to foster the new insights that have been gained during the group programme?
-

The participants often request a longer group programme in their feedback regardless of the duration of the programme, as letting go of such a functional group is always challenging. Therefore, it is important to discuss the thoughts evoked by the ending of the group programme in a way that ensures everybody has an equal opportunity to discuss their own feelings. This often emerging separation-related anxiety can be alleviated by making plans for the future, agreeing upon a follow-up meeting and encouraging the group members to exchange contact information. The group members should also be encouraged to stay in touch with each other in future, if it feels natural to them.

One way of saying goodbye that has been considered nice is circulating postcards among the group members so that each participant has a postcard with their name on it and everybody else can write, e.g., encouraging sentences or positive feedback on it. These have been considered valuable messages that increase resources.

The date for the follow-up meeting, which will be held three months later, should be agreed on together with the group so that as many members as possible will be able to attend it. The previously presented 'letter to oneself' exercise can be used as an intermediate exercise so that in the course of the next three months, the participants will complete a few tasks, which they have selected, that increase their own well-being. The participants can also be asked to write down 1–3 goals towards which they wish to proceed in the next months. The intermediate exercise will be discussed at the follow-up meeting and it can be carried out, but there is no obligation to do so.

At the end of the final group meeting, after the venting round, the counsellors should be prepared to stay for a little while longer in case some of the participants require referral to further services or other support in order to be able to let go of the group.

Follow-up meeting

- Greeting round
- Follow-up feedback
- Debriefing of the intermediate exercise (opening the possible 'letter to oneself' letters)
- Venting round

The follow-up meeting, which will be held three months after the ending of the group programme, should be arranged at the same time and place as the original group meetings. A reminder of the follow-up meeting and its time and place should be sent to the participants approximately one week in advance.

A generous amount of time can be allowed for the greeting round since many things, which the participants wish to share with each other, may have happened in the course of three months. After this round, the participants should fill out a brief follow-up feedback form (see Appendix 6). The purpose of the follow-up feedback is to determine whether the participants' opinions of the group programme have changed in the past three months, and if so, how.

After this, the intermediate exercise given to the group can be discussed and each participant can tell the group about the objectives they had set in relation to their everyday life and well-being and the realisation of those objectives. These matters can be discussed even if only some of the participants have completed the exercise. If the exercise was carried out by writing letters to oneself to be opened in three months, the letters can be opened at this point.

Finally, a brief relaxation exercise can be conducted, if there is still time. In addition, each participant can be offered the opportunity to share their feelings concerning the follow-up meeting and disclose their thoughts on their future.

⑥

PARTICIPANTS' EXPERIENCES OF THE SUPPORT GROUPS

Many of the participants have stated that they were very relieved when they realised, at a practical and emotional level, that they were not alone with their experience and that all subject-related matters could be discussed with the group. Many have also stated that it was relieving to realise that others also had similar feelings caused by loss, such as fears and possibly crazy-sounding thoughts, which could be discussed together and which would resonate with the other group members. The participants have described feeling, e.g., an intense sense of loneliness when faced with loss. Many had also felt anger and guilt that, in a way, began to dissolve when sharing those feelings with others.

The participants also often say that they had found the shocking and incomprehensible matter that their family had been confronted with completely impossible to believe. They say that they had been repeating the question 'Did this really happen to us?' in their heads, since the experience had felt like something from another world and not something that was part of their lives. With the peer group discussions, the experience becomes, in a way, more mundane and can, as a result, be perceived as part of one's own life. In this way, the group discussions seemed to have enabled the shocking story to become a part of the participant's own life story so that it no longer felt like the same impossible interruption in their lives as it did before.

Listening to the differences between one's own loss story and the loss stories of others expanded the participants' perspective and made the whole spectrum of loss visible. This also seemed to increase tolerance towards and the understanding of different situations. In this way also the fact of how the event might have seemed strange to outsiders became more understandable.

According to the feedback, the participants considered the experiences of being heard particularly relieving and important. The participants had, for instance, stated that their feelings of shame and guilt started to fade when they heard others discuss similar feelings and realised how unreasonable those feelings were. In this way, many participants had also come to realise that it might be absurd for them, as well, to feel shame and guilt. Finding justification for all kinds of emotions was also considered important. Many participants also found it important that they had understood that those who have experienced loss have the right to survive and go on with their lives.

CENTRAL OPERATIONAL ISSUES

Creating a sense of inclusion is essential in order to successfully produce a process that is each group's own. Therefore, the counsellors will let the group members produce and answer questions during the discussions. At the beginning of the programme, the counsellors will write down discussion themes requested by the group members. Following a programme with a strict theme framework, is, however, felt to limit the discussions. Nevertheless, the counsellors must direct the discussion from dealing with loss towards dealing with the participants' own recovery as the group programme proceeds. Since it is a group process, the counsellors must ensure that it proceeds and the group members do not get caught in, e.g., the 'why' questions. In order for the discussions to function in a helpful way, the counsellors must stay present in the moment, create a safe atmosphere, and accept the role of 'not knowing'.

The counsellors must promote and enable the formation of a tight group and help the group get started. They should also see to it that the group stays on subject and brings new perspectives into the discussion. The counsellors are also there to encourage the participants and to bring them hope. In order for genuine peerness to be realised, mutual trust must be created between the group members. The counsellors' actions play an important role in this, and particularly so at the beginning of the group programme. Despite all that, the process is the group members'. Skilled counsellors can come up with different ways to include the group members in the process and provide them with opportunities to experience the process as their own and not something determined by the counsellors.

The group members can be encouraged to write down insights, thoughts evoked during the group process, and matters they consider important, since many have found it useful to revisit them later.

The counsellors should bear in mind that these groups are politically and religiously neutral, meaning that, e.g., religious rituals shall not be performed at the meetings, even though the subject of spirituality is touched upon from time to time and its significance to recovery should be brought up in the discussions. In order for the threshold to participate in the group programmes to be as low as possible, participation must not be limited by religious, political, or other similar criteria. No alternative forms of treatment or therapy or methods that require different kind of setting, such as psychodrama, shall be utilised in the group meetings.

Peer support also has a darker side. Problems might occur particularly in connection with self-help groups which meet on a regular basis or open peer groups which accept new members continuously. In the worst case, grieving becomes the new identity for peer group participants and their recovery and progress in life comes to a halt. For a group realised in accordance with the On the Path to Recovery model, the duration of the group programme is predetermined. Difficult feelings and experiences will be dealt with at the beginning of the programme, whereas the participants' recovery, future prospects, and empowerment are at the centre of discussion at the end of the programme. Other means for monitoring the success of the recovery-oriented practice include feedback from the participants, clear group rules and objectives, skilled and trained group counsellors, and the quick addressing of shortcomings.

It is not advisable to linger on dealing with trauma in a peer group, particularly if the group programme in question is a short-term programme intended for discussing and recovering from loss. The counsellors should also ensure that none of the group meetings end in a distressful comment or theme and that distressful matters are debriefed, before the participants leave the meeting. Empowerment and supporting the gradual construction of a new identity should always be the objective of peer groups.

At the beginning of the group programme, the recounting of loss stories plays a significant part in the creation of a sense of peerness. The group is, however, not a therapy group, but rather a group which works together for a comparatively short amount of time, which has been assembled on the basis of a strictly defined theme, and the purpose of which is to provide peer support. Peer group activity is neither treatment nor psychotherapy, even though the group programmes do have therapeutic effects and despite the fact that some of the counsellors may be trained psychotherapists.

If necessary, the counsellors can arrange an individual session for some participants during the group process, in which the participants may think about their personal need for follow-up support and acquire guidance and information on various support opportunities.

Participants may, from time to time, have to drop out of the group programme. It is quite common that, despite the initial interview, one of the group members cannot participate in the programme after all. One reason for dropping out of the programme may be the fact that the personal experiences are still too difficult to discuss or that the person is still too emotional to participate in a group and listen to others bereaved by suicide. The counsellors should sit down with the person who has dropped out of the programme to discuss what kinds of thoughts and feelings led to them dropping out and ask if the reasons for dropping out can be conveyed to the rest of the group. It is important that the counsellors state that this can happen sometimes, that dropping out does not prevent anyone from participating in the programme later, and that at this point some other form of support could be more suitable.

In relation to data protection, the counsellors have the following obligations:

- The counsellors shall observe the obligation of secrecy.
 - The applicants' applications, and other such documents which contain personal data, will be kept in locked lockers.
 - After the group programme has ended, the participants' contact information shall be destroyed within three months, i.e., after the follow-up meeting. If the contact information is needed for research purposes, it can be retained longer with the participants' approval (permission can be requested in the feedback form).
 - All e-mail communication between the counsellors and participants must be deleted.
 - Only information that is relevant to the assembling and operation of the group shall be collected during the selection interviews.
-

8

EVALUATION AND FOLLOW-UP

Feedback on peer group activities must be collected and utilised in order to ensure operational quality. Written feedback concerning the participants' experience will be collected at the last group meeting and in connection with the follow-up meeting. In addition, the counsellors will fill out a counsellor's assessment form, either together or separately, after the group programme has ended (see Appendix 7). With the aid of these results, the operation can be monitored, developed, assessed, and presented to sponsors and the organisation's management.

In the course of the group programme, the participants can continuously provide feedback to the counsellors, in which case the feedback shall immediately be reacted to with corrective measures, if necessary. For instance, if one of the participants behaves unpleasantly towards another participant, the counsellors must resolve the situation. The counsellors should also write down the feedback provided in the discussions at the last group meeting.

Group programmes for those bereaved by suicide have been assessed in FAMH with the attached feedback form since 2010. The group programme is assessed on a Likert scale of 1–5 (1 = poor and 5 = excellent) in terms of the group's functionality, setting, the counsellors' actions, the group's effects, and how well the programme has met the participants' expectations. An overall grade (4 = poor and 10 = excellent) is also given to the entire group programme. In recent years, the average grade for all areas has been 4 and the overall grade has been 9. Written feedback is also allowed on the forms. The average grades for the participants' follow-up feedback after three months have usually remained almost the same.

The group programme and follow-up feedback from each group must be summarised, and the summaries shall be discussed, e.g., in a working group every six months. In this way the development ideas, operational success, and needs for change can be assessed.

When it comes to the self-assessment of the participants, some indicator can be used for assessing grief (e.g., Brief Grief Questionnaire, Shear and Essock, University of Pittsburgh 2002). The participants fill out the grief assessment form at the first and last meeting, as well as at the follow-up meeting. The participants may compare their answers on the three forms to see if any change

has occurred, and the possible changes can then be discussed together. In terms of the grades, the changes may appear to have been for the worse, but the overall situation may still be better for the participant. Grieving, for instance, may not have been possible earlier due to emotional locks, but in the course of the group programme, grief may have become stronger and been allowed more room so that it can be dealt with. This provides a numerically worse result even though it may have been a great step forward for the participant. Therefore, the grief questionnaire should be regarded as a tool for self-assessment and not an indicator of the group programme's success.

Reporting and compilation of statistics are also important assessment tools. Statistics on the group programme are compiled by saving the data using suitable internet-based statistics software. It is important to compile statistics on the number of applicants, and the number of those who have started and dropped out of the group programme. In addition, information concerning the participants' ages and sexes should be recorded in the basic information.

Reporting can be carried out in many ways, but, e.g., the group counsellor can briefly record central matters and observations at each group meeting. These reports can be utilised, if agreed, in informing superiors, in orienting new counsellors, and in the professional development of the counsellors.

9

CONCLUSIONS

The homogeneity and size of the group are essential to the creation of effective peer support. This can be ensured in the participant selection process. The participants' own experiences and opportunity to share them are the key elements of the programme. The counsellors shall regard the participants as experts by experience. It empowers the participants and reinforces their own agency when they can help others while they are being helped themselves.

Peer support is also offered online. In a group that meets face to face the members can, however, also reflect each other's feelings and experiences in their bodily presence. In those situations of joint sharing, people cry and laugh and the entire spectrum of human emotions is also visible at the physical level. These matters cannot be conveyed in discussions conducted by means of electronic communication where an essential part of the process is missing. Internet-based groups provide valuable support when a person cannot participate in a group that meets face to face or when the members of a group continue communication after the group programme has ended.

The proven-effective On the Path to Recovery group model, created by the FAMH, is not linked to any official care system or state structures but is used as part of the association's crisis assistance work. This model is, however, easy to modify to suit, e.g., the local conditions in different countries. The financial solutions do, of course, vary between operators, but when it comes to this target group, group-form support and the utilisation of peer support might be more efficient both economically and in terms of quality than individual meetings. It should be remembered that the group counsellors' work contribution also includes assembling the group (marketing, enquiries, and applicant interviews), planning and organising the group programme, managing the group meetings, the debriefing meetings, assessment, and reporting. Group programmes can also be implemented as a collaboration between two organisations. Both organization can provide a counsellor and the group meets on the premises of the other organisation.

This group model is also suitable for those who have lost a loved one in some other way (sudden natural death, accident, or homicide). The FAMH organises, on a continuous basis, loss groups for these target groups in accordance with the model presented earlier. Experience shows that separate groups should be organised for those bereaved by sudden death (natural death or accident), for those bereaved by homicide and for those bereaved by suicide, since these different ways of losing a loved one creates its own kind of content for discussing the theme, thus affecting the sense of peerness.

It is important that those bereaved by suicide have the opportunity to participate in a low-threshold peer support group and to experience peerness with others in the same situation. According to the participants' feedback, this aspect is repeatedly considered the best to promote recovery. The peer support group activity provides support and understanding from others and includes sharing difficult feelings, normalising one's thoughts and feelings and experiencing compassion – even towards oneself.

The aim of professionally guided peer support groups, implemented in accordance with this model, is to promote and support the participants' self-motivated recovery and functional capacity, as well as to prevent mental health problems and suicides. The objectives of the group programme also include normalising feelings that have resulted from loss, searching for opportunities for change, providing support for everyday life, and reinforcing a sense of inclusion.

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APPENDIX 1

BROCHURE EXAMPLE

Peer support group for bereaved by suicide

Time:

The next group programme will begin on, and there will be 15 weekly meetings. One follow-up meeting will be held after the group programme has ended.

Place:

Target group and implementation:

The group programme is intended for those bereaved by the suicide of a loved one, e.g, a spouse, brother, sister, parent, or other loved one except a child. A separate group programme will be organised for those who have lost a child by suicide.

At least six months must have passed since the death of the loved one before participation in the group programme.

5 - 10 persons will be admitted to the group.

Organiser:

The objectives are:

- sharing and discussing feelings, thoughts, and experiences caused by a sudden loss in a confidential peer group
- preventing mental health problems and the crisis from becoming prolonged
- recognising and strengthening resources and coping mechanisms, as well as finding new perspectives.

Content:

The participants' hopes and expectations will be taken into account in the content.

- traumatic loss and living in a crisis and grief
- effects and significance of loss
- body and mind in grief
- social support network, the situation of other loved ones
- remembrance
- resources and coping mechanisms
- hope, and the right to feel good and have a future.

Methods:

The operation is based on professionally guided (by a counsellor pair) peer support.

- group discussions (also in small groups and pairs)
- brief introductions to the subject, exercises and relaxation.

Instructions for applying:

Costs:

Additional information:

APPENDIX 2

APPLICATION TEMPLATE

This form can be used for applying to peer support groups organised by

Please note that our internet connection is not protected.

If you wish, you can also contact us by calling

1. Which group are you applying to?
2. Where did you find out about the group?
3. Your contact information:
Name:
E-mail:
Address:
Phone:
Age:
4. Who was the loved one that died and when did they die?
5. What kind of support are you currently receiving for your situation?
6. What else would you like to say about your situation?

APPENDIX 3

INTERVIEW FRAMEWORK

Each person who has applied for a place in the group will be interviewed. Key issues to be discussed during the interview are listed below. The objective of the interview is to provide the applicant with an overall image of the activities and to lower the threshold to participate, as well as to give the applicant a realistic idea of whether they should participate now or later.

1. The applicant's contact information, age, and working life status.
2. Who have they lost, when, and how (in brief)?
3. Where did they find out about the group?
4. How are they feeling at the moment?
5. How well are they currently able to cope with everyday life?
6. Are they currently receiving support, and if so, where?
Have they previously received support for this situation from someplace else?
7. Who belongs to their family at the moment?
8. What gives them strength to go on at the moment?
9. What expectations do they have concerning the group programme?
10. The counsellor will describe the activities:
 - Disclosing the number of persons participating in the group.
 - Informing the applicant of the fact that there will be two counsellors and describing them briefly.
 - Recapitulating the start date of the group programme, the duration of the meetings, and the entire group process.
 - Describing the group programme's methods in brief.
 - Describing how the group programme will begin with each participant describing their loss, and, as the programme progresses, the group will move on to discussing the participants' ability to cope and their resources and coping mechanisms.
 - Describing how the first group meetings are hard, because everybody is sharing their difficult life situation. Describing how learning about each participant's background situation is essential to the creation of a sense of peerness.
11. Ensuring whether the applicant will be able to commit the programme for the entire duration of it.
12. Ensuring whether the applicant will be ready and able to listen to the other participants' stories about their loss.
13. The group participants will be decided on after the interviews – the counsellor shall inform the applicant of the time by when the matter will be announced.
14. Is there something the applicant would still like to ask?

APPENDIX 4

INVITATION LETTER TEMPLATE

Dear group participant,

We welcome you to the peer support group (the group's name)

BEGINS ON

ENDS ON

THE COUNSELLORS (name, title, and education)

OBJECTIVES The objective of the group programme is to support the participants' recovery and the restoration of their functional capacity and ability to work after the traumatic loss and the subsequent changes in life. The group programme will provide the participants with the opportunity to share experiences, thoughts, and feelings with others who have been through the same ordeal.

The group programme consist of professionally guided peer support activity.

THE PROGRAMME The following themes, among others, will be discussed in the group:

- the effects and significance of loss
- how to recognise the psychological and physical effects of the event
- grief and its manifestations
- traumatic crisis and personal experiences
- how to recognise and increase personal resources and coping mechanisms
- experiencing safety and trust and how to increase those feelings
- compassion towards oneself and self-appreciation

The working methods will include: discussion, brief introductions to the subject, possible small group and pair work, and relaxing exercises.

CONTACT INFORMATION FOR THE GROUP MEETING PLACE

. (link to a website)

COSTS The group programme will be implemented with the aid of a grant from
Each participant will be responsible for their own travel expenses.

ADDITIONAL INFORMATION The name and contact information of the counsellor/counsellors

We welcome you to the group!

APPENDIX 5

THE PARTICIPANT'S FEEDBACK FORM

Evaluation of group activity organised by

Feedback form for the group participants

☐ I give my consent to use the feedback I provide for future research purposes.

Name of the group:

Time of the group:

Counsellors:

1. FINDING OUT ABOUT THE GROUP

1.1 Where did you originally find out about the group programme?

If you found out about the group on the internet, where precisely did you find the information?

1.2 What made you apply to this group?

1.3 Please comment on the following statements on a scale of 1 - 5. Scale: 1 = I fully disagree, 5 = I fully agree. Please circle the option you have chosen.

a. I was provided with a sufficient amount of advance information on the group programme.

1 2 3 4 5

1.4 Comments/development suggestions concerning advance information:

.....

2. CONTENT AND FUNCTIONALITY OF THE GROUP PROGRAMME

2.1 Please comment on the following statements concerning the content and functionality of the group programme on a scale of 1 - 5. Scale: 1 = I fully disagree, 5 = I fully agree. Please circle the option you have chosen.

a. The total duration of the group programme is suitable.

1 2 3 4 5

b. The duration of the group meetings was suitable.

1 2 3 4 5

c. The atmosphere at the meetings was confidential and supportive of interaction.

1 2 3 4 5

- | | | |
|----|---|-----------|
| d. | Essential themes and subjects were discussed at the meetings. | 1 2 3 4 5 |
| e. | The participants had the chance to affect the content and themes discussed at the meetings. | 1 2 3 4 5 |
| f. | Peer support was realised well among the group members. | 1 2 3 4 5 |
| g. | The methods used at the group meetings were suitable. | 1 2 3 4 5 |

2.2 Comments/development suggestions concerning the content and/or functionality of the group programme:

.....

3. SETTING

3.1 Please comment on the following statements concerning the setting on a scale of 1 - 5.

Scale: 1 = I fully disagree, 5 = I fully agree.

Please circle the option you have chosen.

- | | | |
|----|---|-----------|
| a. | The group had functional facilities at its disposal. | 1 2 3 4 5 |
| b. | The environment and atmosphere were supportive of the discussion of matters/personal process. | 1 2 3 4 5 |

3.2 Comments/development suggestions concerning the setting:

.....

4. THE COUNSELLORS' ACTIONS

4.1 Please comment on the following statements concerning the counsellors' actions on a scale of 1 - 5.

Scale: 1 = I fully disagree, 5 = I fully agree.

Please circle the option you have chosen.

- | | | |
|----|--|-----------|
| a. | The counsellors had an adequate amount of knowledge in relation to the group programme content and its implementation. | 1 2 3 4 5 |
| b. | The counsellors took the group's needs into account. | 1 2 3 4 5 |
| c. | The collaboration between the counsellor pair was functional. | 1 2 3 4 5 |
| d. | The interaction between the counsellors and group members was functional. | 1 2 3 4 5 |

4.2 Comments/development suggestions concerning the counsellors' actions:

.....

5. PERCEIVED EFFECTS

5.1 Participating in the group programme has had a positive effect

Please evaluate on a scale of 1 - 5. Scale: 1 = I fully disagree, 5 = I fully agree. Please circle the option you have chosen.

- | | | |
|----|---|-----------|
| a. | on your mental well-being and ability to cope | 1 2 3 4 5 |
| b. | on your social activities (e.g., relationships and interaction) | 1 2 3 4 5 |
| c. | on your general functional capacity | 1 2 3 4 5 |
| d. | on your hopefulness about the future. | 1 2 3 4 5 |

5.2 Please describe what other kinds of changes have, in your opinion, occurred in your life in the course of the group programme.

.....

5.3. Have the changes mainly occurred due to your participation in the group programme? Please evaluate on a scale of 1 - 5 (1= very poorly, 5 = very well). Please circle the option you have chosen.

1 2 3 4 5

CONCLUSIONS

6.1 Please evaluate on a scale of 1 - 5 (1 = very poorly, 5 = very well) to what extent the group participation met your expectations.

Please circle the option you have chosen.

1 2 3 4 5

6.2 What grade would you give to the entire group programme?

Please circle the option you have chosen.

1 2 3 4 5 6 7 8 9 10

6.3 What was, in your opinion, the most meaningful part of the group programme?

.....

6.4 How would you assess your own participation in the group?

Please relate how many times you had to miss a meeting?

.....

6.5 What other feedback would you like to give?

.....

APPENDIX 6

THE PARTICIPANT'S FOLLOW-UP FEEDBACK FORM

Follow-up feedback concerning a group activity organised by

Name of the group, time:

1. CONTENT AND FUNCTIONALITY OF THE GROUP PROGRAMME

1.1. Please comment on the statements concerning the content and functionality of the group programme on a scale of 1 - 5. Scale: 1 = I fully disagree, 5 = I fully agree.

Please circle the option you have chosen.

- | | |
|--|-----------|
| a. The total duration of the group programme was suitable. | 1 2 3 4 5 |
| b. The duration of the group meetings was suitable. | 1 2 3 4 5 |
| c. The atmosphere at the meetings was confidential and supportive of interaction. | 1 2 3 4 5 |
| d. Essential themes and subjects were discussed at the meetings. | 1 2 3 4 5 |
| e. The participants had the chance to affect the content and themes discussed at the meetings. | 1 2 3 4 5 |
| f. Peer support was realised well among the group members. | 1 2 3 4 5 |
| g. The methods used at the group meetings were suitable. | 1 2 3 4 5 |

1.2. Comments/development suggestions concerning the content and/or functionality of the group programme:

2. THE COUNSELLORS' ACTIONS

2.1 Please comment on the following statements concerning the counsellors' actions on a scale of 1 - 5. Scale: 1 = I fully disagree, 5 = I fully agree.

Please circle the option you have chosen.

- | | |
|---|-----------|
| a. The counsellors had an adequate amount of knowledge in relation to the group programme content and its implementation. | 1 2 3 4 5 |
| b. The counsellors took the group's needs into account. | 1 2 3 4 5 |

- c. The collaboration between the counsellor pair was functional. 1 2 3 4 5
- d. The interaction between the counsellors and group members was functional. 1 2 3 4 5

2.2 Comments/development suggestions concerning the counsellors' actions:

.....

3. PERCEIVED EFFECTS

3.1 Participating in the group programme has had a positive effect

Please evaluate on a scale of 1 - 5. Scale: 1 = I fully disagree, 5 = I fully agree.

Please circle the option you have chosen.

- a. on your mental well-being and ability to cope 1 2 3 4 5
- b. on your social activities (e.g., relationships and interaction) 1 2 3 4 5
- c. on your general functional capacity 1 2 3 4 5
- d. on your hopefulness about the future. 1 2 3 4 5

3.2 Please describe what other kinds of changes have, in your opinion, occurred in your life in the course of the group programme.

.....

3.3 Have the changes mainly occurred due to your participation in the group programme? Please evaluate on a scale of 1 - 5 (1= very poorly, 5 = very well). Please circle the option you have chosen. 1 2 3 4 5

4. CONCLUSIONS

4.1 Please evaluate on a scale of 1 - 5 (1 = very poorly, 5 = very well) to what extent the group participation met your expectations.

Please circle the option you have chosen.

1 2 3 4 5

4.2 What grade would you give to the entire group programme?

Please circle the option you have chosen.

1 2 3 4 5 6 7 8 9 10

4.3 What was, in your opinion, the most meaningful part of the group programme?

.....

4.4 How would you assess your own participation in the group?

Please relate how many times you had to miss a meeting?

.....

4.5 What other feedback would you like to give?

.....

APPENDIX 7

THE COUNSELLORS' FEEDBACK FORM

Evaluation of group activity organised by

Self-assessment form for the counsellors

The counsellor pair shall fill out this form together as soon as possible after the group programme has ended.

Name of the group:

Time of the group:

Counsellors:

1. OBJECTIVES AND SHARED VISION

Scale: 1 = Was realised very poorly, 5 = Was realised very well

Please circle the option you have chosen.

- a. The counsellors had a shared vision on the objectives of the group programme. 1 2 3 4 5
- b. It was possible to take the needs of the participants into account in the objectives. 1 2 3 4 5

Observations and comments on the objectives and shared vision:

.....

2. PLANNING AND RESOURCES

Scale: 1 = Was realised very poorly, 5 = Was realised very well

Please circle the option you have chosen.

- a. The group had enough resources (financial and personnel resources). 1 2 3 4 5
- b. The joint advance planning with the co-counsellor was sufficient. 1 2 3 4 5

Observations and comments on the operational preconditions and resources:

.....

3. THE SELECTION PROCESS

Scale: 1 = Was realised very poorly, 5 = Was realised very well

Please circle the option you have chosen.

- a. At the application stage, the essential information was acquired on the group applicants, and the participants were chosen successfully. 1 2 3 4 5
- b. A reasonable amount of working time was spent on assembling the group. 1 2 3 4 5

Observations and comments on the selection process:

.....

4. SETTING

Scale: 1 = Was realised very poorly, 5 = Was realised very well

Please circle the option you have chosen.

- a. The group had functional facilities and tools at its disposal. 1 2 3 4 5
- b. The environment and atmosphere supported the participants' process. 1 2 3 4 5

Observations and comments on the setting:

.....

5. CONTENT AND FUNCTIONALITY OF THE GROUP PROGRAMME

Scale: 1 = Was realised very poorly, 5 = Was realised very well

Please circle the option you have chosen.

- a. The atmosphere at the meetings was confidential and supportive of interaction. 1 2 3 4 5
- b. It was possible to tailor the group programme content to the participants' needs. 1 2 3 4 5
- c. The group members participated in the group programme at the right time in relation to their life situation and needs. 1 2 3 4 5
- d. Peer support was realised well among the group members. 1 2 3 4 5
- e. The participants' absences were expected or justified. 1 2 3 4 5

Observations and comments on the content and functionality of the group programme:

.....

6. THE COUNSELLORS' WORK

Scale: 1 = Was realised very poorly, 5 = Was realised very well

Please circle the option you have chosen.

- | | |
|---|-----------|
| a. Working as a pair went smoothly. | 1 2 3 4 5 |
| b. The interaction between the counsellors and group members was functional. | 1 2 3 4 5 |
| c. The counsellors' debriefing discussions and evaluation of operation were successful. | 1 2 3 4 5 |

Observations and comments on the counsellors' work:

.....

7. EFFECTS AND THE ATTAINMENT OF OBJECTIVES

Scale: 1 = Was realised very poorly, 5 = Was realised very well

Please circle the option you have chosen.

- | | |
|--|-----------|
| 7.1 With the aid of the group programme, the desired effects were achieved among the participants. | 1 2 3 4 5 |
| 7.2 Did you observe any unexpected effects (either positive or negative)? | |
| 7.3 At which point were the objectives not achieved? | |
| 7.4 Did you learn something new during this group programme? /Is there something you would do differently? | |

Observations and comments on the effects and attainment of objectives:

.....

APPENDIX 8

THE ON THE PATH TO RECOVERY GROUP MODEL IN BRIEF

- Selecting the group counsellors and starting the planning of the group programme.
- Booking the group meeting facility (the place should remain the same for the entire group programme).
- Creating the application form (e.g., for the website) and agreeing upon the processing of the applications.
- Devising a brochure and advertising the upcoming group programme with both wide and targeted distribution at least 4 months before the beginning of the group programme.
- Conducting applicant interviews 1–2 months before the group programme begins.
- Sending an invitation letter to those who have been selected for the group (5–10 participants) at least 2 weeks before the group programme begins.
- Group counselling: 10–15 weekly meetings for 2–2.5 hours at a time

| | |
|--|--|
| The 1 st group meeting: | Initial meeting and the recounting of loss stories |
| The 2 nd group meeting: | The recounting of loss stories continues |
| The 3 rd and 4 th group meeting: | The immediate reactions to loss and suffering difficult feelings |
| The 5 th and 6 th group meeting: | Effects and significance of loss |
| The 7 th and 8 th group meeting: | Trauma, grief, and comfort |
| The 9 th and 10 th group meeting: | Matters supporting recovery and survival |
| The 11 th and 12 th group meeting: | Remembering loved ones |
| The 13 th and 14 th group meeting: | Resources and the future |
| The 15 th group meeting: | The final group meeting |

Follow-up meeting 1–3 months after the group programme has ended

- Group assessment: the participants' and counsellors' feedback forms will be filled out at the last group meeting, and the participants' follow-up feedback will be collected at the follow-up meeting (1 - 3 months after the group programme has ended).

APPENDIX 9

ESSENTIAL EXERCISES

EMOTIONS AFTER THE LOSS

(Emotion cards can be displayed to help with the recognition of emotions).

Please describe in writing your emotions in connection with the time after the loss.

What kinds of feelings were

- difficult and challenging?
- topical and prevailing in recent times?

What kinds of feelings do I long for in my life?

There will be a group discussion about difficult and challenging feelings.

The following themes will be discussed and the answers will be compiled on flip chart:

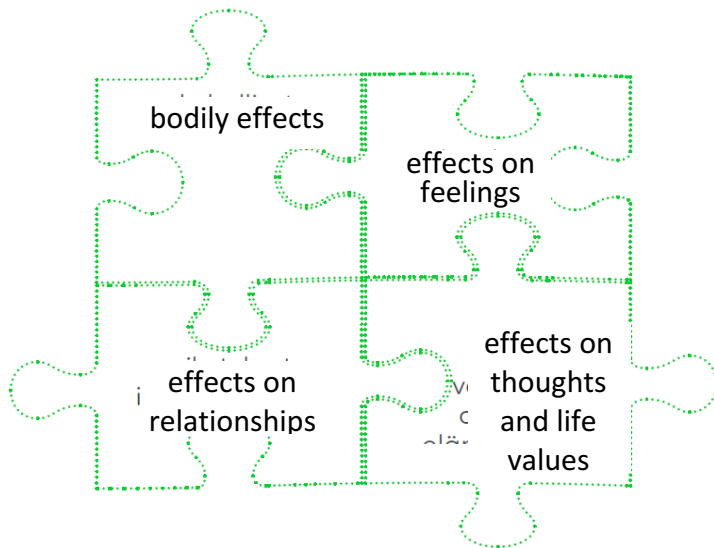
- What makes feelings difficult and challenging?
- How do I cope with difficult feelings? What ways do I have for keeping the feelings 'tolerable'?
- What are these feelings about, in my opinion?
- Where in my body do I feel them, and what do they feel like? – How do I sooth myself, if necessary?
- How do they affect my thoughts and actions?
- In what way do I feel that I am guilty for what happened? How does guilt affect me (e.g., emotions, thoughts, bodily feelings, and actions)?
- What will happen when I am relieved of the guilt (if I have felt guilty)?

Finally, the participants will be given a homework assignment and instructed to do something that gives them comfort and makes them feel better.

The discussion on, e.g., the following matters will be continued in small groups at the next meeting:

- What do I feel at the moment? How have my feelings changed?
- How and in what kinds of situations am I able to get ahold of the feelings that I long for (if even for a moment)?
- What gives me comfort (doing something, thoughts, music, etc.)?

EFFECTS OF LOSS



EFFECTS OF LOSS

– THE EFFECTS ON RELATIONSHIPS

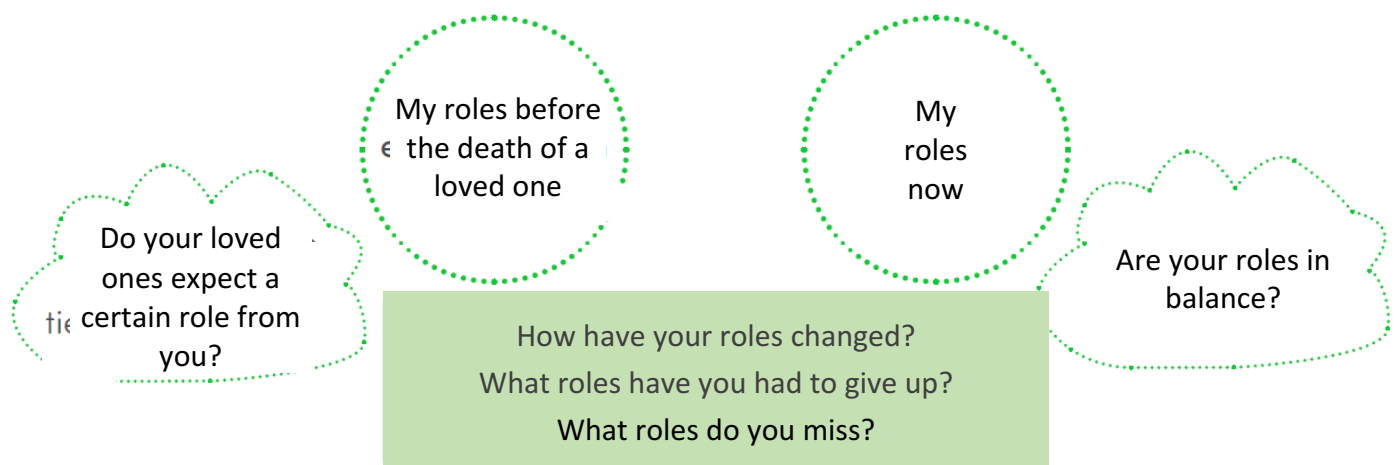
The following themes will be discussed:

- the effects of loss and grief on close relationships
- grief in the family
- recognition of the grief of a child
- grieving in the presence of a child.

ME IN THE CIRCLE OF CHANGE

- How has my grief changed (if it has changed)?
- What do I need right now in order to cope better? What does my grief require of me?
What is my situation now?
- How is my family doing, what is the situation of my family?
- What am I worried about – in relation to myself and/or my family?
Is there something I am relieved about?

CHANGED ROLES



ENCOUNTERING A BEREAVED PERSON

Discuss the matter and, if you wish, take notes on the discussion:

Discuss your experiences of how you have been encountered/treated by your loved ones/other people after the death of a loved one.

How would you have preferred to have been encountered/treated?

Discuss and write down your thoughts on 'the rights of the bereaved'.

GRIEF, GRIEVING AND COMFORT

Reflect on the subject, discuss it and, if you wish, take notes on the discussion.

- What kinds of things do I mourn?
- In what way do I mourn – my mourning ritual?
- In what way have we dealt with grief in our family? What about discussing grief with children, if you have any?
- What gives me comfort?

REMEMBERING THE LOST LOVED ONE

'Remembering is like walking between two islands' – the first of the islands is life before the death of a loved one and the second island is life after the death of a loved one.

When you grieve, you build a bridge to 'your new life', to this moment. While remembering loved ones, you carry valuable treasures over the bridge from one island to the other. At first it may seem difficult, almost impossible, to begin building the bridge, remembering. However, when grief works in you and you gradually confront the entire spectrum of grief, it becomes easier, comforting and dearer.

Reflect on and, if you wish, write down:

- What (memories) do you want to carry over the bridge to the other island, to this moment, to be used as building blocks of the future?
- What do memories and remembrance signify to you?

THE RESOURCES OF THE BEREAVED PERSON

Reflect on and write down one thing that you find important right now and that strengthens your well-being and ability to cope and promotes your adjustment to loss.

- What is it?
- What are my first steps, i.e., what are the first things that I will do in order to make the above-mentioned thing come true?
- Which resource/s will help me in doing so?

WHAT KINDS OF THINGS GIVE ME RESOURCES

Joint discussion:

- Attitudes and beliefs that aid in looking at things from a positive point of view and give strength.
- Support network: people who support me and who I am happy about.
- Life experiences which have made me stronger and taught me how to cope.
- Ways of taking care of my physical health and myself.
- How to help myself (pampering and other such means).

SUPPORTING RECOVERY

The task is to find concrete means of making the set objectives come true. How could recovery and the realisation of personal hopes be further promoted?

1. How could I learn to
 - have an open mind
 - discuss matters
 - maintain my personal boundaries
 - be strong and live
 - accept my life and myself
 - think about myself and my ability to cope?

Means:

2. How to support my ability to cope even when it is difficult?

Means:

3. How to start living my life again and find meaningful content for it?

Means:

4. How to get ahold of the good memories and moments that are connected with the lost loved one?

Means:

How to organise a functional peer group that will help those who have been bereaved by suicide?

How can one recover from a traumatic experience with the aid of peer support?

According to the received feedback, participating in a professionally managed peer support group has greatly helped many of the participants, significantly facilitated their recovery from the crisis, and alleviated their sense of hopelessness. Many experience a strong sense of loneliness in their grief, but the feeling is significantly alleviated by the sense of community created by peerness and the experience of being encountered and heard by the counsellors and other people who have suffered the same fate.

With the aid of recovery-promoting peer support activities, the participants' functional capacity can be enhanced and their loneliness, marginalisation, mental health problems, and suicides can be prevented.

A clear and progress-oriented structure is necessary in order for the group programme to be successful. This guidebook provides detailed instructions for the realisation of such a group discussion-based peer group.

The Finnish Association for Mental Health (FAMH) is the world's oldest non-governmental mental organisation, established in 1897. The association has carried out and developed peer support group programmes for bereaved by suicide since 1995. This handbook presents an implementation model for professionally managed support groups. The model is the result of long-term development work, and it has received positive feedback from the participants.

FAMH.fi