Extending our Reach:
Tele-Health Delivered Grief Support Groups for Rural Hospice

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Caring Connections

A HOPE AND COMFORT IN GRIEF PROGRAM
OF THE UNIVERSITY OF UTAH COLLEGE OF NURSING

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The Rural Challenge

• Provision of direct care is a challenge for hospice professionals in rural/frontier areas, and nurses, nurse aides, social workers, chaplains and physicians drive very long distances to provide hands-on care.

• Hospices in rural/frontier communities are under resourced; challenged by time and travel distance, clinician shortages and barriers to continuing professional education.

• Bereaved families are unable and unwilling to travel extended distances to participate in grief support programs offered by hospices serving rural communities.

Study Aims

- We developed, implemented and evaluated a distance-technology delivered grief support group program for grieving persons in underserved rural/frontier communities in Utah.

- We partnered with the Utah Telehealth Network to identify the suitable technology and delivery platform for implementation and evaluation of the program.

- We collaborated with one primary nonprofit hospice, Community Nursing Services (CNS) and two secondary nonprofit hospice agencies serving underserved/rural-frontier communities as partners in development and delivery of telehealth grief support groups for persons in their rural service areas.

Additional goals

- Workforce Development-training hospice staff in evidence-based care
- Move grief understanding and bereavement care earlier in palliative care service delivery
- Evaluate project for sustainability and translation beyond Utah

Collaborators

- We collaborated with Utah Telehealth Network and with one primary nonprofit hospice, Community Nursing Services (CNS) and two secondary nonprofit hospice agencies serving underserved/rural-frontier communities
  - CNS hospice Logan
  - CNS hospice Price
  - Gunnison Hospice and Home Care
  - Uintah Basin Hospice

Method and Procedures

- <u>Study design.</u> Feasibility and preliminary efficacy study of four 8-week grief support groups delivered via tele-health technology, co-facilitated by trained hospice agency social workers.
  - PI met with Hospice IDT to explain study and elicit referral support
  - PI trained hospice social workers in 8-session grief group intervention
- <u>Sample.</u> Grief group participants were identified by hospice agency IDTs as likely to benefit from bereavement support. All prospective participants from each agency were invited.

- Measures. Demographic information, Brief Grief Questionnaire, Inventory of Complicated Grief-Revised, relationship of decedent, time since death, circumstances of death, available supports, history of mood disorder, substance use, other losses, suicide risk.
- Facilitator assessed Clinician Global Assessment following each session.
- Manual adherence and skills performance of facilitators.

Technology. Chrome books and user-manuals distributed to participants-hot spots as needed. This was done to minimize variability in technology


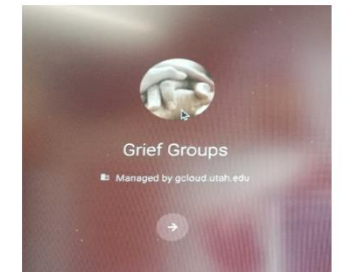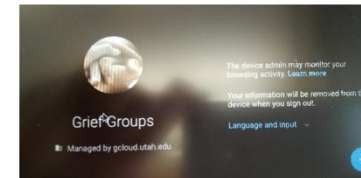User Instructions for Chromebook Laptop & Group System Function | Introduction

| Note: "Usage & History of this User can be viewed by the Administrator."	
STEP 1: Please keep the Chromebook laptop charging during group sessions by plugging the charging cable into laptop on the right-hand side of the laptop & then plug the other end of the cable into the power outlet. **STEP 2:** Turn on the laptop. ⏻	
STEP 3: Logging in to the laptop. a. Click on the "*Grief Groups*" b. Click on the error that shows below:	
STEP 4: Connect to the Wi-Fi/Internet a. Click on 🛜 (the Wi-Fi icon) located in the lower right-hand side corner of the screen. b. Click on "*No Network*" & select your Internet provider.	

- Intervention. The 8-week grief support program used in this study was developed
and efficacy tested by the PI,
is used in a large urban community,
and has been provided to
several thousand individuals.
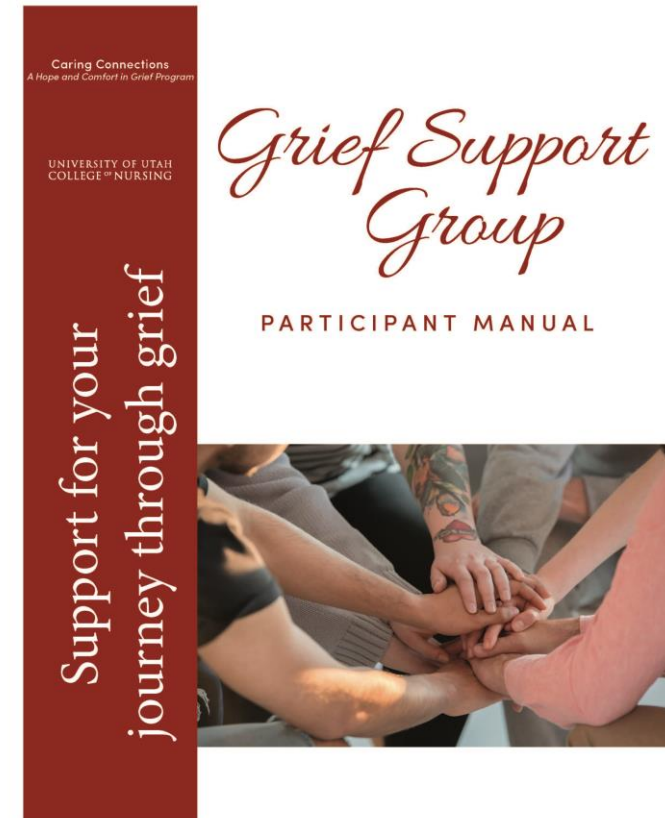
Results

Four tele-health groups were conducted serving a total of 26 individuals who completed the program. Our sample was largely female and Caucasian. Attrition was due to: additional death, job change, felt sudden death did not fit with group.

Six active co-facilitators

88 hospice staff trainees received pre-death and bereavement care best practices education

Feasibility

- Training of social workers was effective, and all social workers demonstrated highly satisfactory manual adherence and skill performance.

- Recruitment and retention

- Technology performance
  - Increased challenges with increasing rurality—addressed by hotspots

- Participant satisfaction and

- Social worker satisfaction exceeded goals.

Table 1. Demographics, n = 28

Variables: n(%), μ(sd)			
Age	56.93 (12.46)	**Previous Losses**	
Gender		Yes	26 (92.86)
Male	1 (3.57)	No	2 (7.14)
Female	27 (96.43)	**Date since death**	
Race		6-9 months	13 (46.43)
White	26 (92.86)	10-36 months	8 (28.57)
Latino-Hispanic/Other	2 (7.14)	>37 months	7 (25.00)
Relationship		**Death Unexpected:**	
Spouse	15 (53.57)	Yes	14 (50.00)
Child	7 (25.00)	No	14 (50.00)
Parent	4 (14.29)	**Death Preparedness:**	
Other	2 (7.14)	Not at all	12 (42.86)
Family living in the household		Somewhat	12 (42.86)
Yes	15 (53.57)	Very much	4 (14.29)
No	13 (46.43)		
		Therapy (current)	
Health status		yes	2 (7.14)
Poor	2 (7.14)	No	26 (92.86)
Fair/Good	12 (42.86)	**Thoughts of hurting/killing yourself**	
Very good	9 (32.14)	Yes	8 (28.57)
Excellent	4 (14.29)	No	20 (71.43)
Do not know	1 (3.57)		
		Previous experiences with depression / within last 5 years	
Additional Stresses			
Yes	8 (28.57)	Yes	16 (57.14) / 14
No	20 (71.43)	No	12 (42.86) / 2
		History of medication or substance use/overuse/abuse	
Medications (current)			
Yes	19 (67.86)	Yes	8 (28.57)
No	9 (32.14)	No	20 (71.43)

Note. Mean (μ), Standard deviation (sd).

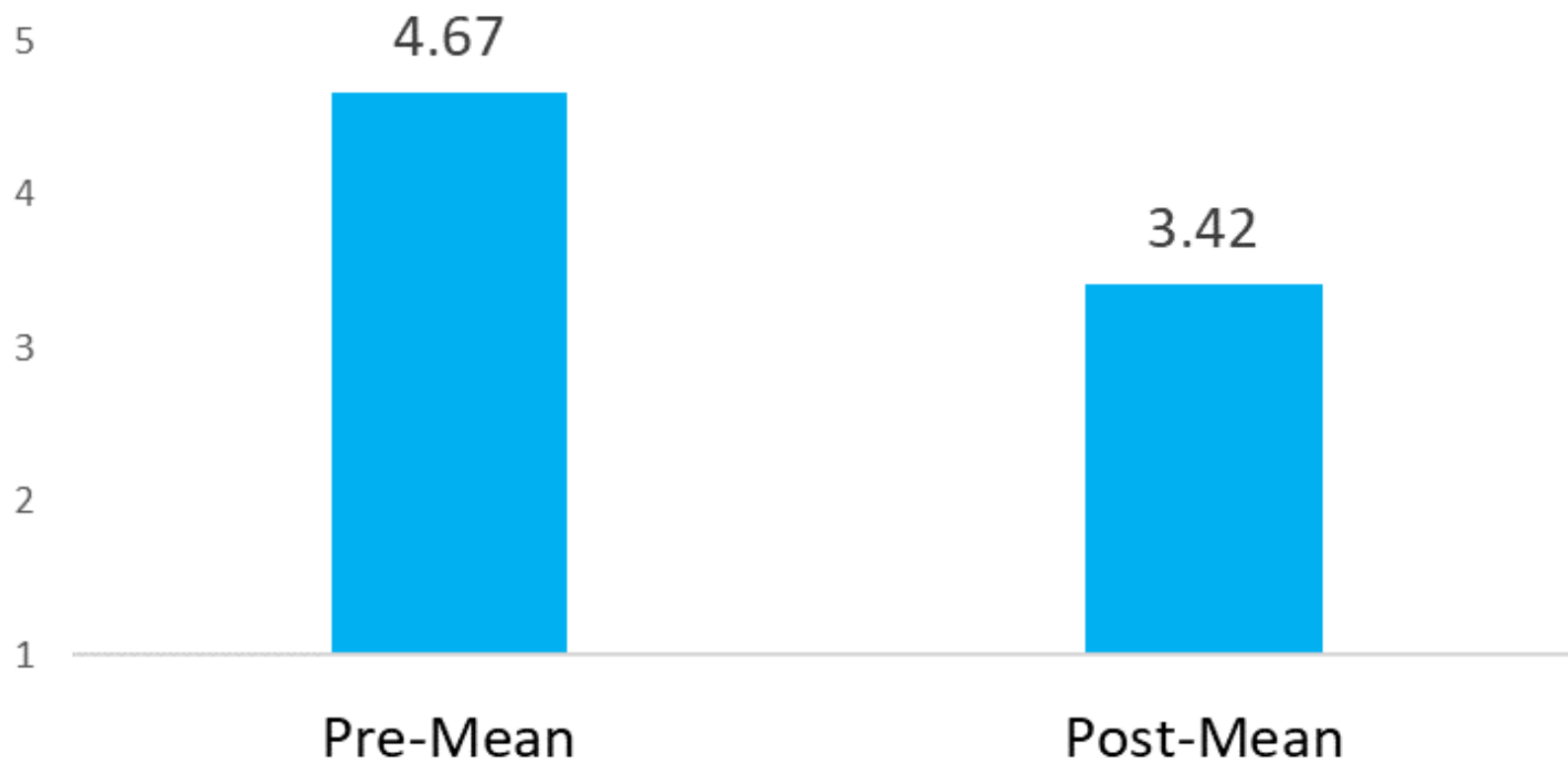# Clinical outcomes

Change in Mean BGQ Score

Figure 1. BGQ, *Brief Grief Questionnaire;* pre- mean score 4.67 (2.53), post- mean score 3.42 (2.70).

Change in Mean ICG-r Score

Figure 2. ICG-r, *Inventory of Complicated Grief-revised;* pre- mean score 28.08 (11.95), post- mean score 23.29 (12.45).

Table 2. Participant Change on Outcome Measures, n = 26

Outcome Measure	Pre-test (+) / Mean Rank	Post-test (–) / Mean Rank	z-score	p-value
BGQ	4 (6.75)	16 (11.44)	–2.93**	0.0034
ICG-r	4 (10.50)	19 (12.32)	–3.02**	0.0026

Note. ICG-r = Inventory of Complicated Grief-revised, BGQ = Brief Grief Questionnaire, Wilcoxon sign-rank test (z-score), (+) = Positive Ranks, (-) = Negative Ranks, *p < 0.05, **p < 0.001.
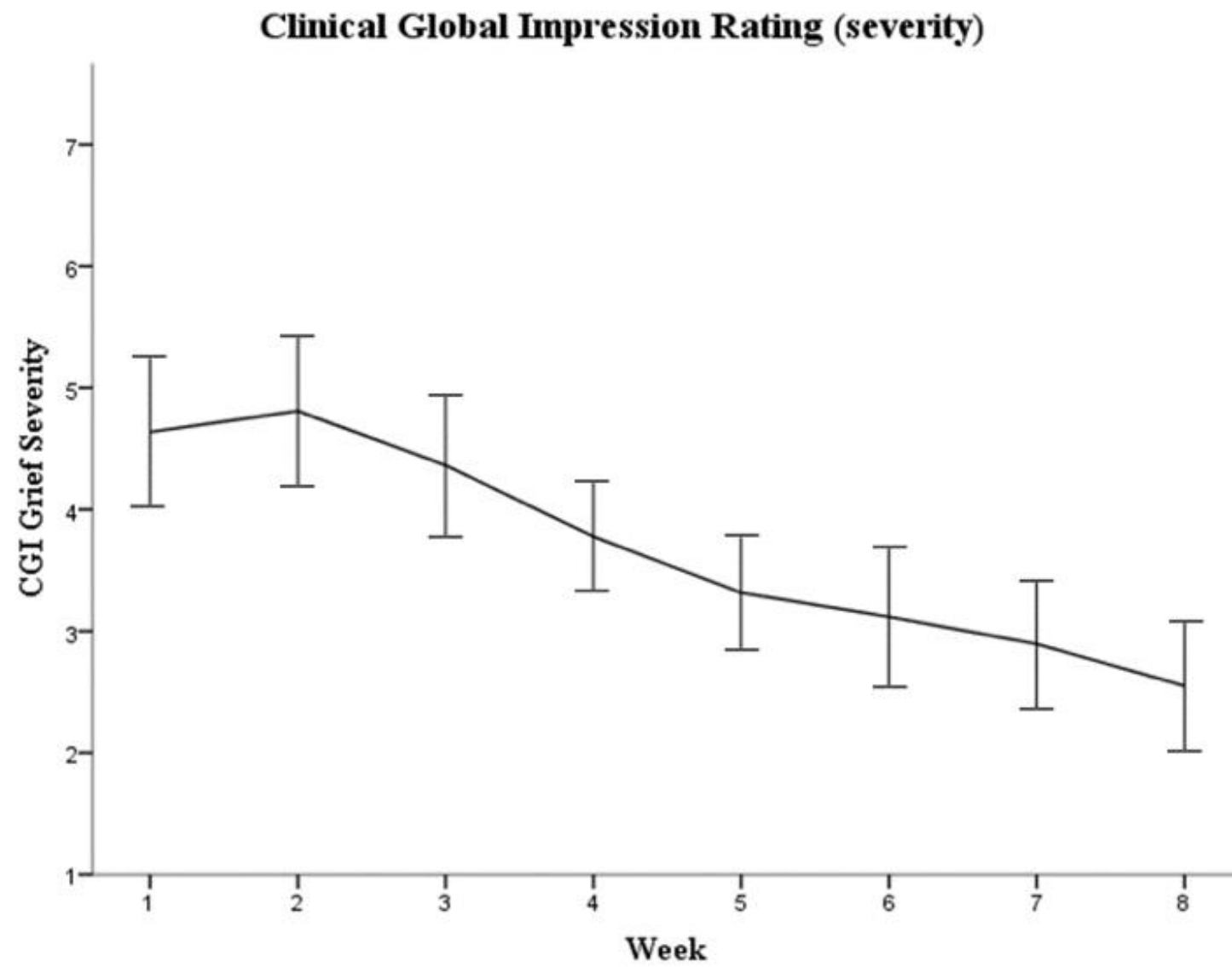
Clinical Global Impression Rating (severity)

Figure 2. Weekly change in participant grief status (CGI-severity)

Clinical Global Impression Rating (improvement)
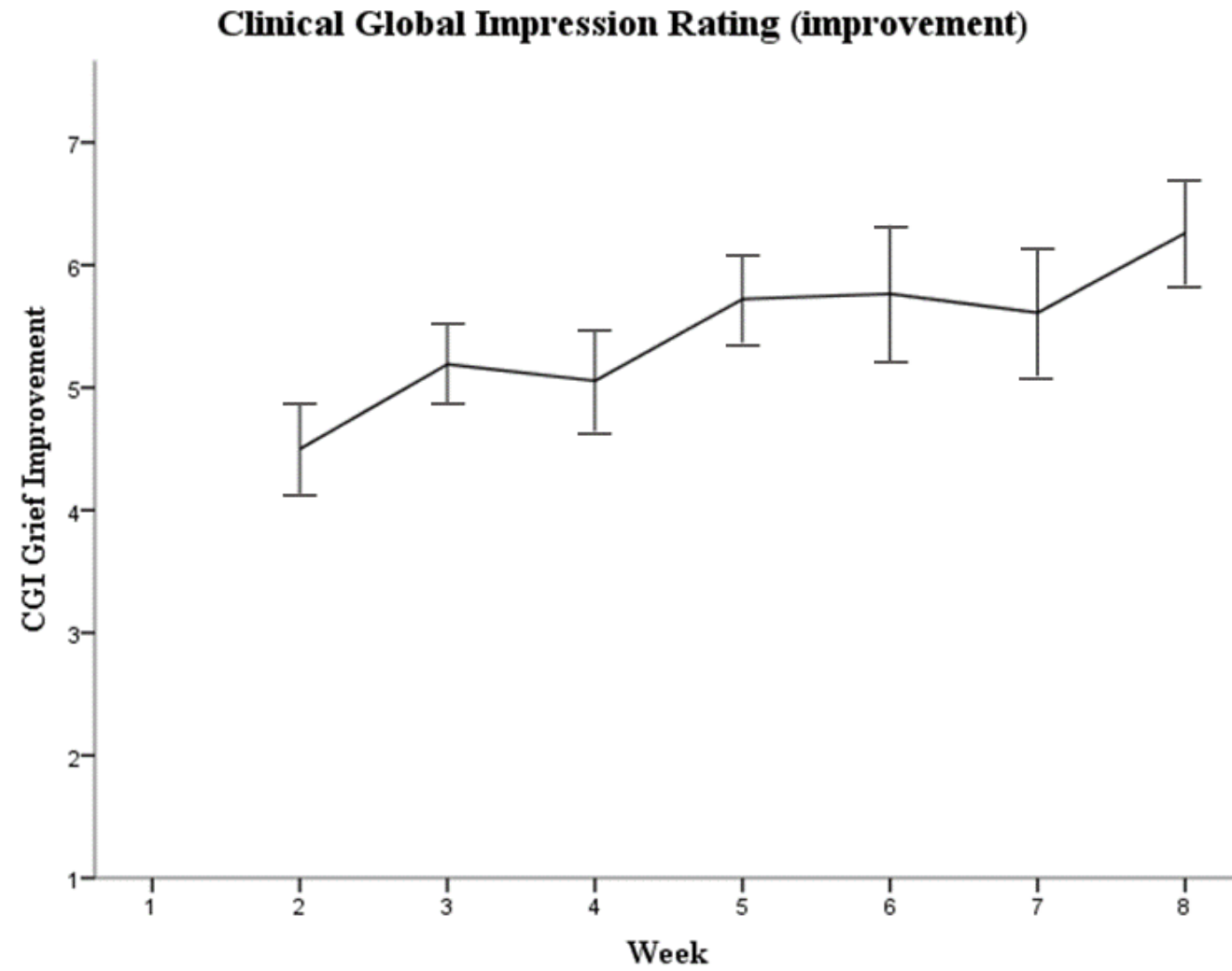
Figure 3. Weekly change in participant grief status (CGI- improvement)

Clinical Outcomes

- Support groups—
  not psychotherapy groups are
  suitable for hospice delivery
- Improvement in grief status
  aligns with Face 2 Face groups
- Participants were highly satisfied;

  felt they got personal attention, lowered isolation, high satisfaction
  with convenience—especially distance and weather concerns.

Conclusion

This project achieved broad impact through an innovative collaboration with rural hospice agencies, the State tele-health network and a university-based bereavement care program.

The Solution

- Grief support groups can provide effective, low cost support for bereaved persons, and are an essential component of comprehensive hospice and palliative care.

- Distance technology can provide grief support that exceeds the goals of the bereavement care requirement of the Medicare Hospice benefit, and optimizes evidence-based bereavement care.

- Distance technology is available, requires little additional equipment and can address the challenge of rural service delivery.

"Do not be daunted by the enormity of the world's grief. Do justly, now. Love mercy, now. Walk humbly, now. You are not obligated to complete the work, but neither are you free to abandon it."

Talmud (attributed)