

Stepped care in a hospice bereavement service: baseline distress, intervention type and outcomes



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Introduction: Bereavement services may offer different types of support according to assessed need [1,2]. We examined how people receiving individual bereavement support, support groups, counselling and cognitive-behavioural therapy (CBT) differed at presentation and in terms of outcomes.

Methods: We analysed routine data from 351 adults with a recorded bereavement intervention and CORE-OM [3] and/or PG-13 [4] measures. Interventions were selected through routine assessment, not allocated for comparative research. Demographics, baseline distress, sessions, and pre-post change were analysed using R [5].

Results / Discussion: Intervention groups differed by age ($p=.006$), sex ($p=.002$) and relationship to the deceased ($p=.001$). **Counselling and CBT recipients tended to be younger and were more often women and adult children**, while support interventions included relatively more spouses/partners.

Baseline distress showed a broad gradient with overlap. **Mean CORE-OM scores were 12.6 (mild distress) for individual support, 14.2 (top of mild distress) for support groups, 16.4 (moderate distress) for counselling and 18.5 (top of moderate distress) for CBT** ($p<.001$); corresponding PG-13 means were 32.9, 35.5, 36.2 and 38.5 ($p=.035$).

Median sessions attended were 3, 6, 11 and 12 respectively ($p<.001$). Among those with paired data on both measures ($N=141$), **improvement was seen in 64% of support-group participants, 67% receiving individual support, 77% receiving counselling and 83% receiving CBT**. Among paired cases initially above identified clinical thresholds, **51.9% achieved reliable CORE-OM improvement and 55.8% reliable PG-13 improvement** [6,7].

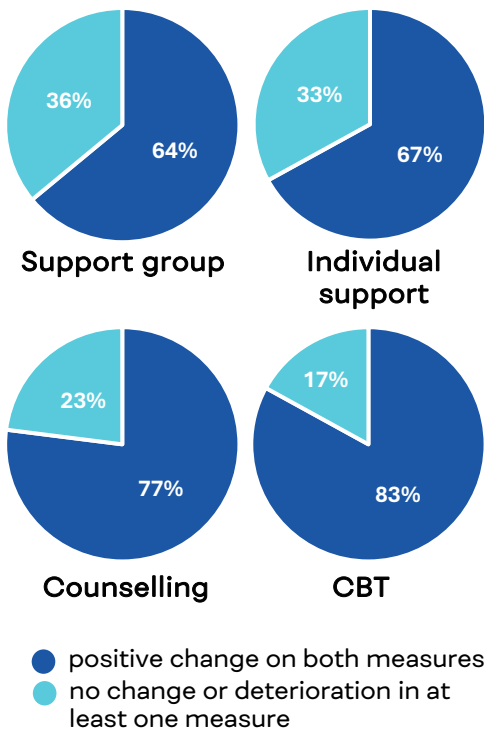
In multivariable regression models accounting for age, sex, relationship and attended sessions, **counselling was associated with greater improvement than support groups on both measures, and CBT with greater CORE-OM improvement**.

OUTCOME MEASURES

CORE-OM [3] measures general psychological distress across four domains: Functioning, Problems, Subjective Wellbeing and Risk, combined to provide a Total score (range 0–40. Higher scores indicate greater distress. Clinical cut-off is 10; reliable change was ≥ 5 points) [6]

PG-13 [4] measures grief-specific symptoms (range 11–55, higher scores indicate greater distress. Suggested threshold was 35; reliable change was ≥ 6 points) [6]

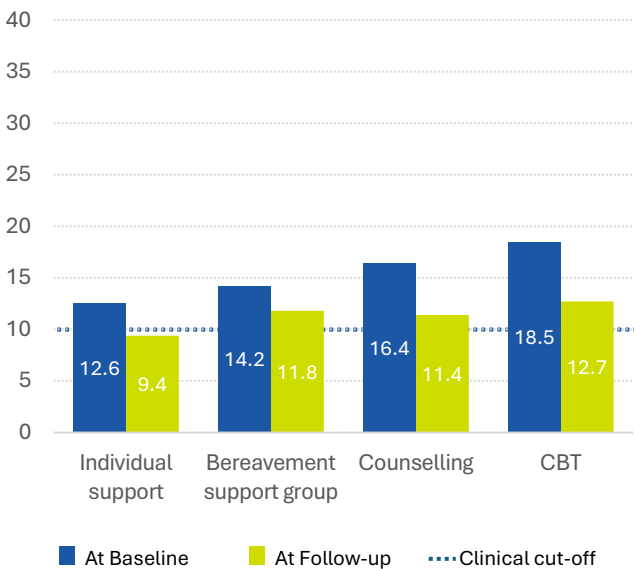
PERCENTAGE OF EACH INTERVENTION GROUP SHOWING IMPROVEMENT ON BOTH MEASURES



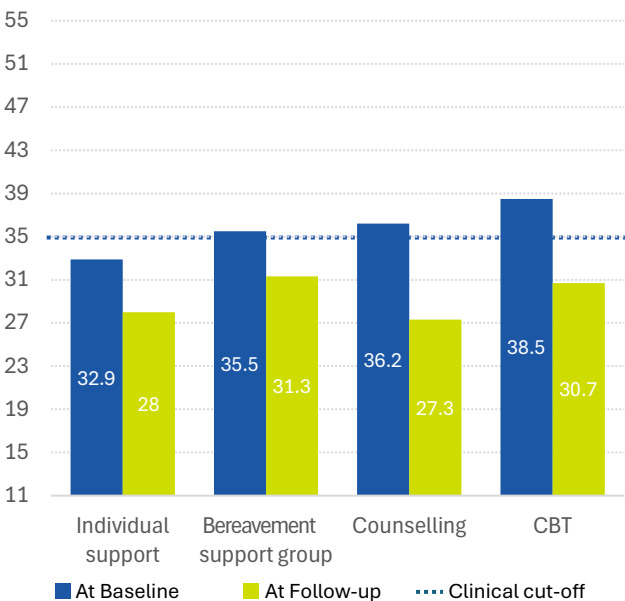
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CORE-OM MEAN CHANGE ($p=.011$)



PG-13 MEAN CHANGE ($p=.003$)



Conclusion: Improvement occurred across all interventions. Counselling and CBT groups generally had greater baseline distress, received more sessions, and had larger improvement. Routine allocation and differences between recipients mean these findings cannot demonstrate comparative treatment efficacy.