

Risk and protective factors

Conversational exploration of risk and protective factors throughout the trajectory of illness and care is recommended. Factors which may be considered are included below.



RISK FACTORS (NEIMEYER & BURKE, 2012)

Risk factors may include:

Background factors	Treatment-related factors	Death-related factors
Close kinship to the dying person (especially spouse or child loss)	Aggressive medical intervention (for example, intensive care, ventilation, resuscitation)	Bereavement overload (multiple losses in quick succession)
Minority ethnic status	Ambivalence regarding treatment	Low acceptance of impending death
Insecure attachment style	Family conflict regarding treatment	Violent death (suicide, homicide, accident)
High pre-loss marital dependence	Economic hardship created by treatment	Finding or viewing a loved one's body after a violent death
Religion and spiritual beliefs and practices (for some, religious/spiritual belief results in lower levels of grief and, for others, a stronger faith can lead to more severe experiences of grief)	Caregiver burden	Death in the hospital (rather than home)
		Dissatisfaction with death notification

PROTECTIVE FACTORS (HALL ET AL., 2012)

Resilience includes factors and mechanisms that shape a person's level of protection against adversities. Factors that enhance resilience may be related not only to personal attributes, but may be influenced by community and cultural factors.

Resilient individuals tend to (Boerner et al. 2013):

- draw upon past experiences of loss survival
- connect with their family and community of care
- draw upon religious and spiritual beliefs and practices
- identify internal and external strengths and resources
- reconstruct a world of meaning and personal identity following the loss
- draw upon the experience and support of other bereaved people
- have higher levels of practical support
- hold a belief in a just world and acceptance of death
- gain comfort from talking or thinking about the deceased

Best practice bereavement support for these individuals:

- identifies and reinforces their coping and positive achievements
- avoids interfering with their innate capacity for recovery
- avoids undermining or replacing their family and community as sources of social support


Conversational exploration of risk and protective factors see Hall et al., 2012, and WSLHD Bereavement Service Guidelines

EXPLORING BACKGROUND FACTORS

- Consider gender, ethnicity and nature of kinship to the dying person (especially spouse or child loss) – through demographics and self-report
- Explore nature of attachment style through prompts such as:
 - Did you experience the loss of a parent or other close loved one while you were a young child, for example, a sibling or a close family member?
 - How do you respond now, in terms of feelings, when you separate from people you care deeply about?
- Explore degree of pre-loss marital dependency
 - Explore nature of relationship e.g. To what extent is your wellbeing reliant on your partner?
- Explore religion and spirituality through prompts such as:
 - Do you consider yourself to be spiritual? Do you have beliefs or practices that help you to cope with stress, or difficult times?
 - Are you a part of a spiritual community? OR Is there a group of people who are important to you? Is this/are they of support to you, and how?
 - Note - see www.gwish.org for FICA spiritual history tool – a guide for spiritual conversations in the clinical setting.

EXPLORING TREATMENT-RELATED FACTORS

- Consider the experience of aggressive medical interventions
 - E.g. through discussion about the nature of the medical intervention from the bereaved person's perspective.
- Consider any ambivalence or family conflict regarding treatment
 - E.g through discussion about how other family members perceived treatment and the degree of consensus of opinion held by family members.
- Consider the potential for economic hardship created by illness or treatment through prompts such as:
 - Have you experienced financial hardship or accrued debt, had to borrow money from friends or family, or experienced a significant drop in your income as a result of illness or treatment-related expenses?
- Consider caregiver burden through prompts such as:
 - Is it very difficult to get help from your family in taking care of [name]?
 - How has [name]'s illness impacted on your daily life such as seeing friends or dealing with interruptions?
 - How has caring impacted upon your health?
 - Do you sometimes feel trapped or overwhelmed by the caring role?



Ideally these conversations are ongoing and conducted by more than one member of the involved interdisciplinary team. The information obtained is used to inform the team's clinical decision making regarding the level of risk of complex grief for carers and bereaved people.