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A logic model to guide 'My Grief My Way': An intervention development study for a digital psychological support package for unmet bereavement support needs

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ABSTRACT

Logic models are simplified graphics that guide the development and evaluation of complex interventions. This paper describes a logic model for an online intervention to improve coping and quality of life after bereavement. A combination approach to intervention development was used. Evidence was synthesized in iterative cycles from: (i) research literature; (ii) interviews with therapists; (iii) workshops with bereaved people; (iv) workshops with bereavement support professionals; and (v) expertise of the research team. The logic model illustrated the links between: risk factors for and indicators of grief support needs, contextual considerations for online interventions, intervention components, change mechanisms, short and long term intended outcomes at the individual and organizational level, as well as broader impacts. The logic model guided the intervention development process, fostering collaboration and synthesis of multiple sources. The description of the process will be useful to other intervention developers.

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Logic model; intervention development; bereavement; grief; online; digital health

Introduction

The evaluation of psychological interventions is complex and expensive. This has led to greater emphasis on the phase of intervention development.[1] A taxonomy of eight approaches to intervention development has been described by O'Cathain and colleagues, see Table 1.[2]

Given the complexity of intervention development, and the importance of patient and public involvement (PPI), methods are needed that can guide research teams and support communication. Logic models represent such a method.

A logic model is a graphical representation of the components of an intervention.[3] Logic models are flexible, but typically outline the intervention context, targets, mechanisms, moderators, and outcomes in the short and long term. This paper describes the development of a logic model to guide an intervention development study in bereavement support.

There is significant unmet need for bereaved people. Whilst approximately 60% of people grieve effectively with support from family and friends, around 30% require some additional support.[4,5] Around 10% require specialist support.[4,6] The COVID-19 pandemic led to an estimated 6.8 million bereavements in the UK in 2020–2021, an additional 750,000 compared to the average from 2015–2019.[7] Many of these bereavements were associated with higher grief support needs, as they were unexpected, people were not able to say

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Table 1. Different types of intervention development approaches.

	Type of approach	Description
1	Partnership	Intervention is co-produced with experts by experience
2	Target-population centred	Either person-based or user-centred. Intervention is informed by the views of the end user, though less participatory than a partnership approach.
3	Theory and evidence based	Intervention is based on existing theory and research evidence
4	Implementation based	Intervention is developed with a mindset to ensuring its ultimate adoption in routine practice settings.
5	Efficiency based	Components of an intervention are tested under experimental conditions to optimize efficiency.
6	Phased approaches	Interventions are developed in a series of steps.
7	Intervention specific	Development is guided by a particular type of intervention.
8	Combination approaches	Elements from each of these types of approach are integrated to inform and guide development.

Note: Based on O'Cathain *et al.*[2].

goodbye to the deceased, could not attend funerals, or could not visit friends or family.[8] Higher levels of prolonged grief disorder and other psychological conditions have been reported among people bereaved at this time.[9–12] Bereavement support services in the UK have struggled to meet the increased need.[7]

In response, we developed an intervention for the 30% of people considered to have moderate support needs. We wanted the intervention to be accessible, and based on strong theory and robust evidence. We chose Acceptance and Commitment Therapy or Training (ACT)[13] as the underpinning theory of psychological change, based on its theoretical and empirical strength.[14] We wanted the intervention to be person-based, co-produced with people who have lived experience of grief, as well as service providers and academic and practice experts in this field. We further wanted the intervention to be easy to implement into routine practice settings, and to address need at level 1 and 2 of the NICE Bereavement Support Framework.[15]

The need for accessibility and delivery at scale led the research team to focus on a digital health intervention (DHI). DHI is a relatively new and potentially controversial development in the field of palliative care.[16] Interventions in this space have either been considered 'high tech' or 'high touch'. Given the sensitivity of the topic, our team used expertise in psychological therapy to make a high tech DHI that also felt emotional, engaging, and relational, in an attempt to bridge these categories.

Given the complexity of inputs, processes and outputs, and the desire for a high degree of expert-by-experience engagement, a logic model was developed to guide and communicate the process.

Methods

Development approach

Based upon the taxonomy of approaches to intervention development,[2] a combination approach was taken. This included co-production, person-based, user-centred, evidence and theory, and implementation-based approaches. Five sources were integrated into the logic model, as illustrated in Figure 1 and described in the text below.

Engagement with people with lived experience of bereavement

Nine people with experience of grief were recruited via bereavement support charities, forming our Patient and Public Involvement (PPI) group. This group had diversity of experience of loss, gender and ethnicity. The group met via videoconference, between June 2023 and January 2024. They reviewed and contributed to all concepts, materials, media, and evaluation materials. They were paid for their time. The Public Involvement in Research Impact Toolkit (PIRIT)[17] was used to document their contribution.

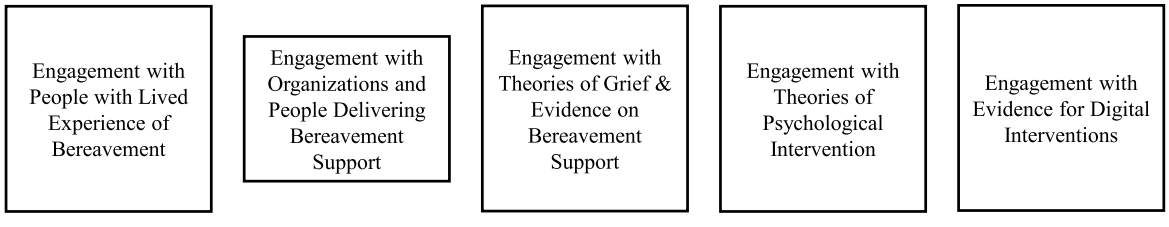

Figure 1. Sources used to create the logic model.

Engagement with organisations and people delivering bereavement support

The research team included senior people from national bereavement support charities. We also undertook a qualitative study of nine practitioners' experiences of using ACT with people who are bereaved. This study was published separately.[18]

Engagement with theories of grief and evidence on bereavement support

Members of the research team brought expertise relating to theory and evidence in grief and bereavement (e.g., Dual Process Theory[19]; Continuing Bonds Theory[20]; Meaning Making[21] and philosophical perspectives on grief).[22] Research data relating to thwarted or unsuccessful grieving, including controversies around Prolonged Grief Disorder as a diagnostic category were also part of these conversations.[23] Intervention outcomes were selected based on previous research by members of the team.[5,24] The intervention was also located within the Public Health Model for Bereavement Support and NICE three component model, as a component 1 and 2 intervention for those experiencing low to moderate levels of grief.[4,15]

Engagement with theories of psychological intervention

Our team included expertise in ACT and palliative care. We completed a scoping review of the literature for ACT in palliative care settings, which included ACT for bereavement.[25]

Engagement with evidence for digital interventions

The research team undertook a rapid review of the literature on using digital methods to support people after bereavement. This was published separately (citation removed for blinding).

Each of these sources of information and perspectives were shared with stakeholders via online and in person meetings, and emails. Our understanding of context, processes of change, and effective and thwarted grieving, was shaped in iterative cycles of interaction between August 2022 and September 2023. Data included recordings of meetings, shared notes, and the PIRIT tool.

An early draft of the logic model was shared with all stakeholder groups and discussed and refined between September and December 2023. This informed the My Grief My Way prototype intervention. This online intervention was user tested in a mixed methods evaluation from February 2024 to September 2024. Results for the evaluation are reported separately.[26] The details of the evaluation were shared in October–December 2024. This iterative synthesis resulted in the logic model presented in Figure 2.

Ethical considerations

The study was conducted in accordance with the principles of the Declaration of Helsinki, and ethical approval was granted by the University of Edinburgh School of Health in Social Science Ethics Committee, reference number CAHSS2309/02, and by the Research Governance Team of Marie Curie (Ref: 23MC008).

Results

Risk factors for higher grief support needs

Factors associated with higher grief support needs were articulated. These included financial hardship and social isolation, the relationship of the bereaved with care providers,[9,12,27] unexpected death, losses that do not fit the 'natural order',[28] reduced social network,[4,9,29] being unable to say goodbye,[12] multiple losses, a history of psychological difficulties,[29] and relationships involving abandonment, neglect, conflict or abuse. Many of these factors are interdependent and overlapping.

Indicators of higher grief support needs

This box illustrates aspects of presentation that indicate having greater difficulty with grief. Overwhelming negative emotions was considered common in people with higher grief support needs.[30] Overwhelming

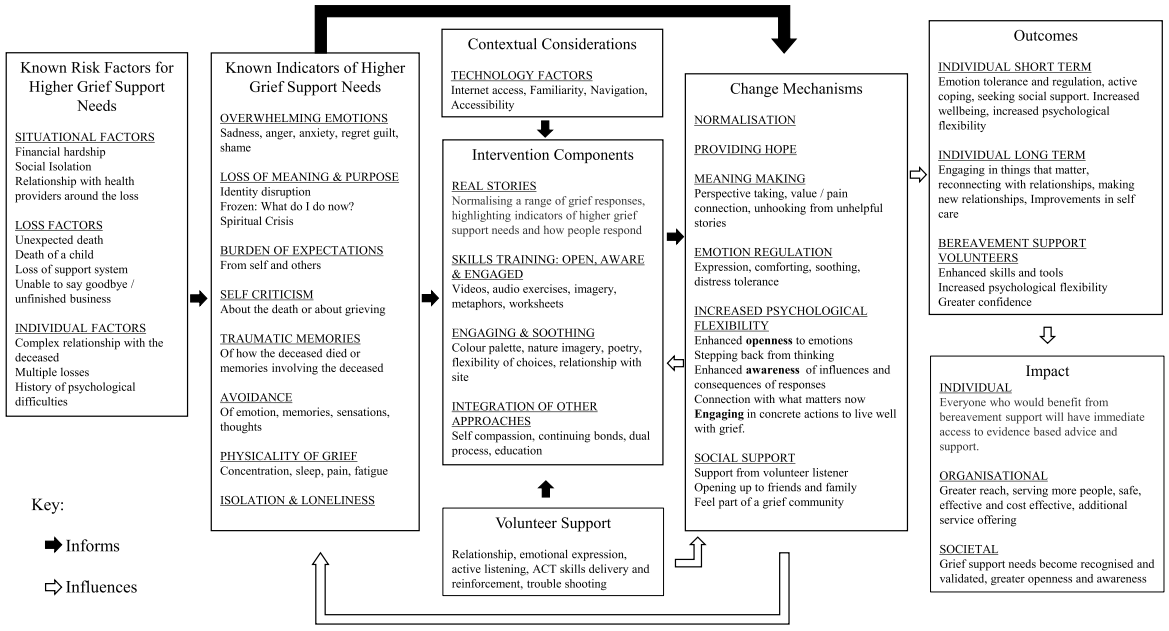

Figure 2. My Grief My Way logic model.

emotions could also be associated with traumatic memories either of the circumstances of the deceased's death, or of memories involving the deceased, such as abusive experiences.

Associated with both overwhelming emotions and traumatic memories were different forms of avoidance. All stakeholders agreed that when people engage in avoidance behaviours (e.g., suppressing memories, thoughts and feelings, not talking to people, substance misuse) grief remains higher for a longer period of time. Isolation and loneliness might result partly from avoidance (withdrawal), or as a result of multiple losses leading to a reduced social network.

Whilst many people will experience existential concerns following loss, there was a consensus that where this appeared frozen, or disruptive to identity, purpose, or faith that this was associated with higher grief support need.[21]

People who are bereaved may hold beliefs about how they 'should' be grieving.[31] Many experts by experiences shared that other people also hold expectations of how they should be doing. These were communicated through language such as 'moving on' or 'letting go'. Sometimes these communications were critical, such as 'You should be over this by now'. These expectations of self and from others were universally felt to be a burden, did not facilitate effective grieving, and could lead to anger towards other people, withdrawal, anger towards the self and self-criticism. The last theme in this element of the logic model referred to physical impacts of grief, such as minor illnesses, cognitive problems, fatigue, etc.

Contextual considerations

Digital poverty and digital literacy were critical in informing prototype development.[32] WHO guidance on the development of DHI was used,[33] including a focus on trust, privacy, avoidance of jargon, zero cost to the end user, accessibility across a range of devices, and ensuring that accessibility standards in the industry were adhered to (e.g., Web Content Accessibility Guidelines (WCGA) 2.2 AA).[34] Clarity of navigation was addressed in response to user feedback. In addition, levels of literacy were also considered, with plain language used, supported by images, video and audio.

Intervention components

This aspect of the logic model articulated how the intervention would maximize engagement and retention, address indicators of higher grief support needs, and operationalize the main change mechanisms.

Real stories referred to people with lived experience of bereavement agreeing to tell their story on camera. Including diversity of gender, ethnicity, age, and types of loss was also important. Interviews were unscripted, they were edited to create short films illustrating 'Indicators of Higher Grief Support Needs', organized by theme: 'Overwhelming emotions', 'How we block out the pain (Avoidance)', 'Unexpected or Traumatic Deaths', 'Loss of Meaning or Purpose', 'Burden of Expectations', and 'Physicality of Grief'. These films were engaging and normalizing.

'Skills training' refers to the main approach of My Grief My Way, which is Acceptance and Commitment Training, or ACT (Said as one word, rather than three letters).[13] A full description of the application of ACT for grief can be found in Gillanders *et al.*[35] Briefly, ACT teaches skills that help people to accept their own thoughts, feelings and memories openly, and to take specific actions that are in line with personally held values. The ability to do this is known as 'Psychological Flexibility'.[36] This means cultivating 'AWARENESS' (mindfully noticing what is influencing our behaviour). The second skill is an 'OPEN' response style (stepping back from thinking, cultivating an accepting stance towards challenging experiences). The final skill is an 'ENGAGED' response style. This means acting on our values. A wide variety of media were used to train psychological flexibility skills, including videos, metaphors, quotes, stories, images, short animations, worksheets, writing exercises, audio recordings, diaries, and monitoring forms.

The overall website aesthetic, and relationship that the user would develop with the site was considered. Consistency, trust and safety were enhanced by having the same presenter throughout the site. The use of a neutral, green colour palette, and nature imagery was chosen to be soothing. Other images presented a diversity of people, with representations of different ethnicity, age, gender and sexual orientation, designed to maximize inclusivity and psychological safety. Flexibility of choices was also deemed important, participants were encouraged to use the site in their own way, exemplified in the intervention's name, 'My Grief My Way'.

Finally, a number of other elements of psychological theory and bereavement support were integrated. These included education, links to practical supports (e.g., financial advice), and other psychological concepts such as self-compassion,[37] Continuing Bonds[20] and Dual Process Theory.[19]

Volunteer support

Initially one of the intervention components, volunteer support came to be seen as its own factor over iterations of the logic model, though some participants used the website without volunteer support. We therefore revised the logic model to separate the intervention components from the resource and the volunteer support. Volunteer support provided relationship, emotional expression, and active listening. The support volunteers had received training in ACT and were able to support the participants' use of the website. The evaluation of the volunteer training is reported elsewhere.[38]

Change mechanisms

In earlier iterations of the logic model, Psychological Flexibility was considered to be the primary change mechanism. This expanded over time to include a broader range of potential change mechanisms. Alongside Psychological Flexibility, enhanced emotion regulation, increased distress tolerance, ability to express emotions, self-soothing, receiving comfort from others, meaning making, normalization, optimism and social support were also important.

Outcomes

Individual short-term outcomes included greater emotion tolerance and regulation, and increase in active forms of coping. Long term outcomes were considered to be doing more of what matters in life, developing relationships, and investment in self-care.

Significant outcomes for the bereavement support volunteers were also noted, following training in ACT. These outcomes were enhanced skills and tools, their own increased psychological flexibility and greater confidence in providing bereavement support.

Impact

Impact refers to broader changes that are expected to result from the intervention. At an individual level, impacts included increased availability of evidence-based support, greater choice, increased autonomy and agency due to being able to use it in a way that suits need.

For support organizations, My Grief My Way could lead to serving more people in a cost-effective manner, as well as providing an additional service offering. This would be particularly relevant for people who would prefer not to talk to a counsellor or volunteer, or who do not need that level of intervention. In terms of broader impact at a societal level, an intervention like My Grief My Way may help improve public grief literacy[39] and help to de-pathologize grief.

Discussion

This paper provides an example of the use of logic models in intervention design, illustrating it with a logic model for online grief support. The logic model outlines the evidence for risk factors and processes, as well as indicators of, higher bereavement needs. Change mechanisms and intervention components were tightly organized in relation to these risk factors, indicators and processes, leading to clear links between understanding the context of the 'problem' and how the intervention will alter that. A range of outcomes and impacts were forecast.

One of the most useful aspects of logic models is their ability to integrate different sources of information and multiple perspectives. For instance – the contributions of distinct theories of grief, behaviour change, psychological functioning, evidence about grief trajectories, the experiences of bereavement support providers, the expertise of grief researchers and the experiences of people with lived experience are integrated in the logic model.

The development process was fundamentally relational. We had to engage well with multiple stakeholders and understandings of grief. The logic model enhanced communication, allowing stakeholders to see their contributions shaping our collective understanding. The development process required flexibility as the logic model evolved over time, particularly around our understanding of potential change mechanisms. Incorporating more diverse perspectives makes the logic model more useful to a broader population of practitioners and service providers. Iteration also came from the evaluation of the My Grief My Way intervention. The experiences of the bereaved participants and support volunteers led to new understandings of the intervention, its components and its processes. Logic models are fluid rather than static.

Implications for theory

Four distinct theories are represented in the logic model, these are 'Psychological Flexibility',[36] 'Dual Process Theory',[19] 'Meaning Making'[21] and 'Continuing Bonds',[20] the logic model integrates these well. This does not mean that the logic model represents a new theory of effective grieving. Instead, each of the grief theories describes psychological processes related to grief, and Psychological Flexibility is a pragmatic tool that operationalizes the processes of the grief theories.

For example, Psychological Flexibility gives strategies of how to support a continuing bond with the deceased, conceptualizing that as a valued commitment, as well as promoting awareness of consequences, allowing a person to decide whether their continuing bond is healthy or maladaptive. Other concepts integrated into the logic model include normalization and education. Values work can also help to create new perspectives. These are forms of meaning making.[21] Through meaning making, threatening experiences can be understood, transforming from overwhelming to knowable. With such processing emotions do not need to be avoided.

Implications for practice

The logic model can inform assessment of bereavement support needs. It suggests differing levels of support need and outlines indicators. Organizations may benefit from developing alternative service offerings,

varying in intensity according to need. These could be self-directed or volunteer supported. Professionals who support people after bereavement could incorporate My Grief My Way into their practice, using it to structure support, offer homework and reinforce the work. This could also be used to support bereavement group work.

Strengths and limitations

Strengths of the logic model include the interdisciplinary integration of multiple theoretical perspectives, the co-production approach, the synthesis of multiple sources and the tight link between indicators, components and change mechanisms.

In terms of limitations, the logic model developed iteratively and interactively and the generation of every aspect of it is difficult to precisely pinpoint. A further limitation is that we began from the point of view that ACT and Psychological Flexibility would be a useful framework for this project. It is possible that had we started from a more neutral set of experiences and learning histories that we may not have oriented this work towards that theoretical domain. However, it is a framework that has utility and evidence across a wide range of problems,[14] and therefore was a natural starting point for this endeavour.

A final limitation is that the unique perspectives and histories of all parties shaped the logic model that we produced. We made considerable efforts to engage and recruit a diversity of voices, including diversity of gender, ethnicity, sexual orientation, and multiple types of losses, experiences of bereavement support and grieving. However, a different group of stakeholders may have emphasized or de-emphasized certain features of the logic model.

Future research

Logic models are subject to continual evolution, and as future research evidence is gathered so this model may be refined. Evaluation of My Grief My Way is reported elsewhere,[26] further research with controlled trials, as well as with routine implementation is indicated. The logic model provides a useful starting point from which to develop other logic models, such as an implementation model outlining pathways to adoption in routine service settings. In addition, the logic model can also guide adaptations of My Grief My Way for other populations such as children or people with intellectual disability. Finally, a future study could adapt the logic model to develop a more intensive intervention for people who meet criteria for Prolonged Grief Disorder.

Conclusion

This paper outlines the co-production of a logic model that guided an intervention development study to increase access to evidence-based support in this area. Findings support the use of logic models as pragmatic and useful in guiding the development and evaluation of complex interventions.

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Ethical considerations

All procedures described in this study were reviewed and approved by the Clinical Psychology Ethics Committee of the School of Health in Social Science (Ref: CAHSS2309/02) and by the Research Governance Team of Marie Curie (Ref: 23MC008).

Consent to participate

All research participants and bereavement support volunteers in this study provided written informed consent to participate.

Consent for publication

All research participants and bereavement support volunteers in this study provided written informed consent to publish anonymised findings.

Data availability statement

Data are not available for sharing.

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