



# The efficacy of a facilitated support group intervention to reduce the psychological distress of individuals experiencing family estrangement

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## ABSTRACT

**Background:** Stand Alone is a charity operating in the United Kingdom that supports adults who are estranged from a family member. The charity recognises that those who experience estrangement from a family member experience sadness, anger and a sense of loss. Due to stigma, they rarely disclose their experiences of estrangement to others.

**Objective:** To assess the efficacy of a six-session facilitated support group intervention for individuals experiencing family estrangement in reducing psychological distress.

**Methods:** Attendees (N = 263) completed the CORE-10 questionnaire assessing psychological distress at registration and at completion of the groups. They also completed a brief survey at each time-point, including an open-ended question about how they felt the support groups had impacted their wellbeing (N = 51).

**Results:** Attendees experienced a statistically significant reduction in psychological distress, with average scores of distress falling from moderate levels of distress to mild. After attending the groups, attendees felt less alone and less ashamed.

**Conclusion:** Six-week facilitated support groups are an effective way of reducing psychological distress for individuals experiencing estrangement from a family member, helping attendees feel less alone and ashamed.

**Practice implications:** Through facilitated support group intervention, it is possible to reduce the psychological distress of those individuals experiencing family estrangement.

## 1. Introduction

Relationships between adult family members that are distant or inactive are increasingly referred to as 'estranged' (Blake, 2017). There is no one agreed upon definition of estrangement: qualitative researchers have focused on the negative quality of the relationship and the intentional decision of at least one family member to initiate and maintain distance, and quantitative researchers have focused on the absence of contact between family members. There is, however, consensus in how estrangement is conceptualised: as a healthy response to an unhealthy situation (Agllias, 2011; Scharp & Dorrance Hall, 2017). Recent studies indicate that family estrangement is far from rare. For example, in a nationally representative sample of approximately 10,000 adults in Germany in which data were analyzed over ten years, 9% had experienced estrangement from a mother and 20% had experienced

estrangement from a father (Arránz Becker & Hank, 2021).

The factors that contribute to family estrangement are diverse with experiences that might contribute to estrangement including: children experiencing sexual, physical, and/or psychological abuse and/or neglect; poor parenting and feelings of betrayal; drug abuse, changing family forms, disagreements, romantic relationships, politics, homophobia, and issues relating to money, inheritance, or business (Blake, 2017). Family estrangement may also be initiated or exacerbated by physical and/or mental health problems in the family (Agllias, 2015; Conti, 2015; Mitrani & Czaja, 2000; Scharp et al., 2015).

Parents who are estranged from their adult children report feeling sad, shocked, angry and disappointed (Agllias, 2013, 2015; Jerome, 1994). These feelings are also experienced by adult children who are estranged from a parent/s (Agllias, 2017a). Parents who are estranged from a family member experience also loss, feeling that they have lost

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their role in the family, especially for mothers when this role had given them meaning and purpose in their lives (Agllias, 2013). Adult children likewise experience the loss of the emotional, financial and practical support that family members can provide to one another (Agllias, 2017a; Bland, 2018).

Those who are estranged also perceive and/or experience stigma about family estrangement (Agllias, 2011; Blake et al., 2015; Scharp & Thomas, 2016). Parents feel ashamed and like they are not “normal” (Agllias, 2013) and adult children often feel pressure from those around them to maintain their parental relationships (Scharp & Thomas, 2016). They also feel compelled to keep this information private, and when they have disclosed their situation to social networks, feel unsupported (Agllias, 2017b; Scharp, 2016). Estrangement from a family member can have a ripple effect, having a negative impact on the individual’s relationships with friends, colleagues and other family member (Agllias, 2017a; Bland, 2018; Scharp, 2016).

Despite the feelings of loss, anger and disappointment that estrangement may cause, and the consequent social isolation, the psychological well-being of those experiencing family estrangement has received little research attention and researchers have not yet examined or explored therapeutic interventions that could potentially alleviate distress for this community. The data presented in this paper is therefore the first to assess the efficacy of a facilitated support group in alleviating the distress of individuals experiencing family estrangement.

## 2. Stand Alone

Stand Alone is a charitable organisation founded in 2012. Like many community interventions, it was formed around a problem with a profound personal and cultural meaning (McLeroy et al., 2003). The organisation was founded by the second author after writing about family estrangement in *The Guardian*, a national newspaper in the United Kingdom (UK). This article addressed the stigma around disclosing family estrangement during the festive period in the UK, where the pressure to reconcile with family is often as its strongest. This received a supportive response from readers in similar positions, who wrote to the author to express their appreciation, as well as their newfound relief that they were not the only individual who had an estranged relationship with family. A group of these respondents were brought together in London, who subsequently talked further about the article, and who had expressed an interest in forming a charity to raise further awareness and create supportive connections.

Within this initial group, a significant number felt they had experienced unrecognised and undisclosed abuse from a family member. This group were estranged from a mix of siblings, parents, children or wider family members, and despite different perspectives, agreed that there were key similarities in the estrangement experience. There was discussion of the emphasis in society towards reconciliation, and a frustration that resolution felt forced upon them by their peers and caring professionals, when they were estranged primarily to safeguard their emotional, sexual and physical health. This is a point that was later discussed in research around the experiences of estranged family members when accessing counselling support (Blake et al., 2019). The group were not anti-reconciliation, and recognised it was right for some families, but felt distressed by the position that it was best for everybody. The group reported that this first meeting, although informal, had a positive impact on their emotional wellbeing and that they felt much less isolated and more part of their local community and society.

The second author constituted the charity Stand Alone in 2013 with the Charities Commission for England and Wales, with the stated intention to promote social inclusion of estranged adults. The charity was purposefully neutral towards reconciliation and included all estranged family members, whoever they were experiencing estrangement from.

The charity initially offered six-session, facilitated support groups in London for estranged adults. The group model developed significantly

from a peer-led model for the first six months, to being led by local counselling professionals, who the charity felt were better able to safeguard and manage the complex needs of those attending the groups. The charity attracted funding for these groups from a range of funding bodies and two private donors. These were evaluated and scaled over six years to reach 2011 estranged adults in six regions of the UK.

The community growing out of these groups has made a significant impact to national awareness-raising around family estrangement in the UK, USA and Canada. Many of the attendees of the groups have chosen to share their experiences of family estrangement in TV media pieces, blogs or videos. Cumulatively, these pieces have been seen, read or heard by audiences of several million. This has helped others who are feeling alone with family estrangement to find the support groups and the charity. The charity now supports beneficiaries from varied backgrounds, many of whom have been distanced by family for coming out as LGBT+ or for rejecting the morals, values and beliefs of religious families, or who have been excluded from families or alienated from their children after divorce and re-marriage.

## 3. The facilitated support group intervention

The charity has run therapeutic support groups with the intention that people can openly discuss estrangement with a group of people who shared similar experiences. The groups were advertised as a supportive and non-judgemental space with a neutral stance towards reconciliation.

The groups met fortnightly for three months, with each session lasting 1.5 hrs. They were facilitated by a qualified and accredited UK counsellor, who were selected for having an open, non-judgemental attitude to family issues and a non-directive stance regarding the desirability of reconciliation. We use facilitators who are experienced therapists or counsellors as we find that the dynamics that arise in our groups can be challenging to work with whilst maintaining a supportive and helpful group space. Our beneficiaries have often experienced trauma and adverse childhood experiences. Being in a group can be a reminder of being part of a family which can provoke anger, shame, and hurt showing itself at times as challenging behaviour. The role of the facilitator is to encourage a group space that feels safe enough for everyone to share something of themselves and their experiences. The facilitator may have to encourage some people to talk about how they feel whilst encouraging others to listen or to try to connect with what others are saying.

Stand Alone have run groups in six cities in the UK (Brighton, Bristol, London, Sheffield, Manchester, Newcastle). The groups were open to any adult aged 18 and over who identified as being estranged from a parent, child or sibling. Most groups took place in a community setting and a minority of groups took place in specific settings and were targeted at specific communities: two groups were conducted in a prison setting, one in a probation service setting and another in a homeless shelter.

Attendees found the groups through online searches for support for family estrangement and after reading relevant online media articles; others were referred or signposted through local charities and services. For those groups carried out in a prison setting, information about the groups was put into all cells, and prison staff and trained peers approached those who they felt may benefit.

The therapeutic support groups were comprised as follows: 1) parent groups: for those experiencing estrangement from a child, or a child and multiple family members; 2) adult child groups: for those experiencing estrangement from a parent, a parent and multiple family members, or for a minority, a sibling; 3) mixed groups: for attendees experiencing estrangement from a parent, a child, a sibling or multiple family members. In Bristol, Sheffield and Manchester, attendees were assigned to groups depending on whether they were estranged from a parent or a child. In Brighton, London and Newcastle, attendees were offered a choice as to whether to join the group that was applicable to them (adult child or parent) or to attend a mixed group. All of the groups that ran in

prison settings were mixed groups. The groups operated with a similar structure in each area and with each different cohort, allowing for slight differences in style with different counselling facilitators. An overall impression of the parent groups is that many of the parents of estranged children were seeking reconciliation, and this was allowed as a focus for these groups. In contrast, attendees in the adult child groups were more focused on moving on and moving forward with their lives independent from their estranged relatives, although reconciliation was also discussed when raised by the members of the group.

We developed a list of themes that arose over a number of years but would also ask the members of each group what topics or questions they wanted to focus on and devised a loose structure for the six sessions. The themes usually included: times of year that are particularly difficult when estranged e.g. birthdays, Mother's/Father's Day, Christmas, estrangement as a bereavement or loss, shame, self-esteem, and developing relationships when estranged from family, talking about estrangement, trigger points, trust and intimacy.

Coping mechanisms, techniques and further reading were also suggested for groups where appropriate. To retain the focus of the groups, facilitators guided conversation away from lengthy revelations of why the estrangements may have taken place, and where possible, focussed the group discussion on the present feelings around being apart from family member(s). Our group sessions vary from quite a pragmatic focus such as sharing ways of coping with Christmas to being a space for sharing experiences of feeling ashamed and alone that are witnessed by and responded to by others in the group who can relate. Sometimes the sessions allow group members to make more sense of their estrangement or have the impact of showing participants that they and others are valuable human beings, rather than the terrible people they may feel themselves to be due to their experiences of being ill treated.

For safeguarding reasons, the facilitator sent a letter to the doctor of any attendee who expressed an intention to harm themselves or others. For those disclosing past abuse, signposting to relevant avenues for reporting historic abuse were given.

#### 4. Purpose of the study

The analyses presented in this paper had two aims: 1) to assess the efficacy of a facilitated support groups in reducing attendees' levels of psychological distress, and 2) to explore how attendees felt the groups had affected their psychological well-being.

### 5. Methods

#### 5.1. Procedure

Attendees completed a questionnaire measuring psychological distress at two time points: when they registered the group (TP1) and at completion of the groups (TP2), between one day and two weeks after the last session. At TP1, those attendees who showed levels of distress that were severe were given a brief telephone interview to check it would be in their best interests to join a group. Facilitators ascertained if the individual had support mechanisms other than the support group in place in the event they found group material stressful or triggering. In some cases, those attendees who were considered to be unsuitable for the groups in the first session were referred to counselling support services.

Attendees also completed brief survey at both time points. The survey at TP1 obtained demographic data as well as information about attendees' experiences of estrangement (e.g. who they were estranged from, the reasons for their estrangement) and their mental health. At TP2 the survey collected data on the attendees' experience of attending the groups. Attendees consented to their data being used for the purposes of support group allocation, safeguarding, and the evaluation of the group intervention.

#### 5.2. Instruments

Attendees completed the Clinical Outcomes in Routine Evaluation (CORE10) (Connell & Barkham, 2007), a 10-item of psychological distress that was completed online. It comprises 10 questions that cover anxiety, depression, trauma, physical problems, functioning and risk to self. It has been shown to be an acceptable and feasible instrument with good psychometric properties (Barkham et al., 2013). Scores range from 0 to 40, with higher scores indicating higher levels of distress. Scores above 11 indicate psychological distress within the clinical range. Reductions in distress that were 6 points or more between TP1 and TP2 are considered to be reliable, beyond that likely based on measurement variability.

Attendees also completed two brief online surveys. The first survey obtained demographic data as well as information about the attendees' experiences of estrangement, such as who they were estranged from (mother, father, daughter son, brother, sister, other), the reasons for their estrangement (open text response) and whether they had a formal diagnosis of a mental health condition (anxiety, depression, grief disorder, personality disorder). In the second survey, attendees were asked about their experience of attending the groups. In an open-text format question, attendees were asked to expand upon how the support groups had a lasting effect on wellbeing.

#### 5.3. Participants

In total 612 individuals were allocated to a support group. This paper presents data from 263 attendees who filled in the CORE 10 and surveys at both time-points. Those did not complete CORE10 at TP2 had dropped out of the group before or after it started; missed the last session of the group; did not respond to prompt emails after the group finished; or they did not wish to provide feedback.

The 263 attendees whose data are reported in this paper were assigned to the following groups: 16% (N = 43) attended a parent group; 41% (N = 109) attended an adult child group (N = 109) and 42% (N = 111) attended a mixed group. Of the 111 who participated in the mixed groups, 8 were in a probation service setting, 20 within a prison service or and 6 in Crisis Skylight homeless shelter.

Demographic data of the 263 attendees is presented in Table 1 and information as to which family members attendees were estranged from is presented in Table 2. The groups attracted people who had been estranged or disowned for a number of reasons, these included but are not limited to: surviving physical, sexual and emotional abuse, LGBT+ family rejection, issues around divorce and re-marriage, surviving honour abuse and honour-based violence, incarceration, drug and alcohol abuse and family mental health problems.

Table 3 presents data on attendee's mental health status. Fifty one percent (N = 134) attendees confirmed that they had been diagnosed with a mental health problem, with the most prevalent being depression. However, it is possible that attendees who did not answer this question (49%) did not have a diagnosis, or that they did have diagnoses but chose not to answer this question. Table 4.

**Table 1**  
Demographic data of attendees.

Group	Age N, M (SD)	Gender N, F (%) M (%)
Parent N = 43	38, 58.89 (11.62)	39, F = 32 (74.4%) M = 7 (16.3%)
Child N = 109	99, 43.85 (10.55)	103, F = 89 (82%) M = 14 (12.8%)
Mixed N = 111	47, 48.13 (11.95)	107, F = 76 (68.5%) M = 31(27.9%)
Total N = 263	184, 48.05 (12.52)	249, F = 197 (74.9%) M = 52 (19.8%)

\*percentages do not add up to 100 due to missing data

**Table 2**  
Estrangement details of attendees of all groups.

Group	1 or more parents	1 or more children	1 or more siblings	Multiple family members	Other	Missing
Parent N = 43	–	32 (74%)	–	9 (21%)	–	2 (5%)
Child N = 109	28 (26%)	–	6 (5%)	73 (67%)	–	2 (2%)
Mixed N = 111	14 (13%)	24 (22%)	9 (21%)	33 (30%)	10 (9%)	21 (19%)
Total N = 263	42 (16%)	56 (21%)	15 (6%)	115 (44%)	10 (4%)	25 (9%)

\*Percentages do not always add up to 100% as attendees could select more than one kind of family member.

5.4. Data analysis

Quantitative data were analysed in SPSS (version 24) in two stages:

- 1) Demographic data: the relationship between demographic (age, gender) and the CORE 10 total scores were examined.
- 2) Mixed Factorial ANOVA: this approach was utilised to allow differences between the groups (parent child and mixed), over time (TP1, TP2) to be examined. An item-by-item analysis was then conducted to examine which aspects of physical distress had reduced between TP1 and TP2.

Qualitative data were analysed using a thematic analysis approach (Braun et al., 2006). Following familiarisation with the data, initial codes that closely resembled the respondents’ own words were generated, which were then collated into themes. The themes were reviewed, defined and named and extracts were selected. The analysis was guided by the principles of qualitative description, which aims to report participants’ motivations and experiences in as close a way as possible to their own interpretation (Sandelowski, 2000).

6. Results

6.1. Quantitative data

6.1.1. Demographic data

No relationships were found between attendees’ levels of psychological distress and their age or gender. The attendee’s age did not correlate with their scores at TP1 (N = 184,  $r = 0.04, p = .587$ ) or TP2 (N = 184,  $r = -0.01, p = .861$ ). As for gender, At TP1, the mean scores of men (N = 52, M = 17.75, SD = 7.95) and women (N = 197, M = 17.19, SD = 7.04) did not differ significantly:  $t(247) = 0.49, p = .622$ . Likewise, at TP2, the mean score of men (N = 52, M = 13.79, SD = 7.41) and women (N = 197, M = 13.39, SD = 6.88) did not differ significantly:  $t(247) = 0.37, p = .712$ .

6.1.2. Mixed factorial ANOVA

The effect of time (TP1, TP2) was significant  $F(1, 260) = 83.051, p =$

**Table 3**  
Mental health diagnoses of Attendees.

Group	Confirmed diagnoses	No response	Depression	Anxiety	Grief Disorder	Personality Disorder
Parent N = 43	29 (67.4%)	14 (32.6%)	23 (53%)	5 (12%)	1 (2%)	2 (5%)
Child N = 109	72 (66%)	37 (34%)	49 (45%)	34 (31%)	1 (1%)	4 (4%)
Mixed N = 111	33 (29.7%)	78 (70.3%)	24 (70%)	8 (7%)	3 (3%)	–
Total N = 263	134 (51%)	129 (49%)	96 (37%)	47 (18%)	5 (2%)	6 (2%)

\*Attendees could select more than one diagnosis

.001. The interaction effect between time and group was non-significant:  $F = 0.906(2, 260), p = .405$ . For attendees in all three groups, scores of psychological distress were lower at TP2 than TP1.

The percentage of attendees in each group who experienced a reduction of psychological distress (70%) did not differ significantly:  $\chi^2(2) = 0.167, p = .920$ . Likewise, the percentage of attendees in each group who experienced a reduction of psychological distress that was 6 or higher (35%) did not differ significantly between groups:  $\chi^2(2) = 4.405, p = .111$ . An item-by-item analysis of the CORE 10 at TP1 and TP2 is shown in Table 5.

6.2. Qualitative data

In the survey completed TP2, 51 attendees provided an explanation

**Table 4**  
Attendees scores on the CORE 10 at TP1 and TP2.

Groups	TP1	TP2	Reduction of distress	Reduction of distress 6 + points
Groups	M (SD)	M (SD)	N (%)	N (%)
Parent N = 43	18.58 (6.52)	13.63 (7.43)	31 (72%)	24 (55.8%)
Child N = 109	16.46 (7.42)	12.85 (6.86)	75 (69%)	38 (34.9%)
Mixed N = 111	17.73 (7.14)	14.30 (6.94)	78 (70%)	31 (27.9%)
All N = 263	17.34 (7.18)	13.59 (6.99)	184 (70%)	93 (35%)

**Table 5**  
Item by item analysis of the CORE 10 at TP1 and TP2.

Item	Problem Area	Significant change between TP1 and TP2		
		Parent t	Child T	Mixed t
I have felt tense, anxious or nervous	Anxiety	3.932 *	3.212 **	4.236 **
I have felt I have someone to turn to for support when needed	Close relationships	–	3.562 **	2.522 *
I have felt able to cope when things go wrong	General functioning	3.126 *	3.852 **	–
Talking to people has felt too much for me	Social relationships	–	2.642 *	3.189 *
I have felt panic or terror	Anxiety	–	2.930 *	–
I made plans to end my life	Risk	2.439 *	–	–
I have difficulty getting to sleep or staying asleep	Physical	3.388 *	4.216 **	4.637 **
I have felt despairing of hopeless	Depression	3.810 *	2.926 *	4.658 **
I have felt unhappy	Depression	3.994 *	4.157 **	5.564 **
Unhappy images or memories have been distressing me	Trauma	2.373 *	3.272 *	4.019 **

A statistically significant difference in distress between TP1 and TP2 \*  $p < .05, **p < .001,$

-The change in scores of psychological distress between TP1 and TP2 were not statistically significant.



as to how attending the groups had impacted their mental well-being. Of those who responded to this question (parent = 15, child = 27, mixed = 9), most were women (women = 42, 82.4%, men = 5, 9.8%) and their average age was 50.57 (SD 10.68). The vast majority of attendees explained that they felt the groups had a positive impact on their well-being. The following four themes were identified:

#### 1. *Feeling less alone*

The most prominent theme was that attendees felt their wellbeing had been improved by meeting others in similar positions. This helped them to feel less alone. Some described how forming supportive relationships in the groups had helped them to feel more connected.

*“There are others like me. I don’t feel so alone now.”*

#### 2. Alleviation of shame and stigma.

In meeting people in a similar situation, attendees felt that stigma and shame about family estrangement was reduced. This helped some to feel more open and comfortable, with some having a more optimistic outlook towards telling others in their lives about something they had previously felt to be shameful.

*“Less isolation and shame - feeling more part of the world despite my difficulties rather than living a separate existence in shame.”*

#### 3. Better Understanding

Attendees described gaining a better understanding of their situation, both through listening to others and sharing their own experiences, giving them a different perspective on their situation. They also described learning tools and coping strategies from peers in the group, which helped them to manage their feelings around their estrangement.

*“It hasn’t made the situation go away but it’s made me understand it more. Why I’m feeling like that. It’s common and widespread.”*

#### 4. Acceptance

Some respondents described the group work as helping them to accept their situation and move on with their lives. This was particularly true of parents who were estranged from their children.

*“I feel more accepting of my situation. Instead of being estranged (which in itself feels awful), and also feeling as if it’s my fault, i.e. a double dose of negative feeling, I think the groups have helped me to be less hard on myself.”*

### 7. Discussion

This paper is the first to provide evidence that individuals who are estranged from a family member and who seek support can benefit from interventions to improve their psychological well-being. There are numerous books which might be of interest and use to individuals who are experiencing estrangement from a family member (e.g. “Rules of Estrangement: Why Adult Children Cut Ties and How to Heal the Conflict by Dr Joshua Coleman) and qualitative research on family estrangement has focused on its consequences, which include feelings of sadness, anger, loss and stigma (Blake, 2017). However, at this point, little is known about the psychological adjustment of those experiencing family estrangement. Of those who attended the groups from whom data is presented in this paper, 51% reported having had a formal diagnosis for a mental health problem, most commonly depression. Initial scores on the CORE 10 at time point one, before the groups began, demonstrated that most attendees had levels of psychological distress within the clinical range. This is therefore a population who could benefit from interventions to improve psychological well-being and the size of this population is contested (Blake, 2017) yet sizeable.

In all three therapeutic groups (parent, adult child and mixed) there was a statistically significant reduction in attendee’s levels of psychological distress, with average levels of distress reducing from moderate to mild. The item-by-item analysis showed that across all three groups there were statistically significant reductions in all domains of the questionnaire: anxiety, close relationships, general functioning, social

relationships, risk, physical, depression, trauma. The groups were therefore not effective at reducing one facet of psychological distress, but many.

The qualitative data revealed that attendees felt less alone, less ashamed, and that they had a better understanding and level of acceptance regarding their experiences of estrangement. As those who are estranged have been found to discuss this with few people for fear of being judged (Agllias, 2013; Scharp, 2016), meeting others in a similar situation might be particularly powerful for this group. Other studies have suggested that when estranged adult children disclose their estrangement issues to peers, they don’t always feel supported (Agllias, 2017b; Scharp, 2016). Thus, the specific environment created in these groups might be particularly beneficial for those experiencing family estrangement and seeking support.

The opportunity to form friendships and interact with individuals who have similar experiences in a supportive environment helped attendees to feel more connected and less isolated. For example, a sense of “being in the same boat” has been found to be a key aspect of successful support groups for individuals who are parents of disabled children or children with additional need (Blake, Bray, et al., 2019) as well as parents who have experienced their child’s suicide (Supiano, 2012).

Cohesion, broadly understood as a sense of belonging or togetherness in a group of individuals, has also been identified as an important element of a support group’s success (Burlingame et al., 2018). The fact that the mixed groups, containing those who were estranged from different family members, were as effective in reducing distress as the more focused parent and adult child groups, suggests that cohesion is not solely about identification with others (e.g. sharing the experience of being estranged from a specific family member), but rather, that cohesion might be brought about by people experiencing similar feelings about family estrangement, such as shame and loss.

This paper is the first to present data from a facilitated support group for individuals experiencing family estrangement and seeking support. We hope that this is the beginning of a body of research that explores the efficacy of interventions that improve the psychological well-being of those experiencing family estrangement.

### 8. Limitations

Due to lack of a randomized comparison group, it is possible that participants improved due to reasons other than engaging in the intervention. As the purpose of this evaluation was to specifically explore the efficacy of the facilitated support groups, we are unable to draw any conclusions about the groups compared to other interventions.

Data were not obtained regarding attendees’ ethnicity, social class, and sexual orientation. Future research will benefit from obtaining more detailed demographic data to determine whether and how these factors might influence the efficacy of the therapeutic groups. It will also be important for future research to identify which attendees experienced ‘reliable’ change (change above 6 points or more on the CORE questionnaire, achieved by 35% of attendees) and why in order to build upon these initial findings and improving the provision of support. Future studies would also benefit from a follow-up period (e.g. 6 months) to see if any change in psychological distress is short or long-term. It would also be beneficial to collect data from those attendees who dropped out of the groups to determine their reasons for doing so.

### 9. Lessons learned

The findings from this study add to a body of evidence about the benefit of support groups to people experiencing isolation and psychological distress. The elements shown in the literature that make support groups effective, including having some form of structure or focus [25], bringing together peers [26] (individuals with some significant commonality of experience) and developing cohesion between group members [27], have each shown themselves to be key ingredients of the

group programme analysed in this study. This paper has not specifically considered the role of facilitation in the group intervention, however, this has been integral to the support group model developed by Stand Alone in terms of managing group dynamics and safeguarding group members who have experienced family estrangement. In comparison to other studies, where peer-led groups are defined either as having no facilitator or having a group member as facilitator [28], further research may be beneficial to explore the value of having a trained counsellor as a group facilitator for this specific type of intervention with this cohort.

This study utilised the CORE-10 measure, which assesses anxiety, depression, trauma, physical problems, functioning and risk to self. This has been a valuable tool for this study in that has shown the psychological changes experienced by group participants from beginning to end of intervention. In order to make a more robust assessment of the impact of being in the groups, additional measures could be used such as HADS (Hospital Anxiety and Depression Score) and SWEMWBS (Shorter Warwick-Edinburgh Mental Wellbeing Scale). This would allow for a more cohesive understanding of what has changed and more robust evidence as to the benefit of the group intervention on mental health and wellbeing. It would also help to include more outcome measures that measure different aspects of psychological adjustment; the qualitative data indicates that isolation and loneliness, shame and self-compassion might be fruitful areas for future study. It could likewise be fruitful to measure the social support that is available to participants and to examine whether the intervention impacts the quality of participant's intimate relationships.

It has been noted in this paper that, of those attending support groups, a percentage have dropped out before the end of the intervention. It has not been possible to capture the individual reasons for this or to assess the impact of this on group members (those who leave and those who remain in the group). Although a drop-out rate is to be expected from any support group, it would expand the learning of this study to analyse further reasons for drop-out and practice implications of this. This is particularly significant due to the issue that brings this cohort of group members together. Individuals who have experienced estrangement from family may re-experience a level of distress when group members cut off from the group unexpectedly and without a reason being given. This does lend weight to the need for a facilitator with therapeutic training who can help the group members to process feelings of rejection, hurt and abandonment. At the same time group members who begin to engage with a group and then drop out may also experience distressing feelings. It would be beneficial for the group programme to review its processes in terms of how group members opt into the group and how they are supported to manage the complexities of being part of such a group.

## 10. Conclusion

Although estrangement is thought to be prevalent the UK and other countries and cultures around the world, little has been offered by the clinical or therapeutic community in terms of focussed interventions to reduce the distress that people in this position may feel. From this data we can conclude that it is possible to reduce the psychological distress of those individuals who are estranged from a family member, and that facilitated support groups can help those attending to feel alone and ashamed.

Short-term therapeutic groups are an effective way of reducing distress in individuals experiencing family estrangement who seek support. The groups should thus be explored as a complement to Increasing Access to Psychological Therapies (IAPT) pathways in the UK when a patient discloses distress in relation to family estrangement.

The therapeutic groups are relatively low cost in comparison to one-on-one interventions and long-term therapy, requiring only a venue and qualified counsellor with a non-directive stance. Research conducted with the Stand Alone community has confirmed that those who work with counsellors or therapists who are knowledgeable about

estrangement and who let clients come to their own decisions regarding reconciliation to be the most helpful (Blake et al., 2019). The groups take place in the UK, but this is an issue that is prevalent in other countries, so will therefore be of interest to those working with the estranged community internationally.

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