

Tip Sheet for Clinicians:

Supporting Bereaved Family Members During a Pandemic

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The COVID-19 pandemic presents a different and difficult challenge for clinicians offering bereavement support given that some patients will have died from COVID-19 and others will have died during the pandemic from another cause. Either way, the ramifications for bereaved families are lasting, ranging from not being present at their loved one's death to not being able to hold a wake, funeral or sit Shiva. Access to normal avenues of support is limited, potentially magnifying the isolation and despair that frequently accompanies bereavement. Together, all these 'losses' can potentially lead to difficult bereavement outcomes, including PTSD, depression and prolonged grief disorder. From a preventive model of mental health care, how we support bereaved individuals can help mitigate a more difficult bereavement outcome.

The following information about offering bereavement support is designed to help clinicians providing outreach during this time, with guidelines about issues that might arise and strategies that can potentially help.

• The Nature of Grief

- Grief is unique – no two people, even in the same family will grieve in the same way
- Grief is a normal response to loss – even though it is incredibly painful
- No 'right' or one way to grieve
- Grief follows a wave-like pattern – different family members in the same family will have different waves; especially relevant for parents after the death of a child
- Central psychological factors: attachment, loss, change and control

- **Risk Factors for Poor Bereavement Outcomes**

- Lack of social supports
- Past psychiatric history, especially depression, substance use
- High initial distress
- Unanticipated death – no time for goodbyes
- Death of a child
- Violent/traumatic death
- Other major losses or concurrent stressors – e.g., multiple sick family members
- Lifestyle rigidity – difficult to adapt to change
- Highly dependent relationship with the deceased – e.g. older couple who complement each other; difficult to adapt to change
- Witnessing a difficult death – ICU

- **Barriers to Healthy Grieving**

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- Distressing feelings – guilt, regret, anger, survivor's guilt, blame
- Not being able to say 'goodbye'
- Unanswered questions
- Decisional regret
- Unresolved differences or conflict with the deceased
- Avoiding certain places or people
- Having difficulty making decisions – especially relevant with bereaved spouses

- **Cognitive Behavior Therapy Model (CBT)**

- The way we think, affects the way we feel and behave – if our thinking is unhelpful or inaccurate, it can lead to strong emotions e.g., guilt, anger, blame
- Importance of our expectations – how we think things will be
- If our expectations don't match reality a discrepancy or gap exists e.g., we expect that parents will die before children or that we can visit our loved ones in hospital
- The larger the gap, the greater the adjustment that needs to be made on the part of the bereaved – especially relevant in sudden, unexpected death

• CBT Approach

- Education, guidance, and support model (Morris and Block, 2015)
- Information about grief and what to expect – helps increase sense of control
- Strategies to increase sense of well-being
 - Routine
 - Increase pleasant events, including connection with others
- Strategies to increase sense of control
 - Decision-making strategies
 - Challenging unhelpful thinking
 - Graded exposure to difficult situations

• Pandemic Specific

- Acknowledge that we are in a “different time” – lays foundation to challenge unhelpful thoughts where they might be taking on responsibility for the death
- Allow them to tell their story – if they want to
- Respond to emotion - *I know this is really difficult/painful/unfair*
- Name the pandemic - *I hear how devastating this has been for you and your family. This pandemic has caught the entire world by surprise – no one saw it coming.*
- Brainstorm ways to help them engage with their family and friends via technology and to reminisce about the deceased
- Challenge unhelpful thinking gently within the context of a therapeutic relationship

• Challenge Unhelpful Thinking

- Importance of expressing thoughts without therapist initially challenging them
- Identify ‘barriers’ - guilt, regret, anger
 - *Was there anything left unsaid?*
- Ask questions that allow them to challenge their thinking as therapy progresses
 - *Where’s the evidence for what you think?*
 - *What would your loved one say?*
 - *How would you advise a friend in the same situation?*

- Gently challenge thoughts where they might be blaming themselves – use statements that acknowledge the lack of control we all have and name the pandemic, e.g., *“This is so very hard; the pandemic is bigger than us all.”*

Example:

- Jim who had end stage lung cancer was admitted to the hospital where he died. His wife and children were unable to be with him when he died due to the risk of COVID-19.
- Following an ABC approach of CBT:
 - A (event)– Jim died in the hospital alone
 - B (unhelpful thoughts) – *I let Jim down. I failed him. I feel so sad and guilty that we weren’t there with him when he died. I don’t know how I will get over this.*
 - C (feelings and behavior) – despair and guilt/withdrawing

In counseling, the therapist helped Jim’s wife challenge her thinking by asking the questions above and naming the pandemic.

- D (new realistic thoughts) *There’s nothing to suggest that I failed Jim. I tried my best but the pandemic was beyond our control. I had to follow the rules set by the hospital to protect the staff and myself. I know I did all I could. Jim would say that this was the only choice I had and going to the hospital was the best decision at the time.*
- E (new feelings and behavior) – acceptance, sadness/engaging with family

Morris, S.E. and Block, S.D. Adding value to palliative care services: The development of an institutional bereavement program. *J Palliat Med.* 2015; 18: 915–922

For a companion tipsheet for bereaved family members, please see the Dana-Farber or Brigham and Women’s websites - dana-farber.org/bereavement and www.brighamandwomens.org

Sue Morris can be contacted by email at sue_morris@dfci.harvard.edu if you have any questions.

Thank you!