

Telephonic Bereavement in the Age of COVID-19

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Learning Objectives:

- Bereavement -- the period of grief and mourning around a death (or impending death: anticipatory grief)
- Bereavement in the age of COVID-19:
 - How do we best support patients and families through these uncharted waters?
 - How can we make purposeful connections without the ability to have in-person conversations?
 - How do we help families make meaning within a sudden and devastating illness/death?
 - How do we reach out to offer ongoing bereavement support?

Key points to remember...

- Establishing trust/therapeutic alliance
- Creating a line of communication between medical team and family
- For phone work:
 - Check in - is now an ok time to talk?
 - Allow space for contemplation- pauses in conversation are okay
 - Ask how they are eating and sleeping (caring for themselves)
 - Ask if they have a support system - family, friends, and neighbors
 - Would they like an email (bereavement resources, referral to child life, funeral home info)?
 - Gives family opportunity to review things on their own time, as they may be overwhelmed
- Recognize the trauma of being separated from their loved one
- Validate family's "presence" in the room, even though they can not physically be there
 - How?
 - Music, photographs, religious/faith practice

Case Examples

➤ JT

- 40 yo Spanish speaking male
- Husband, father to a 12 yo girl and 1 month old son
- PMHx colon cancer
- Undocumented
- Expired on PCU

➤ SL

- 35 year old female
- Married, 1 child age 3, 30 weeks pregnant
- Presented to Brookdale Hospital and required critical care and was transferred to MSH
- Intubated 4/1, extubated on 4/8 and with continued AMS
- Coded on 4/12
- Emergency C-section and remains intubated/sedated on ICU
- Continued concerns around neurological recovery

Case Examples

➤ NL

- 63 year old woman with no prior medical hx
- 2 adult children, 2 grandchildren
- Family's sadness around being away from the patient
- Full Code
- intubated, moved to ICU
- died on ICU

➤ JA

- 55 year old man with hx of HIV and metastatic lung ca
- Admitted from SAR
- Single, no children
- Pt's mother is HCP
- Mother's struggle with her role in deciding code status
- Made DNR/DNI after a cardiac event

Telephonic bereavement follow-up – First phone call

➤ C.R

- 69 years old Head and Neck Cancer survivor (2014)
- Widower with 4 adult sons
- Poor QOL due to side effects of chemo-radiation
- Neuropathy and Dysphasia - PEG feeding tube dependent, difficulty walking
- Sudden COVID onset
- Died during 7 day admission

Telephonic bereavement follow-up – First phone call

Outreach phone call

- *“I am still processing and trying to figure what happened”*
- *“It feels surreal. I am emotionally numb.”*
- *“Things are really bad at the funeral home”*
- *“I cope “by doing” taking care of what needs to be done and bringing the family together”*
- *“I can’t believe he got this. I mean how did he get the corona virus? He never left the apartment. I just can’t understand it!”*
- *“That’s the thing I don’t feel anything, I have been in isolation the whole time. I stand on one side of the living room my wife is on the other. I can’t cry. I just keep thinking what if I have the virus”*
- *“I want get back to being a person who can enjoy life.”*
- *“I think it helps to talk, to put it away”*

Telephonic bereavement follow-up – First phone call

Making Contact

Establishing a relationship over the phone over the phone is challenging and difficult

- ▶ *Tone of voice*
- ▶ *Cooperation of the caregiver*

Providing safety

- ▶ *Physical safety of caregivers* – isolation for COVID quarantine
- ▶ *Psychological safety* – process of grieving can be engaged

Stabilizing effect

Using our social work role to provide a calm context for talking about what happened and reintegration of experience of loss

- > *Trying to understand how his father died so suddenly*
- > *His role of caregiver to his father*
- > *Risk he put himself in to help his father*



Telephonic bereavement follow-up – First phone call

- Addressing and validating needs and concerns
 - Need for psychological support for his grief in light the physical isolation and angst from Covid-related quarantine.
 - Validating the grief experience: Concern for loss of his health in addition to the loss of his father
 - “You’re not just grieving your father but also worrying about the loss of your health to Covid19.”

- Providing practical assistance
 - Assistance with accessing antibody testing
 - Ongoing telephonic bereavement counseling

- Facilitate connections and referrals to social supports
 - Possible Covid-related bereavement support groups

Telephonic bereavement follow-up – First phone call

➤ Grief Counseling Stages

- The five stages of grief in Kübler-Ross's model are (a) denial, (b) anger, (c) bargaining, (d) depression, and (e) acceptance
- *“I wish Chuck was here now to see how you are taking care of this, he would be so proud.”* - Anger (at PCP for not returning phone call)
- *“Your parents were so important to you, you gave them your whole heart, I am so sorry for your loss”* - Denial (I can't believe he got this!)

Conclusion

- Acceptance
- Social work as a service to help navigate the grief process
- Unprecedented circumstances contributing to difficulty accepting reality
- Social work as a link between families and medical team
- Validating the difficulty of the no visitor policy
- Bringing the presence of loved ones into the room
- Providing telephonic bereavement follow up to loved ones

Resources

- Bereavement Support: SWbereavement@mountsinai.org before 9am the next day
- Burial Assistance Gothamist Article as provided by Arlene
- Calvary Adult Bereavement Child Life: 212-241-6797
- [Mount Sinai Covid-19 Staff Resource Page](#)