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 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 you 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@moundsinai.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