



# Understanding Bereavement Tool Kit



*Center for Infant & Child Loss*

*"Providing bereavement support to Maryland families for 45 years."*



# UNDERSTANDING BEREAVEMENT:

## CONCEPTS OF TASKS' DEVELOPED BY DR. J. W. WORDEN

- ✿ To accept the reality of death
- ✿ To work through the pain of the grief
- ✿ To adjust to everyday life without the deceased
- ✿ Moving on in life while staying connected with the deceased
- ✿ Adapting to the new "normal"

## FAMILIES DEALING WITH LOSS

- Experience intense shock and distress for the family
- Must quickly contact other family members and friends
- Feel both overwhelmed and isolated
- Must make quick decisions such as organ donation and funeral arrangements
- Deal with different types of personnel at hospital, law enforcement, emergency rooms where there are other families and children
- May not have relationship with the medical personnel
- Sudden Unexpected Death in Infancy (SUDI) is unintentional. Family had no reason to expect that the infant was ill or will die; cause of death unknown which leads to more questions than answers
- Criminal justice system involved, and families may face suspicion and accusation of child abuse when the death is SUDI or unexplained
- The language used when talking with parents is crucial. This is their child. Learn the child's name and use it during the interview/discussion.

## COMPLICATED GRIEF

- Distinguishing between normal ranges of grief and extreme reactions should always be done by a professional
- Assessment for Post-Traumatic Stress Disorder (PTSD), Adjustment Disorder (Depressed Mood, Conduct, Anxiety) may be needed for parents & children who have experienced a sudden death (they are at higher risk of traumatic stress and complicated grief)



# MAJOR DEPRESSION AFTER BEREAVEMENT.

It has long been recognized that episodes of Depression and Bipolar can be triggered by a wide variety of major stresses. In order to reduce the risk of confusing grief with major depression previous editions of DSM have excluded the first-time diagnosis of major depression during the first six months after bereavement while permitting it to be made following other types of loss. Critics have pointed out that severe major depression can be triggered by bereavement and may even cause suicide. It is illogical and unfair to deprive depressed people of the privileges of medical diagnosis and treatment simply because they have been bereaved. In DSM-5 this exclusion has been removed.

## DISTINGUISHING GRIEF FROM MAJOR DEPRESSIVE EPISODES.

### GRIEF

May feel empty and lost

Decrease in intensity over days to weeks and occurs in waves, the so-called 'pangs of grief' ...associated with thoughts or reminders of the deceased.

Any self-derogatory ideation typically involves perceived failings vis-a-vis the deceased

Any thoughts about death or dying are focused on the deceased and possibly about 'joining them'

### MAJOR DEPRESSIVE EPISODE

Persistent Depressed Mood and the inability to anticipate happiness or pleasure.

More persistent for most of the day, every day

Self-critical and pessimistic ruminations and feelings of worthlessness

Any such thoughts are focused on ending ones own life because of feelings of worthlessness, undeserving of life, or unable to cope with the pain of depression.

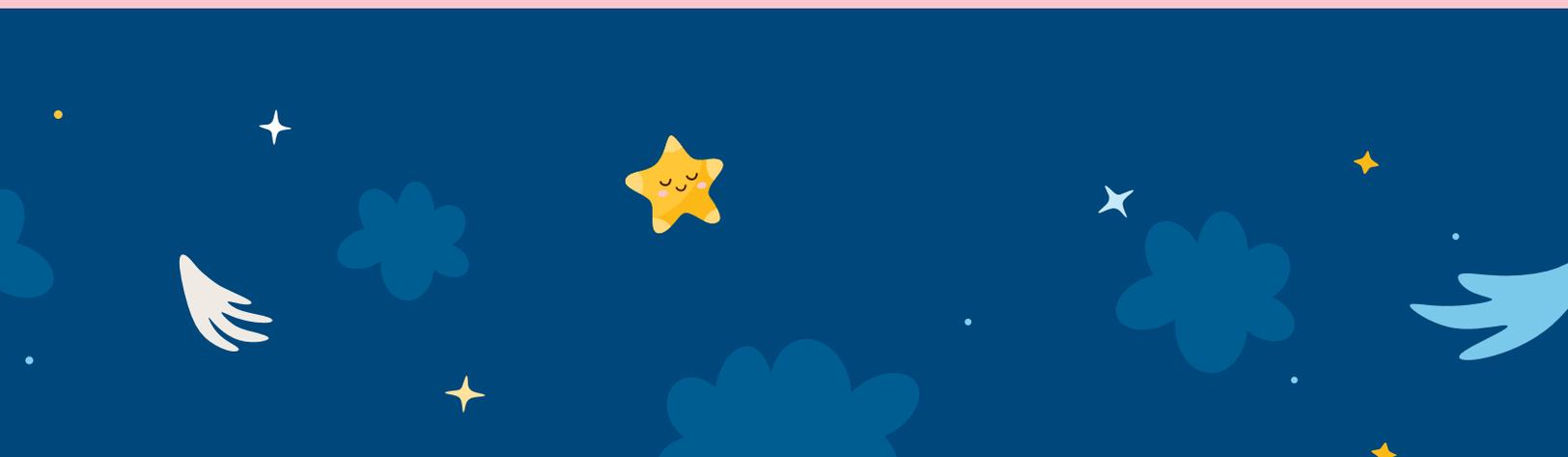


## REFERRALS FOR MENTAL HEALTH SERVICES ARE NECESSARY IF:

- Parent/Family Member indicate they want to kill themselves
- Fears that parent/family member will hurt , or confesses that they may/ has hurt, spouse or surviving child
- Seems continually anxious or depressed, especially if parent/family tells or hints an inability to care for home or family
- Continually uses alcohol or drugs to alter mood and induce sleep or numb pain
- Parent or family members appear to have gained or lost over 25 pounds
- Frequently express relief or indifference over the infant's death
- Continually blames themselves or another person for the child's death

## FAITH AND GRIEF:

- Spiritual and religious beliefs can play an important role in the grieving process
- Members of the clergy and faith-based organizations can play an important role as well
- Because families may question their religious and spiritual beliefs, the clergy will play an important role in helping families maintain their faith
- Often Hospitals have chaplains to provide spiritual comfort to families as the deaths are usually pronounced at the hospital
- Some bereavement support groups are sponsored by faith-based organizations



# WHAT TO SAY / WHAT NOT TO SAY

## WHAT HELPS:

I'm sorry

I don't know what to say, but just wanted you to know that I care. I don't know how you feel, but I want to try to help you if I can

This must be so hard for you, I can't imagine what you are feeling

It isn't fair

Take all the time that you need

I don't know why it happened

I'm so sad for you

I understand that you are angry

I understand that you are hurt I understand that you feel guilty

It's ok to cry

What do you need right now?

Would you like to talk about Paul/Sarah?



## WHAT DOESN'T HELP:

I know how you feel

He/She is in a better place

You need to move on, get on with your life

You need closure

At least she didn't suffer

She is with God now

He had a long life

God needed him more than you did

Things happen for a reason

She will no longer be in pain

You are so strong

Count your blessings

Luckily, you have other children

Don't cry

You shouldn't feel like that

## COMPASSIONATE MATERNAL INTERVIEWING

Please click on this link for a compassionate approach to the Maternal Interview

MARYLAND DEPARTMENT OF HEALTH

### The Value of the Maternal Interview



# WHAT CAN I DO?

Do not be afraid to talk about the child -  
This one means so much to Bereaved Families.

- Remember an anniversary or birthday -
- ALWAYS use the child's name -
- Occasional calls or notes to check in -
- Be a resource or help locate one (support groups) -

Don't wait to be asked. Grieving is hard work and picking up the phone can be too overwhelming. Keep calling to offer support especially if initially your offers are turned down. It might be too soon or just not the right time.

Offer specific help –

“Can I pick up your son from practice?”

“Can I make you dinner on Wednesday?”

## BEREAVEMENT RESOURCES FOR GRIEVING FAMILIES & COMMUNITY OUTREACH OPPORTUNITIES:

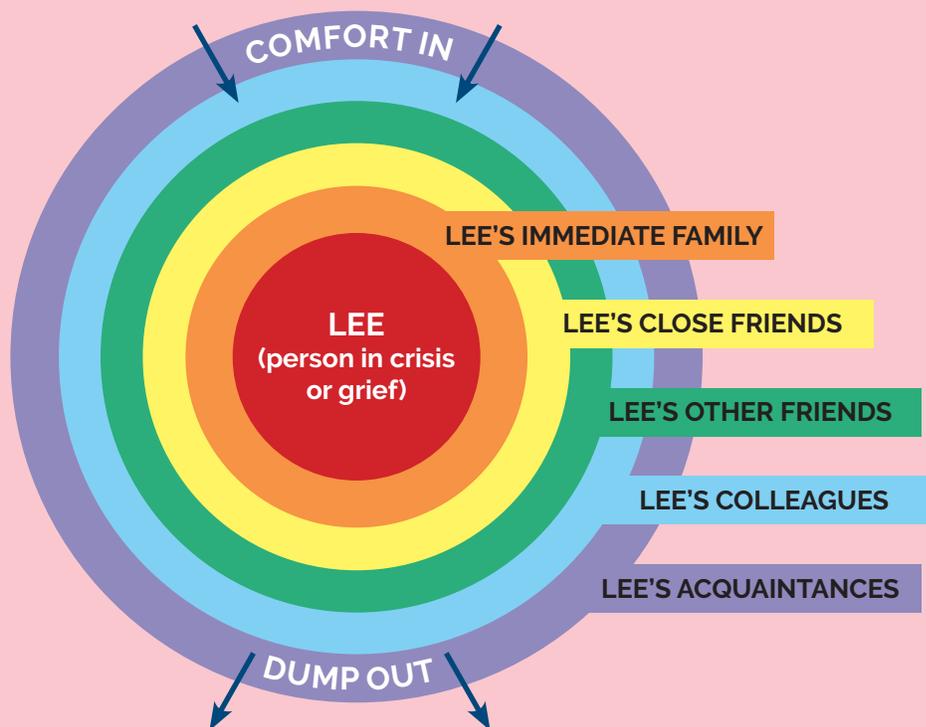


[www.infantandchildloss.org](http://www.infantandchildloss.org)



The Comfort Circle allows the grieving person the liberty to share feelings, anguish, despair **WITHOUT** judgement - **DUMP OUT**.

The family, friends, colleagues, and acquaintances provide love and comfort, without judgement or recommendations... just **COMFORT IN**to the grieving person.



#### THE CENTER FOR LIVING WITH DYING OFFERS THE FOLLOWING INSIGHTS:

“Remember, when you are journeying with people in pain, you step off your road and onto their road when you are supporting them. When you are complete for the moment, it is important to step back onto your road and claim the backpack of your life, with all its frustrations, joys, and love. When you find yourself over-identifying with the person you are supporting, it sometimes helps to begin to notice all the physical ways in which you are different from them-eyes, hair, body type, personality, face, etc... This is a quick way to disconnect. Remember, we have no right to “rob” anybody of their pain or their life journey. For whatever reason, which we may never understand, they are living their own truth in this moment of time. We can walk beside them and share with them our unconditional, non-judgmental support.”

IN LOVING MEMORY OF  
NATHANIEL ANDREW, CELESTE LOUISE, AND NATHANIEL WEILIN



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