



**Q&A from Webinar:
Bereavement Support for Families and Professionals
February 20, 2019**

1. When complicated grief or warning signs are identified in a bereaved client and they refuse to seek counselling or other help, what other type of help can be offered?
 - a. Everyone's grief time table is different. They may not be ready to receive support at the moment, but may be ready later. Sometimes all we can do is patiently be a supportive presence until they are ready to acknowledge that they need help and want to get it. Encouraging them to attend a support group during this time can also be helpful, as many people feel more comfortable going to a group than to a mental health professional—although, they may not be appropriate for a group depending on where they are “stuck” in their grief. Consider offering some books on grief or encouraging them to use art, music, or writing to express/process their grief.
 - b. If you have the opportunity to check back in with families in a couple of weeks, I would do so. Many people must be ready to discuss their grief. Sometimes it can be months after the death, even years. I will try to refer people to grief support groups while they are trying to figure out when mental health counseling is right for them. Also, there are supportive groups within churches that may be beneficial for individuals.

2. What do you do with parents who are so full of grief that they cannot find the words to carry on a conversation?
 - a. Sometimes just being physically present and comfortable with the silence can be very powerful. Let them know that it is okay to not have the words. I have a deck of random photos that I can use during those moments if appropriate. I ask them to pick a picture that represents what they are feeling, etc. Expressive art therapies—art therapy, music therapy, movement therapy, etc.—can be very helpful when words cannot be found.
 - b. If a family is full of grief and is unable to carry on a conversation, you can check in with the family. For example: “Perhaps it is too much to discuss things right now, let's take a few deep breaths to get ourselves oriented.” Or “Talking about our grief can be very painful and it seems that you may be overwhelmed. What makes sense for you right now? Shall we pause and take a few minutes?” Validating the

experience that it may be overwhelming for them at this point in time and allow them the choice to continue is important.

3. How do you "keep it together" while supporting other families? E.g.) the person or family is crying and you are also overwhelmed with sadness in their presence.
 - a. It is always okay to show our human side and express emotions, as long as we don't get so emotional that the family has to comfort us. If you are getting too overwhelmed and you don't have the option to walk away to collect yourself, using breathing practices and mindfulness can be very helpful.
 - b. It is normal to feel the sadness that our families are experiencing. It is ok to present emotion to a family because we are all human and our own personal experiences with death connect us to other people (e.g. tears, extending tissues, discussing the heaviness in the room.) What may be some red flags for us if that we are uncontrollably crying in the moment with someone, more than they are. You may want to take some time to reset and to know your own triggers and limitations when working with grief. You could ask a coworker if you are able to maybe take a case for you that you know will be triggering in the moment. We want to practice our own self-care so that our own emotions are not placed over that of our families.
4. Do you have any recommendations as the worker experiencing the secondary trauma when there are multiple loses at a time- how can we care for ourselves in the midst of those hard times, while still being supportive and appropriate with the family? The balance of that seems hard. I had experienced multiple loses with my families in a short period of time.
 - a. I would encourage professionals to seek professional therapy to work on their own "stuff" so that they can have more effective boundaries between their "stuff" and the family's "stuff" that they are working with. Sometimes it's nice to talk to a third party and have it all about you, especially when your work is all about others.
5. I would recommend NAGC/National Alliance for Grieving Children for resources
 - a. Yes, it is a wonderful organization with great resources.
6. Excellent Webinar - what are your favorite children's books for talking about death?
 - a. See handout
 - b. There are many to choose from, here are some good starters, depending on the child's age:
<https://www.cbc.ca/parents/learning/view/9-books-to-help-kids-understand-death>
<https://whatsyourgrief.com/childrens-books-about-death/>
7. Do you have a link to the Sesame Street videos about grief?
 - a. <https://sesamestreetincommunities.org/topics/grief/>

8. Which books would you recommend for kids?
 - a. See handout
 - b. The Dougy Center has an online bookstore/DVD section for kids and teen to help them understand their grief: <https://www.dougy.org/grief-resources/how-to-help-a-grieving-child/>

9. When pediatric nurses face a lot of deaths could they have PTSD, or be suffering and not realize it?
 - a. Yes, a nurse who faces a lot of death could develop PTSD. Secondary Traumatic Stress (STS) is what we call it, but the DSM V has added criteria so that those with STS can be diagnosed with PTSD. The symptoms look the same. Since the exposure to trauma and death is the “normal” and just part of the job for a pediatric nurse, it is easy to forget that those experiences really aren’t “normal” and that they impact the person. Which means a person can be suffering and having reactions to that exposure without realizing it.

10. How do you start a group for the staff to help with debriefing?
 - a. I would recommend creating a critical incident response team and that all team members be trained in an evidence-based crisis management model. Without using an evidence-based model, good intentions can have harmful results. Critical Incident Stress Management (CISM) is one such model and certification can be found through the International Critical Incident Stress Foundation.

Additional Resources:

<https://www.omh.ny.gov/omhweb/grief/>

[Grief Counseling Resource Guide, A Field Manual](#)

www.omh.ny.gov

<https://missfoundation.org/>