

15 minute Worksheet

Bereavement

3: Assessing risk

Intermediate level

Produced by
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Aim of this worksheet

To describe the important factors which can help in deciding bereavement risk.

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, and then turn to the Work page overleaf.
- Work any way you want. You can start with the exercises on the Work page using your own knowledge. The answers are on the Information page - this is not cheating since you learn as you find the information. Alternatively you may prefer to start by reading the Information page before moving to the exercises on the Work page.
- This CLIP worksheet should take about 15 minutes to complete, but will take longer if you are working with colleagues or in a group. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know.
- Take this learning into your workplace using the activity on the back page.

Case Study

Mary was a 39 year old woman, divorced with a 9 year old son and a 16 year old daughter. She had advanced breast carcinoma and required several hospital admissions, but insisted on returning home where she died peacefully a few days later.

Her recently widowed mother had been staying with them and has stayed on to look after the children. Her ex-husband had been visiting regularly but has had to return back to work as a lorry driver.

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The bereavement journey

We react to grief and loss in very different ways. People oscillate between experiencing loss and working towards restoration. In the early stages these oscillations are rapid and intense, gradually reducing over time and moving more towards restoration. The extent of these oscillations will depend on many different past experiences, on personality and on current issues. Not surprisingly it is not possible to talk about 'normal' or 'abnormal' grief. The one clear feature, however, is that most people find they begin to cope and function more effectively as time passes.

For many, this journey started at the time of diagnosis when they were first faced with the possibility of such profound losses. Some will have used that time (and been supported) to work through some of the issues they have to face. The distressing 'oscillations' of loss-restoration will have lessened and they will be better prepared for the death. Others will not have been able to use this time for the reasons below.

What helps or hinders the resolution of bereavement?

Factors which help resolution include close relationships, the perception of a good network of support, strong spiritual beliefs of any sort, a good relationship with the person who died, a feeling of 'closure' about the life and death of the person (ie. no 'unfinished business'), a peaceful and expected death, being present at the death, and a healthy status of the bereaved.

Factors which can hinder resolution include poor relationships, little or no social support, a difficult or poor relationship with the person who died, unfinished business, difficulty in shedding tears, a sudden or unexpected death, a distressing death, being unable to fulfil a wish to be present at the death or funeral, illness in the bereaved, bad experiences of previous deaths, the presence of other sources of stress (eg. recent divorce or death), lack of planning in financial or business affairs, and absent or inadequate care arrangements for children.

High risk factors: in reality, any factor could indicate a high risk in certain circumstances. All of the factors above indicate a risk that bereavement may resolve slowly. Other risk factors include persisting anger or guilt, extreme or obsessive crying after the first few months, previous psychiatric history or suicidal tendencies, drug or alcohol dependence. Being absent at the time of the death is less of a risk if the bereaved person felt they had already said all that needed to be said. On the other hand, missing the opportunity to say goodbye or express their love could seriously hinder resolution of their bereavement.

Mary's family

Mary's mother will be at risk from two bereavements- her husband and now her daughter. She is likely to feel how 'unnatural' it has been that her daughter died before she did and may feel she would rather have died. For the time being, however, she will be occupied looking after the children and this may help her to resolve her grief, although it could also occupy her so much that she does not have the time to address her own losses and may not be able to enjoy her old age. Many of Mary's admissions were because of the lack of help at home and this will have made her mother feel guilty that her own problems prevented her from being there more often.

9 year old son: the loss of his mother will be a major impact on his life. Like the adults he will not be able to make sense of what has happened, but unlike them his imagination may feed beliefs that he was to blame, or that if he had been better behaved she would not have died. He may not have been allowed to see his mother in the last days, or attend the funeral because of well intentioned but misguided protection by his father and grandmother. He may feel anger at staff for diagnosing Mary's illness and then not being able to treat the cancer. He may also be angry at his mother for spending time away and 'leaving' by dying, compounded by anger towards his father. This may have been worsened if there is uncertainty about Mary's wishes for the care of the children and might need guardianship or residency orders to be arranged.

16 year old daughter: her mother's death will have taken away an important support and guide at a time when she was only just starting to understand adulthood. She may 'take over' the role of her mother in caring for her brother, and spend her energies supporting her father and grandmother, giving herself little or no time for her own grief. She also may have been prevented from seeing her mother in the last days. She may become hyperactive trying to do everything, eventually becoming exhausted. Bereavement is a drastic, disruptive process and she may feel out of control. She may be ambivalent or angry towards her father. Uncertainty about home tenancy or ownership will add to the complications.

Mary's ex-husband: his job will isolate him and if he is living alone he will be at further risk. He may feel guilty about the failure of the marriage and about moving away from home and the children.

Getting help

It is obvious from discussion with relatives and acknowledging their feelings that they may require further support/help to work through the bereavement process, using the following networks:

- Opportunities to discuss feeling/concerns with staff who have cared for Michael.
- The Clergy - support for the family could be gained both in the short and long term
- Medical Staff – support for the family and to discuss unresolved issues. The General practitioner is often the first line of help and should be meeting the bereaved within a few weeks, and again after a few months.
- Specialist help – Persistent or complicated grief will need more specialist help from a bereavement service, counsellor or psychiatrist.

The aims of counselling the bereaved correspond to the four tasks of grieving.

- To increase the reality of loss.
- To help the survivor come to terms with both his/her expressed and latent feelings.
- To help with making the readjustments necessitated by the loss.
- To encourage the survivor to make a healthy emotional withdrawal from the deceased and to feel comfortable reinvesting that emotion in another relationship.

The availability of these services depends on local resources.

write
a
list

In general, what factors do you think help bereavement resolve
and what factors do you think hinder its resolution?

FACTORS THAT HELP

FACTORS THAT HINDER
(i.e. risk factors)

choose

Now look at your right hand list (Factors that Hinder)
Put a **circle** around those risk factors you think are a *high risk*.

Reflect

What factors could be a risk for individual members of Mary's family?

Mary's mother:

9 year old son:

16 year old daughter:

Mary's ex-husband

FURTHER ACTIVITY: Assessing risk...

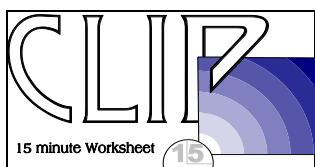
Cast your mind back to the recent death of one of your patients:

- What factors might have *hindered* the bereavement of the partner or relative?
- What factors might have *helped* the bereavement of the partner or relative?

FURTHER READING: The loss begins...

Journal articles and book resources

- Agnew A, Manktelow R, Taylor B, Jones L. Bereavement needs assessment in specialist palliative care: a review of the literature. *Palliative Medicine*. 2010; **24**(1):46-59.
- Benkel I, Wijk H, Molander U. Family and friends provide most social support for the bereaved. *Palliative Medicine*. 2009; **23**(2): 141-9.
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- Payne S, Relf M. The assessment of need for bereavement follow-up in palliative and hospice care. *Palliative Medicine*. 1994; **8**(4): 291-7.
- Slater L. Palliative Care: do all patients now have a choice about where they die? *Nursing Times*, 2010; **106**(7): 21-22.
- Becker R. Principles of palliative care nursing and end of life care. *Nursing Times*, 2009; **105**(13): 14-18.
- Stajduhar KI, Martin W, Cairns M. What makes grief difficult? Perspectives from bereaved family caregivers and healthcare providers of advanced cancer patients. *Palliative & Supportive Care*. 2010; **8**(3): 277-89.
- Stedeford A. *Facing death : patients, families and professionals* London : Heinemann Medical Books, 1984.
- Worden JW. *Grief counselling and grief therapy : a handbook for the mental health practitioner, 2nd ed.* London : Routledge, 1991.
- e-Ifh: e-Learning for Healthcare** contains a range of online self-learning programmes, including several relating to end-of-life care (e-ecla). Registration is required but is free. www.e-ifh.org.uk/projects/e-elca/index.html



Current Learning in Palliative care
An accessible learning programme for health care professionals

15 minute worksheets are available on:

- An introduction to palliative care
- Helping the patient with pain
- Helping the patient with symptoms other than pain
- Moving the ill patient
- Psychological and spiritual needs
- Helping patients with reduced hydration and nutrition
- Procedures in palliative care
- Planning care in advance
- Understanding and helping the person with learning disabilities
- The last hours and days
- Bereavement

Available online on
www.clip.org.uk