NHPCO Bereavement Professionals May 6th, 2015 Chat Notes:

Anticipatory Grief

Definition -

* The term anticipatory grief is the form of grief that occurs when confronted with a chronic/life threatening illness or anticipate the death of a loved one (or oneself).
* Anticipatory Grief occurs when there is an opportunity to anticipate the death, as with a prolonged illness-of self or other
* Includes past, present and future losses as well as secondary losses
* It can be a time to complete and reconcile relationships and issues which may help the bereavement process.

What it is not-

* A device for completing the tasks of grief prior to the death of the individual
* Not a substitute for, or necessarily lessen, the post-death grief process
* Post death grief pushed ahead in time

\*\*Is not limited to future losses, but all includes past and present

Two perspectives:

* Patient
	+ There may be times when a patient’s mortality triggers other experiences they’ve had with loss, BC may be pulled in to assist
* Caregiver
	+ Pre-bereavement work is common here

Research - related to dementia

-Difficult to find much research as there are variances in the definition of anticipatory grief

* NEJM – 2003 – Marwitt/Meusser-found that death was a relief to patient and caregiver, also found that anticipatory grief work 3 months prior to death was optimal
	+ Caregiver Grief Inventory-short and long version, Diane will post
* Jacquelyn Franck (Univ. of Indianapolis – 2008, 2010 grief was biggest barrier to being an effective cg
* Burden Caregiver Index and **FACES** index

What impacts AG –elaborate if necessary

* Psychological factors
* Social Factors
* Physical factors

Assessing bereavement risk factors on admission and throughout the course of care-including at time of death and post death is part of the standards of care. If there is an anticipatory grief need, there needs to be a plan of care. Surveyors will look for this. If the primary team cannot meet needs, bereavement counselor can enter the picture. Bereavement can also provide education to the primary team to help meet the needs. If needs are met by the time the patient dies, it should be indicated as such in the chart. If not, the bereavement counselor needs to address these needs post death.

* Discussion revolved around care plans, those who shared stated the social worker often opened this care plan-need to make sure it is being closed out at death or continued by bereavement. Surveyors are interested in looking for a need and how it is being addressed.

Addressing AG-we want to give tools to our families and staff.

* Adapting to new and every changing environment: Diane used this framework for an AG group
	+ Identify the losses
	+ Normalize the feelings
	+ Adjust to the new environment
	+ Identify useful coping strategies
	+ Speed of changes
	+ Assimilating change
* Communication
	+ Importance of good communication
	+ Learn how to communicate feelings within the family
		- SW can hold family meeting, a caller also suggested identifying a primary family member to support and empower
	+ Address unfinished business-finding meaning and purpose, facilitating comfort
	+ Relationship issues (I should/wish etc)
	+ Technology can help communication, i.e. Skype or facetime
* Supporting/education to staff
	+ The caller recognized the emotional needs of hospice caregivers and examples were provided of how BCs can help as it can be challenging but essential
		- Don’t forget about interns and volunteers!
	+ Utilizing opportunities for BCs to educate staff on what “normal” anticipatory grief can look like-also teaching “red flags”
* Ethical Wills/Legacy making-volunteer programs can support this
	+ Family photos
	+ Veteran considerations
	+ Music therapy in life review
	+ Leaving a gift for future generations

**Thanks for joining us, our next chat will be June 3rd!**