



**COVID-19 Pandemic Guidance Document**

# **CONSIDERATIONS FOR FAMILY AND OTHER PERSONAL LOSSES DUE TO COVID-19-RELATED DEATH**

*Prepared by the APA Committee on the Psychiatric Dimensions of Disaster and COVID-19*

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## **CONSIDERATIONS FOR FAMILY AND OTHER PERSONAL LOSSES DUE TO COVID-19-RELATED DEATH**

The coronavirus pandemic is taking a large toll in human lives. Friends, family, and colleagues left behind are often deeply affected by these losses. Most clinicians are aware of the importance of loss of close relationships, yet many are unclear about how to understand and support acute grief during this pandemic. Clinicians may be unfamiliar with the diagnosis and treatment of prolonged grief disorder. Caring for bereaved patients can be especially challenging in the setting of loss of sense of safety and future economic certainty engendered by the pandemic. This document focuses on COVID-19-related grief associated with bereavement and proposes ways that mental health providers might best understand and support their colleagues and patients impacted by acute and/or prolonged grief.

### **UNDERSTANDING GRIEF AFTER A COVID-19 DEATH**

The death of a loved one is almost always highly impactful. Bereavement may be particularly challenging in the setting of widespread community grief and loss. Grief emerges naturally with force and intensity and gradually settles down and finds a place in a bereaved person's life as they adapt to the loss. Grief is influenced by individual differences in coping and pre-existing risk factors. It is also influenced by who dies, how and when they die, consequences of the death, and the larger context in which it occurs. Thus, grief is highly variable, even among people who have suffered the same loss. Grief is always complex, and it is likely to be even more so after a COVID-19 death. Still, there are some commonalities that can help guide intervention to support bereaved people. Acute grief typically includes intense emotions centering around yearning, longing, and sorrow and a wide range of other painful emotions as well as some positive feelings related to what the bereaved person loved and admired about the deceased. Thoughts are focused on the person who died. Disbelief is common along with difficulty imagining a future without the deceased. Rituals and social support help people through acute grief as they begin the arduous process of adapting to the loss. The circumstances of COVID-19 deaths make it more difficult than usual to adapt. Death occurs quickly and in a context that lends itself to feelings of anxiety, anger, and guilt. The erratic nature of who recovers and who dies can increase feelings of survivor guilt and ideas that this death was wrong or unfair. The inability to be with loved ones when they die (e.g., alone at home, in the hospital, or in a nursing home) or to hold funerals or other social gatherings also deprives the bereaved of needed social rituals and social support that promote adaptation.

### **ADAPTING TO A COVID-19 LOSS**

Adapting to a loss requires that a bereaved person accept the finality of loss and the changed circumstances it brings and restore a sense of well-being. Overall, this is a complex process that takes time, often much longer than people expect. This may be especially true in the setting of COVID-19 where there may be several people being grieved simultaneously in the same family, community, or workplace. Each bereaved person addresses their unique set of challenges related to loss in their own way and on their own schedule. For a minority of people, adapting can be derailed by some common kinds of thoughts, feelings, and behaviors. Our complex adaptive human brains frequently generate counterfactual simulations when something unwanted happens. People do this almost automatically when someone close dies, but most are able to set this aside. Another thing people do naturally is to anticipate the future by identifying things they want; after a loss, it is common to think that all they

want is to have the person back. This kind of thinking is problematic when it gets a foothold. People often feel uncomfortable or even guilty thinking about a promising future without a deceased loved one. Furthermore, they shy away from emotional pain. Grief is a time when people need to allow themselves to accept some emotional pain. Any of these tendencies can derail adaptation if they gain a foothold. The likelihood of this happening can be enhanced by the circumstances of the death. COVID-19 deaths will likely increase the likelihood of factors interfering with grief adaptation. Reasons for this include the fact that many people die alone, that the death happens quickly and unexpectedly, that the physical presence of comforting social contact is not possible, the randomness of the death, and the fact that so much of the community and the nation are also being affected by this virus.

## **WAYS CLINICIANS CAN SUPPORT PEOPLE BEREAVED BY COVID-19**

During the pandemic people may need to sideline their grief because of a need to take care of themselves or others and/or because of the unavailability of the physical presence of supportive friends and family. They may worry that this means they are not grieving in the right way. Clinicians can help them find their own balance between allowing their grief and taking care of their own life. Active empathic listening is the most important thing to do when supporting bereaved people. Mental health providers should screen patients, especially those with preexisting conditions such as depression, for psychiatric worsening, suicidal ideation and behaviors, and any worsening of medical conditions. Educate about when to seek professional help.

## **CLINICIANS CAN ALSO HELP PEOPLE TO MEET THESE GOALS AFTER A COVID-19 LOSS**

1. **Understand and accept grief.** It can help to understand that grief is natural after loss. It is a form of love; allow it to wax and wane naturally. Help people be alert to issues related to the COVID-19 death that are troubling to them
2. **Manage emotional pain.** Accepting emotions and naming them can be helpful; let them wax and wane naturally as much as possible. Encourage the experience of positive emotions—doing something pleasant each day—almost as a kind of ritual.
3. **See some possibility of a promising future.** Take some time to begin to think about what is important, meaningful, intrinsically interesting and what kind of activities are in line with this; Help recognize and manage survivor guilt, which may be especially pronounced after a COVID-19 death.
4. **Strengthen relationships with others.** Allow others in, sharing stories, accepting support and comfort, lowering expectations for reciprocity for a time, sharing memories. Encourage creative ways to stay connected with friends and family during period of social distancing. Encourage the bereaved to find ways to honor the deceased person with loved ones or friends flexibly, even virtually. Encourage increased social connection where feasible and desirable, problem-solving difficulties in this time of significant community distress.
5. **Have an opportunity to tell and come to terms with the story of the death.** Share the story, dealing with troubling aspects and honoring a person's death as a part of their life. Help people voice and come to terms with aspects of the COVID-19 death that are troubling or especially painful. Validate these concerns and help the person accept the reality. Show respect for people who prefer not to share this story.
6. **Learn to live with reminders.** Gradually find ways to return to the world of reminders rather than avoiding them. Discover meaningful and comforting memories in reminders. Show respect

for individuals finding their own balance between confronting emotional pain and avoidance or distraction: people need to find their own balance of these. Those who wish to share photos and memories of the loved one should be supported to do so.

7. **Feel a sense of connection to memories of the deceased.** Recognize a changed relationship with the person who died and understand that memories are a living part of connection to the deceased.

## **PROLONGED GRIEF DISORDER**

A minority of bereaved individuals will develop a prolonged state of intense grief now included as a diagnosis in ICD-11. Little is known about incidence rates after deaths due to an illness like COVID-19 in a pandemic, but existing studies suggest it might be as high as 20%. Key characteristics include the persistence of intense grief for at least 6 months with intense yearning and/or preoccupation with the deceased. Additional features may include intense emotional pain, loneliness, difficulty accepting the permanence of the loss, avoidance of reminders the person is dead, or feeling life is meaningless. Prolonged grief may occur alone or comorbid with other conditions such as depression or PTSD and is a risk factor for suicidal ideation and behaviors.

## **MANAGEMENT OF PROLONGED GRIEF DISORDER**

Short-term psychotherapy is the treatment of choice for this condition, with a solid evidence base. To date, no pharmacotherapy is FDA approved or has demonstrated efficacy in a well-powered randomized controlled trial. Antidepressants, however, do play a role for individuals with co-occurring major depression. All treatment seeking patients should be assessed for suicidal ideation and behaviors. A first line psychotherapy that works is principle-based, simple, and easy to learn. Information is available for clinicians to learn this approach (see resources below).

Briefly, this includes:

1. **Active empathic listening** while eliciting a history of the relationship with the person who died, the death and the patient's grief experience.
2. A simple procedure of **grief monitoring** that takes about 5 minutes each day.
3. **Psychoeducation** about acute and integrated grief, and prolonged grief disorder.
4. Encouraging ways to **enhance positive social connections**.
5. Helping the patient find ways to engage in activities and projects that are related to intrinsic interests and values, and to build in simple pleasurable daily experiences as they begin to **re-engage in life without the deceased**.
6. Inviting the patient to **talk about how they learned of the death**.
7. Encouraging the **sharing of positive and negative memories** of the deceased. Encourage sharing photos with you.
8. Support the patient to **approach avoided reminders of their loved one**. Avoiding prior shared friends or activities can contribute to functional impairment and interfere with adaptation to life after the death.

## **RESOURCE LIST FOR APA FRAMEWORK FOR COVID-RELATED DEATH AND DYING: CONSIDERATIONS FOR FAMILY AND OTHER PERSONAL LOSSES DUE TO COVID-19-RELATED DEATH**

### **Online specific resources:**

<https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response>:

- Grief Leadership During COVID-19:  
[https://www.cstsonline.org/assets/media/documents/CSTS\\_FS\\_Grief\\_Leadership\\_During\\_COVID19.pdf](https://www.cstsonline.org/assets/media/documents/CSTS_FS_Grief_Leadership_During_COVID19.pdf)
- Notifying Families after a COVID-19 Death:  
[https://www.cstsonline.org/assets/media/documents/CSTS\\_FS\\_Notifying\\_Families\\_After\\_COVID19\\_Death.pdf](https://www.cstsonline.org/assets/media/documents/CSTS_FS_Notifying_Families_After_COVID19_Death.pdf)

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