

疫時善別

死在疫時,活在逆時講座系列 (2022年3月30日)

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基本信念



- 在喪親的早期階段,不要為極端情緒感到羞恥
- 強烈的悲傷是喪親者對死者愛的代價
- 照顧者亦不應以撫平喪親者為目標



疫時善別特色(一)





https://pixabay.com/photos/handshake-hands-laptop-monitor-3382503/

COVID-19如何影響喪親經歷?

(Pearce et al., 2021)



Open access

Original research

BMJ Open 'A silent epidemic of grief': a survey of bereavement care provision in the UK and Ireland during the COVID-19 pandemic

> Caroline Pearce , 1 Jonathan R Honey, 2 Roberta Lovick, 1 Nicola Zapiain Creamer, Claire Henry, Andy Langford, Mark Stobert, Mark Stobert, Stephen Barclay^{1,2}

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ABSTRACT

Objectives To investigate the experiences and views of practitioners in the UK and Ireland concerning changes in bereavement care during the COVID-19 pandemic. Design Online survey using a snowball sampling

Setting Practitioners working in hospitals, hospices, care homes and community settings across the UK and Ireland. Participants Health and social care professionals involved

in bereavement support Interventions Brief online survey distributed widely

across health and social care organisations.

Results 805 respondents working in hospice, community, and hospital settings across the UK and Ireland completed the survey between 3 August and 4 September 2020. Changes to bereavement care practice were reported in: the use of telephone, video and other forms of remote support (90%); supporting people bereaved from non-COVID conditions (76%), from COVID-19 (65%) and people bereaved before the pandemic (61%); funeral arrangements (61%); identifying bereaved people who might need support (56%); managing complex forms of grief (48%) and access to specialist services (41%). Freetext responses demonstrated the complexities and scale of the impact on health and social care services, practitioners and their relationships with bereaved families, and on hereaved neonle

Conclusions The pandemic has created major challenges for the support of bereaved people: increased needs for bereavement care, transition to remote forms of support and the stresses experienced by practitioners, among others. The extent to which services are able to adapt, meet the escalating level of need and help to prevent a 'tsunami of grief' remains to be seen. The pandemic has highlighted the need for bereavement care to be considered an integral part of health and social care

Strengths and limitations of this study

- > This national survey of health and social care professionals is the first to identify the major impact of the pandemic on bereavement care in the UK.
- ▶ Eight hundred and five responses from across the UK and Ireland were received from a wide range of professional roles and settings.
- ▶ Due to the snowball sampling approach, it is not possible to calculate a response rate.
- ▶ While there was consistency in responses across settings, further research is needed to investigate the settings and bereaved populations where support needs are highest.

scale of the impact of the COVID-19 pandemic on those bereaved is now becoming apparent: it is estimated that for every COVID-19 death, nine people are affected by bereavement. Deaths from COVID-19 are characterised by factors that may increase the risk of complicated and prolonged grief responses²⁻⁴ including: sudden and unexpected deaths, deaths in intensive care units, patient isolation and severe symptoms including breathlessness at the end of life.5-8 Social distancing measures have had a major impact on those bereaved from all causes, not only from COVID-19. These essential measures restricted visiting in hospitals, care homes and hospices, preventing loved ones saying goodbye and leaving some to die alone. Viewing the deceased person's body and funeral proceedings were severely curtailed. Bereaved people may feel especially isolated and unable to access

- 分析了於2020年 8月3日至9月4日 805份網上問卷
- 醫院及社區的安 寧服務與善別服 務工作員
- 使用電話、視頻 或其他遠程支持



1. 線上提供善別照顧的方法和面對面的一樣好

- □線上方法不如面對面的有效
- □這兩種方法的效果相似
- □線上方法比面對面好





JMIR Ment Health. 2021 Dec; 8(12): e29661.
Published online 2021 Dec 8. doi: 10.2196/29661

PMCID: PMC8701663 PMID: 34889769

Effectiveness and Feasibility of Internet-Based Interventions for Grief After Bereavement: Systematic Review and Meta-analysis

Monitoring Editor: John Torous

Reviewed by Jeannette Brodbeck and Luigi Costantini

Andrea E Zuelke, MA, ¹⁸⁴¹ Melanie Luppa, PD, ⁴¹ Margrit Löbner, Dr rer med, ¹ Alexander Pabst, DPhil, ¹ Christine Schlapke, MSc, ¹ Janine Stein, Dr rer med, ¹ and Steffi G Riedel-Heller, MPH, Prof Dr med ¹

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 到2020年,對9篇 文章進行文獻回顧 /薈萃分析 (Metaanalysis)



- · 認知行為療法 (Cognitive Behavioral Therapy) 或社會認知理論 (Social Cognitive Theory)為本
- 心理教育 (Psycho-social Education)
- 接觸和認知再評價 (Exposures or Cognitive Reappraisal)
- 無人指導或有指導的個人回饋 Unguided or Guided with individual feedback
- 主要是寫作作業



• 喪親反應

Test of $\theta = 0$: z = 4.78, p = 0.00

Grief		Treatment			Control				Hedges's g	
Study	N	Mean	SD	N	Mean	SD		wit	h 95% CI	(%)
Litz et. al. (2004)	42	32.84	9.11	32	24.7	8.33		0.92[0.44, 1.40]	12.73
Brodbeck et. al. (2019)	13	3.47	.59	12	3.02	.84		0.60[-0.17, 1.38]	6.51
van der Houwen et. al. (2010)	254	23.5	8.7	201	21.5	8.3	-	0.23[0.05, 0.42]	25.26
Kersting et. al. (2013)	113	36.54	9.69	115	31.37	8.81		0.56[0.29, 0.82]	21.44
Kersting et. al. (2011)	26	36.5	9.3	33	30.1	8.78	_	0.70[0.18, 1.22]	11.44
Wagner et. al. (2006)	25	9.87	6.89	26	4.76	3.55	_	0.92 [0.35, 1.49]	10.24
Eisma et. al., exposure (2015)	10	59.9	24	15	50.7	18.6	-	0.43[-0.36, 1.21]	6.44
Eisma et. al., behavioral activation (2015)	10	59.9	24	11	57	17.5 -	-	0.13[-0.69, 0.96]	5.94
Overall							-	0.54 [0.32, 0.77]	
Heterogeneity: $\tau^2 = 0.04$, $I^2 = 48.75\%$, $H^2 =$	1.95									
Test of $\theta_i = \theta_j$: Q(7) = 13.74, p = 0.06										



• 創傷後壓力

PTSS		Treatme	ent		Contro	ol			He	edges's g	Weight
Study	N	Mean	SD	Ν	Mean	SD			wit	h 95% CI	(%)
Litz et. al. (2004)	42	37.31	12.74	32	28.11	10.06		-	0.78[0.31, 1.25]	16.17
Kersting et. al. (2013)	113	16.92	7.07	115	10.83	7.59	13		0.83[0.56, 1.10]	49.57
Kersting et. al. (2011)	26	27.9	10.92	33	17.9	12.36	_	-	0.84[0.31, 1.37]	12.87
Wagner et. al. (2006)	25	19.25	9.28	26	9.45	7.57	33	-	1.14 [0.56, 1.73]	10.56
Eisma et. al., exposure (2015)	10	40	10.5	15	32.5	7.2		•	0.84[0.03, 1.65]	5.52
Eisma et. al., behavioral activation (2015)	10	40	10.5	11	38.4	7.5		_	0.17 [-0.65, 0.99]	5.31
Overall								•	0.82[0.63, 1.01]	
Heterogeneity: $\tau^2 = 0.00$, $I^2 = 0.00\%$, $H^2 = 1$.00										
Test of $\theta_i = \theta_j$: Q(5) = 3.60, p = 0.61											
Test of $\theta = 0$: $z = 8.47$, $p = 0.00$											
						-1	Ó	1	7		



• 抑鬱症狀

Depression		Treatme	nt		Contro	13			He	dges's g	Weight
Study	N	Mean	SD	N	Mean	SD				95% CI	(%)
Litz et. al. (2004)	42	36.15	8.67	32	30.8	7.6		-	0.64 [0.18, 1.11]	13.32
Brodbeck et. al. (2019)	13	.81	.47	12	.56	.46			0.52 [-0.25, 1.29]	7.07
van der Houwen et. al. (2010)	254	21.8	12.8	201	19.7	12			0.17[-0.02, 0.35]	23.33
Kersting et. al. (2013)	113	1.05	.73	115	.61	.64		-	0.64 [0.37, 0.90]	20.32
Kersting et. al. (2011)	26	.99	.85	33	.47	.49			0.76 [0.24, 1.29]	11.72
Wagner et. al. (2006)	25	7.13	5.19	26	4.15	2.41		-	0.73[0.17, 1.29]	10.91
Eisma et. al., exposure (2015)	10	8.4	6.6	15	7.8	4)) <u> — </u>	-	0.11 [-0.66, 0.89]	7.04
Eisma et. al., behavioral activation (2015)	10	8.4	6.6	11	10.8	3.1	_		-0.45 [-1.29, 0.38]	6.30
Overall								•	0.44[0.20, 0.68]	
Heterogeneity: $\tau^2 = 0.05$, $I^2 = 55.19\%$, $H^2 =$	2.23								- 5		
Test of $\theta_i = \theta_j$: Q(7) = 17.90, p = 0.01											
Test of $\theta = 0$: $z = 3.61$, $p = 0.00$											
							-1	0 1	2		

發展網上善別小組的考慮因素 (Gibson et al., 2020)



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Considerations for Developing Online Bereavement Support Groups

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ABSTRACT

The loss of a family member or friend can have profound psychological and physical implications, particularly for individuals without bereavement support services. Online support groups can be an effective means of extending services beyond the traditional modes of delivery. This is especially true for populations that include isolated individuals and those with limited support networks, limited transportation, challenging time commitments, or reside in communities with limited services available. The literature over the last 10 years was reviewed to discern the potential opportunities and challenges of providing online bereavement support group services. Discussed are challenges for recruitment of participants, availability of technology resources, addressing privacy and confidentiality issues, participants' knowledge of technical equipment, legal considerations, ethical considerations, accessibility, and other best practices. Diverse populations such as adolescents, older adults, and rural communities must be uniquely considered when using online support groups.

KEYWORDS

Bereavement; grief/loss; technology; online social work; ethics; support group

- 招募參與者
- · 倫理考慮:解決 隱私和保密性問 題、身份驗證
- 可及性:技術資源的可用性、使用者對技術設備的認識

發展網上善別小組的考慮因素 (Gibson et al., 2020)



- 風險管理:例如,自殺風險
- 法律方面的考慮:責任問題、免責聲明、版權
- 考慮因素:非同步性或同步性



https://pixabay.com/vectors/risk-risk-management-risk-assessment-3576044/

通過Zoom進行善別照顧

(Morris & Ryan, 2021)

JOURNAL OF PSYCHOSOCIAL ONCOLOGY 2021, VOL. 39, NO. 3, 316–319 https://doi.org/10.1080/07347332.2021.1899355







Bereavement via Zoom during COVID-19

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- 準備工作。事先提供個別篩選、每次指出 基本規則和結構
- · 禮儀:保護隱私,不截圖/錄音,不私下 聊天,保持攝像機開著,中斷時離開並重 新加入。
- 主持人:通常是一位輔導員工,可能會加一位技術人員。



使用線上平臺進行遺愛、喪禮和紀念潘勳寧頌 (Gulotta et al., 2016) **JCECC**

Social Online

DIS 2016, June 4-8, 2016, Brisbane, Australia

Jockev Club End-of-Life Community Care Project

Engaging with Death Online: An Analysis of Systems that Support Legacy-Making, Bereavement, and Remembrance

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https://pixabay.com/photos/laptop-digital-device-technology-5673901/

使用線上平臺進行遺愛、喪禮和紀念潘勳寧頌

(Gulotta et al., 2016, p.745)

Jockey Club End-of-Life Community Care Project

• 調查75在線平臺

Afternote.com	Afterwords.cc	B-emortal.com
Bcelebrated.com	Boxego.com	Capsoole.com
Chronicleoflife.com	DeathSwitch.	DeadMansSwitch.
Deadsocial.org	USLegalWills.com	Docubank.com
Estatemap.com	Eter9.com	Everplans.com
Ghostmemo.com	Infibond.com	Knotify.me
Lifenaut.com	Mindatrest.co.uk	Mywonderfullife .com
Mygoodbyemessage. com	Mymoriam.com	PartingWishes.co m
PassingBye.com	Securesafe.com	Thedocsafe.com
RememberedVoices.	ToLovedOnes.	CirrusLegacy.com

MyVuture.com	WebCease.com	LegacyStories.com
Eterni.me	AimHolographics.	Facebook Legacy Contacts
Google Inactive Account Manager	StoryCorps.com	9/11 Memorial App
Digital Memorial App	WW2 Memorial App	MH370 Memorial App
Vietnam Veterans Memorial App	ForeverMissed.com	FuneralFinder.com
GoneTooSoon.org	Heart2Soul.com	iLasting.com
KeepTheirMemoryA live.com	Imorial.com	Legacy.com/ns/
Journal-of-life.com	Mem.com/site/stori	MemorialMatters.
MuchLoved.com	ProtectTheirMemori es.com	Remembered.com
Tributes.com	YouMattered.com	The HealGrief App
Help For The Grieving App	Geni.com	Ancestry.com
BillionGraves.com	MyHeritage.com	FindMyPast.com
GenesReunited.co. uk	ZoomPast.org	FamilySearch.org
RootsWeb.ancestry.	Famicity.com	MyGriefAngels. org
Grief Support Network App	Flutter App	Never-Gone.com

使用線上平臺進行遺愛、喪禮和紀念潘勳^{寧頌} (Gulotta et al., 2016, p.745) **JC**FCC

Jockey Club End-of-Life Community Care Project

四大類別:

- 支持個人:整理他們的社交媒體資料,記錄他們的最後願望,向所愛的人發送資訊,指定他們希望傳遞資訊和財產的人。
- 支持喪親者:記錄已經去世的人的相關資 料
- 記錄和分享有關他們的祖先或在遙遠的過去死去的人的資料
- 圍繞重大事件或經歷進行公開思考和討論



2.那些人較易接受網上善別服務?

- □男性
- □年輕人
- □大學或以上程度
- □死者為配偶或子女
- □死亡到現在時間
- □喪親前接受過心理照顧
- □個人對網上服務
- □有問題哀傷程度

接受網上善別服務程度

(Lenferink et al., 2020)



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DOI: 10.1002/cpp.2544

RESEARCH ARTICLE

WILEY

Treatment gap in bereavement care: (Online) bereavement support needs and use after traumatic loss

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People bereaved through road traffic accidents (RTAs) are at risk for severe and disabling grief (i.e., pathological grief). Knowledge about needs and use of bereavement care, including psychotherapy, pharmacotherapy, and support groups, is limited. This study charted (correlates of) the needs and use of bereavement care in RTA bereaved people. Furthermore, although online grief treatment seems effective, it is unknown whether it is perceived as acceptable. Accordingly, we examined the acceptability of online treatment. Dutch RTA bereaved adults (N = 273) completed self-report measures about needs and use of bereavement care, acceptability of online grief treatment, and pathological grief. Regression analyses were used to identify correlates of care needs and use and acceptability of online treatment. The majority (63%) had received help from psychotherapy, pharmacotherapy, and/or support groups. One in five participants had not used bereavement care services, despite reporting elevated pathological grief levels and/or expressing a need for care, pointing to a treatment gap. Use of psychological support before the loss was the strongest predictor of bereavement care needs and use following the loss. A minority (35%) reported being inclined to use online grief treatment if in need of support. More openness towards online services was related to greater acceptability of online treatment. In conclusion, 20% of RTA bereaved people with pathological grief or care needs had not received care. This treatment gap may be reduced by improving accessibility of online treatments. However, as only 35% was open to using online treatments, increasing the acceptability of (online) treatments appears important.

KEYWORDS

bereavement, grief, internet, prolonged grief, therapy, trauma

- 訪問了273交通意 外喪親者
- 65% 增接受善别 服務
- 35% 願意接受網 上善別服務
- 20% 有強烈喪親 反應但沒有接受 善別服務

接受網上善別服務程度

(Lenferink et al., 2020)



	Behavioural intentions towards online grief treatment		Acceptability of grief treatment substitute for face treatment	t as a face-to-	Acceptability of online grief treatment combined with face-to-face treatment	
	B (SE)	β	B (SE)	β	B (SE)	β
Gender (0 = male, 1 = female)	0.64 (0.76)	.05	0.54 (0.69)	.04	-0.38 (0.83)	03
Age in years	-0.04 (0.03)	08	-0.04 (0.03)	10	-0.09 (0.03)	18**
Educational level (0 = lower than university, 1 = university)	1.61 (0.69)	.13*	-0.02 (0.63)	01	2.55 (0.76)**	.20**
Kinship to the deceased (0 = other than partner/child, 1 = partner/child)	-0.05 (0.76)	.01	0.82 (0.69)	.08	1.35 (0.83)	.10
Time since loss in years	0.01 (0.05)	.01	-0.01 (0.05)	01	-0.10 (0.06)	10
Pre-loss psychological support (0 = no, 1 = yes)	2.16 (0.69)	.17**	0.50 (0.62)	.05	1.23 (0.75)	.09
Personal innovativeness towards online services	0.51 (0.07)	.39***	0.50 (0.07)	.44***	0.44 (0.08)	.32***
Pathological grief levels	0.09 (0.02)	.21***	0.06 (0.02)	.15**	0.07 (0.03)	.17**

^aDue to missing data for four people on some of the variables, the total sample is 269 instead of 273.

^{***}p < .001. **p < .01. *p < .05.

疫時善別特色(二)



主動性 (Proactive)



表示慰問並開始行動 (Lichtenthal et al., 2020)



Annals of Internal Medicine

IDEAS AND OPINIONS

Bereavement Care in the Wake of COVID-19: Offering Condolences and Referrals

Wendy G. Lichtenthal, PhD, FT; Kailey E. Roberts, PhD; and Holly G. Prigerson, PhD

The coronavirus disease 2019 (COVID-19) pandemic has left, and will continue to leave, hundreds of thousands of bereft family members in its wake (1). These deaths are unlike others in recent history. Unprecedented conditions—massive numbers of casualties; forced separations during a patient's final days; and denial of physical touch, final goodbyes, and traditional mourning rituals—pose threats to bereaved family members' mental health, leaving them vulnerable to intense and enduring psychological distress.

Front-line physicians are uniquely positioned to provide critically needed psychosocial support to bereaved family members. Regardless of medical specialty, physicians are now caring for more dying patients than ever before and, concomitantly, are tasked with talking to a deceased patient's family members. Many well-intentioned but weary and emotionally depleted physicians search for the words to say and wonder how to know when a bereaved family member is at risk and when they should refer them to a mental health

with their grief, feel their pain, and take a moment to acknowledge their loss and sorrow. Family members want to know that their loved one mattered. Physicians may ask if the family members have questions about the patient's final days or moments or the medical care that the patient received near death and may provide answers or reassurances. Finally, care should be demonstrated by asking how they are coping and waiting for a response (for example, not speaking while counting to 10). Some family members may seem numb, angry, or in shock, but this should not be interpreted as a lack of appreciation for the physician's effort. Communicating compassion is a way to show respect for the deceased patient and the bereaved family member; reduce feelings of abandonment by the medical team; and promote a sense of support, concern, and care (2).

ASSESS RISK

Providing adequate bereavement care requires the

Communicate Compassionately

富有同情心地進行溝通

Assess Risk評估風險

Refer when appropriate 適當時轉介

Educate about resources 提供資源方面的教育

表示慰問並開始行動

(Lichtenthal et al., 2020)



富有同情心地進行溝通:

- 「呢段時間你哋一家一定好難受!」
- 同理心的存在(Empathetic Presence): 願意與他們的悲傷在一起,並花點時間承認他們的損失和悲傷。

評估風險:

- 「呢幾日點呀?」

適當時轉介:

一「聽落你面對緊好多挑戰,你想唔想見吓有呢方面工作經驗嘅同事?」

提供資源方面的教育:

- 「有D同你經歷類似嘅朋友話呢D資料幫到佢哋,你有無興趣聽聽?」

善別照顧做什麼?



三層善別照顧

賽馬會安寧頌

JCECC

Jockey Club End-of-Life Community Care Project

Outcome Assessment

反應評估

Indicated Care: High Outcome

Group

顯示照顧:

高反應群體

專門的專業支持

Risk Assessment 風險評估

Selective Care: High Risk Group

選擇照顧: 高風險群體

回顧和反映喪親經歷

Universal Care: Everyone

普遍照顧: 所有人

資料需求 -單張、自助基本指南 、網路資訊

(Sanderson et al., 2022)



PLOS ONE



Risk factors for complicated grief among family members bereaved in intensive care unit settings: A systematic review

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Abstract

· 系統回顧,對9 篇文獻使用61 風險因素進行 分析。



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(Sanderson et al., 2022, p.11)



Risk Factor	Univariable analysis	Multivariable analysis		
Demographics/Characteristics				
Patient				
Older Age	Decreased risk	Decreased risk		
Relative				
Sex (Female) 女性	Increased risk (1)	Increased risk		
文任	No effect (2)			
	Decreased risk (1)			
Older Age	Decreased risk (2)			
	No effect (2)			
Number of people in household	Increased risk (alone) (1)	Increased risk (alone) (2)		
獨自生活	No effect (1)			
College	No effect			
Religious	No effect			
Household Income	No effect			
Relationship to deceased the beautiful to the second	Increased risk (spouse)(1)	Increased risk (spouse/partner)		
患者的配偶或父母	No effect (1)			

(Sanderson et al., 2022, p.11)



Risk Factor	Univariable analysis	Multivariable analysis
ICU characteristics/variables		
Staff		
Nurse involvement in clinical research	No effect	No effect
Intensivist board certification < 2009	Increased risk	Increased risk
Nurses > 2 years ICU experience	No effect	
Patients		
Length of ICU stay	No effect	No effect
Need for vasopressors	Increased risk	
Died while intubated 正在插管的病人	Increased risk	Increased risk
Immediate extubation vs terminal weaning	No effect	No effect
Refused Treatment	Decreased risk	Decreased risk

(Sanderson et al., 2022, p.11)



Risk Factor	Univariable analysis	Multivariable analysis
Communication Disagreements/Conflict		
Family disagreement EOL decision	Increased risk	
Family conflict	No effect	
Team conflict	No result available	
Communication with physician unsatisfactory 與醫療團隊溝通	不暢 Increased risk	Increased risk
Communication with nurse unsatisfactory	Increased risk	No effect
Family perceptions/experiences		
How prepared for partner/child death	Decreased risk	Decreased risk
How drawn out dying process seemed	Increased risk	No effect
How violent death seemed	Increased risk	No effect
To what extent they thought partner/child suffered in dying	No effect	No effect
How much partner/child suffered compared to what they expected	Increased risk	No effect
Opportunity to say goodbye 有機會說再見	Increased risk (No) (1)	Increased risk (No)
月	No effect (1)	
Patients' dignity not respected	Increased risk	
Perceived pain	No effect	
Family involved with EOL decision	Decreased risk	
Death not anticipated	Increased risk	
Present at time of death 死亡時在場	Increased risk	Increased risk

(Sanderson et al., 2022, p.12)



Risk Factor Univariable analysis Multivariable analysis How often at bedside No effect CAESAR score Increased risk (Low score) FS-ICU 24 No effect Other health and social related relative variables No effect Medications for depression Previous depression diagnosis No effect Symptoms of depression Fair concordance Fair concordance Symptoms of PTSD Symptoms of social distress Fair concordance No result available Social support Increased Risk PHQ-9 score Increased Risk SDI score Increased Risk (2) IES-r score Coping mechanisms/determinants Decreased Risk No effect Acceptance No effect Active coping Self-distraction Increased Risk No effect No effect Planning 曾接受情緒支援 Use of emotional support Increased Risk Increased Risk No effect Religion Positive reframing No effect 自責 Increased Risk Seeking social support No effect Increased Risk Self-blame Increased Risk Venting feelings Increased Risk No effect 否認 Denial Increased Risk Increased Risk Behavioural disengagement No effect Increased Risk Substance or alcohol use No effect Increased Risk Other Patient dying or not No effect No effect Receiving a letter BGQ score Increased Risk

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反應評估篩查工具 (Pandemic Grief Scale, PGS)



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Pandemic Grief Scale: A screening tool for dysfunctional grief due to a COVID-19 loss

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ABSTRACT

Millions of people are grieving the loss of someone who died of COVID-19. However, there have been no screening tools developed to identify individuals who may be suffering from dysfunctional grief during the pandemic. Therefore, the objective of this study was to develop and evaluate the properties of the Pandemic Grief Scale (PGS), which is a brief mental health screener to identify probable cases of dysfunctional grief associated with a COVID-19 death. This 5-item scale, which was based on 831 adults who lost someone to COVID-19, demonstrated solid reliability (α s = 0.86), factorial validity (PCA and CFA support), and construct validity with strong correlations with suicidal ideation and substance use coping. The PGS measures COVID-19 grief equivalently across demographic groups, and discriminates well between persons with and without dysfunctional grief using an optimized cut score of \geq 7 (87% sensitivity and 71% specificity). An alarming 66% of the sample scored in the clinical range. The PGS also demonstrates incremental validity by explaining 18% additional variance in functional impairment due to a COVID-19 loss beyond measures of depression and generalized anxiety. These results support the PGS as an efficient and valid screening tool for clinical research and practice during a pandemic.

反應評估篩查工具 (Pandemic Grief Scale, PGS) (Lee & Neimeyer, 2022)



Over the last 2 weeks, how often have you experienced the following thoughts or behaviours related to your loss? 在過去兩周內,你有多長時間經歷過下列與你的損失有關的想法感覺或行為?	Not at all 完全沒 有	Several Days幾 夭	>Half the Days 大半時 間	Nearly Every Day幾乎 每天都 有
1. I wished to die in order to be with the deceased 我希望死亡是為了和死者在一起。	0	1	2	3
2. I experienced confusion over my role in life or felt like my identity was diminished because of the loss我對自己在生活中的角色感到困惑,或者覺得自己的身份因為喪失而被削弱。	0	1	2	3
3. Nothing seemed to matter much to me because of this loss 因為 這種損失,似乎沒有什麼東西對我很重要	0	1	2	3
4. I found it difficult to have positive memories about the deceased 我發現很難有關於死者的正面記憶。	0	1	2	3
5. I believed that without the deceased, life was either meaningless, empty, or could not go on我相信,如果沒有死者生生活要麼毫無意義,要麼空虛,要麼無法繼續下去。	0	1	2	3



COVID-19 喪親者常見的挑戰



- 1. 繁瑣的手續
- 2. 纏擾的思憶
- 3. 忿忿不平
- 4. 一萬個假如...
- 5. 沒有答案的問題

1.繁瑣的手續



座談會收到的問題:

- -醫院直出的話,死於covid的屍體可以做什麼儀式?
- -請問疫情下,好多先人遺體都滯留在殮房/醫院,喪親者可以向誰或哪個機構尋求求助?
- -如何協助剛在醫院離世的長者辦白事?
- 醫院直出有什麼儀式可以做?

1.繁瑣的手續



- 共同工作,而不是為喪親者工作(Co-work rather than work for the bereaved person)
 - 减少未来的内疚和自责
 - -增加控制感
- 決定困難
 - 以護理為基礎 Care-based
 - 以逝者為基礎 Deceased-based
 - 以證據為基礎 Evidence-based

資料需求 -單張、自助基本指南 、網路資訊

Universal Care: Everyone

普遍照顧: 所有人

2. 纏繞的思憶



• 我好掛住佢

回顧和反映喪親經歷

• 談起逝者生平、喜好、理想、心願

Selective Care: High Risk Group

選擇照顧: 高風險群體

2. 纏繞的思憶



• 我好掛住佢

投票3

你會用那一樣法寶去協助喪親者處理纏繞的思憶?

- □ 時光機
- □ 交換繩
- □ 竹蜻蜓
- □ 縮小燈
- □ 助興樂團

交換繩



- 回到相處好回憶
- 回到他的教誨

- 易地而處:
 - 一如果你係佢,你會有乜建議呢?
- 增加相連感 (Continuing Bond)

2. 纏繞的思憶



• 當我瞇埋眼,我就不能控制咁諗番佢個樣...

Indicated Care: High Outcome Group

顯示照顧:

高反應群體

2. 纏繞的思憶



• 當我瞇埋眼,我就不能控制咁諗番佢個樣...

投票4

你會用那一樣法寶去協助喪親者處理纏繞的思憶?

- □ 時光機
- □ 交換繩
- □ 竹蜻蜓
- □ 縮小燈
- □ 助興樂團

縮小燈





https://pixabay.com/photos/doctor-hospital-bed-delivery-labor-840127/https://pixabay.com/photos/woman-seniorin-pensioner-granny-4792038/

• 儘量不涉及圖像的細節,以避免再次造成創傷

交換繩



- 易地而處:
 - 一如果你係佢,你會有乜建議呢?

2. 纏繞的思憶



• 我成日喺度諗,當日送/無送佢入醫院喺咪錯?

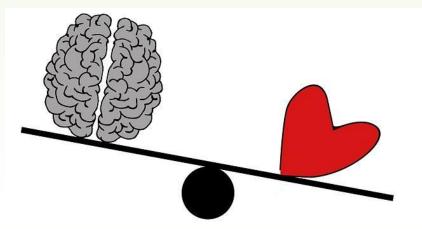
投票5

你會用那一樣法寶去協助喪親者處理纏繞的思憶?

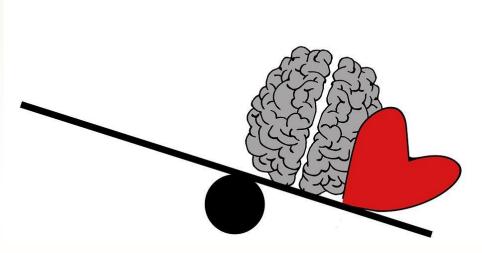
- □ 時光機
- □ 交換繩
- □竹蜻蜓
- □ 縮小燈
- □ 助興樂團

先情後理





https://pixabay.com/illustrations/brain-head-psychology-closed-mind-2146168/



https://pixabay.com/illustrations/brain-head-psychology-closed-mind-2146159/

- · 對他的心意表示讚賞→他希望能好好照顧 病人
- 積極聆聽分享

記憶麵包



- 回到當日,有甚麼不同的做法?
- 回到以前,他對你做錯決定會有甚麼回應?

- 有容訊息, 銘記在心
- 拋錨技巧 (Anchoring Technique)

竹蜻蜓



- 鳥瞰視野
- 當日影響決定還有那些人和環境因素?

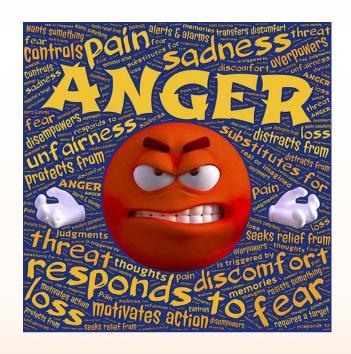


• 醫院延誤救治、政府失誤

- 過早解釋,增加反抗
- 未與理想的安排



- 憤怒是一種主要情感 --> 對不公平待遇的反應
 - -是一種能量,可以是建設性的,也可以是破壞性的。
 - 對於不可逆轉的結果,通常不是為了自己的利益,而是不希望發生在其他人身上。







作為情緒的奴隸,以他人的過錯懲罰 自己



• 憤怒是次要情緒 --> 對其他情緒的反應:傷害、恐懼和無法控制

Aware 覺悟 Regulate 控制 Transform 轉化

4.一萬個假如...



假如當日我爭取去探佢,但就唔會孤孤單單 咁上路啦...

投票6

你會用那一樣法寶去協助喪親者處理一萬個假如?

- □ 時光機
- □ 交換繩
- □ 竹蜻蜓
- □ 縮小燈
- □ 助興樂團

時光機

交換繩



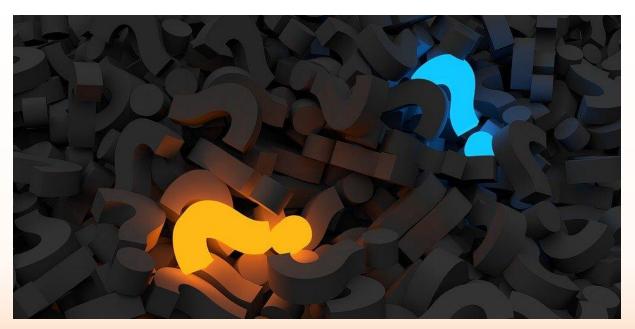
• 如果你當日有探佢,你會做 啲乜嘢?

你估佢喺離開一刻,佢最希 望喺乜呢?

5.沒有答案的問題



- 點解佢要咁死?
- 佢死時會唔會好辛苦?
- 佢會唔會想番屋企?

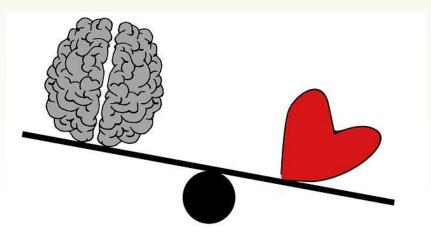


https://pixabay.com/illustrations/question-mark-pile-questions-symbol-2492009/

5.沒有答案的問題



- 點答都死嘅問題
- 先情後理



https://pixabay.com/illustrations/brain-head-psychology-closed-mind-2146168/

- 問題背後嘅意義
- 理解需要:「似乎呢條問題對你好重要喎!一定有個重要嘅原因!」

5.沒有答案的問題



算了算了棒一捨得、不執著

• 氣球練習



https://pixabay.com/photos/balloons-colorful-swimming-pool-1761634/



助興樂團



Broaden and Build Theory
 拓寬和建立理論
 (Fredrickson, 2004)

• 助興樂團

→平行腦筋



不是辯論,沒有贏輸; 旨在埋下種子, 在適當時候發芽…

https://pixabay.com/photos/plant-sprout-dicotyledon-life-259806/





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