



## Chapter 15. Grief and Mourning For the CDR Team

**G**rief and Mourning is not pathology. It is a natural process. When we work with unnecessary child death and don't feel sad, tired or frustrated, we should find another job. Distress is part of this work so we must separate from it for periods of time. Some may find a short release in *gallows humor*, but eventually the pain needs to be owned.

Some members may take time away from child death review. That might be important when there is a new baby or when a loved one dies. Others might want more time with the review to feel they are doing something to balance a personal loss. Some find that they can't take this work home. Their family may not want to hear such things. Some find relief in playing with their own children or a pet. Dogs can listen to anything.

Team members might find relief in attendance of a funeral for survivors of a family they serve. One law firm in Los Angeles insists all their attorneys attend funerals. It seems to inspire them in getting future children and families to funerals. If a case is particularly distressing, visiting a grave may help. Take a companion and eat afterwards. The funeral and gathering, often with food, is an ancient ritual. Visit the grave of someone you love and tell them how you are. Cry. Have time alone but don't be isolated. Share. Let someone help you.

People who struggle with grief and mourning may be distressed, have trouble sleeping or eating, withdraw, perseverate on problems, be short-tempered or cry when there seems to be no cause. They may stop socializing, avoid work or work excessively, lose their appetites, drink excessively, damage relationships, withdraw from intimacy or find foolish intimacy, but... people may do all of that for many reasons. One can't witness the distress of a team member or even a team and know what the cause is. Ask and listen. Don't require answers. Be patient. Hang around after the meeting and come early. Be available. Bring refreshments. Note the pain this work may cause but don't make speeches.

Find resources, therapists, clergy, other team members, or someone who works with first scene responders when there is need to debrief and defuse. Each person eventually needs to define their own distress and define their own source of relief. But we can offer a menu of choices.

For those who feel the need to do something, consider the following actions:

1. Ask the group if they would want someone to talk with them about grief. Don't mandate it. If they ask, bring someone who works with death: an adult critical incident defuser or de-briefer, a child life therapist, or an experienced team member

2. View the video of young children talking of death. You can get a copy from ICAN NCFR. Appreciate the simple candor. Note the way the wonderful therapist takes them from pain to an ending with happy memories
3. Visit another team with another member of your team. Ask what they do
4. Exercise, practice sobriety, sleep, read, be alone and socialize in ways that make sense to you
5. Tell someone you love them, write that letter you have put off, be alive, say thank you often AND... Do something for the line staff who has these cases. They need more than most

Try some of this and watch and listen. Mourning a loved one can be forever. However, mourning endless loss can be draining. Don't leap to psychopathology, but don't ignore people's problems. If you do use a more traditional therapist for an individual or for the team, find someone who knows something of this work. You should have a network of therapists that can see the family members who survive these deaths. Ask one of them for advice on helping professionals. For more information, please contact Dr. Michael Durfee at [michaeld@aol.com](mailto:michaeld@aol.com).