

Psychiatry and Behavioral Sciences Section - 2012

I13 Utility of a Grief Services Program for Medical Examiners' Offices

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After attending this presentation, attendees will understand the range of services provided by a grief services program at a centralized, statewide medical examiner's office, the frequency of utilization of these services by bereaved individuals, and a framework for the implementation or improvement of a grief services program at a medical examiner or coroner's office.

This presentation will impact the forensic science community by presenting the first study, to the best of our knowledge, which explores the utilization of a grief services program at a centralized, statewide medical examiner/coroner's office, and will initiate discussion of future work in this area of forensic science.

Medical Examiner/Coroner's (ME/C) offices investigate deaths that are often sudden, violent, and unexpected, leaving family members and those close to the deceased suffering a traumatic loss with little in terms of support and counseling. Since its inception in 1976, the Grief Services Program (GSP) at the New Mexico Office of the Medical Investigator (OMI), the statewide medical examiner's office, has assisted families and communities across New Mexico with education, crisis intervention, counseling, and psychotherapy, regardless of the cause or manner of death. The utility of a grief services program at statewide medical examiner's office was investigated in order to better understand the needs of bereaved individuals, demonstrate the scope of services provided, and propose the findings as a model for other medical examiner/coroners offices. The OMI investigated 5,120 deaths in 2009, during which 1,085 grief services contacts were recorded. The majority of these visits occurred on-site at OMI (60.5%) by individuals residing in the same county (Bernalillo County, home to 1/3 of the state's residents) as OMI (62%). Telephone sessions (23.1%) and off-site visits (15.7%) were the next most prevalent type of contact. The number of individuals present at each session held at OMI ranged from 1 to 22 (mean 1.6) and the range of attendees for sessions held off-site was 1 to 130 (mean 2.5). Off-site sessions included memorial services, group sessions, and school presentations. The highest frequency of visits involved one-on-one sessions (78.6%) followed by sessions with two clients (9.1%). People seeking the services of the GSP for the first time consisted of 28.4% of the contacts, with the remaining 71.6% returning to the GSP for follow-up appointments. Ninety-one percent of the people who sought services offered by the GSP were immediate family, followed by extended family (5%), friends (1.9%), and community group (0.8%). Support was primarily provided to those suffering a loss due to homicide (28.8%), followed closely by suicide (26.1%), natural causes (20.0%), and accident (13.9%). It is believed, this is the first report looking at the utilization of a grief services program at a ME/C office. The service most frequently used by clients of the GSP was counseling related to the loss of a family member or loved one. However, grief counselors provided many additional types of assistance to grieving families, including discussions of autopsy results in conjunction with a staff pathologist, sharing information with family members, escorting families for viewings, showing family members photos of the decedent or scene, and assisting families who plan to transport the decedent. In this era of reduced resources GSPs may not be a priority for ME/C offices. Given the large number of people utilizing OMI's GSP; however, and the diverse reasons for their visits, it is apparent there is a need for GSPs at ME/C offices, particularly given the traumatic nature of deaths investigated by ME/Cs. The goal is that this work will prompt discussion and future work in this important yet seldom published area of forensic science.

Grief Counseling, Bereavement, Medical Examiner