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## Autumn 2020

### MHSUR Conference

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## Helping the Bereaved after the loss of a loved one to a drug overdose

**MARCIA WILLIAMS MSN, MS, LPC**  
SYSTEMIC PERSPECTIVES  
262-641-4347

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## Substance Use Death

- ▶ A drug death is one part of an emotional roller coaster for family and friends of the person using. It's the consequences of drug involvement, the fear of death, the trauma of possible death, complex and chaotic emotions and guilt reflections.
- ▶ The theme reflects an emotional overload: e.g. an enduring strain on bereaved family members living with a person with severe drug use problems. The family member experiences years of uncertainty, despair, fear, hopelessness, and powerlessness and following this, the drug user often dies.

▶ Titlestad, et al. From a review of 8 studies of bereavement following drug deaths.

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Definitions 4

- ▶ GRIEF is a natural and necessary reaction to the loss of someone or something important to you. It has physical, emotional, spiritual, mental and social parts to it.
- ▶ ANTICIPATORY grief is the grief that individuals feel before the actual death of a significant other.
- ▶ TRAUMATIC GRIEF is a term applied to either a type of death e.g. suicide, homicide that has elements of violence or horror associated with it (PTSD) or to the vulnerability of the survivor.

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Definitions 5

- ▶ SURVIVOR(S) is the person/persons left behind who mourn the death of the victim.

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Definitions 6

Stigma is the judgement made about an act or a person .

Webster defines it as a mark of shame or discredit: stain.

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## Post Traumatic Stress Disorder (PTSD)

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- ▶ PTSD is the DSM diagnosis applied to a person who has been exposed to a traumatic event that s/he either experienced, witnessed or had confronted. The person's response involved intense fear, helplessness or horror. This diagnosis is used when the event has occurred after 30 days.

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## Definitions

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- ▶ **COMPLICATED GRIEF** ( measured by the Inventory of Complicated Grief, ICG-19 by Prigerson, et. al) is a prolonged (> 6 mos.) grief syndrome characterized by:
  - ▶ Difficulty comprehending the death
  - ▶ Persistent yearning
  - ▶ Pre-occupation with thoughts and memories of the deceased
  - ▶ Anger and bitterness related to the death
  - ▶ Avoidance of any reminders of the loss
  - ▶ **Fear that moving on is evidence of insufficient love\*\*\***

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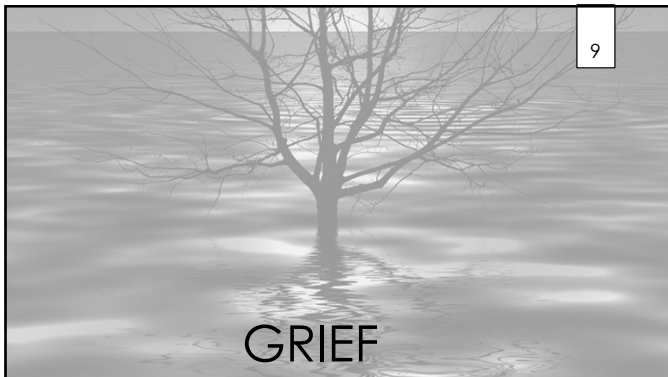
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GRIEF

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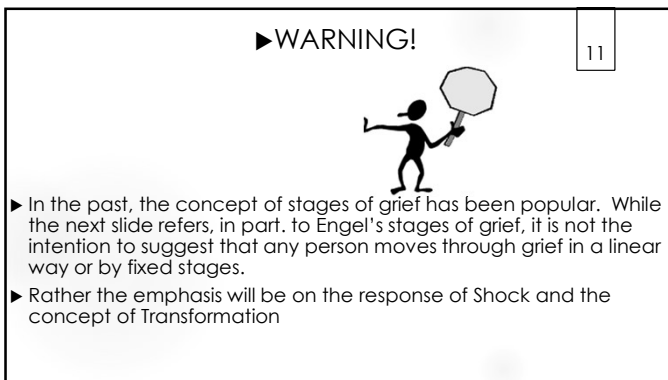
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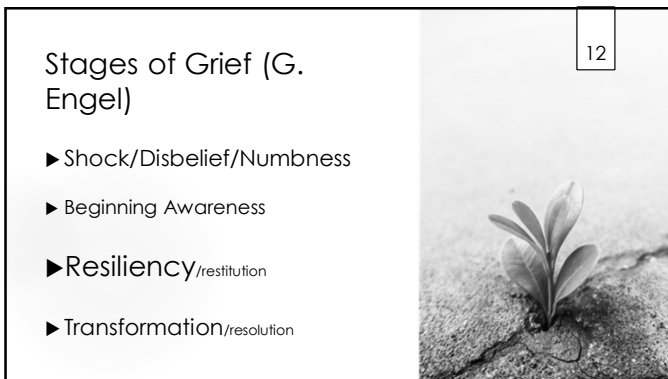
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## Transformation

- ▶ Transformation is about the change and growth that occurs with loss. It is also about memory making (MM). MM is often one of the best predictors of adaptation to loss in the first 2 years following the death.

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## Memory Making

- ▶ Memory Making , so important for grief recovery is done through conversational remembering, through sharing with a variety of others who knew the person, displaying photos and other keepsakes.
- ▶ Social censure because of the type of death may make some of this more difficult leading to emotional isolation and a decrease in Memory Making.

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Good News



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Good News 16

Ninety percent, or greater, of grieving people will not experience complicated grief. Most will process the loss with the help of family, friends, neighbors, clergy, support groups and some with the help of professionals.

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Adaptive Grief 17

- ▶ Neimeyer et.al. using meta analysis identified that "normally bereaved persons" often improved without intervention.
- ▶ Evidence indicates that grief therapy is most effective with complicated grief.
- ▶ The meta analysis also identified that the earlier the intervention (6-18 months, post death), the better the outcome.

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Adaptive Grief Responses 18

Changes in

- ▶ Sleep
- ▶ Appetite
- ▶ Energy
- ▶ Concentration
- ▶ Forgetfulness
- ▶ Socialization
- ▶ Restlessness
- ▶ Irritability



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## Adaptive Grief responses

- ▶ Suicidal thoughts, passive
- ▶ Hallucinations
- ▶ Fantasies

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## Adaptive Grief

▶ A model advanced by K. Shear, S. Zisook and others in 2014, suggests the following-

**Acute Grief**

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Mourning 93%

↓

Intermediate Grief

or

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## Intermediate Grief

▶ Is the concept that while grief is eternal & the survivor/s will always miss/grieve the loved one, that in time the survivor will be able to look to the future with hope and enthusiasm.



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## INTEGRATED GRIEF

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A lasting form of grief

- Feelings of yearning and sorrow, mostly muted, in the background
- A mixture of other feelings (positive and negative)
- Thoughts of the deceased accessible and bittersweet
  - Renewed sense of the potential for joy and satisfaction in life

**Integrated grief is permanent**

*To be yourself in a world that is constantly trying to make you something else is the greatest accomplishment*  
Ralph Waldo Emerson

Dr. Katherine Strife  
Center for Complicated Grief

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## Where does PTSD fit with Adaptive Grief

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- ▶ Intense fear } both before and  
Helplessness } after the death
- ▶ Horror either with the discovery or with information of the discovery.
- ▶ Not all PTSD survivors will experience mal-adaptive or complicated grief.

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## Adaptive Grief

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- ▶ A model advanced by K. Shear, S. Zisook and others in 2014, suggests the following-

**Acute Grief**

↓

Mourning     93%     }

↓

Intermediate Grief

or

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### What Might Happen with Complicated Grief?

▶ The model advanced by K. Shear, S. Zisook and others suggests the following-

**Acute Grief**

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Mourning

Complicated Grief

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### What are the Potential Elements That Interfere with the Adaptive Grief Process?

- ▶ A traumatic or violent death
- ▶ A premature death
- ▶ Survivor mental health issues

} ? PTSD

- ▶ Multiple possible elements that may result in Complicated Grief

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### Factors that may contribute to Complicated Grief

- ▶ Contributing factors
  - ▶ Quality of relationship with the deceased
  - ▶ Age of the deceased & the survivors
  - ▶ Quality of support
  - ▶ Ability to make or sustain healthy relationships
  - ▶ Attachment issues of the survivor in childhood & adulthood

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### Factors that may contribute to Complicated Grief

- ▶ Coping skills of the survivor
- ▶ History of survivor mental health issues, including substance abuse\*\*
- ▶ Military service
- ▶ Disenfranchised Grief
- ▶ Stigma
- ▶ COVID

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### COVID

- ▶ NAMI (National Alliance on Mental Illness)
  - ▶ The relapse and overdose rate has increased by 30% since March 2020.
  - ▶ Mental health issues related to the isolation and the pandemic are especially hard for people with depression.

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## Milwaukee Journal Sentinel 8/22/2020

**M.E.'S OFFICE PROJECTS 514 OD DEATHS FOR 2020 DUE TO THE COVID PANDEMIC.**

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## COVID & CG

- ▶ Loss during COVID
  - ▶ Families unable to be with the loved one in the hospital
  - ▶ Postponed funerals or memorial services
  - ▶ Reduced attendance at service
  - ▶ Fewer people to speak or attest to the character of the deceased
  - ▶ No hugs ,touching or hand contact
  - ▶ No, or minimal, social gathering after a service where warm and caring support may occur.



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## Stigma as a Contributing Factor

- ▶ Stigma can create a sense of shame for the families of the deceased and may discredit the dead loved ones (did the person deserve to die because of drug use?)
- ▶ For some families it may lead to a struggle with secrets & life long lies.

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**Stigma**  
Titlestad, et al. 2020

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- ▶ Societal Stigma
  - ▶ In this study the parents and the deceased had experienced stigma from both the public and professionals regarding their drug use as being self-inflicted resulting in negative experiences toward the addicted person. This often resulted in shaming for those seeking help.

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**Stigma**

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- ▶ Two studies (Feigelman, et al., 2012 & Neimeyer & Jordan, 2002) supported the following of other researchers:
  - ▶ With drug and suicide deaths, the stigmatization may cause a failure of empathetic responses by others.
  - ▶ With an increase of blaming to the immediate mourners either by remarks about their assumed part in the death or by blaming the deceased.
  - ▶ **In both cases, the impact of such blaming was found to increase the survivor's distress.**

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**Stigma**  
Titlestad, et al. 2020

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- ▶ Parents' Self Stigma
  - ▶ Shame and guilt for failing as parents when the child died by drug overdose resulted in self stigma. "As a parent you have a role to protect your child".
  - ▶ This self stigma may lead some survivors to create false stories about how their loved one dies. Creating a lifetime of subterfuge.

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## Devastating Losses: How Parents Cope with the Death of a Child to Suicide or Drugs

- ▶ The authors, Jordan & Feigelman, originally researched the comparison of blaming related to deaths of children by OD, suicide, accident and natural causes.
- ▶ Half of the OD (N= 48) and suicide bereaved (N=462) survivors reported hearing blaming comments compared to only one of the accident (37) survivors and none of the natural cause survivors.

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## Disenfranchised Grief (K. Doka<sup>1999</sup>)

- ▶ Disenfranchised grief follows a loss that is not, or cannot be, openly acknowledged, depriving the bereaved of the opportunity to share their experiences with others and therefore the opportunity to receive social support.
- ▶ The decision to hide the cause of death may be driven by societal pressure, guilt or shame.

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## Attachment Approach to Grief (P. Kosminsky & J. Jordan)

- ▶ Bowlby stated that the stronger the attachment an individual had to the deceased, the more severe the grief response.
- ▶ Kosminsky & Jordan reflect on the quality of childhood attachment and how that will have a significant effect of the grief response.
- ▶ A very unsatisfactory early childhood attachment will effect adult relationships and may add to the severity of a grief response to other relationships.

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## Relief

a lightening of something oppressive or distressing

- ▶ Emotional exhaustion
  - ▶ Day to day struggles
  - ▶ Anticipation
- ▶ Financial depletion
  - ▶ Treatment costs
  - ▶ Legal costs
- ▶ Criminal involvement
  - ▶ Personal & others
- ▶ Fear for self and others

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## Groups at Greater Risk for Complicated Grief (CG)

- ▶ Research reported in 2010-2011 identified certain groups at increased risks for Complicated Grief
  - ▶ African Americans at a 22% increase
  - ▶ Bereaved parents at a 30% increase
  - ▶ 911 survivors at a 44% increase
  - ▶ Homicide survivors at a 50% increase
- ▶ K. Shears in 2014 research identified women >66 years of age to be at a 9% increase

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## Possible Long Term Outcomes for CG Survivors

(Boelen et al., 2019)

- ▶ Decreased quality of life
- ▶ Impaired functioning
- ▶ Increased risk of comorbidity for disorders of depression and anxiety
- ▶ Isolation from others (MW)

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# Methods of Supporting or Treating Grief

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What does it take to help the Bereaved?

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▶ It takes a village



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## Specific Helpers

- ▶ Family, significant others
- ▶ Friends, neighbors, Funeral Directors
- ▶ Psychics (?)
- ▶ Spiritual Leaders, chaplains, funeral celebrants, church, temple
- ▶ Support groups, online groups, 211
- ▶ Physicians, Nurse Practitioners, Caregivers
- ▶ Mental Health Providers- Ideal for traumatic and Complicated Grief

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Integrated Grief Intervention 46

- Hearing the story from the individual or the family.
- Meeting the deceased through pictures and anecdotes.



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Integrated Grief Intervention 47

- Use of educational materials and community resources e.g. support groups.
- Addressing the grief and trauma symptoms, esp. PTSD.
- Teaching breathing and other techniques to assist during flashbacks, anxiety attacks, socially awkward situations, etc.

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Integrated Grief cont'd 48

- ▶ Checking for themes of mad, sad, glad, afraid, ashamed.
- ▶ Rechecks of active and passive suicidal ideation
- ▶ Use of alternative techniques such as Gestalt, Philip Chard (The Healing Earth) methods determined by the talents of the client (artist, woodworker).
- ▶ K.Doka suggests asking close to the end of work "When might you experience a surge of grief in the future?"
- ▶ Prepare the survivor for the 1 yr. anniversary of the death.

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## Grief Intervention Techniques

- ▶ Being aware of different types of available support ( K. Doka)
- ▶ D for the doer who will help you accomplish tasks.
- ▶ L is the listener.
- ▶ R is the person that you go to for respite. This is the person who is uncomfortable with grief and will never ask. This is the person you "escape your grief temporarily with".

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## Dual Orientation Model (Stroebe)

- ▶ Many experts favor this model which moves between loss and restoration. Loss focus includes grief review, imaginal revisiting, memories and pictures. Restoration focus includes personal goal setting and self care; situation revisiting and interpersonal revisiting. It is the model that most closely resembles the natural movement of adaptive grief. That is the dance between longing for the dead loved one, despair of never seeing him/her and optimism that the future holds better times.

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## Complicated Grief

- ▶ Not all traumatic, sudden or young death will result in Complicated Grief



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## PTSD

When the Survivor presents with PTSD

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### Post Traumatic Stress Disorder (PTSD)

PTSD is the DSM diagnosis applied to a person who has been exposed to a traumatic event that s/he either experienced, witnessed or had confronted. The person's response involved

- \*Intense fear
- \* Helplessness
- \* Horror

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### Other Characteristics of PTSD

▶ Characteristics include:

- Intrusive thoughts
- Avoidance
- Hyper-vigilance, & startle responses
- Flashbacks

- ▶ Negative alterations in cognition & mood
- ▶ Inability to remember aspects of the trauma
- ▶ Negative beliefs or expectations of self, others, the world
- ▶ Persistent distorted self-blame

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## Treating PTSD in the Bereaved

- ▶ Having heard the story of the death, evaluate for PTSD (30 days post-death)
  - Intrusive thoughts- what & how often
  - Avoidance – hear the details
  - Hyper-vigilance, & startle responses
  - Flashbacks – explain how these are different from intrusive thoughts or memories. How often and how detailed

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## Treating PTSD in the Bereaved

- ▶ Negative alterations in cognition & mood – May be too early on intake to determine.
- ▶ Inability to remember aspects of the trauma – That is why the return to the details at later times.
- ▶ Negative beliefs or expectations of self, others, the world - ?too early
- ▶ Persistent distorted self-blame – Listen without convincing otherwise.

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## Treating PTSD in the Bereaved

- ▶ If the survivor is experiencing significant PTSD, expect to treat the symptoms of PTSD first.
- ▶ Details of the grief won't be ignored nor will assistance with the grief be withheld but the PTSD must be supported before you can focus solely on the grief.

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## Early Treatment of PTSD 58

- ▶ Hear the details as the survivor tolerates.
  - ▶ As often as the survivor tolerates
  - ▶ You should see a diminishing of symptoms within 4-6 weeks of treatment by survivor having a place to process.
- ▶ **Discuss with the survivor the tolerance for the flashback, etc.**
- ▶ What has the survivor been doing to modify or stop the flashback or intrusive thoughts.
- ▶ What is the survivor's social network like and does the survivor share openly ?

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## Early Treatment of PTSD 59

- ▶ Discuss early the options for treatment of PTSD
  - ▶ Time
  - ▶ Talk and details shared } usually together
  - ▶ Written accounts
  - ▶ Relaxation techniques and improved sleep
  - ▶ Eye Movement Desensitization Reprocessing (EMDR) and other strategies
- ▶ Medications

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## Treating PTSD in the Bereaved 60

- ▶ Educate the survivor that because of the traumatic death that shock may be present 2-3 months post death,
- ▶ Hearing the details of the time preceding the death and the discovery of the death is important. Also hearing the details at later intervals will provide new information as the survivor has new recall.
- ▶ Being told the funeral ritual & what people said, the good and not so good is valuable for the survivor to say and an opportunity for the listener to be supportive.

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Treating PTSD in the Bereaved

▶ Ask for photos of the deceased.



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Treating PTSD in the Bereaved

▶ Explore the Feelings of Mad, Sad, Glad, Afraid & Ashamed



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Treating PTSD in the Bereaved

▶ Work through the Pain of Grief (Doka)

- ▶ Review any unfinished business they might have with the victim
- ▶ Explore any feelings toward others who are perceived as having a role in the deaths.
- ▶ Explore tensions or comments made at the funeral or since that may have been insensitive or stigmatizing.

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Treating PTSD in the Bereaved 64

- ▶ Access the survivor for:
  - ▶ Sleep
  - ▶ Appetite
  - ▶ Energy
  
- ▶ Concentration
- ▶ Ability to function at home/work

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Treating PTSD in the Bereaved 65

- ▶ Access the survivor for:
  - ▶ Current self harm- passive verses active
  
- ▶ Grief Education needs
  
- ▶ Support needs
  
- ▶ Self drug/alcohol risks

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Treating PTSD in the Bereaved 66

- ▶ Access the survivor for:
  - ▶ Hx of the relationship with the deceased
  
  - ▶ Hx of the attempts to manage the victim's addiction
  - ▶ Survivor's past Hx of abuse, physical, emotional, sexual
  
  - ▶ Survivor's past HX of suicidal thoughts, attempts
  
  - ▶ Attachment issues in childhood

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## Mistakes Made While Working with Families

(T. Rando, ADEC Webinar 2016)

- ▶ 1. Struggles with mourning and adaptation persist much longer than earlier thought and do not decline linearly or rapidly.
- ▶ 2. Not addressing the anxiety of trauma that accompanies some losses e.g. traumatic grief.
- ▶ 3. Good mental health intervention is essential when working with the bereaved. The clinician must be skilled in more than grief.
- ▶ 4. Bereaved persons can over-focus on their loss. There is a need to balance between the loss and hope/+memories.

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## Growth After Loss



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## Post Traumatic Growth Inventory

Tedeschi & Calhoun 1996

1. I changed my priorities about what is important in life.	
2. I have a greater appreciation for the value of my own life.	
3. I developed new interests.	
4. I have a greater feeling of self-reliance.	
5. I have a better understanding of spiritual matters.	
6. I more clearly see that I can count on people in times of trouble.	
7. I established a new path for my life.	
8. I have a greater sense of closeness with others.	
9. I am more willing to express my emotions.	
10. I know better that I can handle difficulties.	
11. I am able to do better things with my life.	
12. I am better able to accept the way things work out.	
13. I can better appreciate each day.	
14. New opportunities are available which wouldn't have been otherwise.	
15. I have more compassion for others.	
16. I put more effort into my relationships.	
17. I am more likely to try to change things which need changing.	
18. I have a stronger religious faith.	
19. I discovered that I'm stronger than I thought I was.	
20. I learned a great deal about how wonderful people are.	

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## Posttraumatic Growth Inventory (PTGI-SF)

▶ This is a short form of the original PTGI that is a 10-item form with 2 items from each of the 5 subscales listed below. These 5 subscales are the same subscales as the original PTGI.

▶ Five Subscales:

- ▶ Relating to Others
- ▶ New Possibilities
- ▶ Personal Strength
- ▶ Spiritual Change
- ▶ Appreciation of Life

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## Choices in the Grief Process

▶ Each grieving person reaches a point in the grieving process when according to Sanders and Doka, the person chooses one of the following:

1. To maintain the status quo
2. To die- figuratively or actually
3. To change - for this to happen a turning point usually happens followed by renewal and a sense of eventual fulfillment.

} Potential for CG

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## Measures of Grief Adaption (MW)

- ▶ Return to near normal sleep patterns.
- ▶ Appetite restored. Weight is stable.
- ▶ Energy level approaches accustomed levels.
- ▶ Use of mood-altering chemicals is returned to a normal social pattern.
- ▶ A network of support people is in place and used as needed.
- ▶ Able to be spontaneously happy without feelings of guilt, at times.
- ▶ Have plans and goals for the future.
- ▶ There is a meaning attributed to the death.
- ▶ The dark cloud or heaviness that existed for the first year/s has begun to lift.
- ▶ Not "stuck" in any one feeling or reaction.
- ▶ The process of relearning the world is occurring.
- ▶ New "norms " are being established.

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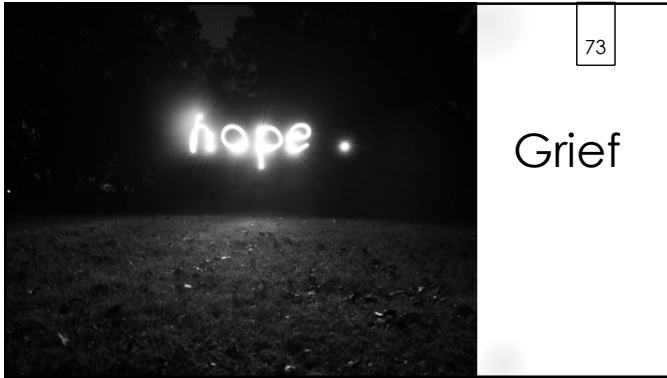
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