PROVIDING EMOTIONAL SUPPORT AFTER A DEATH FROM DRUG OVERDOSE

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SYSTEMIC PERSPECTIVES
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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 anxiety, despair, fear, hopelessness, and powerlessness and following this, the drug user often dies.

Titlestadt, et al. From a review of 5 studies of bereavement following drug deaths.
THE PANDEMICS EFFECT ON DRUG OD DEATHS

• Data reported at the 2021 annual conference of the American Society of Addiction Medicine identify a rise in OD deaths from 70,000 in 2019 to 90,722 by November of 2020, a 28% increase in OD deaths in slightly less than 2 years.

• As always, OD deaths are often underreported and may be diagnosed as endocarditis & injection related infections e.g., hepatitis.

COMPLICATING FACTORS DURING THE PANDEMIC LEADING TO INCREASES IN DEATH RATES OR POOR OUTCOMES

• Social isolation is a component of drug overdose risk. If no one is around when revival is necessary, survival rate diminishes.

• Many residential programs close their doors leaving patients without safety nets.

• Drug users may not have been able to maintain their usual consumption rate during the pandemic either because of lost income or because their supply was disrupted. Less use would lead to lower tolerance, putting people at much higher risk of overdosing when they do have access to drugs.

• With the pandemic disrupting treatment centers, syringe exchange or less available Naloxone may be an issue.

• An EMS report in spring of 2021 identified a doubled rate of refusal to be hospitalized by OD patients after Naloxone treatment.
DEFINITIONS

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 (part of the roller coaster for families of substance users).

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.

DEFINITIONS

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

DEFINITIONS

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

• Webster defines it as a mark of shame or discredit: stain.
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 or horror. This diagnosis is be used when the event has occurred after 30 days.

PROLONGED GRIEF DISORDER (PGD)

- Formerly known as Complicated Grief, diagnosed > 12 months & 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***
WARNING

In the past, the concept of stages of grief has been popular. While the next slide refers to different steps in grief, it is not the intention to suggest that any person moves through grief in a linear way or by fixed stages. Rather, the emphasis will be on the response of Shock and the concept of Transformation.

GRIEF

- Shock/Disbelief/Numbness
- Beginning Awareness
- Resiliency
- Transformation
GOOD NEWS

* Ninety per cent, or greater, of grieving people will not experience Prolonged Grief Disorder. Most will process their loss with the help of family, friends, neighbors, clergy, support groups and a few with mental health professionals.

ADAPTIVE GRIEF RESPONSES

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

ADAPTIVE GRIEF RESPONSES

- Suicidal thoughts, passive
- Hallucinations
- Fantasies
ADAPTIVE GRIEF

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

- Acute Grief
  - Mourning 93%
  - Intermediate Grief

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.

WHAT MIGHT HAPPEN WITH COMPLICATED GRIEF/PGD?

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

  Acute Grief
  - Mourning +7%
FACTORS THAT MAY CONTRIBUTE TO PROLONGED GRIEF DISORDER

- Age of the deceased
- Coping skills of the survivor
- History of survivor mental health issues, including substance abuse
- Quality of the relationship with the deceased
- Disenfranchised Grief
- Stigma
- COVID

COVID & PGD

- 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.
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.

STIGMA
TITIESTAD, ET AL. 2020

- 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.

STIGMA

- 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.
DISENFRANCHISED GRIEF (K. DOKA, 1999)

- 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.

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

- The relief often leads to feelings of guilt and shame

POSSIBLE LONG TERM OUTCOMES FOR PGD 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)
QUESTIONS

METHODS OF SUPPORTING OR TREATING GRIEF

WHAT DOES IT TAKE TO HELP THE BEREAVED?

• It takes a village
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

INTEGRATED GRIEF INTERVENTION

• Hearing the story of the death and funeral from the individual or the family.
• Meeting the deceased through pictures and anecdotes.

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.
INTEGRATED GRIEF CONT’D

• 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, wood-worker).
• 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.

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”.

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; situational 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.
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

OTHER CHARACTERISTICS OF PTSD

- 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
Not all traumatic, sudden or young deaths will result in PTSD or Prolonged Grief Disorder.

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

- 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.
EARLY TREATMENT OF PTSD

- 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 able to modify or stop the flashback or intrusive thoughts. This is about re-establishing personal power.
  - What is the survivor's social network like and does the survivor share openly?

TREATING PTSD IN THE BEREAVED

- 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 trauma from abuse, physical, emotional, sexual
  - Survivor's past Hx of suicidal thoughts, attempts

- 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.
EARLY TREATMENT OF PTSD

Discuss options for treatment of PTSD:

• Written accounts
• Relaxation techniques and improved sleep
• Eye Movement Desensitization Reprocessing (EMDR) and other strategies
• Medications

TREATING PTSD IN THE BEREAVED

• Ask for photos of the deceased. ME reports, photos.
• Explore feelings of
  • Mad, Sad, Glad
  • Afraid, Ashamed

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.
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.
GROWTH AFTER LOSS

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.

CHOICES IN THE GRIEF PROCESS

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

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

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Attig, T. Heart, Soul and Spirit in Labors of Grieving. ADEC 2012 Annual Conference


