

GRIEF AND MOURNING:

For First Responders and Continuing Care Providers



An Introduction

Midland Care is a local provider of a community-based continuum of care including:

- Program of All-Inclusive Care for the Elderly (PACE)
- Senior Living
- Home Health
- Private Duty/Home Care
- Palliative Care
- Hospice (At home and at Midland's Hospice House)
- Bereavement Counseling at the Center for Hope and Healing




MITCHELL A SKIDMORE, LMSW

Mitchell is Midland Care's clinical services counseling coordinator, supervising chaplains, social workers, and grief counselors in providing psychosocial/spiritual care to patients and families.

Mitchell has worked in a adolescent residential treatment, community mental health, vocational rehabilitation, geriatric care management, and grief counseling.

Master of Social Work in Multigenerational Clinical Practice with Elders from the University of Washington
 Bachelor of Science in Psychology from Brigham Young University

Disclosures:
 Financial – Midland Care nor Mitchell A Skidmore have relevant financial relationships to disclose.
 Nonfinancial – Mitchell A Skidmore currently serves on the NASW Kansas Chapter Board of Directors. I receive no financial compensation for this role.




Objectives and Evaluation

Today you will learn to:

1. Define concepts relative to witnessing/experiencing death and loss
2. Understand models of adapting to death and loss
3. Identify strategies for adapting to death and loss
4. Identify strategies for supporting others who are adapting to death and loss

At the end of this presentation you will be asked to:

- Match relevant terms to an appropriate definition
- Name and describe one model of adapting to death and loss
- List 2 strategies you can use to help you adapt to death and loss
- List 2 strategies you can use to help others adapt to death and loss



Agenda

- Defining: Grief, Mourning, Bereavement
- Common Experiences of Grief
- Grief in Children
- Mediators of mourning (the things that impact the way we mourn)
- "Complicated Grief" and Prolonged Grief Disorder
- Stages Model (Kubler-Ross)
- Tasks Models (Worden, Hagman)
- Process Models (Rando, Strobe & Schut, Wolfelt)
- Mourning for yourself
 - Creative Combinations
 - Doing it your way
 - Making time
 - Getting support
- Helping others mourn
 - Patients
 - Colleagues
 - Family
 - Children



Defining Our Terms

- Grief: a reaction to loss that includes "...thoughts, feelings, behaviors, and physiological changes that vary in pattern and intensity over time." J William Worden, 2018
 - What we experience after a loss, not exclusive to death.
- Bereavement: "the psycho-social-biological state and experience of the loss of an important other person to death." - George Hagman, 2016
 - A particular type/experience of grief (reaction to a death)
- Mourning: "the process that one goes through in adapting to the death of the person." J William Worden, 2018
 - The "work" in grief work! would say it's not exclusive to death
 - Sometimes referred to as the "outward expression" of grief



Common Experiences of Grief

- **Feelings:**
 - Sadness, anger, blame, guilt, anxiety, loneliness, fatigue, helplessness, shock, yearning, emancipation, relief, numbness
- **Sensations:**
 - Hollow stomach, tight chest, tight throat, sensitivity to noise, depersonalization, shortness of breath, weakness, lack of energy, dry mouth
- **Thoughts:**
 - Disbelief, confusion, preoccupation, sense of presence, hallucinations
- **Behaviors:**
 - Sleep disturbance, appetite changes, absent mindedness, difficulty concentrating, withdrawal from others, dreams, avoidance, searching, sighing, hyperactivity, crying, keeping/visiting reminders (places, objects, belongings)



Grief in Children

Children grieve but may demonstrate this differently based on their age and development:

- Temper Tantrums
- Clinging/Separation Anxiety
- Moodiness
- Regression in personal skills (wetting bed or having accidents)
- Sleep disturbance
- Fears specific to the death circumstances (going to doctor/hospital, driving vehicle, etc.)

Children need to understand several death concepts:

- All living things die (universality)
- When certain processes stop a person is dead (non-functionality)
- When a person dies, they don't come back (irreversibility)
- There are reasons why a person dies (causality)
- Culturally-dependent understandings of afterlife (non-coporeal)

Children may re-mourn at key moments in their life or as they reach new understanding.



Mediators of Mourning

These are things that impact the way we mourn:

- Kinship
- Nature of the relationship (ambivalent is often the most difficult to mourn)
- How the person died
- Additional/multiple losses
- Personal/Family/Cultural History of Loss
- Self Esteem and Self Efficacy of the Bereaved
- Faith and World Beliefs
- Coping Styles & Other Stressors
- Attachment Styles
- Personality Traits
- Social Supports



“Complicated Grief”

Complicated grief is not a universally understood or well-defined concept. There is no single definition of this term. It generally refers to experiences of grief in which mourning is more difficult due to intensity, duration, timing, or awareness of the experience.

Intensity: Individuals with particularly intense experiences of grief may meet criteria for a mental health disorder such as Major Depression, PTSD, or an Anxiety Disorder.

Timing: Some individuals may experience limited grief at the time of the event for a number of reasons. They may experience grief gain later when another loss occurs or when their life situation allows the mourning process to initiate.

Awareness: Some individuals may not be aware that their experiences of physical pain or emotional distress are related to their grief. This is sometimes called “masked grief.”

Duration: Some individuals mourn intensely for an extended period of time.

Individuals who experience complicated grief are few relative to the total population.

Most people mourn effectively. Grief is a normal experience.



Stages Model

Well known model first outlined by Elizabeth Kubler-Ross, MD:

- Denial and Isolation
 - Anger
 - Bargaining
 - Depression
 - Acceptance

Intended to describe the experience rather than guide the experience



Tasks Models

William Worden, PhD tried to capture a more prescriptive route through grief, but also acknowledges that mourning is not linear, and the tasks may be attended to more than once, and not necessarily in order.

1. Accept the Reality of Loss
2. Process the Pain of Loss
3. Adjust to a World Without the Deceased
4. Find a way to remember the deceased while embarking on the rest of one's journey through life

George Hagman, LCSW described similar “task-demands” of the mourning process

1. Recognize and Understand the Reality of Loss
2. Expressing, Modulating and Containing Grief
3. Coping with Environmental and Social Change
4. Transforming the psychical relationship with the lost object
5. Restoring the self internally and within the social milieu



Mourning for Yourself

While people most often mourn without issue, it still takes attention and intention. This is especially true if you have multiple risk factors such as witnessing traumatic losses, multiple losses, and added life stress.



- Ways to give intention to your mourning:
- Identify a mediator of mourning that puts you at risk. Then see what you can do to adjust this.
 - Select a Model of Mourning and determine where you're at. Do you want to change that?
 - Ask a colleague, family member, or friend to share a memory of someone you lost recently
 - Review common experiences of grief and see if you have been having any of these lately.
 - Plan a ritual or memorial leading up to an anniversary or holiday.
 - Engage in Creative Combinations of Mourning (see next slide)



Creative Combinations

Sometimes people who have a life's work that requires them to sublimate feelings in the service of others need additional structure to help process emotional experiences like grief. Creative outlets can be helpful in this endeavor. Try:

- Journaling
- Writing Poetry
- Reading fiction where a loss occurs
- Watching a movie about grief
- Potting or planting something specific to remember someone
- Getting a tattoo
- Creating a Memorial Space
- Turn their clothing into something useful
- Listen to music that evokes emotion
- Cook/BBQ in their honor
- Woodworking



Doing it Your Way

As has been said, there is no one right way to mourn. Mourning can also go differently for different losses. Be flexible, if what you did before isn't working, DO SOMETHING DIFFERENT.

Adapting Suggestions: "I don't like journaling, it doesn't work for me." Chose to write a letter to deceased husband at end of each day.
Adapting Suggestions: Memorial Space -- grave is far away, put swing outside her home and this is where individual goes to "visit" her mom.

Keeping yourself physically and emotionally healthy will also help you mourn. This will look different at different times in your life. This is your reminder to use what you already know!

Personal Example: Swimming, Journaling, Rock Climbing



Making Time and Getting Support

My professional experience is that the people who have a strong circle of social support are less likely to struggle. I believe this is because grief is essentially a relational wound. It therefore is healed in a relational context.

National Academy of Sciences Engineering and Medicine 2020 Consensus Study Reports: "Substantial evidence shows that social isolation and loneliness are strongly associated with a greater incidence of major psychological, cognitive, and physical morbidities and lower perceived well-being or quality of life."

Finding the right people

Finding more people – it's hard!



Helping Others Mourn: Patients

Active Listening or "Companionship"

Invite patients to share if you are willing and able to listen. Give boundaries so that you don't burn out and so that they know you are serious.

Give them an opening: If you would like to talk about _____ (death, loss of ability, shattered world view) I am willing to listen for _____ (10 minutes) and then I need to be going.

Identify their emotion. "You might be grieving the loss of _____ and that can come with some _____ (rage, sorrow, relief, pain, worry, etc)

Would it be alright if I let the rest of the care team know that you are feeling this way? Would you like to talk with [psychosocial expert]? They may have additional time to support you. (police/hospital chaplain, social worker, psychologist, etc)



Helping Others Mourn: Colleagues

You know your colleague better than patients or strangers (hopefully) Use creative combinations!!

If grief support has not been a dynamic in your relationship before you might have to intentionally bring it up. "I went to that training on grief and mourning and it was interesting"

Opens the door for them to ask more.

"I didn't know _____ was part of grief. I was thinking we could do _____ around here to support each other."

"Ok, well just know I'm open to it if things change."



Helping Others Mourn: Family and Friends

Attend funeral or memorial, it matters.

Demonstrating availability to listen, especially as time goes on.

- Helping people to grow around their grief rather than expecting them to get over it.
- Inviting them out
- Doing new things together
- Remember anniversaries/holidays
- Put reminders in your calendar to reach out in 5 months or 16 months, random intervals when people's support has often diminished.



Helping Others Mourn: Children

- Providing consistency as much as possible.
- Play time is process time. Put screens away and play!
- Let them lead the play.
- Using direct clear language (dead, died, dying instead of gone, lost, sick, went to be with God)
- Help to identify and normalize emotions (Sometimes when I'm crying and yelling it means I'm very [emotion]. Are you sad ____ died? Yeah, I'm sad ____ died too. Are you angry ____ died? I'm angry that person killed ____ too.)
- Letting them make age-appropriate choices (food to serve, or pictures to share at funeral, etc.)



Summary

- Grief is a normal part of life
- Mourning requires attention and intention
- Wounds made in relationship are healed in relationship
- To be a support, open the door and be there.

- For Questions Contact
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Evaluation

- ___ Grief A. the process of adapting to a loss
- ___ Mourning B. the biopsychosocial/spiritual state of loss of another person to death
- ___ Bereavement C. a response to loss that varies in pattern and intensity over time

• Briefly name and describe one model of mourning other than Elizabeth Kubler-Ross's Stages Model.

• What are two strategies you will use to help you mourn?

• What are two strategies you will use to help others mourn?


