TRAINING CLINICIANS TO ADDRESS THE GRIEF OF OVERDOSE DEATH

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OBJECTIVES

- Implement trauma-informed policies and practices for acknowledging drug overdose death and highlighting prevention efforts.

- Identify protocols for trauma-informed responses to drug overdose death.

- Explore tools and resources for navigating the grief associated with overdose death, particularly within the context of clinical settings.
WHO’S IMPACTED?

Have you lost someone to overdose death, either personally or professionally?

A. Yes
B. No

* Please enter your response in the poll *
12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths

Based on data available for analysis on: April 03, 2022

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States

12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths

Based on data available for analysis on: April 03, 2022

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: Florida

(HOW) WERE YOU SUPPORTED?

Did your workplace/program offer support and resources to process the loss?

A. Yes, and it helped
B. Yes, but it wasn’t the right kind of help and wasn’t effective
C. No, but I got help and support in other places
D. No, I wasn’t offered support or resources

* Please enter your response in the poll *
Working in substance use treatment includes frequent exposure to sudden, preventable, and unintentional death

- For staff
- And the people being served
- Direct and vicarious trauma exposure

Need to have protocols for overdose prevention and response
TR-AUMA-INFORMED CARE

A program, organization, or system that:

- Realizes the widespread impact of trauma and understands potential paths for recovery
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices
- Seeks to actively resist re-traumatization
ACKNOWLEDGING THE RISK & PREVALENCE OF OVERDOSE DEATH

Address at all stages of staff members’ work
- Hiring, onboarding, training, in response to overdose (fatal or not)
- Emphasize prevention
- Ensure protocol for responding to overdose (death) is well established and clear

ACKNOWLEDGING THE RISK & PREVALENCE OF OVERDOSE DEATH

For people being served by the program: acknowledge overdose, ask about people’s experiences with overdose (theirs or others), and highlight overdose prevention strategies

- Intake, induction, waitlists, assessment, ongoing treatment, in response to overdose (fatal or not)
- Recognize overdose as a frequent source of potential trauma

When people engage in treatment, their risk for overdose simultaneously decreases… and increases

- Changes in patterns of use result in changes in tolerance
- Reduction of use, incarceration, hospitalization, detox – all lower tolerance
- Lower tolerance increases risk of overdose

Highlights need for overdose education and Naloxone distribution (OEND)

OVERDOSE PREVENTION

Dynamic and fluid demands

Slowing down, speeding up

What's our protocol?
FIVE CORE ACTIONS

- Promote safety
- Promote calm
- Promote connectedness
- Promote hope
- Promote self-efficacy

Coping With Overdose Fatalities
PROTOCOL: RESPONSE TO DEATH BY OVERDOSE

1. Incident management
2. Notify staff and staff debriefing
3. Notify and support other service recipients
4. Reiterate overdose prevention and response strategies
5. Review agency response and revise protocol as needed
PROTOCOL: INCIDENT MANAGEMENT

- Notify appropriate departments (e.g., Quality Assurance)
- Follow all reporting requirements (e.g., the Justice Center).
- Assemble staff members as soon as possible for notification.
PROTOCOL: NOTIFY STAFF & STAFF DEBRIEFING

Notify as many staff as possible, as soon as possible.

Coordinate staff debriefing, ideally within 1-2 business days.
  - Utilize internal crisis team, local crisis team/grief counselors, agency’s EAP office
  - Discuss reactions, review key factors in treatment episode, identify immediate follow up actions
  - Address factual details of the death; not the same as a memorial

Schedule a time to meet with the responsible clinical staff member individually.
Normalize emotions
- There is no right or wrong way to feel
- Everyone responds differently

Teach, model, and practice coping skills
- Step away
- Use grounding/soothing
- Visualize a safe place
- Practice affirmative self-talk

Coping With Overdose Fatalities
PROTOCOL: NOTIFY AND SUPPORT OTHER SERVICE RECIPIENTS

- Set a time to discuss the event with directly impacted service recipients (either in a group session or informal group meeting)
- Allot adequate time to discuss the loss
- Arrange a date and time to hold a memorial for the deceased open to all service recipients and staff, if desired
PROTOCOL: NOTIFY AND SUPPORT OTHER SERVICE RECIPIENTS

- Immediately following the group session with service recipients, follow up with adversely impacted individual clients as needed.
- Have appropriate clinical staff (counselors, therapists, and/or case managers) follow up with all individuals on their caseload in their next individual session on their reaction to the death.
- Discuss any concerns or observations in the next treatment team meeting.
SUPPORTING OTHER PARTICIPANTS

- Discourage speculation
- Protect the person’s privacy
- Validate the feelings of the group
- Do not use the client’s death as a cautionary tale
Assess for and identify any individuals who are especially impacted by the death
- Check in with them immediately
- Schedule additional sessions if needed

Reiterate overdose prevention and response strategies
Retrain service recipients on Naloxone administration and provide a kit or prescription for Naloxone

Reinforce the importance of overdose prevention strategies including use of Naloxone and identification of overdose signs
Identify risk factors for overdose and support individuals in making risk reduction plans

Encourage individuals who may feel at risk of recurrence of use/increased use to talk to program staff
PROTOCOL: REVIEW AGENCY RESPONSE AND REVISE PROTOCOL AS NEEDED

Review agency response and determine if there are necessary changes or revisions to agency policy or procedures

Considerations include:
- Changes or additions to the protocol
- Additional professional support (supervision, counseling, obstacles to getting professional assistance)
PROTOCOL: REVIEW AGENCY RESPONSE AND REVISE PROTOCOL AS NEEDED

- Adjustments to work situations (reassignment of tasks, help prioritizing tasks, time off, availability of peer support)
- Relapse prevention considerations (for staff, family members/social supports for a deceased person)
GRIEF AND MOURNING
WHAT IS GRIEF?

- Grief is a set of experiences that involves the perceived loss that someone has around a person, a situation, an event, a happening, that changes the way that they physically, emotionally, spiritually, react and respond to the world around them.

- Grief is an internal experience.

- Mourning is the expression of grief.

https://speakinggrief.org/get-better-at-grief/understanding-grief/grief-is
Grief can be triggered by any significant change to our routine.

- Like stress, even positive changes can bring on feelings of grief (e.g., moving to a new home, changing jobs, graduating from school, child getting married).

Personally and professionally, grief tends to make us uncomfortable, even though we are surrounded by it.

- Opportunity for connection; potential pitfall for disengagement.

https://ct.counseling.org/2016/10/grief-going-beyond-death-stages/
All counselors need to practice listening for grief, recognizing it, talking about it, and supporting people as they experience it

- Fire drill for grief: need to have practice using the skills before an emergency or crisis occurs
Grief involves more than one emotion.

https://vimeo.com/451676175
DIMENSIONS OF GRIEF

- Cognitive
- Emotional
- Physical
- Spiritual

https://ct.counseling.org/2016/10/grief-going-beyond-death-stages/
WHAT DOES GRIEF LOOK LIKE?

- Inconsistent engagement
- Changes in patterns of use
- Difficulty with focus, attention, memory
- Feeling distant, hard to reach
- Emotional ups and downs… or numbness
- Questioning basic beliefs
- Searching for meaning
FACTORS THAT INFLUENCE GRIEF

- Relationship with the person who died
- Cause of death
- Society and cultural background
- Personality and coping style
- Previous experiences with loss
- Support network
- Religious or spiritual beliefs and customs

https://speakinggrief.org/get-better-at-grief/understanding-grief/grief-is
SECONDARY LOSSES

https://speakinggrief.org/get-better-at-grief/understanding-grief/secondary-losses
COMPLICATED GRIEF ASSESSMENTS

- **Brief Grief Questionnaire (BGQ)** - 5-question self-assessment tool that assesses the severity of a person’s grief

- **The Complicated Grief Assessment** - self-assessment tool that measures grief symptoms over the preceding month based on 4 different criteria dimensions

- **The Inventory of Complicated Grief** - 19-question self-assessment tool with high consistency and reliability, that concerns the grief-related thoughts and behaviors of the client
STAGES TASKS OF GRIEF

- Facing the reality of the loss
- Coping with the pain of grief
- Living in a world without the deceased
- Engaging in the next phase of life
- Exploring enduring connections with the deceased
GRIEF AFTER OVERDOSE FATALITY

- By nature, overdose death is sudden and unanticipated; counselors, friends, and family may be more prone to traumatic responses to the loss.

- Many overdose deaths come after a period of abstinence; grief is layered with feelings of regret, disappointment, or betrayal. Secondary loss of hope for recovery and a healthy future.

- Stigma related to drug use and overdose fatality further isolate survivors during their grief and mourning; holistic view of the person and their life gets overshadowed by their drug use and cause of death.
GRIEF AFTER OVERDOSE FATALITY: NONA PERDUE'S STORY
“Twin Bereavement”
- Personal loss
- Professional impact

Clinical boundaries and professional ethics create confusion for how to mourn.
- Loss of typical healing opportunities (talking to friends, telling stories about them, connected with other loved ones, going to their service)
- Privacy and confidentiality still apply, even in death
COPING WITH GRIEF IN A CLINICAL SETTING

Engage in personal, cultural, spiritual grieving rituals
- Importance of holding a staff/participant memorial service

Make use of personal therapy, supervision, support groups, peer support or consultation to process and make meaning of the loss
• Things that make me smile when I remember you and our time together
• What you taught me about myself and who I am, who I want to be
• How you made me feel
• What you taught me about relationships and other people
• What I wish you’d done differently
• Things I wish I could have told you
• Parts of you that I will carry on and bring to life
RITUALS AND REMEMBRANCE
MEMORIAL SERVICE

- Encourage peer involvement in planning process
- Share memories
- Express feelings of loss
- Mourn in connection; helps buffer against impacts of trauma
- Say goodbye
- Make commitments for remembrance
SUPPORTING PEOPLE THROUGH GRIEF

- Be willing to be awkward and not have the “right” answers
- The goal is to support, not comfort; we can’t “fix” grief, but we can journey alongside others in their grief
- Beware of:
  - Blame (“Didn’t you know how much they were using?”)
  - Minimizing (“You weren’t even on good terms anymore”; “What did you expect, there’s an overdose crisis happening”)
  - Hijacking (“This reminds me of when my _____ passed away”)
  - “At least ________”
  - Platitudes (“He’s in a better place”; “Everything happens for a reason”)

https://speakinggrief.org/get-better-at-grief/supporting-grief/be-authentic
HOW TO SUPPORT A GRIEVING PERSON
INTEGRATION INTO “ROUTINE” LIFE

- Say their name (with those you can), share memories of them (within the bounds of confidentiality)
- Continue to talk about overdose – prevention, reversal, and fatalities
- Develop rituals for remembering
  - Solidify memories and stories that are not related to drug use or overdose
- Allow permission for letting go
- Integrate the experience into your professional identity
• What are you already doing well that you want to continue?
• What is the most important thing you learned today?
• What is one specific change you will make moving forward?
Thank You
REFERENCES AND RESOURCES

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- Florida’s overdose prevention website: ISAVEFL at https://www.isavefl.com/
- International Overdose Awareness Day: https://www.overdoseday.com/campaign-resources/
REFERENCES AND RESOURCES


- Refuge in Grief. *How do you help a grieving friend?* https://www.youtube.com/watch?v=l2zLCCRT-nE
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  [https://store.samhsa.gov/system/files/sma14-4816.pdf](https://store.samhsa.gov/system/files/sma14-4816.pdf)

- The Complicated Grief Assessment:  
REFERENCES AND RESOURCES

- The Inventory of Complicated Grief:
  www.goodmedicine.org.uk/files/assessment,%20traumatic%20grief,%20tahoma.doc

- Unless otherwise noted, all images used in this presentation were provided courtesy of: https://pixabay.com/