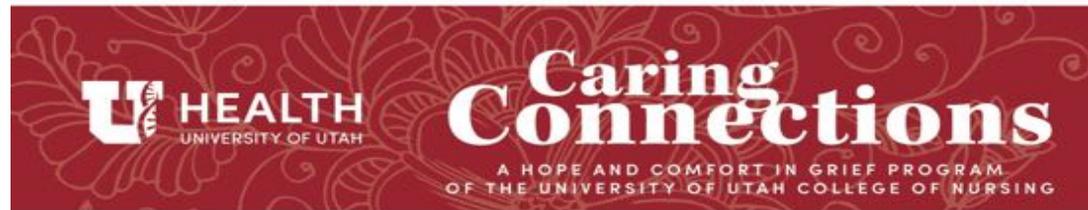


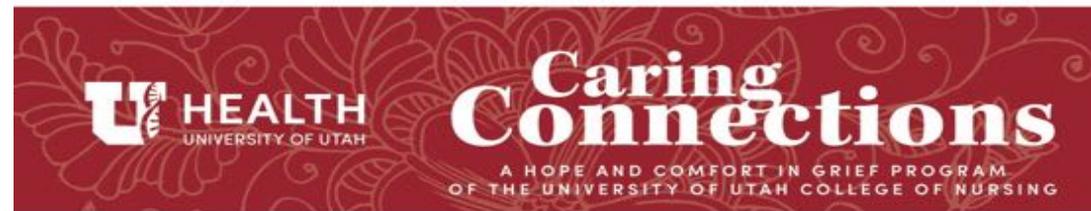
The Grief of Overdose Death: What it is and Why it matters

Katherine P. Supiano PhD, LCSW, F-GSA, FT, APHSW-C
On behalf of the State of Utah Department of Human Services
Substance Abuse and Mental Health



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What Overdose Survivors Experience



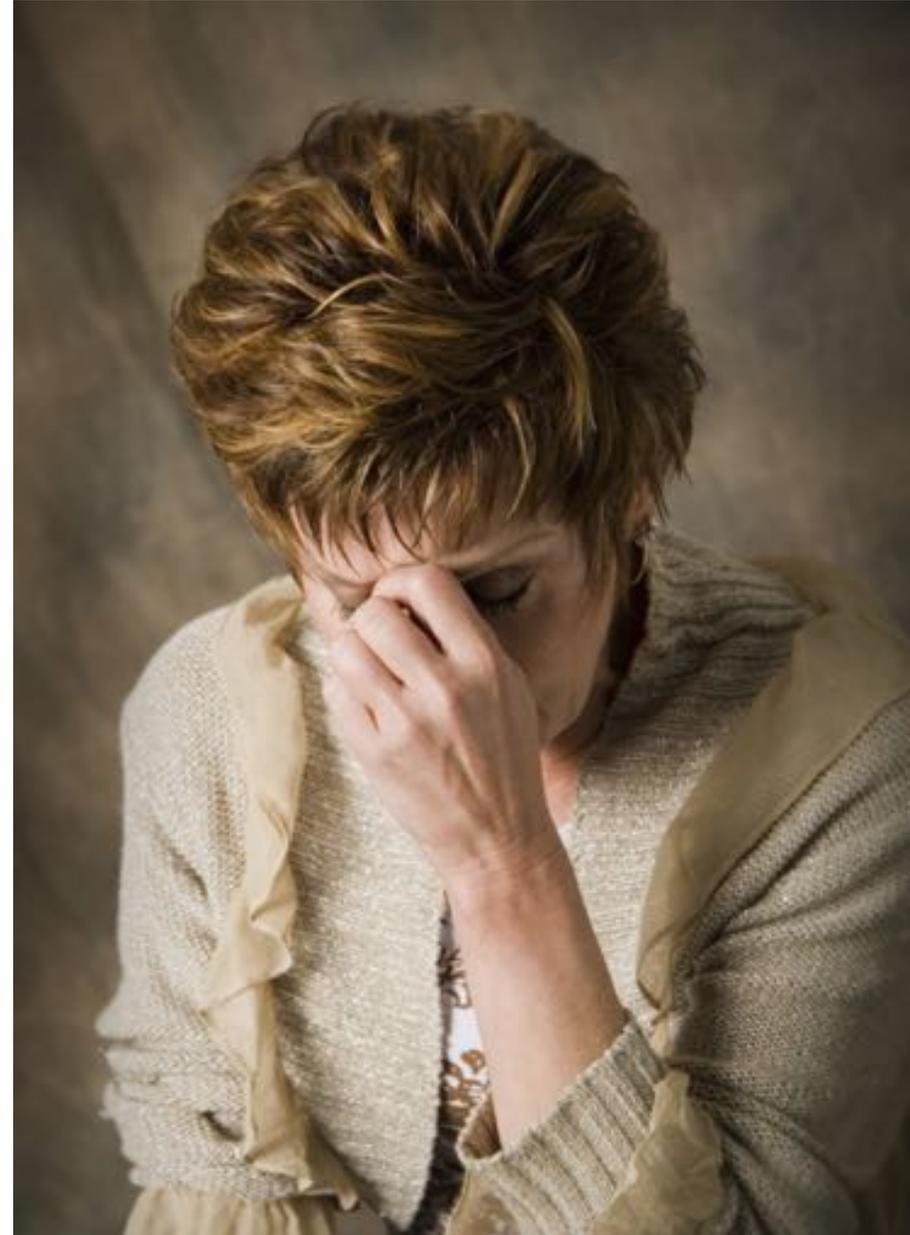
This is an unnatural—avoidable death

- Out-of-the-blue. SHOCK
- Dreaded this day. “I knew it was coming”



Guilt

- Could have, or should have, done something to prevent the death
- Self-attribution of guilt-my fault that that the person suffered from addiction
- From a sense of relief after years of addiction/treatment/failure.



Shame

- Distinction between guilt and shame- *What I did/failed to do vs. What I am/failed to be*
- Shame is relational-perception that others are judging.



Blame

- Attribution of causation.
- Blame may be directed at
 - the deceased
 - the social network of the deceased-family, friends
 - the failure of the mental health (treatment) system, of the criminal justice system, of schools/workplace
 - self-blame (guilt and shame)



Anxiety-Fear

- Fear of addiction in the family (particularly children)
- Fear of the future after long-standing dread (inability to relinquish the vigilance of dread)
 - Trauma
- Suspiciousness



Anger

- May be directed to
 - the deceased
 - the social network of the deceased-family, friends
 - the failure of the mental health (treatment) system, of the criminal justice system, of schools/workplace
 - prescribers
 - dealers



Isolation

- Mediated by shame
 - reluctance to openly discuss the cause of death.
 - reluctance to participate in support groups or counseling.
 - hesitance to seek support from friends and family members



Grief

- Grief is a normal and natural, though often deeply painful response to loss. The death of a family member is the most common way we think of loss, but many other significant changes in one's life can involve loss and therefore grief.
- The more significant the loss, the more intense the grief is likely to be.

Grief May Be:

- Present; relating to a loss that has happened within the immediate year.
- Past; relating to an event years earlier.
Current losses can trigger memories and struggles with earlier losses.
- Preparatory; associated with an upcoming loss.
- Exponential; impact of multiple losses is greater than cumulative/additive.

Grief is Highly Individualized

Each person responds to grief differently according to;

- The nature of the loss *to the person*.
- The individual's personality.
- The norms within the person's culture and family.
- The other stressors in the person's life.
- The person's history of coping with other losses.

Most Grieving People:

- Benefit from interpersonal support
 - Family (also grieving- “the strong one”)
 - Friends
 - Empathetic “other grievers”
 - Spiritual support
- Need to avoid toxic others

Many Grieving People:

- Benefit from formal support.
 - Funeral aftercare.
 - Hospice bereavement care.
 - Peer led support groups
 - Compassionate Friends

Some Grieving People:

- Benefit from clinician-facilitated support groups.
- Benefit from individual counseling.

HOW WE
WANT
GRIEF TO
WORK



HOW GRIEF
ACTUALLY
WORKS



Moving Toward Healing

- Imagining life without the deceased.
 - Loss/transition/adjustment
 - Equilibrium/disequilibrium/synthesis
- Reinvesting love/care into new relationships/ideas.
- Continuing bonds.
 - Carrying the realistic memory of the deceased into life.
- Careful transition from strength-based focus to solution-based focus.
 - Cannot “rush the cadence”
 - Be prepared to spiral over the same territory; especially with anger.

Factors affecting coping with sudden loss

- Nature of the relationship.
- Nature of the death(s).
- Multiple deaths.
- Causal factors: real or perceived, self or others.
- Visual and auditory experiences; *witnessed event*.

Risk for poor grief outcome

- Overwhelming sense of loss
 - “Nothing left”
- Overwhelming emotions
 - Pre-morbid depression & anxiety
- Isolation
 - Perceived aloneness
- Others' expectations

The Helping Encounter

after Therese Rando

Remember that you cannot take away
the pain from the bereaved.

What works

- Patient Listening and re-listening.
- Letting the griever tell the story of the death and more importantly—of the life of the deceased.
- Comforts & kindnesses. Safe social activities.
- Confidence that they can manage.
- Referral for professional support.

What doesn't work

- Telling people your grief story.
- Inappropriately premature spiritual support.
- Medication does not help grief—if persons have depression or anxiety; they should continue those medications. Sleep meds pose problems.

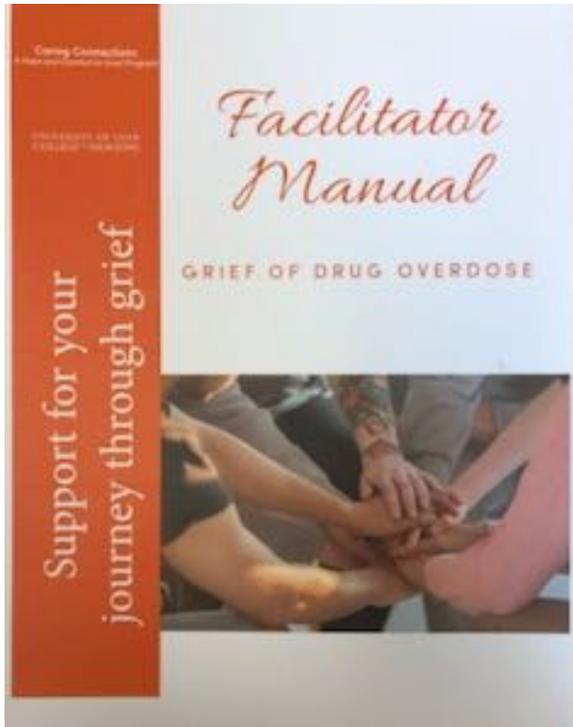
When and how to refer for help

- Be aware of your own scope of practice.
- Be aware of your own loss issues.
- Be aware of your time, stamina and insurance limitations.
- Know your resources.
- Practice self-care



Training Clinicians to Address the Grief of
Overdose Death: An Important Component of
Comprehensive Substance Abuse Treatment

Manual-Grief of Drug Overdose



Evidence-based grief group manual used at Caring Connections

Adapted for unique grief of overdose death

Suitable for Group, 1:1, Family

Facilitator & Participant manuals

Tier 1

Provided for any professional who may work in a setting where drug overdose occurs, including but not limited to law enforcement, first responders, health care professionals, EAP program personnel, mental health and substance abuse administrative personnel and those responsible for policy.

Objectives	Activities	Additional Content
Participants will learn the nature, scope of overdose death	Introduction video <i>What is going on with overdose death</i> (6)	
Participants will distinguish the unique sequela of overdose grief, and risks for complicated grief.	How Grievers Experience Addiction-video <i>What Overdose Survivors Experience</i> (21) The Grief Experience of Overdose Death-video <i>Being Present at the Death</i> (14) What was helpful, What was not helpful-video	"Steel Magnolias" Poem: On Hearing the News Poem: You Were You Are Elegy

Tier 2

Targeted at mental health/substance abuse agency clinicians, interventionists and direct care staff, OME death notification officers, community and hospital based mental health and medical personnel, first responders with high probability of exposure to drug overdose death, clergy, and other interested professionals who may be called upon to address those bereaved by overdose death.

Objectives	Activities	Content
Participants will learn a framework of ambiguous/disenfranchised grief to conceptualize overdose grief	<i>Ambiguous & Disenfranchised Grief</i> (21) How Families Experience Treatment-video	"Little Miss Sunshine"
Participants will learn basic Grief Counseling Principles	<i>Overview of Grief Counseling Principles</i> (14)	
Participants will learn grief assessment procedures	Assessment skills: loss inventory, Adverse life events, risk for suicide, risk of substance misuse/abuse of griever/family	Review of <u>Intake Process</u> Loss Inventory in interview format
The Grief Support Model Intervention components	<i>Session by Session Intervention Review</i> (10)	Role play
Clinician self-care guidance	What Grieving Families Want-video <i>Compassion Fatigue</i> (26)	The Best Seat Belt Commercial Poem: The Crazy Psychologist
Team support & Practice Guidance	A Way Forward for Society-video <i>When a Client Dies by Overdose Death</i> (5)	Poem: Jane Doe #2 "Moving Art"

A walk through the manual

- Two manuals; a *participant* manual and a *facilitator* manual
- The facilitator manual “contains” the participant manual, and has;
 - Introductory content that replicates this training
 - Group Process Basics
 - Group Facilitator Basics
 - Challenging Communication styles of Participants
 - Bereavement Basics
 - Self-care strategies for Facilitators
 - Bibliography for Facilitators
 - An ASSESSMENT/INTAKE tool
 - Focus on the facilitator content for each of the 8 sessions

GRIEF ASSESSMENT AND INTAKE FORM

PAGE 14 IN
YOUR MANUAL

DATE OF INQUIRY: _____

NAME _____ AGE _____ DATE OF BIRTH _____

GENDER _____ PREFERRED PRONOUNS _____ RACE/ETHNICITY _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ PREF. _____

PHONES: (HOME) _____ (OFFICE) _____ (CELL) _____

EMERGENCY CONTACT NAME _____

RELATIONSHIP _____ BEST NUMBER _____ CELL _____

NAME OF THE DECEASED _____ AGE AT DEATH _____

DATE OF DEATH _____ CAUSE OF DEATH _____

WAS THE DEATH UNEXPECTED TO YOU? YES NO

TO WHAT EXTENT WERE YOU PREPARED FOR THIS PERSON'S DEATH?

NOT AT ALL SOMEWHAT VERY MUCH

Chapter 1: What is Grief?

Focus on the Facilitator

➤ Take care to review the *Guidelines for Participation*.

Goals for This Session

- Review group expectations.
- Normalize the grief experience for participants.
- Attempt to reassure participants about “being stuck” or “not moving quickly enough through grief.”
- Model and promote courteous dialogue.

This session begins with introductions and each participant telling the group about the person who died and about the circumstances of the death. Allow time for each story, respecting the overall time for everyone to speak. Allow time for other group members to respond to each participant’s story. Typically, people will remark on similarities and differences in their stories; as they do so, they are forming relationships with each other.

In this session, you will cover the manual content most closely, as participants want to understand what grief is about. Unless they are profoundly distressed, normalize their feelings and encourage the group to do so, as appropriate. Remember that while participants are grouped by type of loss, there may be considerable variation in time since loss. Take care to support those for whom it has been a long time since the death; “Long duration” grievors are frequently embarrassed by coming to a support group years after the death.

FOCUS ON THE FACILITATOR

Is located immediately before each Session content. It includes goals for each session, Additional homework ideas and a closing supportive thought for you—the facilitator

The Journey of Grief

Orientation to the Group

Welcome. Please accept our condolences on the loss of your family member or friend. We want this group to be both helpful and valuable to you.

A trained, licensed clinician skilled in the areas of grief and bereavement will facilitate the group. This person will share information about the grief process and see that the group runs smoothly. We value your contribution to the group as well, and request that you review and follow these guidelines for participation.

Guidelines for Participation

- I want a safe group in which to share my feelings and experiences; therefore, I promise **confidentiality**.
- I understand the importance of **consistency**; therefore, I will attend each group meeting.

Session by Session Practice & Role Plays

- **Alan**-daughter Jamie died 2 months ago. He has been having nightmares about what he saw/smelled when he found her.
- **Jane**-Alan's wife. Was estranged from daughter Jamie—had not spoken to her since last relapse 6 months ago. Had advocated “tough love approach.”
- **Marie**-had been the guardian of her grandson Tim since his age 8.
Grandson had been abandoned by father in infancy, mother (Marie's daughter) died of overdose when grandson was 8.
- **Tyler**-brother Paul was a Vet-2 deployments to Iraq and was in treatment for PTSD in the VA system on and off for the past few years. His PTSD was complicated by pain issues stemming from a back injury and a combat-related concussion.
- **John**-son Charlie died of OD 2 years ago. Medical examiner could not determine if it was OD or suicide.

Compassion Fatigue

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

Rachel Naomi Remen



How to support agencies supporting the bereaved

- Our responsibilities upon client overdose death-*Care of the Family*
- Our responsibilities upon client overdose death-*Care of associated clients*
- Our responsibilities upon client overdose death-*Care of each other*
- Our responsibilities upon client overdose death-*Care of ourselves*

Peer Supervision

- Monthly scheduled supervision sessions (individual/team or combined sessions)
- Conducted using Zoom conferencing platform
- \$30 gift card



“once I got it, I
couldn't drown the
death of my Dad. I
could see that his
death was not my
fault.”

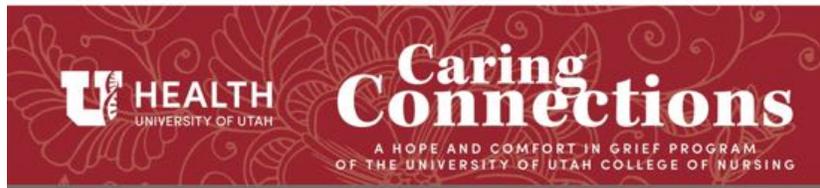
group member

Thank you. We have FREE Trainings!

- If you would like other clinicians or staff from your agency to be training in this model, and/or
- If you would like participant manuals for the overdose grief support group and/or
- If you or your agency would like to display this badge on your email or website:



PLEASE CONTACT KATHIE SUPIANO katherine.supiano@hsc.utah.edu



Grief of Overdose Death
A Clinical Training and Education Program

Nearly 90,000 people in the US died from opioids in 2020. Utah is one of 22 states with an overdose rate higher than the national average. There were 571 overdose deaths in Utah in 2019. We estimate that there are 25 affected survivors for each death by opioid overdose, some 1,150 family members and friends.

You are invited to attend a FREE program about the Grief of Overdose Death and its impact on people and communities. This is a two part training—clinicians attend the full day. All materials included.

Morning: This training is intended for any professional who may work in a setting where drug overdose occurs, including but not limited to law enforcement, first responders, health care professionals, EAP program personnel, mental health and substance abuse administrative personnel and those responsible for policy.

Afternoon: The clinical training program is intended for mental health/substance abuse agency clinicians, interventionists and direct care staff, community and hospital based mental health and medical personnel, first responders, clergy, and other interested professionals who may be called upon to address those bereaved by overdose death. Clinicians will learn the Grief Support Model for Overdose Grief.

TO REGISTER:

Northern Utah Overdose Grief Support **Virtual** Training Monday June 21:

https://utahnursing.co1.qualtrics.com/jfe/form/SV_01xlkPBh3B4UTFs

Northern Utah **In-person** Overdose Grief Support Training Thursday July 29

https://utahnursing.co1.qualtrics.com/jfe/form/SV_3fy8WkGyoYnXabs

**Six hours of clinical education. CEUs available.
Opportunity to participate in ongoing clinical practice study.**

This program is facilitated by
Caring Connections: A Hope and Comfort in Grief program at the University of Utah.
in collaboration with Utah Department of Human Services-Substance Abuse and Mental Health
Katherine P. Supiano, PhD, LCSW 801-828-8720 katherine.supiano@hsc.utah.edu

SEEDS OF REMEMBRANCE

Grief Sown in Crisis: Recognizing the Impact of COVID on Loss

TUESDAY, MAY 25, 2021 AT 7PM

THIS EVENT IS FREE AND OPEN TO THE PUBLIC

GUEST SPEAKERS: Jim Tarr, Gexa Benedict, and Lisia Satini
MUSICAL GUESTS: Liz and Rick Murdock

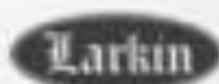
This event will be held online via Zoom

<https://utah.zoom.us/j/93592176262>

Passcode: 888928

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in memory of
Sarah Hogle



Serving Utah Families for Over 130 Years

Contact Caring Connections at 801.585.9522 or visit www.nursing.utah.edu/caring-connections