Welcome!

While we wait to start, please review ways to navigate this webinar.

If you move your **cursor** to the **bottom** of **your screen** you will see a **menu**.

This menu allows you to **control**:

- **Raise hand**
- Access to the **chat** box
- Access to the **Q & A** box

Video options are not available for participants. Participants can be unmuted by raising their hand and being recognized by the presenter.

Housekeeping

- This session is being recorded and will be available on Tomorrow's Healthcare. Ask your PERU point of contact for an account if needed.
- Chat your questions to "All Participants" throughout the session.
- **Your feedback matters!** Please complete the evaluation and post-test at the end of the webinar to receive continuing education credit and to help us improve future trainings.

Mutual Agreement

- Everyone on every PERU webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on PERU webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.

Mutual Agreement (continued)

- We strive to: **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for COE clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
- The Learning Network format is **not conducive to debate**. If something happens that concerns you, please send a chat during the session to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. Alternatively, you can reach out offline to your PERU point of contact.

Continuing Education Information

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. **1.25 hours is approved for this course**.

As a Jointly Accredited Organization, University of Pittsburgh is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Pittsburgh maintains responsibility for this course. Social workers completing this course receive **1.25 continuing education credits.**

Disclosures

No members of the planning committee, speakers, presenters, authors, content reviewers, and/or anyone else in a position to control the content of this education activity have relevant financial relationships with any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients to disclose.

Disclaimer

The information presented at this Center for Continuing Education in Health Sciences program represents the views and opinions of the individual presenters, and does not constitute the opinion or endorsement of, or promotion by, the UPMC Center for Continuing Education in the Health Sciences, UPMC / University of Pittsburgh Medical Center or affiliates and University of Pittsburgh School of Medicine. Reasonable efforts have been taken intending for educational subject matter to be presented in a balanced, unbiased fashion and in compliance with regulatory requirements. However, each program attendee must always use his/her own personal and professional judgment when considering further application of this information, particularly as it may relate to patient diagnostic or treatment decisions including, without limitation, FDA-approved uses, and any off-label uses.

PRO·A

Pennsylvania Recovery Organizations Alliance

MOBILIZE
EDUCATE
ADVOCATE

Together we can!

COE Training – Wounded Healers & Loss

William Stauffer, LSW, CCS, CADC
Executive Director
The Pennsylvania Recovery Organizations Alliance

PRO·A
Pennsylvania Recovery Organizations Alliance

COE Peer Ethics Overview Training

By attending this training, participants will:

- Discuss organizational strategies to support staff during periods of grief.
- Describe strategies for COE leadership to assess and incorporate staff wellness support into regular supervision
- List signs to watch for that staff may be struggling with grief
- List resources that COE leadership can utilize to support staff who experience grief as a result of their role
- Use structured outreach so they are better prepared to communicate with grieving families and loved ones

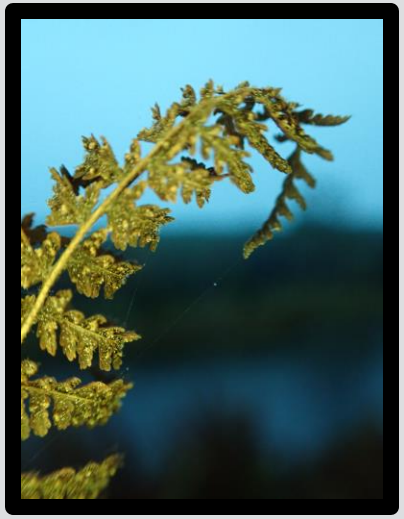
PRO·A
Pennsylvania Recovery Organizations Alliance

Wounded Healers & the Loss of Those Served

PRO·A
Pennsylvania Recovery Organizations Alliance

The Scope of Loss

According to a study of drug related deaths in the US between 1999 and 2016, drug-associated mortality in the US is roughly double that implied by drug-coded deaths alone. The drug epidemic is exacting a heavy cost to American lives, not only from overdoses but from a variety of causes.



- Drug related deaths have been increasing since 2016
- In 2021 from overdoses alone, there was death every 5 minutes.
- It marked a 15% increase from the previous record, set the year before.

PRO·A
Pennsylvania Recovery Organizations Alliance

Loss in Professional Settings

What We Know But Don't Talk About

Death is a tragic reality of our work, yet we do not do much to support our own healing or the healing of our colleagues

We must change this!

PRO·A
Pennsylvania Recovery Organizations Alliance

These are our Friends & Family Members

Most people who end up getting into helping professions have some family history of trauma or loss

Wounded Healers May Include:

- Program Administrators
- Clerical Staff
- Supervisors
- Counselors
- Peer workers
- And others….

Most of the people who do this work are Wounded Healers. These experiences can help us to be more empathetic.

PRO·A
Pennsylvania Recovery Organizations Alliance

Healing or Hurting

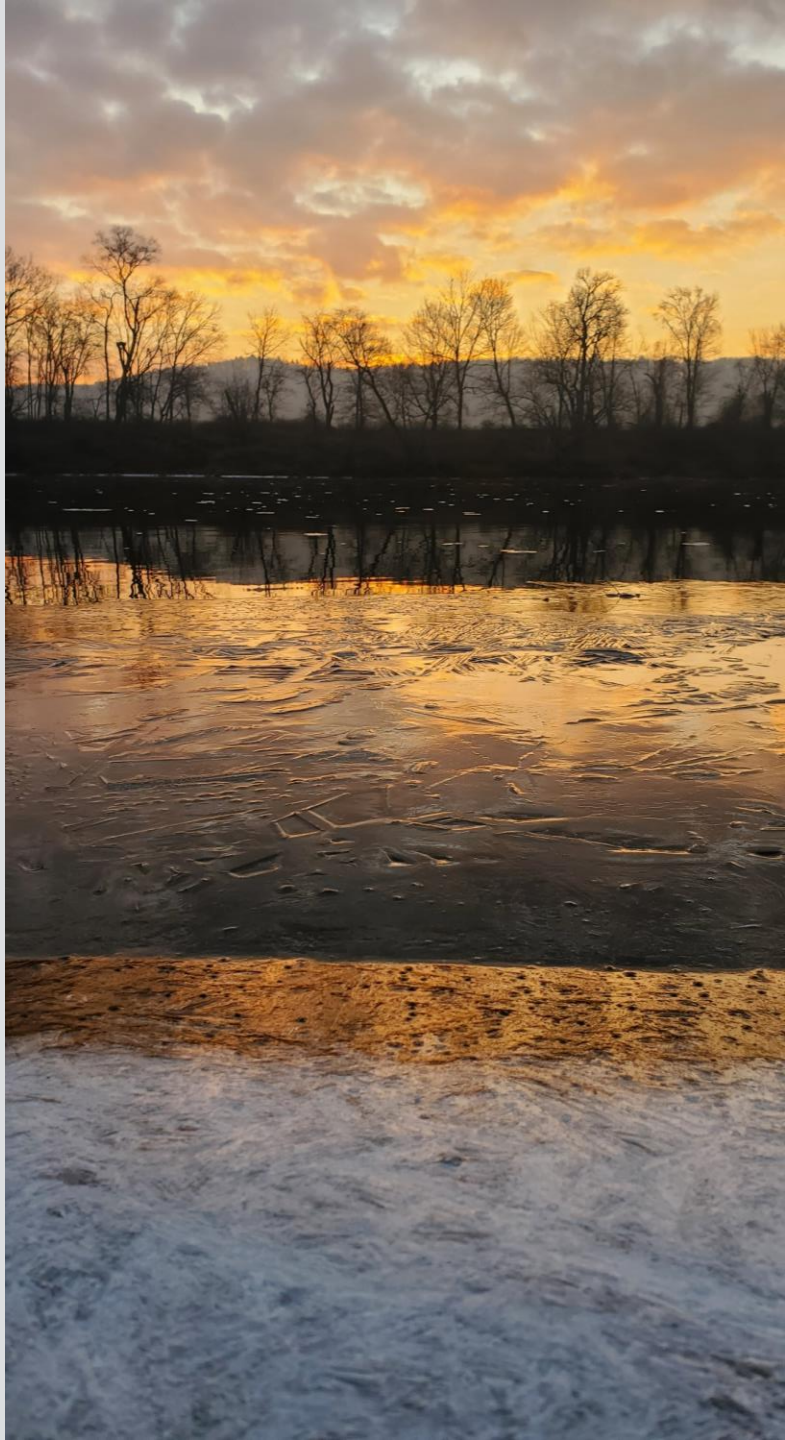
How We Address Our Own Losses Matter

Loss is cumulative

- Our own losses
- Losses related to our work
- Losses in our community

We can't effectively help others when we do not address our losses

- Trauma related impairment is real
- It is not just about "self care"
- Wellness is a shared responsibility



Let's discuss…

Question One – Loss is:

a. Cumulative
b. At times related to our work
c. At time related to our community
d. All of the Above

PRO·A
Pennsylvania Recovery Organizations Alliance

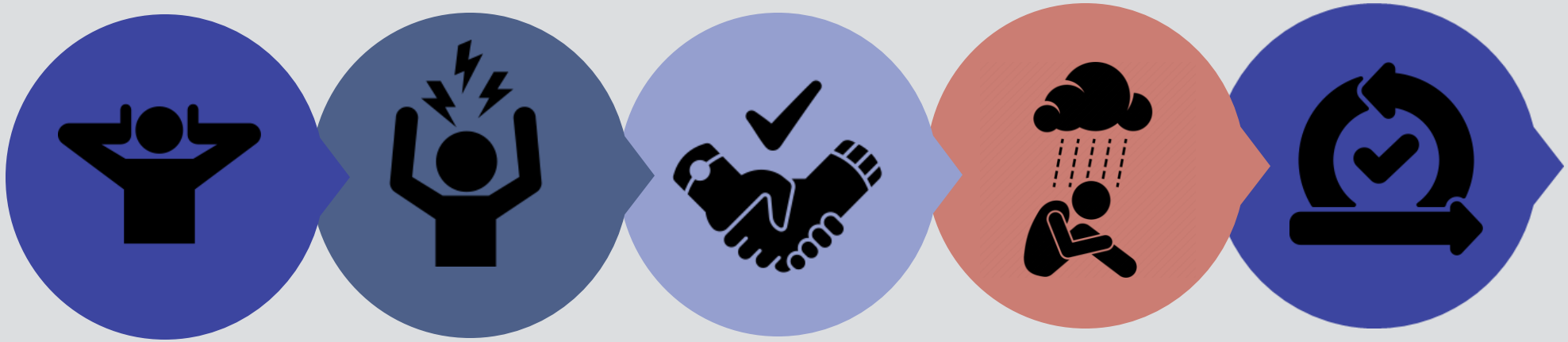
The Grief Process

PRO·A
Pennsylvania Recovery
Organizations Alliance

Five Stages of Grief

The Work of E. Kubler-Ross

These stages can occur in any order



Denial – A temporary response that carries you through the pain

Anger – It is not uncommon to feel anger about the situation or person

Bargaining – A stage of grief that allows you to hold on to hope to get through the pain

Depression – The Feeling of depression can be a natural and appropriate grief response

Acceptance – Not being OK, but rather you are learning to live with what has happened

PRO·A
Pennsylvania Recovery Organizations Alliance

The Dual Process Model

This Model Identifies Two Types of Stressors

1. Loss and restoration oriented,
2. Dynamic, regulatory coping process of oscillation, whereby the grieving individual at times confronts, and at other times avoids, the different tasks of grieving.

This model proposes that adaptive coping is composed of confrontation--avoidance of loss and restoration stressors. It also argues the need for dosage of grieving, that is, the need to take respite from dealing with either of these stressors, as an integral part of adaptive coping

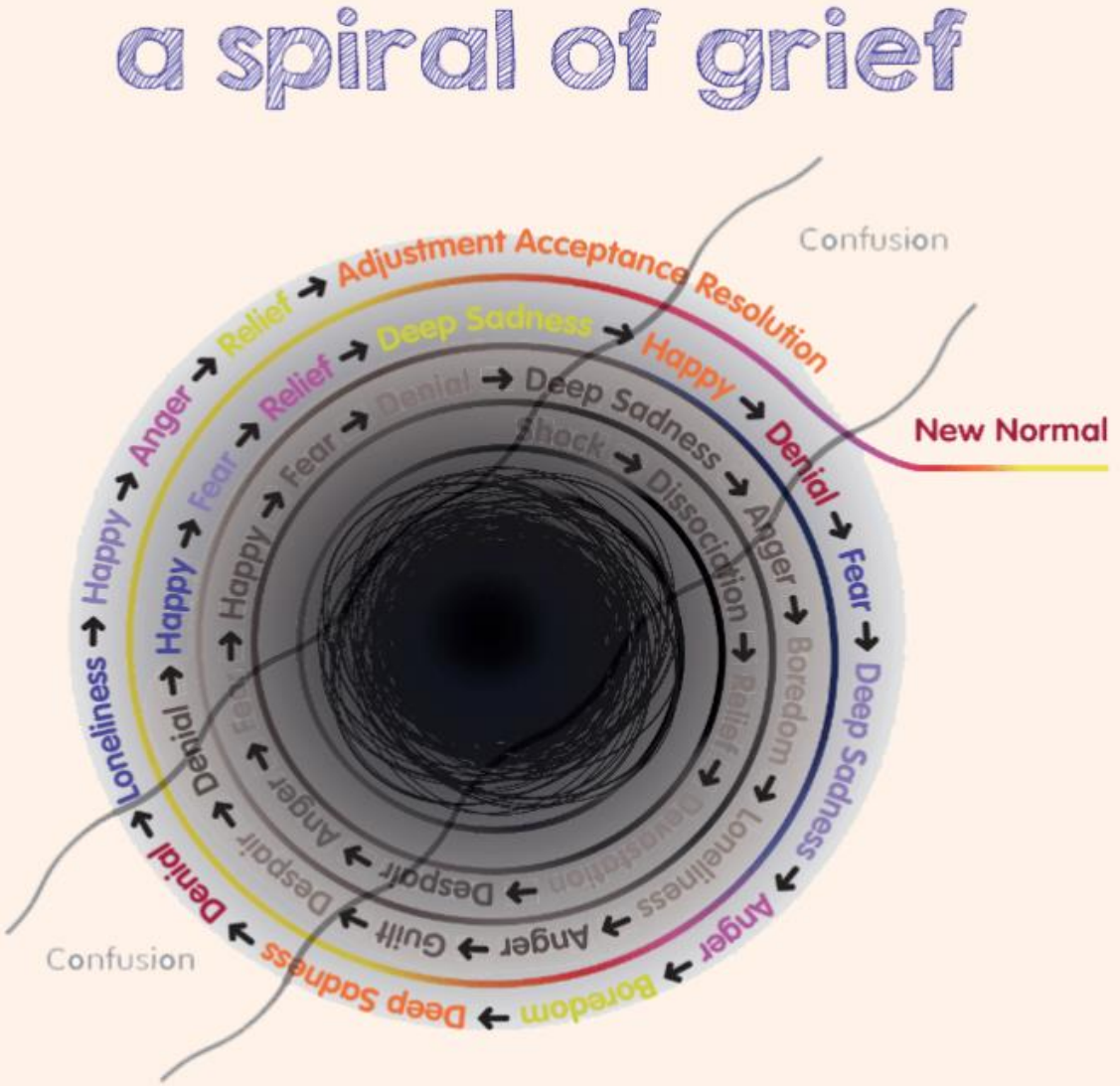
PRO·A
Pennsylvania Recovery Organizations Alliance

- When a person dies, we may likely experience intense feelings.
- At other times, the feelings aren't as strong.
- Then, without warning, the intense feelings pop up again.
- We feel like we're right back where we started.

As time goes on, our grief won't just end. There will be times, when we'll feel our grief as strongly as we did in the beginning even long after the loss.

When the feelings return, it does not mean we are back at the beginning.

- We have learned a lot
- We have grown.
- We have changed



Let's discuss…

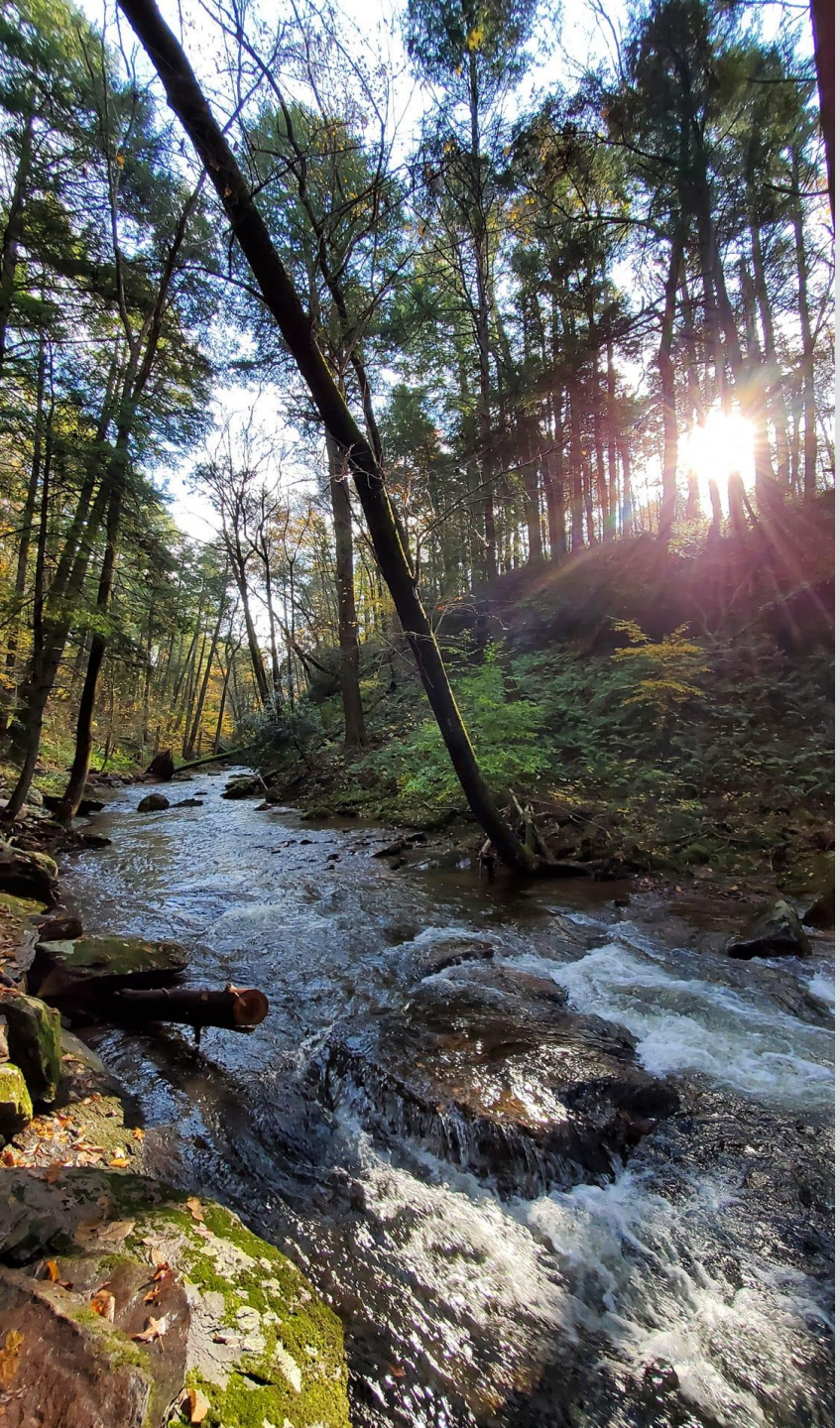
Question Two – Grief:

a. Follows stages that occur in order
b. Is a highly individualized process that can vary from person to person.
c. Is predictable for everyone who experiences loss

PRO·A
Pennsylvania Recovery Organizations Alliance

Supporting Each Other Through the Grief Process

PRO·A
Pennsylvania Recovery Organizations Alliance



Our Own Process

Is Our Own Process

The experience of grief and loss is highly individualized.

- We can't expect that our own reaction or healing is the same as any of our colleagues.
- Our past trauma and healing are factors.
- The spiral aspects of the process means that people can experience intense feelings around loss at very different intervals, if at all.

PRO·A
Pennsylvania Recovery Organizations Alliance

Loss In the Workplace

Our Lens Matters

Perhaps we should start by acknowledging that the pain of loss is the norm, even for helpers.

- We tend to consider loss in terms of isolated events.
- We should use a form of debriefing to address loss in the workplace as it occurs.
- We also need to think more broadly about how we address staff wellness

“For in grief nothing 'stays put.' One keeps on emerging from a phase, but it always recurs. Round and round. Everything repeats. Am I going in circles, or dare I hope I am on a spiral?“ — C.S. Lewis from "A Grief Observed"

Signs

How Can We Tell If Colleague Is Struggling

Are we even looking? Do we the experience of loss as an occupational hazard or instead something only our clients deal with?

Warning Signs:

- Intense, pervasive sense of guilt.
- Thoughts of suicide or a preoccupation with dying.
- Feelings of hopelessness or worthlessness.
- Slow speech and body movements.
- Difficulty concentrating
- Disordered Sleep

PRO·A
Pennsylvania Recovery Organizations Alliance

Debriefing Strategies

Operational debriefing is a routine and formal part of an organizational process. MH workers acknowledge it as an appropriate practice that may help survivors acquire an overall sense of meaning and a degree of closure.

Psychological / stress debriefing refers to a variety of practices for which there is little supportive empirical evidence. It is strongly suggested that psychological debriefing is not an appropriate mental-health intervention.

Critical Incident Stress Debriefing (CISD) is a formalized, structured method whereby a group of rescue and response workers reviews the stressful experience of a disaster. CISD was developed to assist first responders, such as fire and police personnel; it was not meant for the survivors of a disaster or their relatives. CISD was never intended as a substitute for therapy.

PRO·A
Pennsylvania Recovery Organizations Alliance

Acknowledging Loss

We Need To Address Traumatic Loss When It Occurs

- We need to acknowledge loss routinely
- **Operational Debriefing** occurs for a myriad of situations not just death.
- During a debrief, team members reflect on a recent experience, discuss what went well, identify opportunities for improvement and agree on what they will do going forward
- It should be acknowledged that it is human to struggle with loss
- It is an opportunity to offer support to workers

Ethical & Legal Considerations

PRO·A
Pennsylvania Recovery Organizations Alliance

Death in the program

The Need To Consider Ethical and Legal Facets Of The Loss

- A loss of a program participant creates challenges in respect to patient confidentiality, processing the loss with other participants, with the family of the person lost and boundary issues in respect to our own grieving processes.
- Peer staff should operate in close coordination with their supervisors.
- Agencies need to consider legal and ethical considerations to navigate through the impact of the loss on the program.

PRO·A
Pennsylvania Recovery Organizations Alliance

Federal SUD Privacy Reg

42 CFR Part II and HIPAA

It is recommended that programs consult their legal counsel

Federal Regulation on Privacy Rules do not end at point of death

Q: Is access to a deceased person's psychiatric or substance misuse records treated any differently than access to other medical records?

A: HIPAA governs most healthcare providers and the records they keep; however, a different federal law governs many substance misuse programs (42 CFR Part 2). A substance misuse program can be covered under one, both, or neither regulation, depending on how it is funded.

Regarding deceased patient records, 42 CFR §2.15(b)(2) is similar to HIPAA. It requires the facility to release records to a personal representative, such as an executor, administrator, or other person appointed under state law. However, the law is more liberal than HIPAA, stating that if there is no legally appointed personal representative, consent may be given by the patient's spouse; if no spouse is present, consent may be given by any "responsible member" of the patient's family.

PRO·A
Pennsylvania Recovery Organizations Alliance

How We Process the Loss With Others

We Grapple With What We Know and What We Can Say

External Groups

There may be entities seeking Information with whom we do not have a consent

Family of Deceased

Trying to support the family and honor the privacy of the deceased

Other Clients

Situations in which we may wish to process the loss with clients

PRO·A
Pennsylvania Recovery Organizations Alliance

How We Learn of the Loss

Not All Staff Get The Same Information At The Same Time

- Some staff may learn immediately
- Some staff may learn when they come into work
- Some staff may learn out in the community
- It may be learned as authorities contact us with questions
- It may even be the case we learn from family when we try and make contact to see why appointments are being missed

PRO·A
Pennsylvania Recovery Organizations Alliance

Staff Grieving

Our Closure & Communicating Our Condolences

The death of a client may result in challenging dynamics for program staff:

- Can staff send flowers or attend funerals?
- Can staff express condolences to impacted persons?
- Can we process what occurred with staff not directly related to the care of the client?

Organizational Leadership

How Leadership Addresses Loss Matters

- The matters involved can be challenging and usually require leadership at the organizational level to consider how to navigate.
- Program staff should consult agency leadership as questions emerge on how to handle it.
- Agency leadership should try when possible, to include program staff in considering how to navigate through what has occurred.
- Program staff should understand that it is not always possible for program leadership to share everything with them.

PRO·A
Pennsylvania Recovery Organizations Alliance

Let's discuss…

Question Three Privacy Rights for a deceased client:

a. Are the same under HIPAA and 42 CFR Part II
b. End at the point of death
c. Do not end at the point of death

PRO·A
Pennsylvania Recovery Organizations Alliance

Expanding Systems Level Support for Our Staff

PRO·A
Pennsylvania Recovery Organizations Alliance

Loss & Trauma

Common in Our Staff

Loss can be a traumatic yet common life experience, and it influences us as healers. Hence the name of this training.

We should consider its impact on us as what impacts us, impacts our work

Historic Trauma

Common Helper Family Experiences

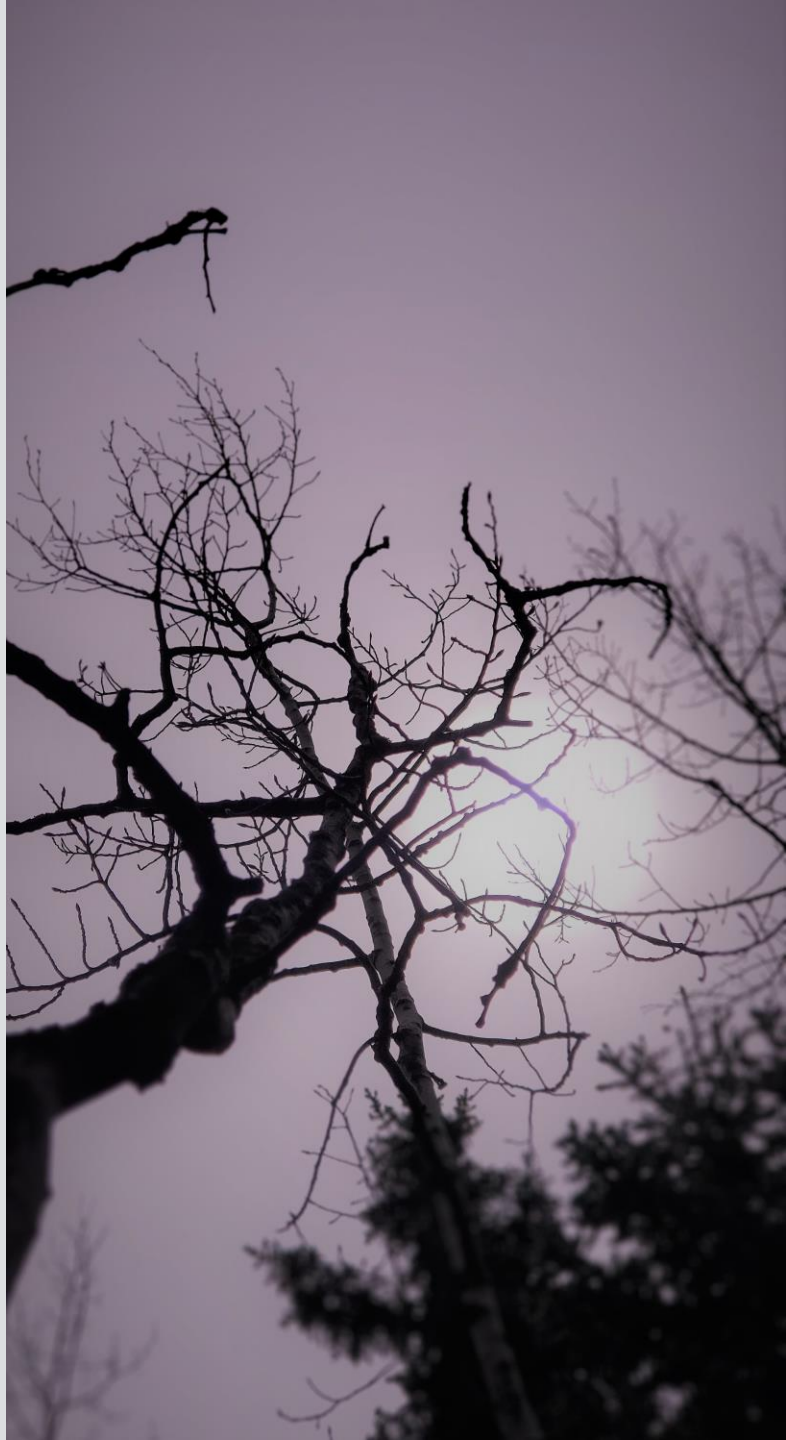
In a 1992 study on childhood experiences of family dysfunction:

- 73.1% social work students experienced dysfunction in the home as a child compared with 36.9% of the Business students
- Dysfunction was defined by a member of the family of one or more of the problems: drug or alcohol abuse, sexual addiction, bulimia, anorexia nervosa, gambling addiction, schizophrenia, perpetrator of a crime, severe depression, attempted or committed suicide or physical or sexual abuse from a family member

Basic Definitions

Helpers should pay attention here!

- **Compassion Fatigue** - fatigue, emotional distress, or apathy resulting from the constant demands of caring for others
- **Burnout** - physical / mental collapse caused by overwork / stress
- **Vicarious (secondary) Trauma** - is a transformation in the helper from empathic engagement with traumatized clients and their traumatic experiences. Its hallmark is disrupted spirituality, or a disruption in the trauma workers' perceived meaning and hope.



Compassion Fatigue

Tends to be acute—rapid onset

- Difficulties with attention and concentration
- Increased forgetfulness
- Increased anger and irritability
- Lower frustration tolerance
- Difficulty sleeping (insomnia or oversleeping)
- Increased isolation
- Function of bearing witness to the suffering of others
- Secondary traumatic stress reaction
- Defined as a state of tension and preoccupation with the traumatized and/or persistent arousal associated with the person being helped

PRO·A
Pennsylvania Recovery Organizations Alliance

Compassion fatigue can be a gradual process. The signs and symptoms are subtle at first, but they get worse as time goes on.

Signs

- Feeling tired and drained all the time
- Getting sick a lot
- Sense of failure and self-doubt
- Withdrawing from responsibilities
- Isolating yourself from others
- Procrastinating, taking longer to get things done

What to do:

- Invest in your closest relationships - your partner, children or friends
- Try to be more sociable with your coworkers
- Connect with a cause or a community group that is personally meaningful to you

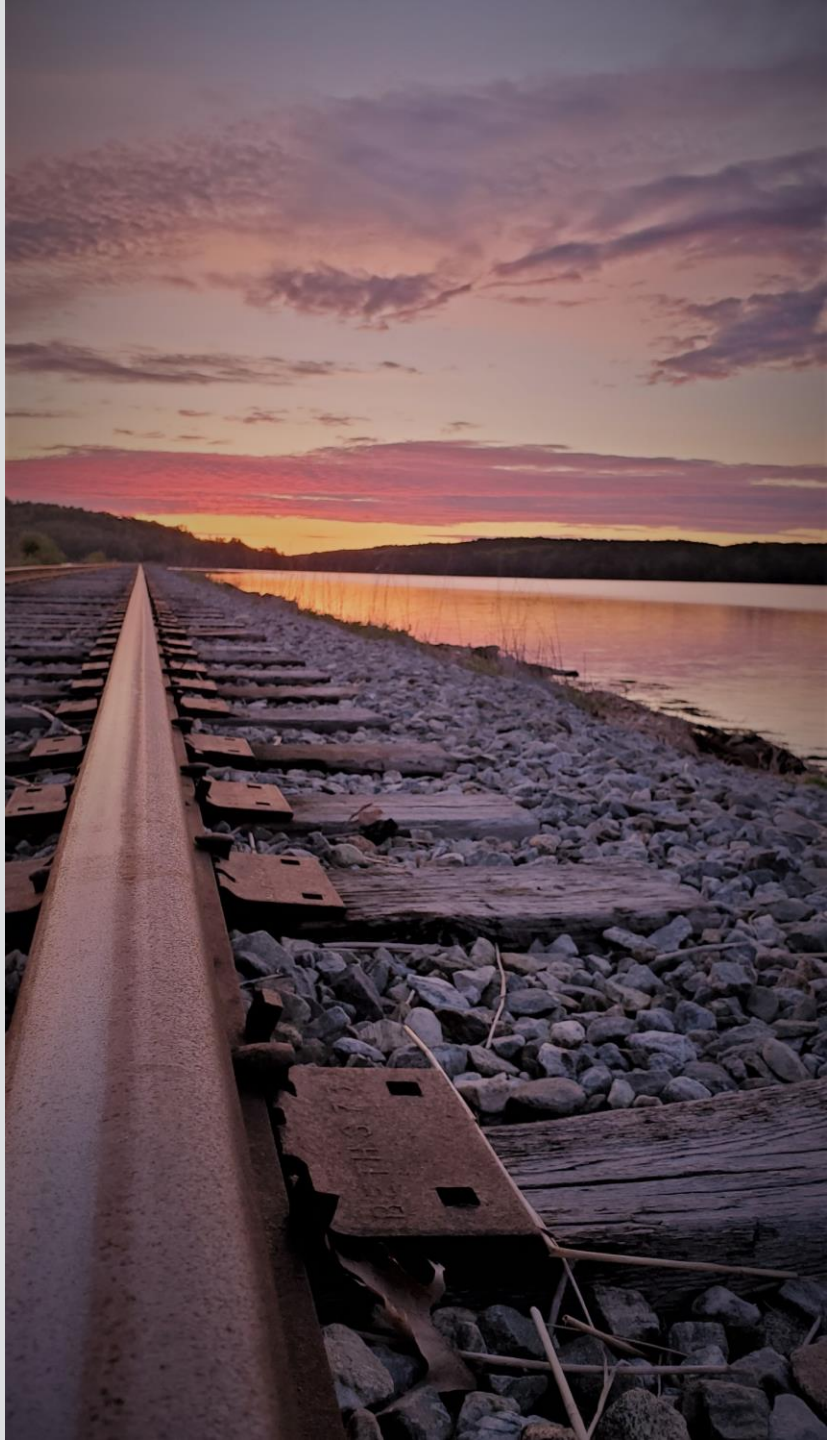
PRO·A
Pennsylvania Recovery Organizations Alliance

Healing from Compassion Fatigue

Signs and Preventative Care

Recognize signs & use preventative care to avoid developing compassion fatigue:

- Education helps normalize negative, stressful things that are part of our work
- Talking through the issues with a supervisor or colleague is recommended
- A healthy and strong social support system is important
- Relationships that impose an additional strain and demands on caregivers should be addressed to reduce their toxic impact



How to think about VT

For many years, Vicarious Trauma (VT) was lumped into countertransference

Countertransference is the redirection of a helper's feelings toward a helpee—or, more generally, as a therapist's emotional entanglement with a helpee.

vs.

Vicarious trauma is more specifically related to the risks, reactions, and prevention of harm from exposure to another's traumatic material by virtue of a helping relationship with the primary victim.

PRO·A
Pennsylvania Recovery Organizations Alliance

Vicarious Traumatization (VT)

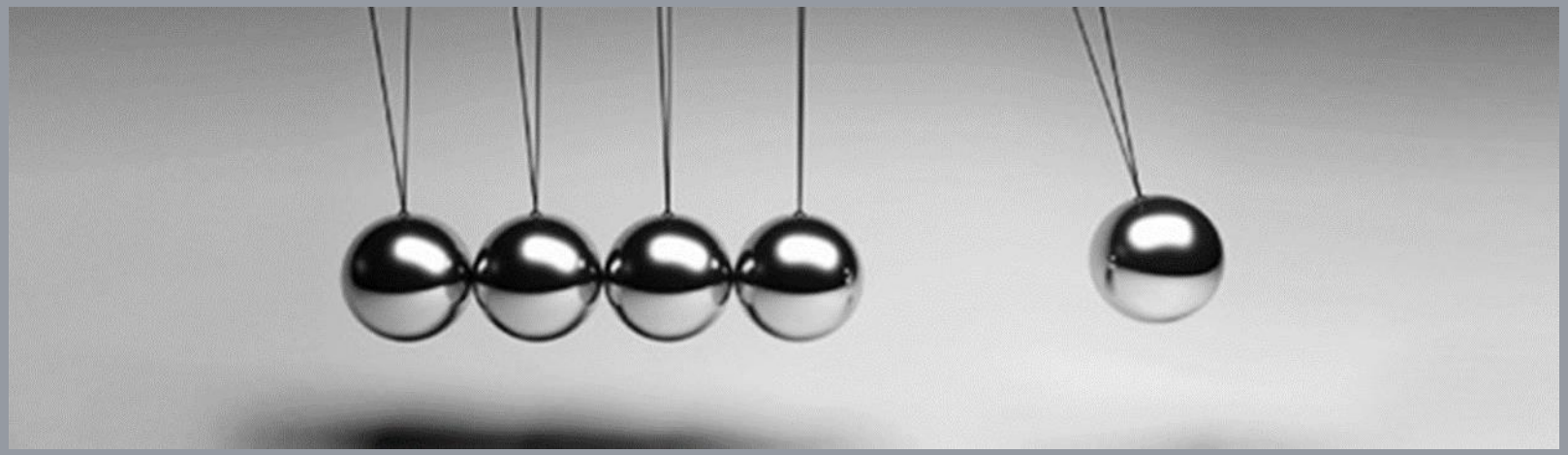
Occurs through Empathetic Engagement

- Vicarious traumatization is a transformation in the self of a trauma worker or helper that results from empathic engagement with traumatized clients and their reports of traumatic experiences. It is a special form of countertransference stimulated by exposure to the client's traumatic material.
- Over time this process can lead to changes in your psychological, physical, and spiritual well-being.

Another way to think about it:

Newtons Third Law:

For every action, there is an equal and opposite reaction



PRO·A
Pennsylvania Recovery Organizations Alliance

Compassion Satisfaction

Helping People Can Be Highly Rewarding

A UK study found that:

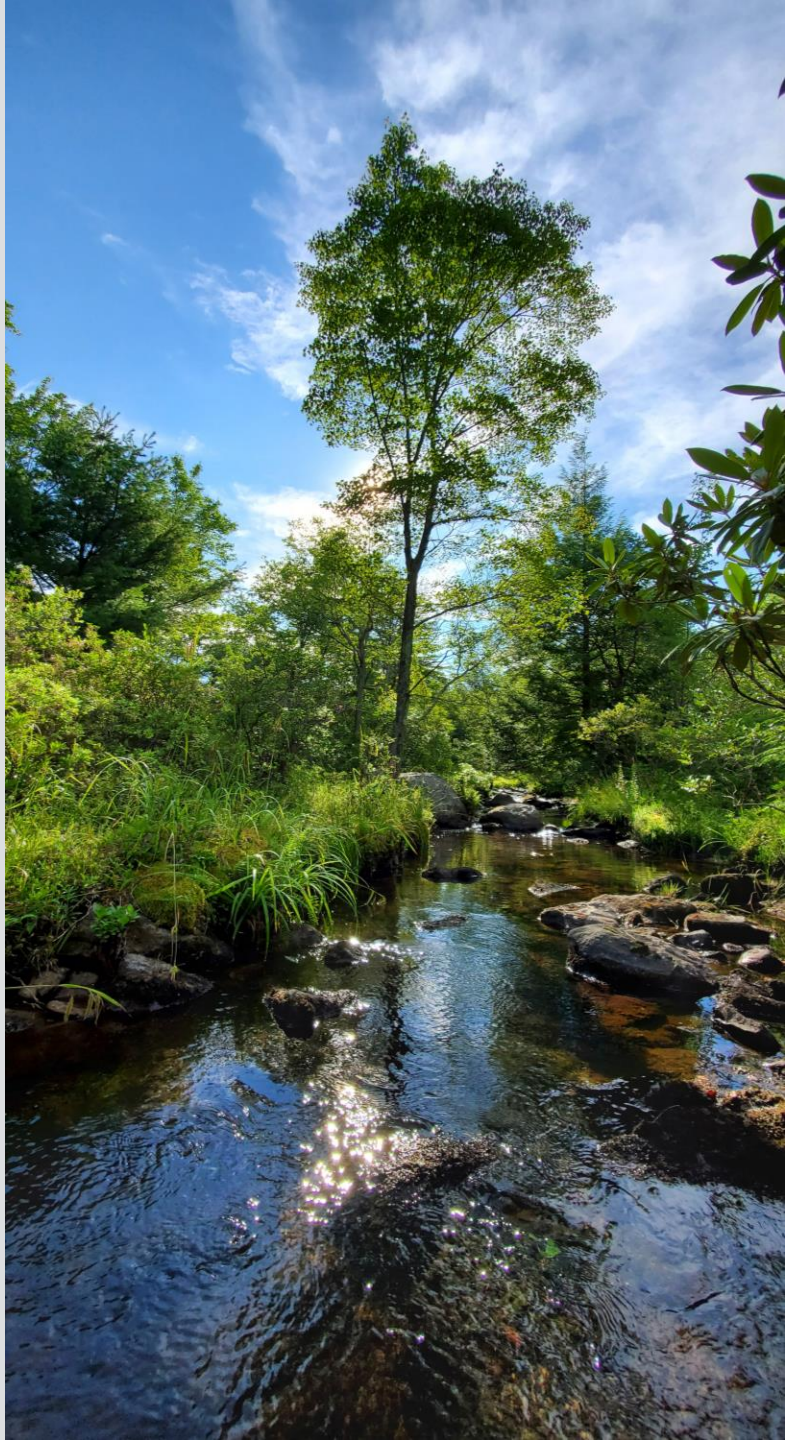
- Maturity, time spent in development activities, supportive management, and supervision predicted higher potential for compassion satisfaction.
- Youth and less supportive management predicted higher risk of burnout.
- The negative impact of working with trauma clients was balanced by the potential for a positive outcome from trauma work as a majority indicated an average potential for compassion satisfaction.

PRO·A
Pennsylvania Recovery Organizations Alliance

Systemic Considerations

Norming Healing Strategies Across Our Systems

- We have to talk about loss and healing to norm healing.
- We have to be open about how the impact of losses in our field pose occupational hazards for us.
- Leaders can play a key role by sharing loss and healing processes.
- Programs should consider implementing project wide strategies to support worker wellness and we need to norm using them as a professional responsibility.



Preparing Community for Loss

Providing Information & Resources Routinely To Everyone We Serve

- Local community resources on grieving and loss.
- Educational material on grieving processes
- Encouraging the strengthening of recovery capital and support networks

Loss is a reality of life, it is not if, but when. Normalizing healing strategies is an imperative.

Looking Forward

We Have the Opportunity To Do Better

"As long as you keep secrets and suppress information, you are fundamentally at war with yourself…The critical issue is allowing yourself to know what you know. That takes an enormous amount of courage." — **Bessel A. van der Kolk, The Body Keeps the Score**

We have not systematically addressed our own wellness beyond emphasizing that workers should take care of themselves. This has led to an attrition model, in which workers who did not find their own pathways to healing or self-care were lost or transitioned out of our workforce. We can do better!

PRO·A
Pennsylvania Recovery Organizations Alliance

Loss & Grieving Resources

- **Coping With the Emotional Aspects of a Client's Death** – New Social Worker, Sharon Martin – **LINK HERE**
- **Do THIS not THAT - HOW TO HELP A GRIEVING FRIEND** – Refugee in Grief **LINK HERE**
- **GRIEF AND BEREAVEMENT - Toolkit of Instruments to Measure End of Life Care -** Brown University & the Center for Gerontology and Health Care Research **– LINK HERE**
- **Grief at Work: How Companies Can Support Grieving Employees –** Lost & Found Grief Ctr **– LINK HERE**
- **How to Grieve a Client's Death Ethically –** Counseling Schools **– LINK HERE**
- **How to Survive Early Grief 8 Simple Rules for Impossible Times** Refugee in Grief – **LINK HERE**
- **How to Support Employees through Grief and Loss –** Soc. Human Resource Management **– LINK HERE**
- **Loss in human service organizations** from Loss, Hurt and Hope: The Complex Issues of Bereavement and Trauma in Children (2007) A. L. Vargas, S. L. Bloom Full Chapter PDF **LINK HERE**
- **My Grief Angles – Resource website for and by people experiencing Grief – LINK HERE**
- **PRO-A Post Traumatic Growth Info Sheet** (2020) – **LINK HERE**
- **Processing Client Death for Individuals in Social Service Roles** - St. Catherine University– **LINK HERE**
- **Processing personal grief as a professional counselor** – Counseling Today - **LINK HERE**
- **When a Patient Dies . . . Should the Therapist Attend the Funeral?** – Psychotherapy.Net Richard Halgin – **LINK HERE**

PRO·A
Pennsylvania Recovery Organizations Alliance

Sources

Slide 12 - Glei DA, Preston SH (2020) Estimating the impact of drug use on US mortality, 1999-2016. PLoS ONE 15(1): e0226732. https://doi.org/10.1371/journal.pone.0226732

CDC says more than 107,000 Americans died of drug overdoses in 2021, setting 'staggering' record (05/11/22). PBS https://www.pbs.org/newshour/health/cdc-estimates-more-than-107000-americans-died-of-drug-overdoses-in-2021-setting-staggering-

Slide 18 – 5 Stages of grief: The Kübler-Ross model. (Undated). PsychCentral. https://psychcentral.com/lib/the-5-stages-of-loss-and-grief#the-kubler-ross-model

Supporting Staff with Grief: A Guide for Leaders (2015). Canadian Hospice Palliative Care Association. https://www.chpca.ca/wp-content/uploads/2019/12/bereavement_care_for_staff_leaders_guide_revisednov2015.pdf

Slides 19 - **20** - Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement: rationale and description. Death studies, 23(3), 197–224. https://doi.org/10.1080/074811899201046

Slides 25 - 27 - Types of Debriefing Following Disasters. (Undated). US Department of Veteran Affairs. https://www.ptsd.va.gov/professional/treat/type/debrief_after_disasters.asp

N. Burchill, Critical Incident Stress Debriefing: Helpful, Harmful, or Neither? (2019). Journal of Emergency Nursing. https://www.jenonline.org/action/showPdf?pii=S0099-1767%2819%2930453-2

Brief Summary of Psychological Debriefing for Post Traumatic Stress Disorder (undated). Society of Clinical Psychology. https://div12.org/treatment/psychological-debriefing-for-post-traumatic-stress-disorder/#:~:text=Description,disorder%20and%20other%20negative%20sequelae.

Slide 30 - Accessing Deceased Patient Records—FAQ. (undated). American Health Information Management Association (AHIMA) https://library.ahima.org/doc?oid=103866#.ZD5_dHbMK5c

42 CFR § 2.15 - Incompetent and deceased patients. (82 FR 6115, Jan. 18, 2017, as amended at 83 FR 251, Jan. 3, 2018). Cornell Law School. https://www.law.cornell.edu/cfr/text/42/2.15

Slide 38 - Russell, R., Gill, P., Coyne, A., Woody, J., (1993). Dysfunction in the family of origin of MSW and other Graduate Students. Journal of Social Work Education. Vol. 29. https://www.tandfonline.com/doi/abs/10.1080/10437797.1993.10778804

Slide 39 - Pearlman, L. A., & Saakvitne, K. W. (1995). Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors. W W Norton & Co.

Slide 46 – Sodeke-Gregson, E. A., Holttum, S., & Billings, J. (2013). Compassion satisfaction, burnout, and secondary traumatic stress in UK therapists who work with adult trauma clients. European journal of psychotraumatology, 4, 10.3402/ejpt.v4i0.21869. https://doi.org/10.3402/ejpt.v4i0.21869

Slide 47 - Heather, N,. Addiction Treatment: A Strengths Perspective, Alcohol and Alcoholism, Volume 39, Issue 1, January 2004, Pages 70–71, https://academic.oup.com/alcalc/article/39/1/70/175678

Slide 49 - PROA - Staff Loss, Grief & Wellness Resource Sheet – https://pro-a.org/wp-content/uploads/2023/04/01-PROA-Staff-Loss-Resource-Sheet-2023.pdf

PRO·A
Pennsylvania Recovery Organizations Alliance

THANK YOU

On behalf of Pro-A thank you for sharing your time with us today.

PRO·A
Pennsylvania Recovery Organizations Alliance

PRO·A

Pennsylvania Recovery Organizations Alliance

MOBILIZE
EDUCATE
ADVOCATE

Together we can!