



“TRAUMATIC LOSS: COMPLICATED GRIEF”

Presented by the
Tragedy Assistance Program for
Survivors
Washington, D.C.

www.taps.org



Welcome

TAPS Professional Education Series – “Military Loss and Helping Survivors Cope”

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Activity Goal

The goal of this activity is to teach professionals about the process of grief, range of bereavement reactions secondary to a traumatic loss, describe the indications of complicated grief in the bereaved as well as review practitioner treatment strategies that will address the tasks of complicated bereavement.



Learning Objectives

- Provide a definition for the process of grief.
- Review the range of bereavement reactions secondary to traumatic loss.
- Describe the causes, reactions and indicators of complicated grief, post traumatic loss.
- Review treatment strategies that address the tasks of complicated bereavement.



Continuing Education Credits/ Certificates of Attendance

- Certificates of Attendance will be provided for all who attend the entire program and complete the evaluation.
- The Association of Professional Chaplains will accept certificates of attendance for use in reporting continuing education hours.
- This program is approved by the National Association of Social Workers, provider # 886505639, for 1.0 continuing education contact hours.
- Provider approved by the California Board of Registered Nursing , provider # CEP15218, for 1.0 continuing education contact hours.
- Please check with your state licensing board for your professional discipline requirements for continuing education.



Evaluation

- ALL PARTICIPANTS SEEKING EITHER A CERTIFICATE OF ATTENDANCE OR CONTINUING EDUCATION CREDITS **MUST** FILL OUT THE ONLINE EVALUATION FORM NO LATER THAN **30 DAYS** AFTER THE PROGRAM.
- YOU **MUST** PROVIDE YOUR DISCIPLINE AND STATE LICENSE NUMBER ON YOUR EVALUATION IN ORDER TO RECEIVE CREDIT.
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The Tragedy Assistance Program for Survivors (T★A★P★S)

www.taps.org

Our Mission

TAPS provides ongoing emotional help, hope, and healing to all who are grieving the death of a loved one in military service to America, regardless of relationship to the deceased, geography, or circumstance of the death. TAPS meets its mission by providing peer-based support, crisis care, casualty casework assistance, and grief and trauma resources.





Since it's inception, **T★A★P★S**
has assisted more than 25,000
surviving family members, casualty officers and
professional caregivers

FOR MORE INFORMATION
or TO REFER SOMEONE
YOU KNOW:

www.taps.org

or

800-959-TAPS (8277)



Death in the Military



Military Deaths (Brief Overview)

The overwhelming majority of deaths in active U.S. Military Service:

- Traumatic, sudden, unexpected and often violent in nature. They include:
 - War or war-related combat incidents
 - Accidents
 - Suicides
 - Homicides
 - Acts of terrorism
 - Capture/kidnapping/hostage
 - Sudden death (stroke/heart attack)
 - Substance abuse/overdose ¹
- Involve the death of a young adult (18-40) ¹, who may leave behind a young spouse/significant other, young children, young adult siblings and younger parents who are developmentally unprepared to cope with their loved ones untimely and unexpected death (*Brookings Institute Iraq Index, as of August 2008 states that 51% of troop casualties in Iraq have been less than 25 years old*).

¹ http://siadapp.dmdc.osd.mil/personnel/CASUALTY/Death_Rates.pdf

Military Deaths (Brief Overview)

Often:

- In a foreign country or on the high seas (away from their families)
- After a long period of separation from the family – maybe during a deployment
- Bodily remains may not be intact or bodily remains may not be recovered
- Affect the immediate family, the unit, the community and larger military community – the loss has a ripple effect.
 - As seen with OIF/OEF, bases have suffered multiple deaths with intense, repetitive frequency, affecting and re-traumatizing families and the entire close knit, base community who bears witness to many funerals, memorials and bereaved families.



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Loss



Loss

There are as many kinds of losses as there are attachments. After all, if we do not form an attachment to a person, object or role, we do not miss them when they are gone. In the end, love, attachment and loss have a direct connection – you cannot have one without the other.



Loss Challenges Us

- Major losses challenge our assumptive world – the world we knew and felt safe in has been forever changed. We become strangers in a strange land – members of a club that we never wanted to join.
- Major losses involve more of a process over time, and a myriad of responses.
- A form of a Major Loss is the Traumatic Death of a loved one or friend.

Traumatic Death



A Traumatic Death is a sudden and unanticipated loss that is also frequently of a violent, mutilating, destructive nature that may be random and seem preventable.

Traumatic Death:

How it Affects Survivors



How Traumatic Death Affects Survivors

- For the survivor, this type of death results in both shock and trauma.
- The shock is due to the death occurring suddenly and unexpectedly; the event leaves the survivor in chaos with a feeling of a lack of control or meaning.
- The trauma can inflict strong sense impressions or delusions, involving the potential creation of long-term psychosocial difficulties.
- Grief subsequent to traumatic death, in varying degrees, may involve a longer and more complex process of recovery and adaptation for survivors. The bereaved are also “at-risk” for developing PTSD.

How Traumatic Death Affects Survivors

- Leaves the survivors with a sense of unreality – time freezes
- Feelings of intense guilt and rage
- The need to place blame
- Involvement of a legal, financial, medical and departmental system – sometimes welcomed, sometimes not.
- Unfinished business
- A need to know details and to understand “why”
- Possible media intrusion
- A sense of helplessness
- Fear of abandonment

Reactions to Traumatic Death

- Traumatic death can affect our whole being. Often, attention is given and support offered for the emotional strain that these losses can cause but the needs of the whole person must be attended to.
- Physical, mental, spiritual, emotional, social and behavioral.

Physical (possible symptoms)

- Exhaustion – grief is very hard work.
- Sleep Disturbance – can either mean inability to sleep or escape into sleep.
- Breathing problems
- Headaches
- Nervousness – inability to relax or feel safe
- Night sweats
- Impotence
- Digestive disturbance
- Somatic symptoms

Mental

- Inability to think clearly
- Difficulty in making decisions
- Flashbacks to the traumatic event
- Nightmares
- Intrusive thoughts

Spiritual

- Disregard, doubts or disdain for religion or belief in God
- Questioning why
- Religiosity
- Loss of Hope
- Magical thinking

Emotional

- Guilt and shame
- Emotional numbing
- Anger
- Remorse/guilt
- Losing control
- Anxiety
- Fear
- Feelings of being overwhelmed
- Weak
- Vulnerable

Social

- Fear of crowds
- Suspiciousness
- Social isolation – either self induced or group enforced
- Loss of role/s
- Fear of social stigma
- Need for acknowledgement
- Need for anonymity

Behavioral

- Withdrawal from family/friends
- Inability to sleep or sleeping as escape
- Gallows humor
- Anger toward authority
- “Short fuse”
- Frustration
- Decreased or increased sexual interest
- Self medication – alcohol, drugs, food
- Hyper vigilant

“Normal” Grief and “Complicated” Grief



Grief



Grief affects all aspects of who we are.

But grief itself is not pathological. It is the normal reaction to an abnormal event.

In Defense of Grief



Grief has gotten a bad rap. It is often viewed as a weakness or an emotion to be avoided or not expressed openly especially in this country and sometimes even more so in the military

BUT

- LOSS is the villain not grief.
- LOSS is the enemy – grief is the ally
- LOSS is the wound – grief is the balm
- LOSS is the chasm – grief is the ladder
- LOSS is the tear – grief is the stitch
- LOSS is the battle – grief is the victor

Definition of Grief

- Grief is the normal, natural, necessary reaction to a loss. Grief can effect every part of our being - mind, body, spirit and even our social being. Grief is a process that allows us to let go of that which was and prepares us for that which is to come. It is repeatedly encountered; everyone you know has or will experience a significant loss and the grief that follows.
- Though the experience of grief is universal, each loss is grieved in its own unique way and in its own unique time. It is part of what makes us fully human and may be life's harshest but most effective teacher.

Grief as a Process



The process of grief has been described in many ways. Grief has been described as a series of stages, phases or steps. Grief is not that tidy, it does not take us down a linear path one step at a time until we reach some sort of conclusion or ending usually referred to as “closure”.

A Few Cautionary Words About Closure

- Closure is a word that has crept into our vocabulary that is simply impossible to define as a part of the grieving process.
- Closure should not be a goal of treatment.
- Many who are grieving the loss of a loved one do not want closure as we view it.
- Closure means a closing off, an ending, and many fear that this will mean that they will forget their loved one or even forget the pain of their absence.
- We are never “over” grief. It simply becomes a part of our life story and we turn from looking behind us to again looking ahead when laughter, hope and attachment are again possible.

Grief as a Process

- In my experience, grief is best described as a series of tasks that we master as we proceed through the process of grief. This task approach was developed by William Worden in his seminal work “Grief Counseling and Grief Therapy”, (1991).
- Dr. Worden described four tasks of grief. Using this approach, the grieving person gains some control over the journey through grief and can make choices rather than having each stage imposed upon him or her. It allows for outside support and direction and empowers the person at a time when they feel that they are powerless.

Five Tasks of Grief

For the purposes of this presentation, we will describe five tasks of grief using Worden's four tasks and an additional task described by Dr. Kenneth Doka, an internationally recognized expert and author on grief and loss.

Task One:

Recognizing the Reality of the Loss



Knowing and **Understanding** that the loss has occurred.

Accompanying Responses

- Grieving individuals often describe feeling numb or in shock. This is akin to our physical reaction of shock when we are in intense physical pain – our psyche cannot absorb the sudden emotional pain and we respond with shock – we need to absorb the information gradually. In this case denial becomes a coping mechanism rather than a pathological response.
- *“Many people describe this as “wishing that this was a bad dream and hoping that someone will be kind enough to pinch them and wake them from this nightmare.”*

Task Two: Expressing feelings & emotions associated with the loss.



The grieving person may experience a wide range of emotions and reactions to the loss. These may include physical, emotional, psychological and spiritual.

Accompanying Responses

Fear

- Your assumptive world has just been turned upside down/shattered. The fear lies in not knowing whether you can survive without your loved one – “How can I go on?” “My life is over”.
- Or, what will this new trajectory of life be? “What lies ahead?” “What will become of me?”

Guilt

- Guilt may be viewed as a negative emotion but it is necessary for the griever to explore these feelings. They help us to make meaning out of a meaningless event.
- Guilt involves the “I wish I would have . . .” or “I should have . . .”
- *i.e.: “written more often, visited more often, said I love you more often”*

Anger

- Anger is another emotion that we may feel that we're not supposed to have but may be necessary to work through in our journey through grief.
- The anger may be directed at casualty affairs personnel, God, the person who died, the care givers, family, the war, our government, etc. The anger may not even be directed toward a logical target but may manifest itself as an overarching mood with no specific target. Often the grieving person does not even recognize their own anger. It often has to be pointed out by those around us.
- But anger is normal and should be allowed to work itself through as part of the meaning-making process. Anger though can become extreme and needs to be recognized if this occurs. Professional help or intervention may be warranted if it lingers and disrupts.

Sadness

- Sadness is one of the more acceptable and expected emotions expressed during the grief process.
- Again, sadness is normal and should be validated and allowed to run its course. It may or may not be expressed through tears.

Longing

- This may involve missing the physical presence of the person who died, it may involve mentally and physically searching for the lost loved one and feeling the vacancy in our life.
- Wanting to recapture life as it was.

Depression

- Depression is one of the more confounding emotions after a death. Of course it is normal to feel depressed after a significant loss and most of us do feel a sense of profound sadness/depression which may include feelings of emptiness, loneliness, and loss of hope or direction.
- But, the depth and duration of these feelings may lead to a more complicated clinical depression without professional support, especially in the case of sudden or traumatic loss.

Relief

- This emotion may be the most difficult to accept. One may feel a sense of relief when you have been the caregiver for a dying or chronically ill loved one when the death finally occurs – your loved one need not suffer anymore – the pain is over.
- The second scenario may be the relief one feels after being a care giver over a long period and have had to put your life on hold. Or being in an abusive or ambivalent relationship. You may experience a sense of relief.

In either case this is often followed by a sense of guilt for having such feelings.

“Extraordinary Grief Experiences”

- There is the phenomenon of extraordinary grief experiences that many who are grieving report as they negotiate the rocky journey through grief. I mention this because of the frequency of this experience without any attempt to explain it.
- This is the experience of “visitation” by the deceased to their loved one. This has been reported as a smell (pipe smoke, perfume, aftershave, flowers, food smells) or auditory (hearing the person’s voice, a telephone call) visual (the person appearing to them, seeing the person in a passing car or walking in a crowd), people have reported that they have been physically touched by their loved one or there is a symbolic appearance of the loved one that often involves birds or butterflies.
- These experiences are common and quite normal across cultures and across time – usually they bring comfort to the grieving person and an assurance that their loved one is OK. They are NOT in and of themselves a sign of pathology.
- If the experience is frightening, intrusive or perpetual, then perhaps professional help may be justified.

Task Three:

Adjusting to a Changed Life



This task involves learning to cope in your new world without the physical presence of the loved one. This may include taking on new roles that the loved one had always held, taking on new responsibilities, and learning to “live in the presence of an absence”. It is at this time that the realization that the loss is permanent and begins to learn to live in this new reality.

Task Four: **Relocating the lost loved one**

*from a presence in our physical world to a
presence in our inner world*



This task is one in which we can begin to form new attachments and the memories we have are based more in the reality of our relationship with the lost loved one.

Accompanying Responses

- This is a period of much self-reflecting and exploration. Often the question that takes on primary significance is:

“Who am I now?”

Am I still a Mother or Father since my son/daughter died?

“What do I say when people ask me how many children I have?”

Am I still a Sister/Brother now that my brother/sister was killed?

“What do I say when people ask me if I have any siblings?”

Am I still a spouse when my husband/wife/partner dies?

“What do I say when people ask me if I am married?”

Accompanying Responses

- This involves a period of rituals, of letting go of the past and beginning to realize that YOU are still alive and YOU must move ahead.
- Often people find themselves relocating, rearranging their life or their physical environment, giving away items that belonged to the deceased and creating memories that live on or memorials to a life once lived.
- This may also bring about the first attempts at establishing new relationships, re-discovering old ones and re-defining existing ones.

“I realized that the circle of friends that we both shared as a couple may not last and I may need new friends. I am now a widow/widower and not a part of a couple.” or “I no longer feel comfortable with the other Moms now that my child is gone.”

Task Five (Kenneth J. Doka, PhD): **Regaining Hope, Rebuilding Faith and Finding Meaning**



Though one could argue that the search for meaning is simply a part of life; during grief, the journey becomes much more treacherous and uncertain. It is not so much a matter of what is ahead but where we are.

Complicated Grief



Complicated Grief

- As we have learned, grief is a universal, normal response to loss which is typically manifested by intense sadness, longing, anger and sometimes confusion.
- Although most people will accommodate and process their grief in an adaptive way, there are those who may develop complicated grief.

Grief and Complicated Grief

Differentiating

Although grief has no timeline:

- Grief can become "complicated" as a result of becoming "frozen" or "stuck" in the process, is delayed or persists over time, feelings of being overwhelmed by emotions, not accepting that the loss has occurred, or the inability to function normally or exhibits reactions to the loss in unusual, abnormal ways.
- If severe enough, complicated grief often needs therapy to help resolve the grieving process.

Assessing for Complicated Grief

These intensive reactions, months and years later may include:

- constant longing, yearning or pining for the lost person
- intrusive thoughts about the deceased
- intense feelings of emotional pain and sorrow related to separation distress
- avoidance of reminders of the loss
- feeling stunned, shocked, or dazed by the loss
- confusion about role in life or a diminished sense of self
- trouble accepting the loss
- difficulty trusting others since the loss
- feelings of bitterness and anger over the loss
- difficulty moving forward (eg, making new friends, pursuing new interests)
- feeling emotionally numb since the loss
- feeling that life is unfulfilling, empty, or meaningless without the deceased

Risk Factors for Complicated Grief

- **Proximity to the Death:** did the death occur at a distance or up close? Did the person witness the death? Did they narrowly escape death themselves?
- **Cause of Death:** was the death sudden, accidental, unexpected, brutal, homicide, suicide, from chronic illness?
- **Relationship to the Deceased:** was the deceased the parent, a friend, child, spouse, sibling, comrade?
- **Past History of Losses:** Is this death one in a string of deaths, is this the first experience of death, how were prior deaths handled?
- **Current Mental Health Status or Life Stressors** at the Time of the Death.

Risk Factors for Complicated Grief

- childhood abuse and serious neglect
- childhood separation anxiety
- close kinship relationship to the deceased
- insecure attachment styles
- inadequate support
- dependency
- ambiguous relationship with deceased

Protective Factors Associated with Lower Risk of CG

- Advanced preparation for the loss
- Long-standing positive social support network
- Personality
- Attachment style
- Previous ability to cope with life stressors and adapt (Positive Coping Skills)
- Socio-demographic variables
- Absence of pre-bereavement depression
- Religious beliefs
- Economic resources
- Professional intervention

The Grieving Need...



- **Time:** alone and time with others whom you trust.
- **Self Care:** rest, relaxation, exercise, nourishment, diversion, be patient with yourself.
- **Security:** allow yourself to do things at your own pace, surround yourself with those who understand, get into a routine.
- **Hope:** Try not to take the situation personally, find hope, comfort and comradeship from others who have experienced a similar loss – support groups

- **Caring:** Allow yourself to be cared for. People want to help but they will not fully understand or may be awkward.
- **Goals:** Set small, obtainable goals for yourself – give yourself something to look forward to.
- **Pleasure:** Begin to offer yourself small pleasures – new ones or tried and true ones.
- **Attitude Adjustment:** Reframing the events that took place. Remembering good times with the deceased, telling stories of the deceased. Refocus on the lessons that you learned and not on the perceived damage that was done. You have experienced something that makes you stand apart but you don't need to stand alone.

Supporting Surviving Families



Supporting Surviving Families

- Support groups offered by TAPS and The Department of Veteran's Affairs are essential.
- Realize that being in the military is being in a family.
- They need to grieve.
- They need rituals of honor and remembrance.
- Help with daily activities.
- Send condolence cards – they are like oxygen.
- They need to tell the story of their loved one perhaps repeatedly.
- Be comfortable with simply being present.
- Don't try to “fix” it for them.
- Validate their feelings.

Self Care for Survivors

- Create rituals of honor and remembrance.
- Allow yourself to grieve.
- Allow yourself to be angry.
- Try not to take it personally.
- Be patient with yourself and others.
- Take advantage of the services offered by the military.
- Take advantage of your military family.
- Practice self care and monitor your needs for nourishment, nurturance, rest and exercise.
- Be alone when you need to be alone and reach out when you need others.

Supporting our Veterans



- Allow them to spend time alone.
- Trust that much of the time, they know what they need.
- Be patient – they have experienced an unimaginable/life altering event.
- Do not assume the worst.
- Be comfortable with simply listening.
- Educate yourself about PTSD.
- Encourage rituals and remembrances.
- Consider that each is an individual with their own story.
- Don't give up.



Self Care for Veterans

- Seek out those who have a shared experience.
- Grieve your losses.
- Become involved in something meaningful.
- Be patient with yourself and others.
- Allow yourself to be loved/cared for.
- Find constructive means of expression.
- Get to know this new you and begin to construct a normal life.
- Know your limits.
- Take advantage of the services offered.
- Find constructive ways to express emotions, especially anger
- Find positive peer support.
- Admit that you may need help, and REACH OUT TO THOSE who can help you.

Professional Caregivers & Compassion Fatigue



Know the warning signs and symptoms of compassion fatigue which may include...

- Increased absenteeism or tardiness
- Losing hope
- Lowered self-esteem
- Inability to maintain balance of empathy and objectivity.
- Decreased feelings of joy and happiness
- Decreased enjoyment of vocation or career
- Lowered frustration tolerance, increased irritability
- Outbursts of anger or rage
- Depression
- Hypervigilance
- Hypertension
- Increased substance use or abuse
- Change in eating habits
- Blaming self or others
- Extreme fatigue
- Frequent headaches
- Workaholism
- Sleep disturbances

Professional Caregiver Strategies to Diminish Compassion Fatigue

- Know Your Limits and Find Support.
- Give yourself permission to say “no”.
- Don’t let your own story interfere with the clients.
- Be aware of your own boundary issues.
- Focus on what is right with the world.
- Build your own support network.
- Don’t let your life work become your life.
- Always ask yourself whose needs are being met.
- Laugh easily.
- Cry when you need to.
- Learn to include yourself in the circle of those you care for.
- Seek Professional Help/Stress Management.

**For more information and
resources for support, please
contact TAPS at 1-800-959-8277 or
www.taps.org**



QUESTIONS

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Please join us for our next webinar “*Counseling Suicide Survivors: Implications for Postvention*” on May 13, 2009.