

Holding the Community in Times of Crisis & Loss

Diane and Patti's programs have provided crisis response for the last 15 years or so, responding to both large and smaller situations in schools, workplaces -- anywhere in the community. —Types of sudden loss in the community could include suicide, line of duty death, on the job accidents or deaths, multi-casualty incidents, shootings, incidents involving children, prolonged situations, fires, murder – suicides, plane or train crashes.

We discussed the importance of obtaining training and developing relationships with other community agencies who are also involved at times of crisis long before an incident occurs. (See Disaster Response Resource Organizations handout just posted in the bereavement library.) It is important to find out who 'takes the lead' in your county mental health system and develop these relationships. Being clear what the parameters are that you are able to offer in terms of crisis response helps ensure other organizations don't expect more than you can provide. At a minimum, many programs could develop informational handouts they could post on their website. Participants were encouraged to look at Diane's (<http://www.hospicewr.org/grief-loss/children-grief-resources>) and Patti's (<http://www.hospiceandcommunitycare.org/additional-pages/bibliographies-and-handouts.html>) for examples

We raised the caution that if you *do* become involved in the initial crisis response and it is a large incident involving many deaths, the follow-through will continue for days, weeks, and months. Not all agencies are staffed sufficiently to manage that. So if a large incident occurs in your community, it might be a better 'fit' to provide support days, weeks, or months later in some fashion. You might offer some community education, or perhaps a grief group specific to the individuals affected might be an alternative to being involved in the initial first response to the situation. We also talked about the media and the value of having handouts and talking points ahead of time, so if you are contacted soon after an incident you are not caught unprepared.

The question was raised "How do we make people/other organizations aware that we are a resource?" One hospice agency provides binders with information on grief, loss, and what they have to offer to area schools. Hospice & Community Care sells a publication titled *A Teacher's Guide to the Grieving Student*. Hospice of the Western Reserve created toolkits with foundation funding – these are always appreciated and utilized when they bring them into a school. They are large plastic totes that have handouts, a folder for the person in charge, art materials, fidget toys, cards stock and regular colored paper, books on grief, and Model Magic. They usually take over a few tables and students are busy nonstop, talking as they draw or create with the crafts. They keep the kits in car and have on hand.

The question was asked where one can obtain resources that might be helpful for a sudden, traumatic loss group they are starting later this month. Four sample handouts on Trauma, Grief, and Sudden Death were added to the library for examples.

Lessons Learned from Diane and Patti's experiences:

- There are a MANY other agencies who are involved and there are MANY spontaneous volunteers who are inappropriate. This is why there must be one agency and individual taking the lead.
- The media can be so aggressive and insensitive – be prepared and have your eyes wide open
- Remember the importance of debriefing the debriefers.
- Advise schools and help them decide what to do with mementos, how long to keep them displayed, etc. Managing memorabilia is a challenge.

Trauma and Grief

Trauma reactions are **NORMAL** reactions that happen when a person experiences an **ABNORMAL** situation that is very overwhelming and threatening. When a person has been through a traumatic experience they also have a great deal of fear and/or helplessness.

Grief reactions are **NORMAL** reactions that happen when a person experiences a significant loss in their lives.

Listed below are common reactions that can be expected when someone has had either a trauma or a loss.

TRAUMA	GRIEF
Main feeling is terror or fear	Main feeling is sadness
Trauma includes feeling grief	Grief is not traumatic
The experience is hard to talk about	Can talk about the loss
Left with a sense of being helplessness and powerlessness	Left with sense of sorrow
May experience being more angry more quickly and acting this out towards others	May feel angry about the loss, but not so likely to act out with anger towards others
May feel guilt – like “I should have prevented it” or “it should have been me instead”	If feeling guilt, it is more about regrets of what you wished you could of or should have done or said with the person who died
Leaves one feeling bad about self	Does not feel badly about self, just sadness and missing of the other person
Dreams of being victimized	Dreams about the person who died
Can’t really forget – may have flashbacks or thoughts that keep coming back of the event	Remembers with sadness for loss, but not so much upsetting thoughts or memories of what has happened
Try to avoid anything that is a reminder of trauma - “numbing” (no feeling),	Want to remember the person who has died
Startle reactions, or hyper vigilance (keeping a look out for threats) ,	Mostly sadness, but not these other reactions

These reactions should get less over time.
However if they do not, it is wise to seek help from a counselor.



The Elisabeth Severance Prentiss
Bereavement Center

Coping with the Trauma of Sudden Death

The inconceivable happens - a special person dies in an unexpected and traumatic way. This may be a family member, a co-worker, a friend, or the neighbor down the street...The cause can be murder, suicide, car accident, natural or man made disasters.

Understanding the Trauma of Sudden Death

It is important to understand that a sudden death falls outside our usual experience, what we expect life to be like. Abruptly losing a special person can shatter our sense of well-being. We may experience very **strong reactions that could include fear, helplessness, shock, anger, and, sometimes, horror.** These reactions are **normal responses to an extremely difficult time** in our lives.. These trauma reactions mix with our grief, and the results can be overwhelming.

Traumatic Stresses

While we may feel like we are in “another world,” the world around us does not stop. Feelings of trauma and grief can be compounded with additional changes and losses. Sometimes our reactions appear immediately after a sudden traumatic death and at other times it may be a few hours, days, or even weeks before we experience stress reactions. It is common to feel **a sense of numbness, “being in a fog.”**

Traumatic stress can impact our bodies, our thinking, our emotions and our behavior. We may experience a wide variety of feelings, such as guilt, fear, denial, anger, grief, or depression. We might be irritable, anxious, or feel overwhelmed or confused. Our eating or sleeping habits may change. We may not be able to recall the details of the death. Normal physical signals of stress may range from nausea, thirst, or fatigue to chest pain, headaches, or tremors. Because any of these physical symptoms may indicate the need for medical evaluation, it is important to consult a physician.

Things that Help

The signs and symptoms of a stress reaction may last a few days, a few weeks, a few months, or longer, depending on the severity of the traumatic death. The understanding and support of family and friends can help the stress reactions pass more quickly. There are a number of things that can help during this very difficult time.

- Maintain as normal a schedule as possible (as impossible as it seems); structure your time
- Follow the basics for good health (even when you don't feel like it) – rest, eat well, exercise
- Reduce other stressors as much as possible - make to do lists, be patient with yourself when you can't find your keys, limit distractions that might interfere with concentration
- Be aware of *numbing* the pain with overuse of drugs or alcohol; go easy on caffeine
- Talk to people – reach out, spend time with others
- Do things that feel good to you – take a walk, listen to music, keep a feelings journal, etc.
- Give yourself permission to feel the pain and share these feelings with others
- Don't feel the need to fight reoccurring thoughts, dreams or flashbacks; they are normal and will decrease overtime and become less painful

Remember you are not going crazy. Your reactions are normal. However there are times when a traumatic death is so painful that professional assistance may be helpful. Seek professional help if anger, anxiety and depression persist, worsen or begin to interfere with your life, job or relationships.

PATHWAYS CENTER *for* GRIEF & LOSS

COPING WITH SUDDEN DEATH

If you experience the sudden, unexpected death of someone you knew, cared for, or loved, your reactions may seem intense and overwhelming. Some people feel as though they might “fall apart,” and worry about the possible loss of control of their own reactions. Others may feel numb and barely functioning. You probably have nothing you can compare this experience to, and that can be scary. Part of what is difficult about this death is that you didn’t expect it to happen, and certainly not *this way*. So of course you feel unable to cope.

Know that your reactions are normal; it is the situation that is unusual. Take some time to look honestly at what you need, and how to meet those needs. Despite others who want to support and be around you, you may need some time alone. Know that you will experience a wide variety of reactions, even throughout the course of one day. This affects you in all ways—physically, emotionally, cognitively, socially and spiritually. By looking at *how* you are affected, you will understand how you can cope and survive this difficult time in your life.

- ***Physical*** - The way you learned of the sudden death may affect you physically. Many say they feel as though they have “just undergone surgery without anesthesia.” Most people have trouble sleeping and may sleep for only two to three hours at a time. Initially, nightmares or bad dreams are common. Many feel exhausted. In the best way it can, your body is telling you that you have been significantly affected.
- ***Emotional*** - The emotional aspect of your reactions is often what you - and others - are aware of. This isn’t just your tears, it may be your *inability* to cry. Other strong feelings you may experience include: fear, vulnerability, guilt, or rage. Finding outlets for intense emotions is important. Decide whom you feel safest with to “let loose” and express all that you are feeling. Remind yourself that you cannot control everything and that often; your expectations for you or others may be unrealistic.
- ***Cognitive*** - Perhaps you keep thinking, “It can’t be true, how can this have happened?” It is natural to replay details over and again in your mind. You are trying to understand something that doesn’t make sense. Know that you may:
 - Have difficulty concentrating
 - Be forgetful
 - Worry you are “going crazy”
 - Have many questions
 - Revisit what you could or should have said or done differently

As you realize that perhaps the worst that could ever happen *has* happened, you may also wonder what else could happen. Remind yourself how unique and unusual this situation is; give yourself a dose of reality or ask for reassurance from someone you trust. Eventually your questions will change from “Why and how did this happen?” to “How will I cope?” It’s important to ask those questions, and you may have to for a longtime.

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- ***Social*** – When a death occurs suddenly, it seems as though the world has gone on but your life has come to a halt. You may sense others feel uncomfortable around you or even avoid contact with you. Conversations can be awkward and brief. Some people, out of their own need or discomfort, end up telling *you* about something similar that happened to them - even though you're the one who's hurting! Others may imply you need to "get out around others and keep busy" or "move on." Do what *you* feel you need to do. Don't base your plans or decisions on others' opinions. Base your decisions on what seems right for you at this time.
- ***Spiritual*** –Particularly after a sudden, unexpected death, even very "religious" people reassess what they believe and why. What has happened may contradict what you thought you knew about what is fair and just in the world. Many find their faith deepened, but this only happened *after* a period of intense questioning. Eventually, you may realize that you are able to go on despite not having all the answers.

For people grieving a sudden, unexpected death, it can take longer to grieve and mourn than it will for someone grieving an expected death. After a sudden death some say what helps most are finding ways in which to honor and remember them. In time, as you adjust to the changes brought about by the loss, your attention will turn to what you want to remember. Your hurt will lessen as you discover and begin to focus on what is healing for you.

Meeting with others who have had similar experiences can be helpful as you realize that many of the reactions, questions, and feelings you have are not unique. You can learn what worked for others and find affirmation and encouragement. Although grief is an individual experience, those who have been there are often the best teachers for those living through the experience. Call a Pathways Center for Grief & Loss counselor to learn more about the support available to you.

PATHWAYS CENTER

for GRIEF & LOSS

Disaster Response Resource Organizations

- **American Red Cross (ARC)**

An independent, tax-exempt charitable organization mandated by US Congress to carry out a system of national and international relief to mitigate suffering caused by pestilence, famine, fire, floods, and other national calamities.

<http://www.redcross.org/>

- **American Red Cross Disaster Services**

A division of ARC that focuses on meeting people's immediate emergency disaster caused needs such as shelter, food, health and mental health services.

<http://www.redcross.org/services/disaster>

- **Department of Health and Human Services (DHHS)**

The US Government's principal agency for protecting the health of all Americans.

Provides basic human services, particularly for those unable to help themselves.

Offers 300 programs covering a wide spectrum of activities and purposes. In the Federal response plan, DHHS is the lead agency responsible for carrying out

emergency support function 8 (health and medical care) and plays a supporting role in mass care and information and planning. <http://www.dhhs.gov>.

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**

The lead mental health services agency of the Public Health Services (PHS) & DHHS, which includes Center for Mental Health Services (CMHS) and the Emergency Services Branch within CMHS. Through these divisions SAMHSA provides assistance assessing mental health needs and mental health training for disaster workers. Also assists in training for mental health outreach workers, assessing the content of applications for federal crisis counseling grant funds, and addressing worker stress issues and needs through a variety of mechanisms. <http://www.samhsa.gov/>

- **Center for Mental Health Services (CMHS)**

A component of SAMHSA, PHS, DHHS. CMHS leads the national system that delivers mental health services and administers programs and funding for helping people with mental illness with treatment, employment, housing, and transportation.

- **Emergency Services and Disaster Relief**

A branch of the Center for Mental Health Services responsible for meeting the mental health needs of disaster survivors and responders. The branch works in collaboration with FEMA to set up the Crisis Counseling Assistance and Training Program when a state has applied for funding after a federally declared disaster.

<http://www.mentalhealth.org/publications/allpubs/KEN95-0011/default.asp>.

- **National Institute of Mental Health (NIMH)**

Responsible for research on mental health and mental disorders, including research on the mental health effects of and interventions after disasters and acts of mass violence. <http://www.nimh.nih.gov/>. Website offers many free publications.

- **Federal Emergency Management Agency (FEMA)**
An independent agency of the US Government whose mission is to reduce loss of life and property and protect the nation's infrastructure from hazards through a comprehensive program of mitigation, readiness, response, and recovery.
<http://www.fema.gov/about>.
- **Academy of Traumatology**
The Academy brings world leaders together to study traumatology, establishing and maintaining professionalism and high standards of practice for the field.
<http://www.traumatologyacademy.org/>
 - **Green Cross Assistance Program (GCA)**
GCA is a member of the Academy of Traumatology. GCA provides trained traumatology specialists to the needed locations in the event of a disaster or other emergency need. These specialists provide information, education, consultation, and treatment for traumatized individuals or communities that have been affected by natural or human-caused disaster.
<http://www.gcprojects.org/>
- **International Critical Incident Stress Foundation (ICISF)**
A nonprofit organization dedicated to preventing and mitigating disabling stress through the provision of education, training, and support services for all emergency services professions. <http://www.icisf.org/>
- **International Society for Traumatic Stress Studies (ISTSS)**
A membership society that provides a forum to share research, clinical strategies, public policy concerns, and theories on trauma in the United States and internationally.
<http://www.istss.org/>
- **National Organization for Victims Assistance (NOVA)**
A private, nonprofit organization committed to the recognizing and addressing victim rights and services. <http://www.try-nova.org/>
- **Medical Reserve Corps (MRC)**
Dedicated to setting up teams of local volunteer medical and public health professionals to contribute their skills and expertise preventatively as well as during times of community need. <http://www.medicalreservecorps.gov/>
- **National Voluntary Organizations Active in Disaster (NVOAD)**
A national organization that coordinates planning efforts of member voluntary organizations responding to disaster. Member organizations meet regularly. When disasters occur, NVOAD or an affiliated state VOAD encourages members and other voluntary agencies to gather on-site to promote effective cooperation among volunteers and organizations. www.nvoad.org.
- **Office for Victims of Crime (OVC)**
A federal agency that oversees diverse programs that benefit victims of crime. OVC provides substantial funding to state victim assistance and compensation programs. OVC is one of 5 bureaus and 4 offices with grant making authority within the Office of Justice Programs. <http://www.ojp.usdoj.gov/ovc/>