IMPACT of COVID-19 on All
Palliative Care Conference

Impact of Trauma, Grieving & Loss
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- Areas of Practice:
  - Trauma Psychology, Addictive Behaviors & Forensic/Police Psychology

- Crisis, Trauma & Disaster Experience:
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Presenters’ Disclosure Statement

NOTHING TO DISCLOSE
LEARNING OBJECTIVES

• Appreciate the emotional complexity of the “perfect storm” of COVID-19

• Recognize the layers of grief, loss and trauma, as well as potential impacts on well-being

• Identify potential risk factors for burnout, including moral distress

• Be empowered with concrete self-care suggestions (both at home and work) to increase resiliency and endurance
Trauma is universal
Regardless of …

- Age
- Culture
- Gender
- Class
Definition of a **traumatic event**

A traumatic event is any event or events, which overwhelms our core capacity to cope.

It results in an experience of personal threat to our safety and/or the integrity of our identity.
Definition of Trauma

The three “E’s” of trauma:

An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects.
Types of Trauma

- **Natural disasters**: hurricanes, fires, floods
- **Human-caused disasters**: accidents, wars, environmental disasters, acts of terrorism
- **Community violence**: robberies, shootings, assault, gang-related violence, hate crimes, group trauma affecting a particular community
- **School violence**: threats, fights, school shootings, bullying, loss of a student or staff member
Types of Trauma

- **Family trauma**: abuse, neglect, experiencing or witnessing domestic violence, incarceration of family members, family substance abuse, sudden or expected loss of a loved one

- **Refugee and Immigrant trauma**: exposure to war, political violence, torture, forced displacement, migration and acculturation stressors, fears of deportation

- **Medical trauma**: pain, injury and serious illness; invasive medical procedures or treatments; COVID-19

- **Poverty**: lack of resources, support networks, or mobility; financial stressors; homelessness

Hackensack Meridian Health
Types of Trauma

**Historical Trauma**: “The cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma.” – Maria Yellow Horse Brave Heart

**Examples:**
- American Indian and Alaska Native communities
- Communities of color
- Holocaust survivors
- Japanese-American survivors of internment camps
- LGBTQ communities
Types of Trauma

Racial trauma:

Potentially traumatic experiences resulting from:

- Direct experiences of racial harassment;
- Witnessing racial violence toward others; and
- Experiencing discrimination and institutional racism.
Acute traumatic event
- School Shooting
- Terrorist attack
- Rape, Mugging
- Natural disaster
- Loss of loved one
- Severe accident

Interpersonal violence
- Physical and sexual abuse
- Bullying, War

Chronic traumatic situation
- Serious illness
- Serious injury
- Death, Drought

Act of nature beyond control
Trauma overwhelms ability to cope

To integrate one’s own:

experiences

ideas

emotions

with the event(s)
Why does trauma matter?

Trauma has a very real and significant impact on:

- **Individuals** who experience traumatic events
- **Service Providers** working with those individuals
- **Public Health** as a whole
In the last several years it became a known fact that people can be secondarily affected by the suffering of others. Secondary stress and trauma have been widely recognized in the field of traumatology.
Empathy ---- is the vehicle whereby helpers make themselves open to absorption of stressful and traumatic events.
A Perfect Storm:

• We are facing a virus we are just beginning to understand

• We live in the tension of trying to serve, while also navigating our own (reasonable) fears

• We may be caught between our staff, their families, and direction from one’s own family

• We face practical constraints that could potentially cause moral distress
Navigating Grief, Loss, Trauma & COVID-19: Caring for Others, Caring for Ourselves
• GRIEF is the process of psychological, social & somatic reactions to the perception of loss.
• MOURNING is the cultural response to grief.
• BEREAVEMENT is the state of having suffered a loss.
• GRIEF WORK is the work of dealing with grief, requiring the expenditure of physical and emotional energy
Grief is:

• A life experience to be lived.
• A mystery to be entered.
• A stimulus for compassion and kindness.
• A reminder of who and what we have loved.
• A longing for relatedness.
Introduction to Grief

• A terminal illness or indeed any chronic illness is replete with successive losses and consequent grief.
• Losing your own life i.e. dying is associated with grief.
• Losing a loved-one is associated with grief.
• Who feels the grief - - all ages, all persons and often care providers.
Introduction to Grief

• Grief is the response to any loss and is therefore a common human experience.
• A common but often unrecognized part of life cycle changes often seen as interfering with life, rather than being intrinsic to life.
• We do not mentor our children concerning this aspect of life.
• We tend to protect them, not only from death, but often also from the little losses that happen throughout our lives.
Introduction to Grief

• Grief is a normal phenomenon common to all of us.

• As we go through life, we experience a wide variety of losses for which we grieve.

• It is not possible to go through life without suffering losses.
COVID-19: Layers of Loss

- **Anticipatory Grief** – the dread feeling of what is to come
- **Ambiguous Loss** – when closure is not possible, chronic sadness with no clear beginning or end. The loss of moments or experiences
- **Clear Grief** – connected to loss of life
- **Complicated Grief** – something about the death that is hard to work out (families who miss time with or are unable to say goodbye because a loved one who had COVID-19)
Potential Impacts (Our Family, Staff & Ourselves):

- Irritability
- Apathy
- Difficulty focusing/remembering
- Increased desire for solitude or connection
- Sleepiness or insomnia
- Increased appetite or loss of appetite
- Potential for substance abuse*
- Increased risk of anxiety or depression*

*Although many of these are normal impacts of grief and loss, the last two may require professional support.
• Anticipatory Grief
  • This type of grief is to expect, await, or prepare oneself for the loss of a family member or significant other.
  • It is somewhat easier to cope with loss if it is expected.
  • Having time for anticipation does not necessarily ease the pain of loss.
  • Emotions expressed at this time can make the loss less conflicted.
Grief and Grieving

- Sudden death of someone who is not “supposed to” die is the most difficult grief to bear.
- Parents and siblings are often wracked by powerful and personal emotions of guilt, denial, and anger, as well as sorrow.
- Blame and guilt can destroy a family just when family members need each other most.
Grief and Grieving

Supportive Care during the Dying and Grieving Process

Assessment

To give compassionate health care and support to the family and patient during the grieving and dying process, the staff should consider the five aspects of human functioning:

• Physical
• Emotional
• Intellectual
• Sociocultural
• Spiritual
Special Supportive Care

• Pediatric Death
  • Staff should be aware of how children view or understand death, both for themselves and for others.
  • They need to be told the truth in language they can understand and be allowed to share fears, feelings, and opinions.
  • Parents may express hostility and anger toward health care providers, a higher power, or the world in general.
• Suicide
  • Survivors of a person who has committed suicide suffer all the emotions of grief, in addition to profound guilt or shame.
  • Survivors fear rejection and lack of social and religious support.
  • Survivors are at risk for suicide themselves, and a grief counselor may be helpful.
Grief and Grieving

• Bereavement Overload
  • The initial loss was compounded with an additional loss before resolution of the initial loss
  • When staff experience multiple losses and fail to adequately process them

• Burnout
  • The stresses exceed the rewards of the job and the individual healthcare lacks the support of peers
Potential factors for burnout:

• Exposure to suffering that can not be resolved
• Multiple deaths, inability to grieve or process
• Situations that could cause moral distress
Grief and Grieving

• Tasks of Grief is to Facilitate Healthy Adjustment to Loss
  • Accepting the reality of the loss
  • Experiencing the pain of grief
  • Adjusting to an environment that no longer includes the lost person, the object, or the aspect of self
  • Reinvesting emotional energy into new relationships

• These tasks are not sequential; may work on all four tasks simultaneously, or only one or two may be priorities
Grief and Grieving

• Frontline Staff’s Grief
  • Staff must come to grips with
    • Understanding the grief process
    • Appreciating the experience of the dying patient
  • Using effective listening skills
  • Acknowledging personal limits
  • Knowing when there is a need to get away and take care of the self
Grief and Grieving

• Stages of Grief and Dying
  • Kübler-Ross stages of grieving/dying
    1. Denial and isolation
    2. Anger
    3. Bargaining
    4. Depression
    5. Acceptance
Background Issues and Factors in Grief:

• Characteristics of the Bereaved

• Inconclusive evidence that men do more poorly than women but there are differences in the way grief may be handled.

• There are more consequences in children especially if grief is not managed well.
• Characteristics of the Bereaved

• Older persons in general may have less intense & fewer reactions but this depends somewhat on the relationship to the deceased.

• Often overlooked is the intense grief subsequent to the loss of adult children.
Conversations with Staff & Families

- Be as transparent as is possible (and appropriate to your position)
- Be compassionate -- but set parameters
- Share stories that may make people smile
- Don’t be afraid to explore the hard questions
- It’s okay to cry (we are all in this together)
- Normalize grief and give hope
What We Can Do For Family/Staff/Ourselves

- Normalize the grief
- Encourage self care
- Simple rituals
- Calm presence
- Zoom Groups (for residents/Families)
General Self Care

- Acknowledgment – recognize potential complexities
- Self Care – extra rest, less pressure, more connection/quiet
- Simple Rituals – can help life feel less chaotic and provide sense of meaning and purpose
- Staring Time – acceptance happens naturally when we take time to absorb changes
Helping Others While Helping Ourselves During Challenging Times
The Challenge...

S tress
E mpowerment
L ife
F unctioning
C ompassion
A ssessment
R esiliency
E mpathy
Resiliency is the capability of individuals to cope successfully in the face of significant change, adversity or risk. The capacity changes over time and is enhanced by protective factors in the individual and environment.
We hold the answers in our own hands
Thank You for Your Interest and Stay Safe & Stay Healthy