



BJA
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Self-Care and Bereavement Support Throughout the Overdose Fatality Review Process

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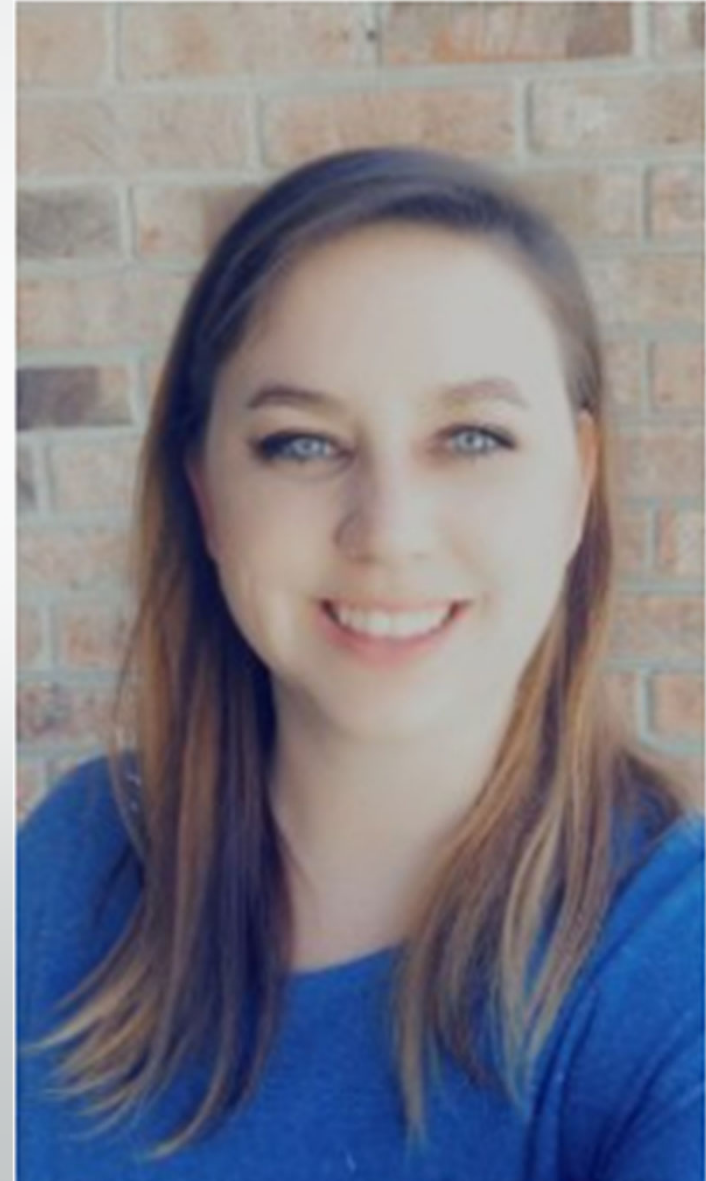
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Learning Objectives

After this webinar, participants will be able to do the following:

- Understand what self-care includes
- Highlight strategies overdose fatality review (OFR) teams can utilize to embed self-care throughout OFR team meetings
- Describe the need for bereavement supports for family, friends, and loved ones after a fatal overdose
- Understand what encompasses bereavement services and supports

Agenda

- Overview of self-care
- Highlight existing self-care strategies for OFRs
- Overview of bereavement and grief support
- Question and answer session
- Adjourn





The World Health Organization (WHO) defines self-care as “the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a healthcare provider.” (WHO | “What Do We Mean by Self-Care?”)

Self-Care Encompasses:

- Hygiene (general and personal)
- Nutrition (type and quality of food eaten)
- Lifestyle (sporting activities, leisure, etc.)
- Environmental factors (living conditions, social habits, etc.)
- Socioeconomic factors (income level, cultural beliefs, etc.)

Stress and Stressors

- Stress—any type of change that causes physical, emotional or psychological strain. Stress is your body's response to anything that requires attention or action (World Health Organization)
- Stressor—a stimulus that causes stress (Merriam-Webster)

Why Is Self-Care Important?

- Compassion fatigue—The emotional strain of working with those suffering from the consequences of traumatic events
- Secondary trauma—The emotional and psychological impact when an individual hears about the firsthand trauma experiences of another
- Burnout—Physical and mental exhaustion caused by a depleted ability to cope and deal with everyday life
- Vicarious trauma—The change in mental and emotional wellbeing as a result of processing the traumatic experiences of another

How Might Repeated Exposure to Trauma Present in an Individual?

- Emotional fatigue
- Physical fatigue or feeling exhausted and drained
- Having a sense of dread about some aspect of your life
- Inability to concentrate or mental fatigue
- Insomnia
- Feeling angry or irritated
- Appetite changes
- Losing motivation at work or in everyday tasks



Individual Self-Care Strategies at Work



- Take some time away from your desk each day to move your body
- Check-in with yourself often throughout the day
- Stay hydrated and regularly eat healthy, nourishing food
- Ask for help and communicate with others
- Set strong boundaries around your work
- Make daily to-do lists manageable
- Adjust work hours or location

Self-Care Strategies at Home

- Make time each day to do something you enjoy
- Nurture relationships with friends and family
- Exercise routinely
- Eat healthy and drink enough water
- Practice meditation and yoga
- Engage in positive self-talk
- Know your warning signs and triggers
- Engage in personal psychotherapy





Institutional Self-Care Strategies

- Provide check-in and debriefing opportunities
- Managers should be ready to cope and support supervisees
- Support flexible work time
- Ensure the workload is diversified
- Meeting-free lunch hours
- “Gear up, wind down” work schedule
- Establish wellness committees that are representative of employees
- Recognize employees for their work and accomplishments

How Might Repeated Exposure to Trauma Present in an OFR Team Review?

- Team members are not actively engaged or act closed-off
- Inappropriate conversations or not using agreed-upon terminology
- Limited discussion during case presentation
- Resistance to ideas or recommendations
- Negative mood throughout the OFR team
- Tangential conversation that does not relate to the goal of the OFR
- Ranting without finding solutions or workarounds to barriers
- “That’s just the way it is,” or defeatist attitude
- Victim blaming
- Biases presenting throughout meetings (“Of course she she was a . . .”)

OFR Team Self-Care Strategies

Plan

- Limit the length of the OFR meeting
- Reporting out on activities since last meeting
- Hold meetings without case reviews
- Do not review cases close to you
- End meeting with unwinding to discuss self-care and remind team members to do something pleasant
- Do not schedule another intense meeting or activity right after an OFR meeting

OFR Team Self-Care Strategies

Recruit

- Consider including a hospice representative or a chaplain in the review process

Data

- Write annual reports highlighting the value and impact of the work

OFR Team Self-Care Strategies

Facilitation

- Build OFR team community
- Stress importance and availability of employee assistance programs
- Recognize when team members sound like they are fed up/discouraged and follow up with them
- Reach out and debrief with others as you need about any emotions/responses you are experience
- Model and share how you are managing the difficulty of the topic
- Validate that these reviews are difficult
- Celebrate wins

OFR Team Self-Care Strategies

Recommendations

- Balance discussion time to allow for more time processing recommendations and prevention activities and less on “getting all the data you can”
- Check with the team about the pace of the meetings and if there are parts of the OFR process that can be/should be tweaked to make it less traumatic/heavy



Navigating Grief and Bereavement

Bereavement and Grief

- Bereavement—The word bereavement comes from the root word “reave” that literally means “being torn apart.” Bereavement is a period of mourning or a state of intense grief, especially following the death of a loved one. Bereavement is often a process that includes going through several stages of grief. Bereavement can also be used more generally to mean the state of having lost something very dear.
- Grief—Grief is the natural reaction to loss. Grief is both a universal and a personal experience. Individual experiences of grief vary and are influenced by the nature of the loss. Some examples of loss include the death of a loved one, the ending of an important relationship, job loss, loss through theft or the loss of independence through disability.



Grief is the loudest
silence
I've ever
heard."

Grief Process

- Over several decades, there have been numerous attempts to explain the grief process. The most influential and well-known theory has been that of Dr. Elisabeth Kubler-Ross, who wrote *On Death and Dying* in 1969, which focused on an emotional transition through five stages: Denial, Anger, Bargaining, Depression, and Acceptance.
- However, more recent research suggests that that grief and mourning rarely, if ever, follow a checklist. Grief is often complicated and unpredictable, more of a process than a progression, and one that sometimes never fully ends. Perhaps that messiness of grief is what makes us all uncomfortable?



Personal Grief vs. Professional Grief

- Many of you in this role may have lost a loved one or have personal ties to addiction. That loss not only changes who we are but, often, even puts us in this exact role in order to help others in their time of need.
- Grief never truly ends, and as professionals in this field, we will re-experience the pain of that loss as we go through annual milestones, such as birthdays, holidays, anniversaries, and even during OFR case reviews
- In this role, we can show signs of professional grief. Professional grief usually takes the form of hidden grief—grief that is internalized and not openly expressed. There is no natural outlet for it, and the demands of work overshadow it. This lack of expression may result in cumulative grief, or what sometimes is referred to as bereavement overload.

Bereavement Support for OFR Teams

What can OFR teams do to prevent professional grief and maintain self-care?

- Consider ending your meetings with happy themes (vacations, pets, high school memories, etc.)
 - Share pictures and short stories related to the themes amongst yourselves
- Consider debrief meetings as a team to just hash out any feelings or reactions to the fatalities that you have reviewed. Do not bottle those feelings up and move on.
- End your meetings with a few minutes of quiet time, relaxing music, or just simply resting your eyes and focusing on breathing
- Schedule OFR meeting debriefs for 15 to 30 minutes after review meetings, so team members have a set down time on their calendar for self-care

A hand holding a glowing heart against a sunset background. The heart is bright orange and yellow, and the background is a soft, out-of-focus sunset with warm colors. The image is partially obscured by a blue and grey geometric shape on the right side.

Bereavement IS Prevention

- Unresolved grief can lead to traumatic outcomes
- Following up is the key to prevention
- The hardest times for those who are grieving are after the funeral/memorial services. This is the time when everyone else's lives go back to normal, except those closest to the decedent. This is when reality sets in. This is when they may feel alone and may turn to bad habits in order to feel better or numb the pain.

The Value of Bereavement in OFR

- Bereavement support is regularly given to those in hospice care but very rarely after an unexpected or tragic death
- “Everyday, in communities across the United States, families are silently confronting significant hardships following a death of a loved one. There are countless ‘touch points’ for these families and each interaction has the unique opportunity to become a hallmark memory that facilitates well-being and stability or becomes further victimization.”
- “When a loved one dies, regardless of age or cause, families interface with several providers during a death event, as well as all their day-to-day support systems. Each ‘touch point’ has a role to play.”—evermore.org
- How can OFR teams facilitate well-being and stability for families during their “touch point” moment?

Bereavement Support for Families

How can we incorporate bereavement support from a professional capacity?

- Reach out to the family and conduct a wellness check in person or by phone at least 2 weeks or more after the loss
 - Is it ok to follow up months or even years later? YES! A big fear of those who are grieving is that their loved one will be forgotten. It is never too late to reach out and let them know you remember their loved one and that you are thinking about them.
- Document your follow up attempts—both failed and successful outreach attempts
- Be sure to include notes about the conversation and any referrals that you made
- What if they indicated that they are not doing well?
 - In the event someone states that they are not doing well after the loss, ask them if they have any upcoming doctor's appointments, and encourage them to reach out to their provider. More often than not, those who are grieving will tell you they are fine in an effort to not make others feel uncomfortable.

Bereavement Support for Families

- Although dealing with death may be a daily occurrence in your work, it is NOT for the family
- If you are on the scene during a death investigation or in contact with the family very soon after, be mindful of what you say and do
 - They may be in that initial state of shock, but they will replay these moments in their heads for the rest of their lives

Things to Avoid Saying to Someone Who Is Grieving

- “Don’t cry/don’t feel bad”
 - There is no wrong emotional response to loss. Let them feel whatever they are feeling.
- “They are in a better place”
 - This statement can sting. For many, they feel that the best place for their loved one is with them.
- “Time heals all wounds/it’s time to move on”
 - There is no moving on after a loss, there is only moving forward. Grief does not end with complete healing; it simply never ends. It just gets a little easier to manage over time.
- “I know how you feel”
 - Even if you have lost someone, you do not know exactly how they are feeling. We all handle grief differently, and it is important to the griever to have their own, unique experience.

Bereavement Connections in the Community

- Consider gathering resources for families after a loss that includes:
 - Local or virtual support groups
 - Grief and self-care information
 - Work with local funeral homes and hospice centers in your community to gather the best resources without recreating the wheel
- Consider working with your local hospitals (emergency department [ED], emergency medical services [EMS], and chaplain) to see what bereavement support they offer and see what your OFR team can either do or make recommendations for in order to improve the resources or support that is offered to OFR families during those dark days
- Encourage hospitals, EMS, etc. to give any resources you have gathered to a family suffering an OFR loss before they leave the facility or scene

Bereavement Support Ideas

- Aside from follow-up, what are some other ways that we can work on improving bereavement support?
- Peer Support—Consider finding individuals in the community who have lost a loved one in a similar way that would be willing to make outreach attempts or be on the scene during the sentinel event
 - This type of support has many benefits:
 - This allows the newly grieving family to have someone beside them in their journey that they know has been in their shoes
 - This shows that they, one day, may also be ok again and that, with time, things will get better
 - This also gives the peer support volunteer the opportunity to honor their loved one as they help others to heal. This helps their healing process as well.

Realistic Place to Start

- Start small—As a team, ask what bereavement services were offered for each case you review
 - Are bereavement services mentioned in the hospital records?
 - If so, what services were offered exactly? Who received them?
 - Was there any follow-up?
- Collecting data to see where the gaps and needs are, as well as which agencies/facilities are offering bereavement support to the families and which are not
- Use this information to make recommendations or actively improve the resources that OFR families are receiving in the moment of a death that can encourage them to work through the pain instead of becoming a victim and the unfortunate consequences that can come from unresolved grief

Contact Information

- Lauren Savitskas, MPH
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- Linzi Horsley
 - Indiana Department of Health
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 - If you are looking to expand the bereavement support in your community, please do not hesitate to reach out
- Printable Bereavement Guide: [22 Bereavement guide FINAL PRINT](#)



Questions?