



Northeast & Caribbean (HHS Region 2)

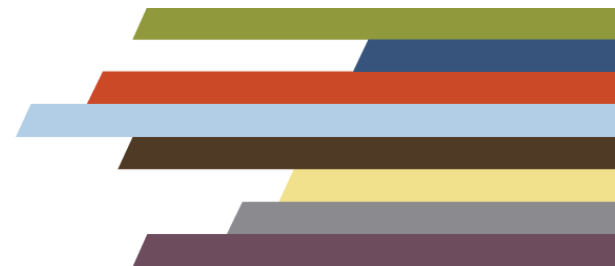
PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Overdose Grief, Loss, and Healing Supports

SAMHSA
Substance Abuse and Mental Health
Services Administration

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Certificate of Completion



Office of Addiction Services and Supports

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- This webinar is approved for 2 hours of CASAC, CPP, CPS, CPRA and CARC credentialing.
- You must attend the entire session.

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SAMHSA Disclaimer

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PTTC Prevention Technology Transfer Center Network
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Purpose of SAMHSA's Technology Transfer Centers

The purpose of the Technology Transfer Centers (TTC) program is to ***develop and strengthen*** the ***specialized behavioral healthcare and primary healthcare workforce*** that provides substance use disorder (SUD) and mental health prevention, treatment, and recovery support services.

Help people and organizations incorporate ***effective practices*** into substance use and mental health disorder prevention, treatment and recovery services.



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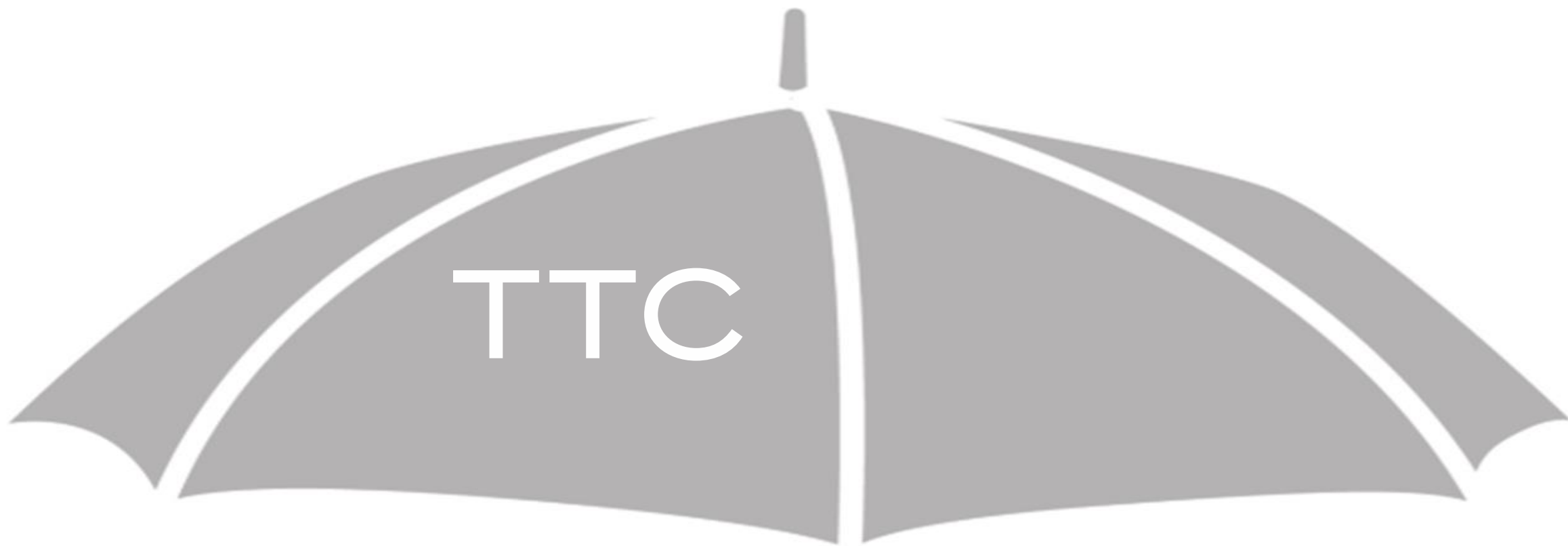
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HHS Regions

10 Regional Centers





ATTC



MHTTC



PTTC



The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

Virtual Platform Logistics

- Chat box
- Raise your hand
- Muting and unmuting
- Connectivity issues
- Camera visual and participation
- Safe space
- Confidentiality
- Speak from the 'I'
- Self care

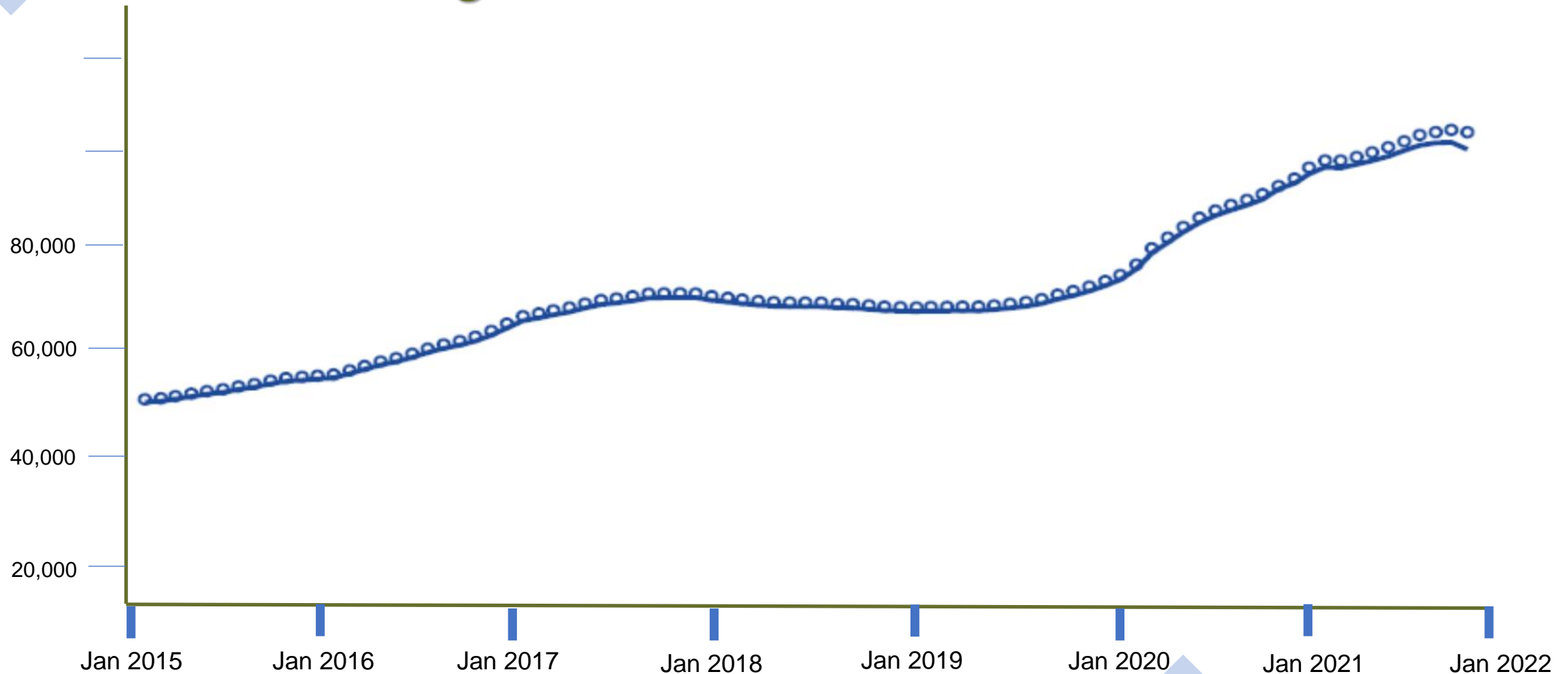
Goals

- Review potential effects and impact an overdose can have on staff and other clients, residents.
- Identify opioid postvention responses for support and healing.

Overdose Rates Increased in 2020

- 44% among Black people, 86% increase in youth
- 39% among American Indian and Alaska Native people
- 22% for white people, 34% increase in youth
- 21% for Hispanic people, 51% increase in youth

12 month-ending Provisional Number & Percentage of Drug Overdose Deaths (July 3, 2022)





Overdose Deaths or Suicides?

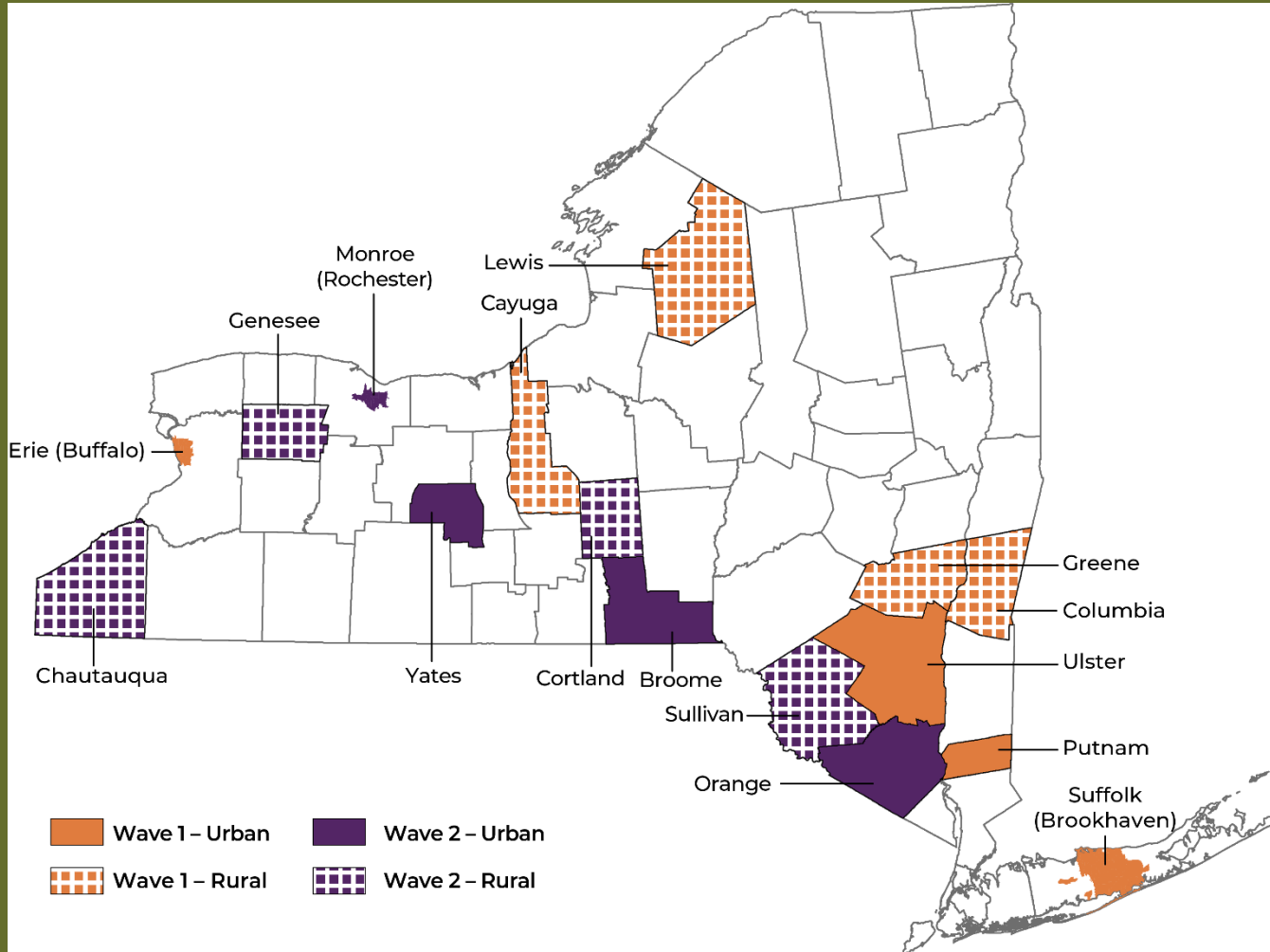
Why are overdose deaths labeled as suicides?

- Overdoses and suicide are both “deaths of despair,” and considered a “suicided” of one form or another.

Opioid Use & Overdose Prevention

“Nearly \$89 Million to Be Distributed to New York City This Year From Historic Opioid Settlements”

- Good Samaritan Laws
- Substance use treatment and psychosocial services
- Peer recovery support services
- Naloxone and other opioid prevention (MOUD/MSR) services
- Education and training for providers and community members
- Community outreach efforts



- 16 selected counties to deploy evidence-based practices that have the greatest impact on reducing opioid overdose deaths and associated outcomes.
- Identify factors promote or impede desired outcomes, how to include community champions and policymakers in the research process, and how existing datasets can be leveraged and used to improve the response of communities to the opioid overdose epidemic.

Opioid Overdose Postvention

Postvention is an organized response in the aftermath of a suicide which provides support to affected individuals or the workplace as a whole and mitigates the possible negative effects of the event.

Grief and Loss in a Clinical Setting

Grief can be defined as the emotional and psychological response to a significant loss.

- Symptoms can include feelings of shock, horror, intense sadness, increased anxiety and fear, anger, nihilism, and emotional withdrawal.
- Grief symptoms can last anywhere from a few weeks to many years and can include both psychological and behavioral components.



The Effects of Loss on Providers

- What are the emotions that a provider may feel after an overdose death? (type in chat box)
- How might it affect your work with another person in care?



Challenges Associated with OD

- Shame, Stigma, and Isolation.
- Complex feelings like blame, relief, guilt, and regret.
- Unanswered questions about the circumstances around and triggers/antecedents leading to the fatal overdose.
- Relationship status at time of the death. The death may occur during a period of non-contact or during a period of high conflict.
- Trauma around being present for an overdose or discovering their loved after an overdose.

Survey Results from Frontline Staff

- *“Our management staff refused to process/ have any dialogue about the deaths.”*
- *“It is emotionally taxing to give all you can to your clients, and sometimes it isn't enough. You want to help everyone and when someone dies, you often feel like you failed them.”*
- *“I have become more hyper vigilant and aware of increased risk.”*
- *“...feelings of loss, confusion, slowed work product and received no outlet within the agency.”*

Survey Results from Frontline Staff

- *“Difficulty sleeping.”*
- *“It causes staff depression, malaise, and fear of further losses.”*
- *“I have had several clients on my caseload die of overdose when I worked in agency setting and even more die within the agency as we worked specifically with young adults who were often opioid users. There was a major impact on staff and clients.”*

We Grieve Differently

Grief does not have predictable parameters:

- Some people may grieve very intensely after losing someone with whom they had a difficult or complex relationship.
- People may find that they cope quickly after losing someone with whom they had a strong and healthy relationship.

Different Types of Grief

- **Integrated grief** is a lasting form of grief that has a place in the person's life without dominating it or being overly influential in thoughts, feelings or behavior.
- **Typical grief**, the intense feelings begin to abate over time; periods of intense sadness are normal, especially in the early months.
- **Complicated grief**, there are intense and long-lasting feelings of longing for the deceased;
 - Strong feelings of anger or bitterness
 - Constant fear and anxiety



Grief Considerations for Providers

In addition to the standard grief responses, providers may suffer increased feelings of:

- Helplessness
- Guilt
- A sense of responsibility for the death
- Diminished confidence
- Hypervigilance
- Mistrust of future clients
- Feelings of betrayal



Traumatic Loss Differs from A Typical Grief Episode

- Intrusive memories about the loss;
- Avoidance and emotional numbing;
- Increased physiological arousal – irritation, anger, interrupted sleep patterns;
- Obsessive rumination regarding the loss;
- Inability to shift focus;
- Inability to find joy in life;
- Consistency in mood – the feelings are always present.



What To Do In The Aftermath?

- What steps can or does your agency take after an overdose death?
- What are steps you have taken for yourself (if any) after an overdose?



Integrating Prevention and Postvention

There are key components to successful implementation:

- Clear, documented protocols for risk identification, management, and postvention.
- Training and re-training all staff as needed in a standardized, consistent process on both prevention and postvention protocols.
- Agency investment in both prevention and postvention initiatives, managerial and supervisory buy-in.

First Response - Staff Debriefing

Main purpose of debriefing is to review the event and to have an open discussion with all involved staff members.

- Overdose death impacts all staff, direct and indirect staff.
- Ensure a private space and away from clients (asap).
- Opportunity for voices to be heard.

Tips for Conducting an Effective Debrief

- Keep the conversation factual and the tone non-accusatory: it is important to not place staff on the defense.
- Ask open-ended questions: this encourages staff to contribute more to the conversation.
- Keep things simple: debriefings answer the “who, what, when, where” of a patient death.
- Avoid going into details of the death and avoid sharing suspicions or spreading rumors.
- Keep the meeting short: a debriefing should take between 30 minutes to an hour.
- As you prepare for debriefing, identify your own feelings and reactions and understand that the person communicating the news sets the tone for subsequent communications.

Supporting Staff Members

- Peer recovery support specialists can be profoundly impacted by a service recipient's suicide.
- A staff member who has lost a client to suicide may experience responses similar to the emotions and reactions of survivors after the loss of a loved one.
- Staff may replay their last interactions with the client, wondering if there were warning signs they failed to notice.
- Some professionals self-report feelings of numbness or dissociation after experiencing multiple client deaths in their agency.

Facilitation Tips

- Staff members may be hesitant to openly discuss their feelings with supervisors and managers.
- Some professional caregivers can recount experiences in which they lost patients to suicide and did not receive support from their employer or peers.
- Do not correct statements that staff members may express.
- Provide validating, supportive statements and use active listening and reflection with staff members.

Additional Grief and Trauma Resources

- Does the agency have an Employee Assistance Program (EAP) office? If so, what sort of counseling/crisis assistance does it provide?
- Are there any trained grief or trauma therapists available through the agency to work with staff as peer support? If so, can they attend staff debriefing and/or individual follow-ups with clinicians?
- What are the agency policies regarding time off for bereavement? Does the agency offer additional supports to clients or staff after an unexpected loss in the workplace?
- Are there any local resources available to professionals who are working with grief and loss?

Getting Through the Early Days

- ***You may feel***, besides huge grief, a sense of being in a dream, being disconnected from the rest of the world.
- ***Be aware*** of the energy grief and shock take. You may be tired most of the time at first. Rest. Drink lots of fluids, eat light comforting nutritious meals, and sleep.
- ***Ask your family*** to treat you gently. Tell them that you will survive this, that life won't be the same, but you will again find meaning and joy, even if it seems impossible now.
- ***Be prepared*** for the roller coaster of emotions. Don't guilt yourself when you are feeling alright or even having a laugh. It is normal and good for you.
- ***Be aware*** of the energy it takes to have a lot of visitors. Be honest when you need visitors to depart. You are allowed to set the boundaries you need.
- ***Prepare yourself*** for possible well-meaning but hurtful comments from friends and family. Many people don't know how to talk about loss and death and may say exactly the wrong thing.

Self Care for Providers

Managers and supervisors can help promote self-care practices in their agency by integrating wellness into the agency culture.

- Are staff members allowed or encouraged to use vacation time or personal time?
- Does the organization offer time off for bereavement? Does this time off include any option for grieving the loss of a client?
- Has the agency experienced an increase in client deaths in the past year? How has the agency responded in the past?
- Are there any current activities at the agency designed to promote and strengthen staff morale (potluck lunches, walks, celebrations, recognition awards, etc.)?
- Are there current counseling options available for staff members struggling with personal issues (e.g., an EAP office)?



Promoting Staff Wellness in Their Agency

- Setting aside time every month for staff members to meet for a potluck and discussion.
- Encouraging staff members to develop and maintain extracurricular activities outside of the workplace.
- Limiting the amount of overtime that staff can put in/hiring additional staff to help keep caseloads manageable.
- Placing caps on the patient population when there are staff shortages.
- Taking time to process upsetting and traumatic events with staff members (e.g., client death).
- Empowering staff by using shared decision-making and encouraging feedback and input from staff.
- Modeling wellness in their own role: delegating responsibilities, taking time off when needed, and not taking on the burden of “ownership” of an agency.



What Might You Consider Implementing Immediately?

- What support resources can you identify for your self and peers?



Supporting Other Clients

- Plan to address issues such as communications, identifying vulnerable clients who might be at increased suicide risk, grief support, and appropriate memorial activities.
- Programs should directly address the loss and allow the other clients time to process and explore their feelings.
- Staff may decide to arrange a time to speak about the death with the other service recipients, preferably in a small group



Potential Client Impact

Individuals suffering from substance use disorders and/or complex mental health issues experience significant feelings of isolation, marginalization, and aloneness; perceptions of burdensomeness and may experience significant psychiatric or physical pain that desensitizes the individual to self-harm.



Opioid Overdose Risk Factors

- People with opioid use disorder and following reduced tolerance (following detoxification, release from incarceration, between levels of care transfer, cessation of treatment);
- People who inject opioids;
- People who use opioids in combination with other sedating substances (e.g., alcohol or benzodiazepines);
- People who use opioids and have medical conditions such as HIV, liver or lung disease, or suffer from depression;
- Household members of people in possession of opioids (including prescription opioids) are at higher risk.



Overdose Risk Management

Identification of methods/strategies to mitigate overdose risk

- Patient, family, and community education regarding effective opioid overdose risk and interventions.
- Increase naloxone availability
- Fentanyl testing in routine toxicology screens
- Medication Opioid Use Disorder (MOUD): methadone and buprenorphine and naltrexone
- Initiating buprenorphine-based treatment in EDs

Screening for High Risk

- The **complicated grief assessment** – a self-assessment tool that measures grief symptoms over the preceding month based on 4 different criteria dimensions.
- The **inventory of complicated grief** – a 19-question self-assessment tool with high consistency and reliability, that concerns the grief-related thoughts and behaviors of the client.

Brief Grief Questionnaire

Brief Grief Questionnaire

*Katherine Shear M.D. and Susan Essock Ph.D
Copyright University of Pittsburgh 2002*

1. How much are you having trouble accepting the death of _____?
 Not at all 0
 Somewhat 1
 A lot 2

2. How much does your grief still interfere with your life?
 Not at all 0
 Somewhat 1
 A lot 2

3. How much are you having images or thoughts of _____ when s/he died or other thoughts about the death that really bother you?
 Not at all 0
 Somewhat 1
 A lot 2

4. Are there things you used to do when _____ was alive that you don't feel comfortable doing anymore, that you avoid? Like going somewhere you went with him/her, or doing things you used to enjoy together? Or avoiding looking at pictures or talking about _____? How much are you avoiding these things?
 Not at all 0
 Somewhat 1
 A lot 2

5. How much are you feeling cut off or distant from other people since _____ died, even people you used to be close to like family or friends?
 Not at all 0
 Somewhat 1
 A lot 2

A score of 5 or more may be suggestive of the presence of the syndrome of Complicated Grief, but full evaluation by a clinician is necessary to make this diagnosis.

- Brief Grief Questionnaire

<https://www.massgeneral.org/assets/mgh/pdf/psychiatry/complicated-grief-questionnaire.pdf>

Family

- Contacting family directly to extend condolences.
- Attending the wake or funeral service.
- Consider parameters of confidentiality.
- Legal and ethical considerations.

Resources on Self Compassion, Self-Care and Post-Traumatic Growth

- <https://www.youtube.com/watch?v=n4bg0spacmw> (Link to ReSolve: A Guide to PostTraumatic Growth)
- *Trauma Stewardship* (Laura van Dernoot Lipsky)
- *Standing at the Edge* (Roshi Joan Halifax)
- <http://traumastewardship.com/watch/#ted>
- <http://socialwork.buffalo.edu/resources/self-care-starter-kit/developing-your-self-care-plan.html>
- https://www.emdrhap.org/content/wp-content/uploads/2014/07/VIII-B_Post-Traumatic-Growth-Inventory.pdf
- Susannah C. Coaston . Self-Care Through Self-Compassion: A Balm for Burnout. *The Professional Counselor Volume 7, Issue 3, Pages 285–297* <http://tpcjournal.nbcc.org> © 2017 NBCC, Inc. and Affiliates doi:10.15241/scc.7.3.285
- <https://self-compassion.org/self-compassion-for-caregivers/>



Office of Alcoholism
Substance Abuse

Clinical Response Following
Opioid Overdose: A Guide
for Managers

October 2018

www.oasas.ny.gov

NYS Office of Mental Health's
Suicide Prevention Center

THE IMPACT OF SUICIDE ON PROFESSIONAL CAREGIVERS: A Guide for Managers and Supervisors

May 2022



Office of
Mental Health



Clinical Response Follow up Opioid
Overdose: A Guide for Managers
[https://oasas.ny.gov/system/files/document
s/2019/11/postventionguidancedocfinalacc
essible.pdf](https://oasas.ny.gov/system/files/documents/2019/11/postventionguidancedocfinalaccessible.pdf)

The Impact of Suicide on Professional
Caregivers: A Guide for Managers and
Supervisors, May 2022
[https://omh.ny.gov/omhweb/suicide_preve
nition/omh_postventionguide.pdf](https://omh.ny.gov/omhweb/suicide_prevention/omh_postventionguide.pdf)

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Contact and Survey

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ATTCnetwork.org/northeastcaribbean

If you are sharing a computer with others, please type your names in the chat box.

Please fill out your evaluation forms – it will only take a couple of minutes! Just scan the code with the camera on your smart phone, click on the link in the chat box, or type the link into your browser: <https://ttc-gpra.org/P?s=599955>

Don't worry if you can't – an email with the link will be sent to you tomorrow, along with a copy of the slides.



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