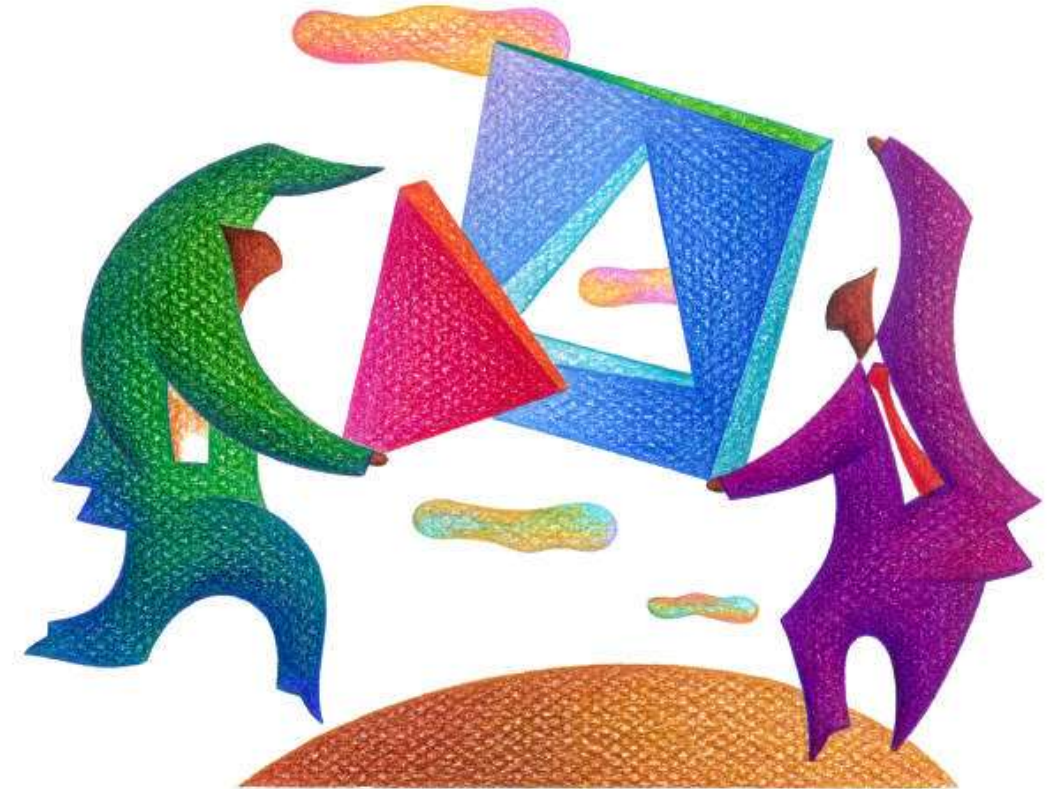


The Trifecta: Grief Loss and Trauma

Session 2: Practical Application

March 30, 2023

Angela Flack, MDiv
Enid Walker Butler, MSG, CT



FAIRFAX COUNTY DEPARTMENT OF
FAMILY SERVICES
ADULT AND AGING



**LONGEVITY
PROJECT**
for a greater Richmond



YOUR INSTRUCTORS

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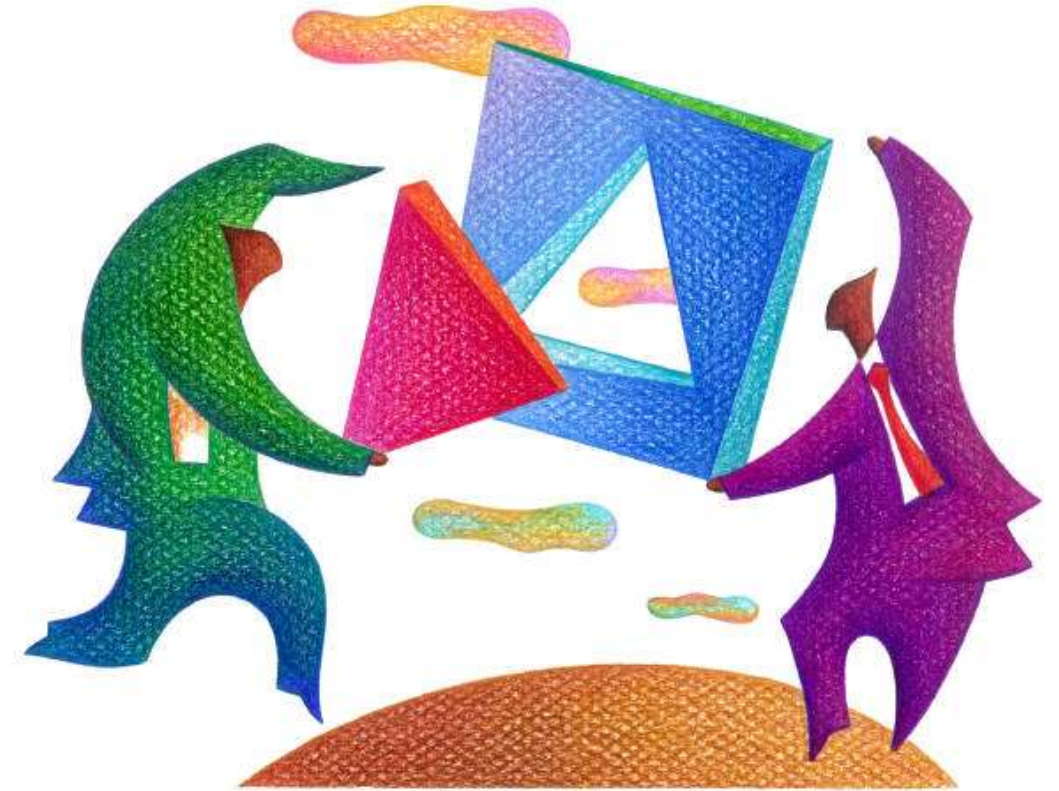
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MIND DUMP

PARKING
LOT

BE HERE
NOW

Before we get started please take out a piece of paper. Draw a line down the center.

On the left side write Parking Lot. On the right side write Be Here Now.

On the *Parking Lot* side write down all the things swirling in your mind that you need to remember to do but not right now (shopping list, friends to reach out to). On the *Be Here Now* side write down the things that are on your mind about tonight's class (topics of interest, questions you have, ideas to share).

Take this moment to come into this learning space.

THE SERIES



Chapter 1

Death and
Dying: The Good
Death

Session 1: An Overview

Session 2: Models of Care



Chapter 2

The Trifecta:
Grief Loss and
Trauma

Session 1: An Overview

*Session 2: Practical
Application*



Chapter 3

The Toolbox



Chapter 4

Leading the Way
(For Supervisors)

Objectives

To learn and review theories of grief and loss

To explore types of grief and loss.

To explore the role of trauma in work-life balance

To develop a common grief, loss, and trauma vocabulary

Identify private and public rituals of remembrance for use within the workplace

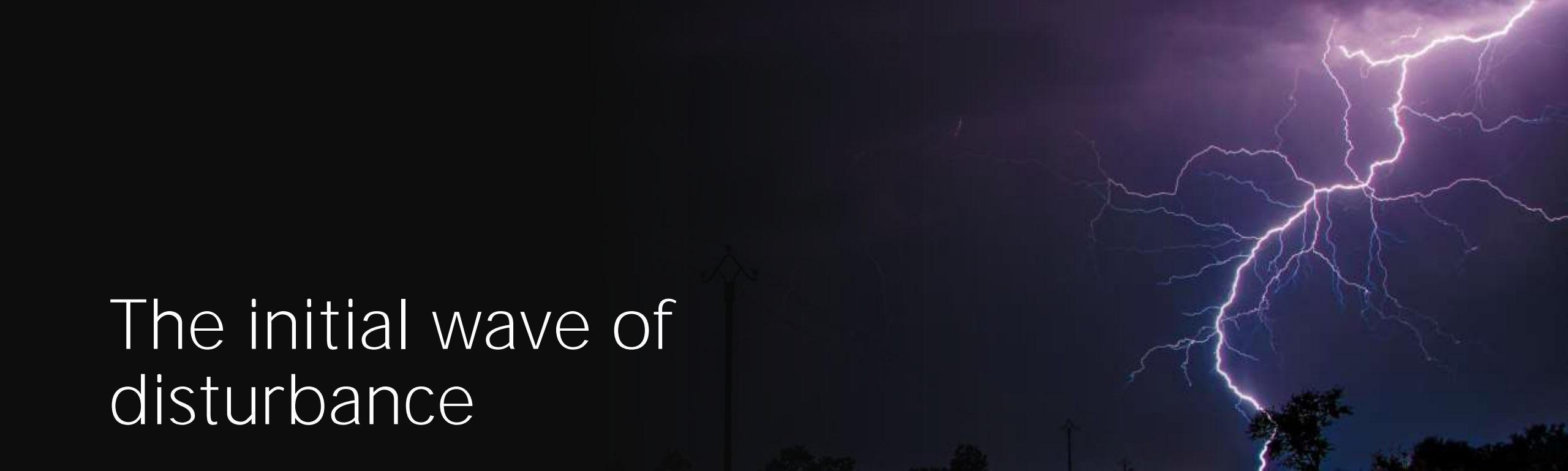
Trauma



Trauma –Informed



The initial wave of
disturbance



Judith Herman

After a traumatic experience, the human system of self-preservation seems to go onto permanent alert, as if the danger might return at any moment.

Judith Lewis Herman



Our Assumptive World



What we believe to be true that makes us feel safe and secure



Assumptions that ground us in a sense of reality, purpose and meaning

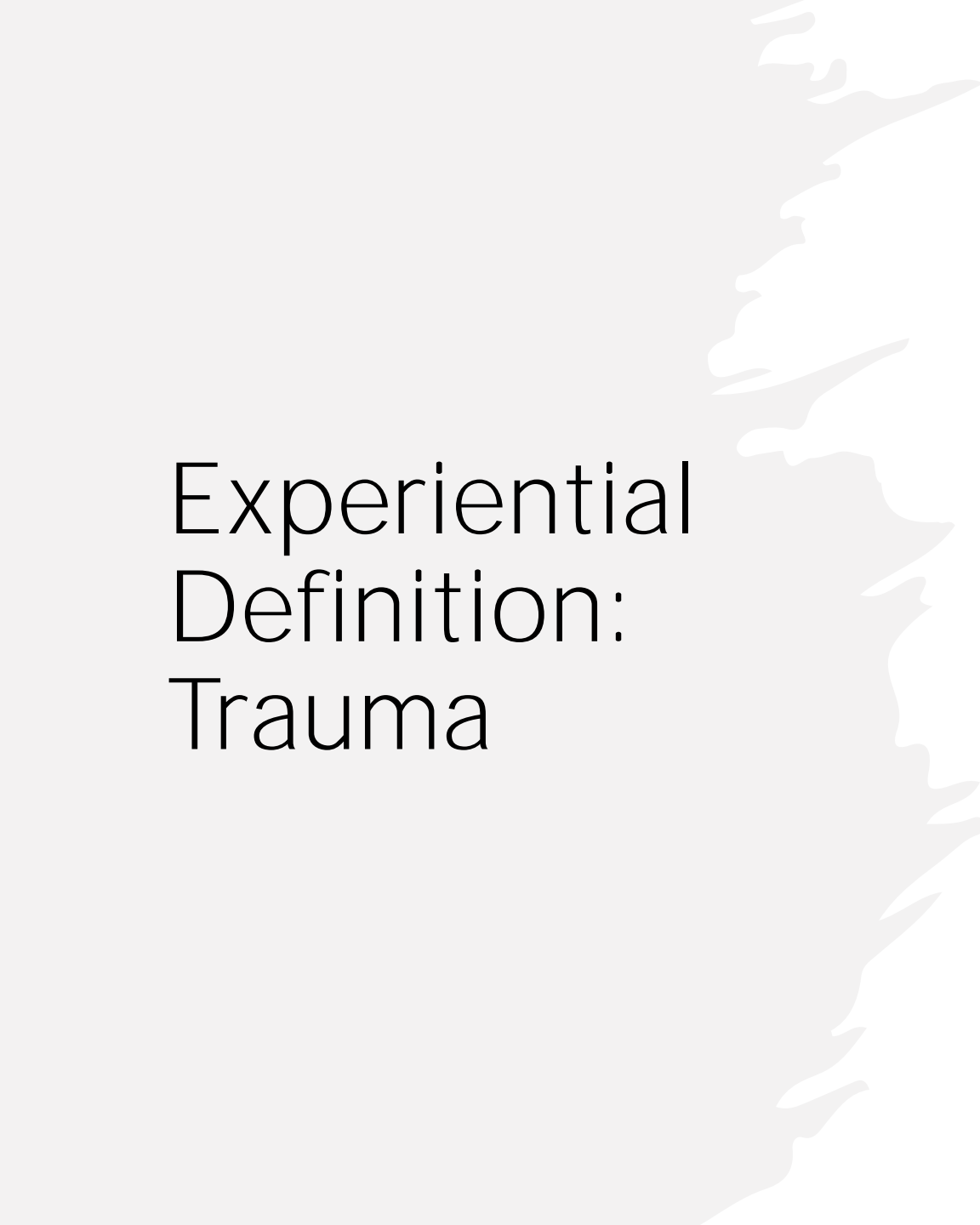


Belief in self-efficacy, a measure of control and the future is somewhat predictable

Medical Definition: Trauma

The DSM-5 definition of trauma requires “actual or threatened death, serious injury, or sexual violence” [10] (p. 271). Stressful events not involving an immediate threat to life or physical injury such as psychosocial stressors [4] (e.g., divorce or job loss) are not considered trauma in this definition.

Feb 13, 2017



Experiential Definition: Trauma

Universal. "It results from exposure to an incident or services of events that are emotionally disturbing or life-threatening with lasting adverse effects on the individual's functioning and mental health, physical, social, emotional, and/or spiritual well-being."
(www.traumainformedcare.chcs.org)

"trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual wellbeing." (SAMHSA, 2012, p 2)

Brief History of Trauma and Recovery

First Generation


Focused on PTSD symptoms

Second Generation

Focused on psychosocial education and empowerment

Trauma-Informed

Changes the opening question from "What is wrong with you?" to "What happened to you?"



What is the
relationship
between
grief, loss
and
trauma?

Trauma is a reaction to life threatening or overwhelming events.

Loss is a response to being unable to access someone or something that is important.

In some situations loss can also involve trauma, but this is not always so.

What Is Traumatic Grief?

Grieving, while painful, is normal after a death. While distressing and overwhelming, one often experiences different stages of grief, and it begins to lessen in intensity and frequency over time. There's no exact time frame to cope with a loss, but many experience decreased symptoms after 6-12 months, which continues to lessen over the next few years. In trauma grief, a traumatic event is often connected to the loss, making it more difficult to cope.

Some characteristics about a death can heighten the risk for a traumatic reaction, but all deaths have the capacity to terrify and overwhelm.

Traumatic Grief

Traumatic grief is a relatively new term that combines trauma with bereavement or grief responses. It is provoked by the death of a significant other and includes symptoms similar to [PTSD](#) but specifically focused on the lost person, including intrusive, distressing preoccupation with the deceased, hypervigilant scanning of the environment for cues of the deceased, the wish to be reunited with the deceased, [separation anxiety](#) features, futility about the future, difficulty acknowledging the death, shattered world view, and anger together with impaired social functioning.

Trauma

Loss of Safety and Trust

Loss of Connection

Loss of Meaning

Loss of Purpose

Herman, Judith Lewis. Trauma and Recovery

Emotional Symptoms of Trauma

- Shock and disbelief. You have a hard time accepting the reality of what happened or feel numb and disconnected from your feelings.
- Fear. You worry that the same thing will happen again, or that you'll lose control or break down.
- Sadness or grief, especially if people you know died or suffered life-altering consequences.
- Helplessness. The sudden, unpredictable nature of violent crime, accidents, pandemics, or natural disasters can leave you feeling vulnerable and helpless, and even trigger anxiety or depression.
- Guilt that you survived when others died, or feeling that you could have done more to help.
- Anger. You may be angry at God, governments, or others you feel are responsible or be prone to emotional outbursts.
- Shame, especially over feelings or fears that you can't control.
- Relief. You may feel relieved that the worst is over, that you weren't as badly affected as others, or even hopeful that your life will return to normal.

Physical Symptoms of Trauma

Feeling dizzy or faint, stomach tightening or churning, excessive sweating.

Trembling, shaking, experiencing cold sweats, having a lump in your throat, or feeling choked up.


Rapid breathing, pounding heart, even chest pains or difficulty breathing.

Racing thoughts, being unable to rest or stop pacing. You may also have difficulty concentrating, memory problems, or confusion.

Changes in your sleeping patterns. You experience insomnia or nightmares, for example.

Unexplained aches and pains, including headaches, changes in sexual function.

Loss or increase in appetite, or excessive consumption of alcohol, nicotine, or drugs.



Traumatic Experiences may include

Abuse

Neglect

Mental Illness or Substance Use Disorders in Family

Sudden, Unexplained Separation

Poverty

Racism, Discrimination, and Oppression

Violence, War, Terrorism



Adverse Childhood Experience (ACE)

- 62% of US adults with 1 ACE (adverse childhood experience)
- 25% with 3 or more ACEs

First Look

Trauma



itv



Living and Working in a Trauma Environment

Gun Violence

United States: 42, 654

- Suicide= 58%
- Homicide=39%
- Unintentional=1.2%
- Police=1.3%
- Undetermined=0.9%


Living & Working in a Trauma Environment: Gun Violence

United States

Suicide= 58%
Homicide=39%
Unintentional=1.2%
Police=1.3%
Undetermined=0.9%

Virginia

- Suicide= 63%
- Homicide=34%
- Unintentional=1%
- Police=1%
- Undetermined=1%



Homicide/Murder/Unintentional/DGU 3,824
Total Number of Injuries 8,596
Mass Shootings 98
Mass Murders 7
Number of Children (age 0-11) Killed 63/Injured 122
Number of Teens (age 12-17) Killed 214/Injured 800
Officer Involved Incident Killed 14
Officer Killed or Injured 66
Officer Involved Incident Killed 239
Subject-Suspect Killed or Injured 164
Defensive Use 263
Unintentional Shooting 498
Murders/Suicides 167

GUN VIOLENCE ARCHIVE2014-2023
VA STATS

Evidence Based Research - since 2013

PUBLISHED DATE: March 14, 2023

<https://www.gunviolencearchive.org/congress/va>

Fairfax County



Fairfax County*

- 2007=2018: 72% of all homicides involved guns
- 6.4 (per 100,000)¹

* All 2020 data are final. 2020 birth data come from the National Vital Statistics System (NVSS) via CDC WONDER; 2020 death data, including leading causes of death, firearm mortality, homicide, drug overdose mortality, and infant mortality, come from the NVSS via CDC WONDER and rankings and rates are based on 2020 age-adjusted death rates. For more information on age-adjustment, refer to [this report](#). Where ranked, states are categorized from highest rate to lowest rate. Although adjusted for variations in age-distribution and population size, differences by state do not take into account other state specific population characteristics that may affect the level of the birth characteristic or mortality. When the number of deaths or births events is small, differences by state may be unreliable due to instability in rates. When the number of deaths is small, rankings by state may be unreliable due to instability in death rates. Marriage and divorce data come from published tables from the [Division of Vital Statistics, National Center for Health Statistics, CDC](#). Last Reviewed: January 11, 2023Source: [CDC/National Center for Health Statistics](#)

Cases: 4,557

Deaths: 20

Current COVID-19 VA STATS

Living & Working in a Trauma Environment COVID-19

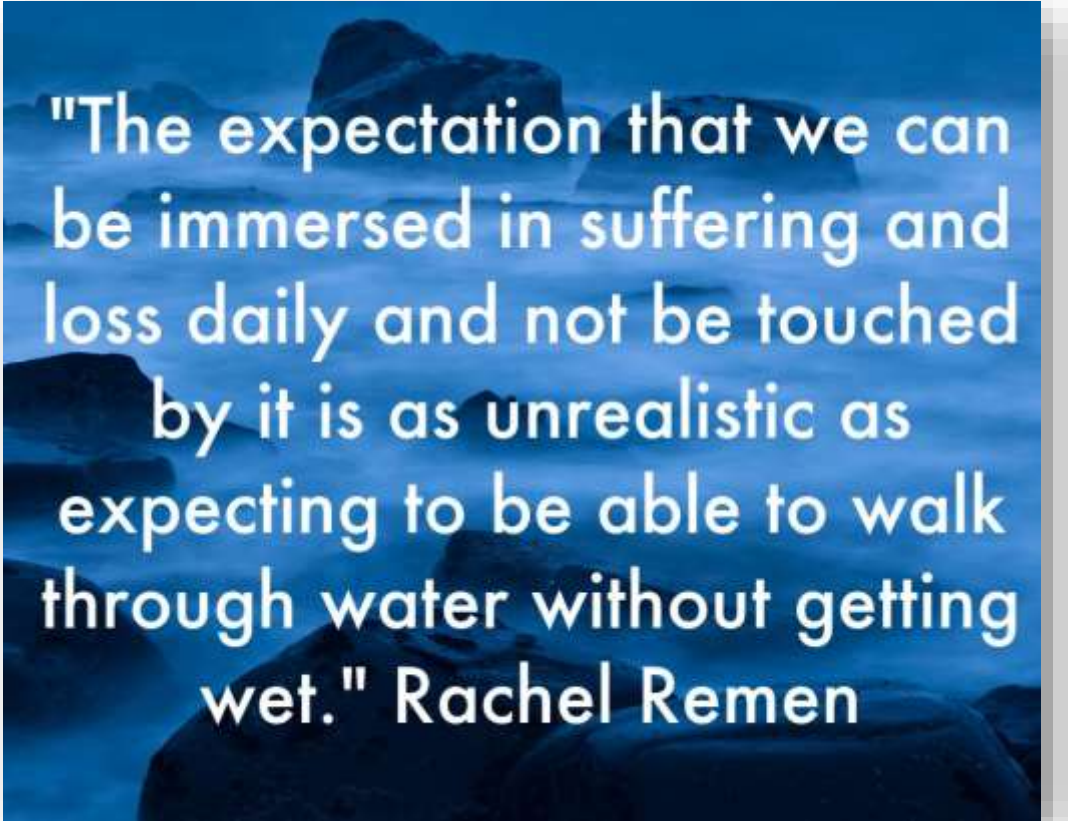
US Total Cases

103,672,529

US Total Deaths

1,119,762

The Impact of Working in Traumatic Environment



"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet." Rachel Remen

How We Respond To Trauma

Traumatic events and experiences impact each person differently: past, present future

The greater the number of trauma events, especially in childhood= higher likelihood of struggle

Genetics
Socioeconomics
Demographics
Existing Health Conditions
Work/Life Environments

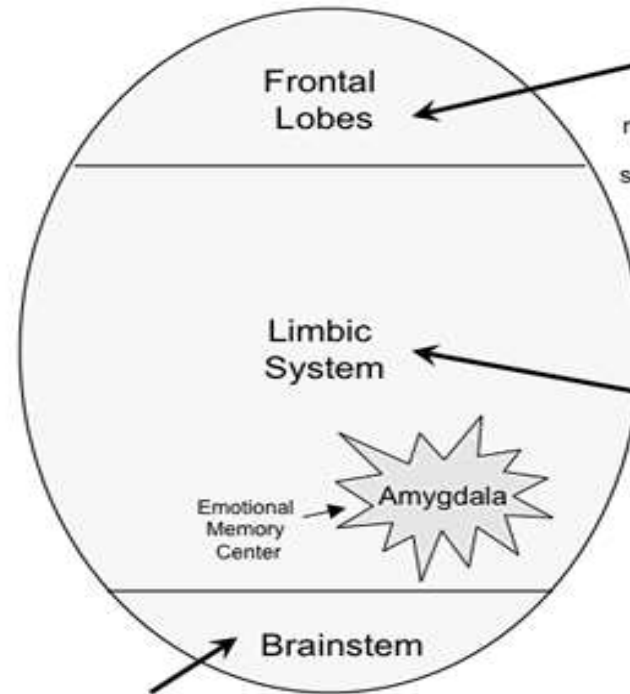


Signs and Symptoms

- Emotional deregulation
- Hypervigilance
- Irritability
- Addictive behaviors
- Spiritual exhaustion/damage
- Fatigue
- Isolation
- Disengagement
- Disconnectedness
- Inability to nurture
- Difficulty concentrating
- Interpersonal problems
- Anxiety
- Diminished ability
- Maladaptive coping
- Lack of empathy
- Lack of creativity
- Physical ailments
- Cynical outlook
- Existential questions
- Fear of failure
- Loss of control
- Forgetfulness
- Negative coping habits

We remember trauma less in words and more with our feelings and our bodies

[van der Kolk & Fisler, 1995]



Brain scan research shows that, when we remember a traumatic event, memory centers in the frontal lobes shut down, and we get overwhelmed by feelings and impulses or driven to action.

The limbic system responds to memories with increased activity, especially in the **amygdala**, the brain's and emotional memory center. The amygdala "sounds the alarm" as if we were in danger right now.

The reptilian brain reacts instinctively to the amygdala's 'alarm.' Heart rate increases. We stop breathing or hyperventilate. Muscles tense. We either speed up or shut down.

Copyright 2009 Janina Fisher, Ph.D.



The Culprits of COMPASSION FATIGUE

PRIMARY TRAUMATIC STRESS

- Exposure to an incident or series of events that are emotionally disturbing or life-threatening with **lasting adverse effects on the individual's functioning** (Trauma-Informed Care website).

SECONDARY TRAUMATIC STRESS

- Natural result of engaging with those who are suffering traumatic events
- Trauma Symptoms
- More outward behavioral process
 - Hyperarousal – “startle response”
 - Emotional dysregulation – “too much” or “not enough”
 - Numbing
 - Functional impairment
 - Physical symptoms
 - Intrusive thoughts

BURNOUT

- Require display or repression of emotions regularly; heavy use of empathy over a prolonged period of time
- Largest risk factor- human service work
- Multidimensional
 - Emotional exhaustion
 - Depersonalization
 - Diminished sense of personal competence
 - Increasing loss of energy, idealism, and personal goals

(Newel/Mcniel 2010, Figley institute manual, Ghuesquire 2017, Bourassa 2009, center for substance abuse)



Long Term Effects on Health

- 2 times as likely to smoke
- 2.5 times more likely to have STD(s)
- 4 times more likely to have COPF
- 7 times more likely to consider themselves as alcoholic
- 10 times as likely to use street drugs
- 12 times as likely to have attempted suicide

Not all Responses Are Negative



Build Resilience

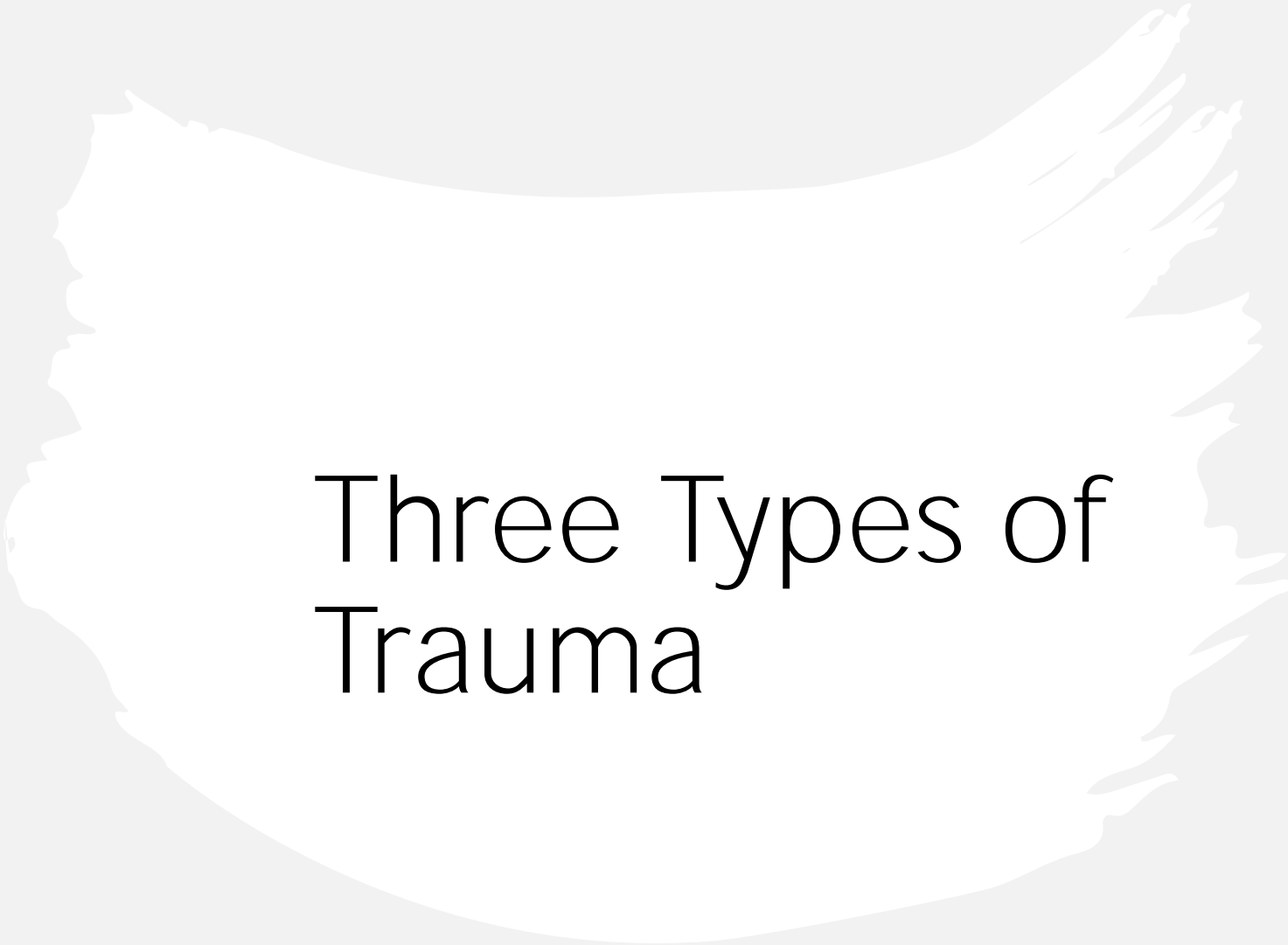


Adapt Quicker



Better Regulate
Responses

**What does a slinky
*have to do with trauma?***



Three Types of Trauma

Big T Trauma

Big “T” trauma, also referred to as “Type 1” trauma, “acute trauma” or “large T” trauma, happens due to a single incident. The incident often arises out of the blue. Acute trauma is a one-off event that usually has a limited time.

As [Psychology Today](#) defines it, “Big T” trauma “...is distinguished as an extraordinary and significant event that leaves the individual feeling powerless and possessing little control in their environment.”



Big T trauma is a result of

- Severe illness or injury
- Violent assault
- Sexual assault
- Traumatic loss
- Mugging or robbery
- Being a victim of or witness to violence
- Witnessing a terrorist attack
- Witnessing a natural disaster
- Road accident
- Plane accident
- Military combat incident
- Hospitalization
- Psychiatric hospitalization
- Childbirth
- Medical trauma
- Post-suicide attempt trauma
- [Life threatening illness](#) or diagnosis

Little “t” Trauma

“Little t” or “small t” traumas are everyday experiences and to be expected as a part of life. However, despite their garden-variety label, they can still be quite traumatic.

“Small t” trauma doesn’t get as much attention and thus it isn’t discussed as much as other trauma types.



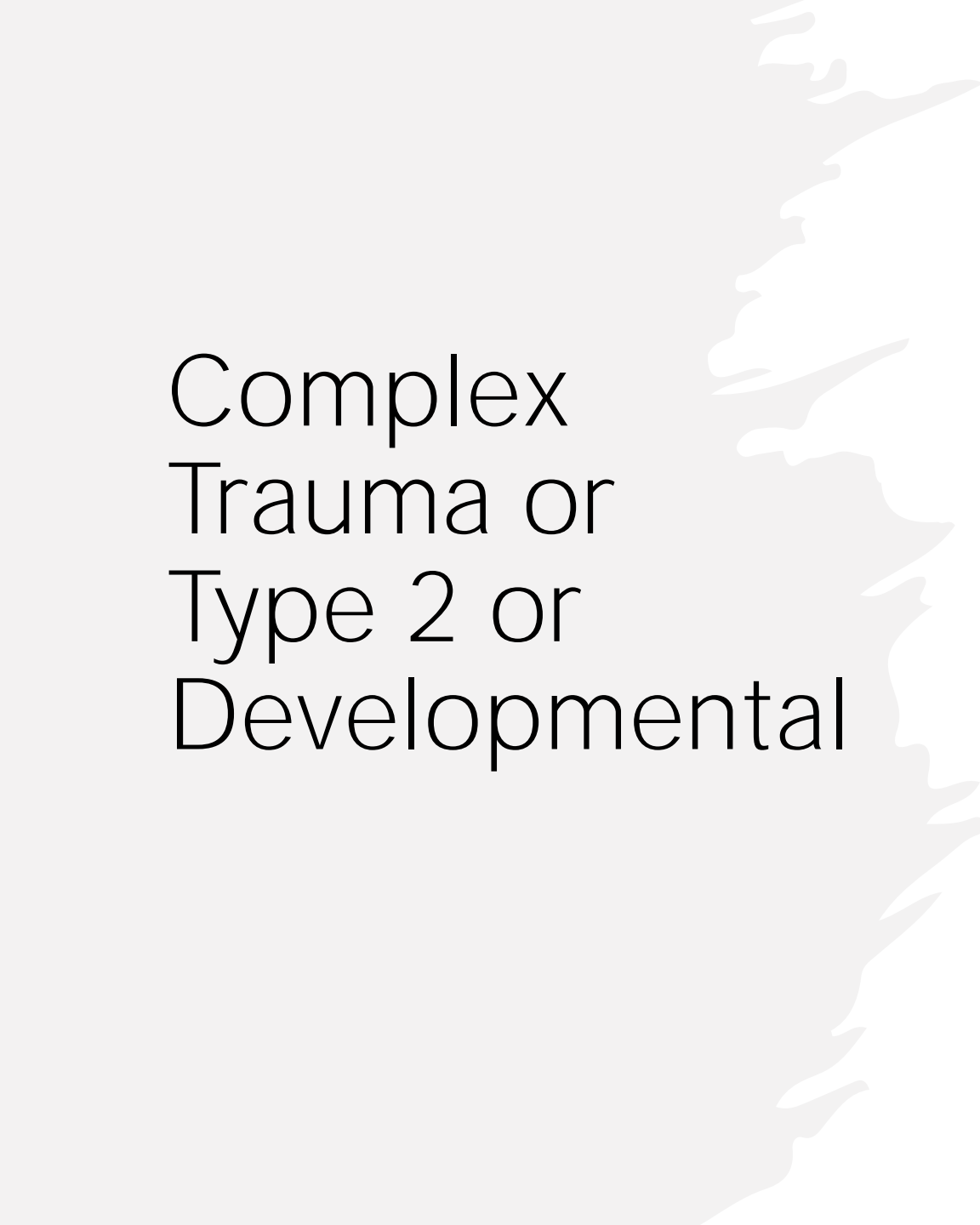
Examples of Little "t" Trauma

- Examples might include:
- Loss of a loved one (not traumatic bereavement)
- Moving to a new house
- Losing a job
- Interpersonal conflict
- Infidelity
- Divorce
- Abrupt or extended relocation
- Legal trouble
- Financial worries or difficulty



Chronic or Repetitive Trauma

- **Chronic trauma, sometimes also called “repetitive trauma”,** stems from exposure to multiple, ongoing, and/or prolonged distressing, traumatic events over an extended period of time. In turn, these events overwhelm the emotional response. In some cases, these events can layer on top of each other.
- Examples of these highly stressful events that occur over and over again and prolong exposure include:
 - Receiving regular treatment for a long-term, serious illness
 - Sexual abuse
 - Domestic violence
 - Bullying
 - Exposure to extreme situations, such as war, being a refugee, homelessness, etc.
- This type of trauma may also refer to a situation in which the **violence or distressing experience isn’t directed at, yet surrounds,** a person. Examples of this would be living in a violent neighborhood, a war-torn region, or an apartheid state.
- Several instances of acute trauma, in addition to untreated acute trauma, may develop into chronic trauma. The onset of symptoms may only appear after an extended period of time, perhaps years after the event.
- Symptoms can range from trust issues affecting job and relationship stability to anxiety, extreme anger, fatigue, nausea, etc. Repetitive/chronic trauma overlaps with complex trauma.



Complex Trauma or Type 2 or Developmental

- Complex trauma **arises "...from multiple, chronic and prolonged overwhelming traumatic events/experiences which are compromising and most often within the context of an interpersonal relationship."**
- People suffering from complex trauma are often childhood abuse survivors. Here are some of the many that may provoke trauma either as a baby, child, adolescent, or adult:
- Abandonment
- Physical abuse or assault
- Sexual abuse or assault
- Emotional abuse
- Witnessing violence or death
- **Coercion or betrayal. This often occurs within the child's caregiving system and interferes with healthy attachment and development.**
- Sibling abuse
- Domestic, and family violence
- Emotional neglect and attachment trauma
- Verbal abuse
- Long-term misdiagnosis of a health problem
- Bullying at home, school, or in a work setting
- Physical neglect
- Overly strict upbringing, sometimes religious
- Civil unrest

...the daily incidents of marginalization, objectification, dehumanization, intimidation, et cetera that are experienced by members of groups targeted by racism, heterosexism, ageism, ableism, sexism, and other forms of oppression, and groups impacted by poverty.

Insidious Trauma

The effects of this type of trauma may not be overtly body- or life-threatening and can still have adverse effects on the spirit and soul.

Insidious trauma sometimes shares common ground with cultural/historical/collective/intergenerational trauma.

Cultural, Historical, Collective, or Intergenerational Trauma

- This type of trauma gathers group or collective trauma under one umbrella term, with slight variations in criteria and semantics. This type of trauma tends to have less awareness and can also be broken up into individual definitions and types.
- This type of trauma generally creates emotional and/or psychological adversity that affects various cultural groups, communities, and generations. Learned, adaptive coping patterns may be handed down through generations. Examples of this kind of trauma might include:
 - Racism
 - Slavery
 - Forcible removal from a family or community
 - Genocide
 - War

Vicarious or Secondary Trauma

...can occur by viewing graphic news reports, gruesome or frightening television shows, and various other media, hearing a detailed traumatic story from another person, viewing crime scene evidence, working in a courtroom, attending a debriefing or a conference where disturbing images are described or shown, and many other ways in which we can be indirectly affected by the content or visuals of some other living creature's suffering.



- “A trauma-informed approach to care acknowledges that health care organizations and care teams need to have a complete picture of a patient’s life situation – past and present – in order to provide effective healthcare services with a healing orientation.” (www.TraumaInformedCare.chcs.org)
- “Trauma-informed care embraces a perspective that highlights adaption over symptoms and resilience over pathology.” (Elliot, Bjelajac, FalLOT, Markoff, & Reed, 2005, p. 467)

What is Trauma-Informed Care?

Long Term Effects on Health

- 2 times as likely to smoke
- 2.5 times more likely to have STD(s)
- 4 times more likely to have COPF
- 7 times more likely to consider themselves as alcoholic
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Trauma

Loss of Safety and Trust

Loss of Connection

Loss of Meaning

Loss of Purpose

Healing

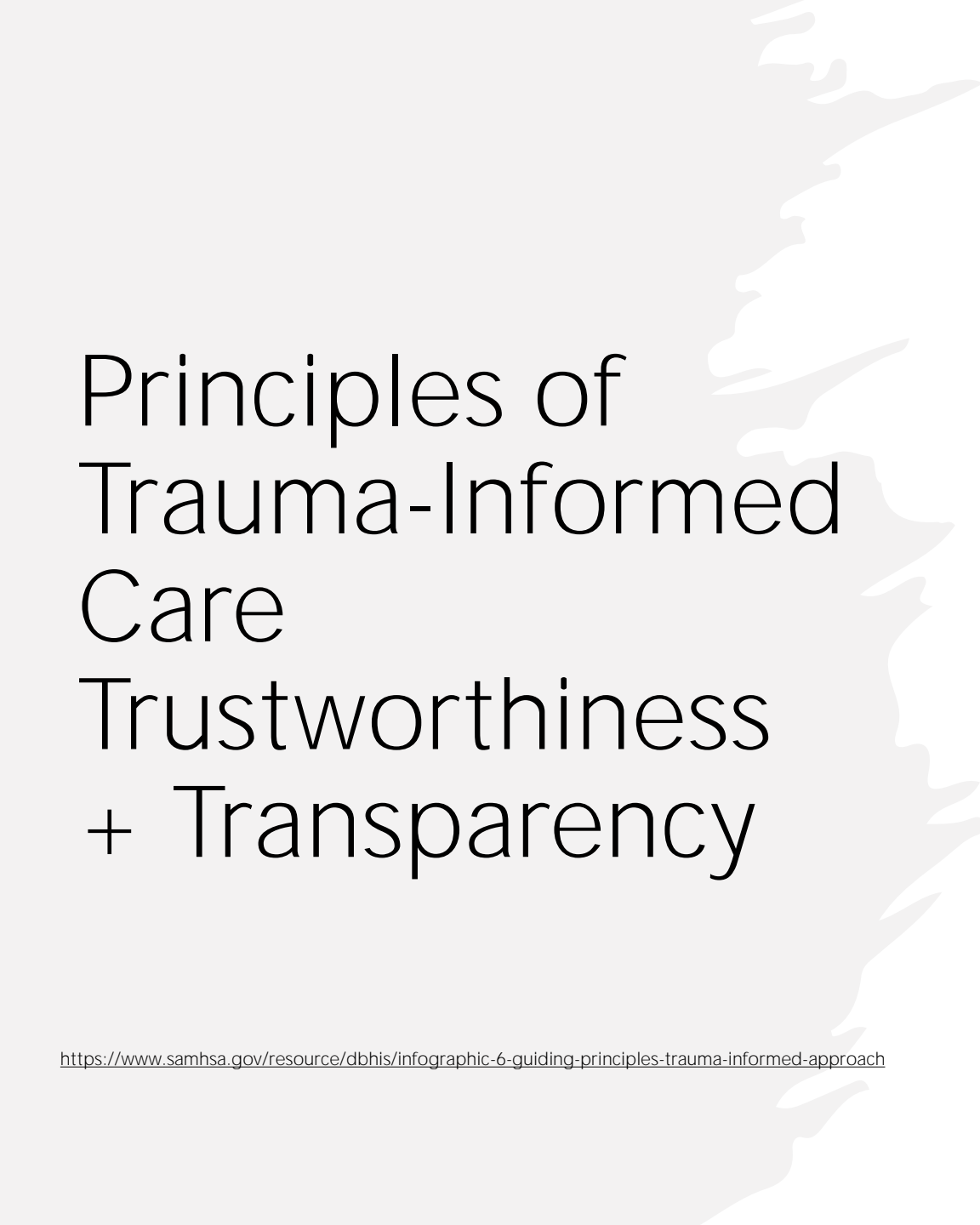
- Relative Safety and Trust
- Reconnection
- New Sense of Meaning
- New Sense of Purpose



Principles of Trauma-Informed Care Safety

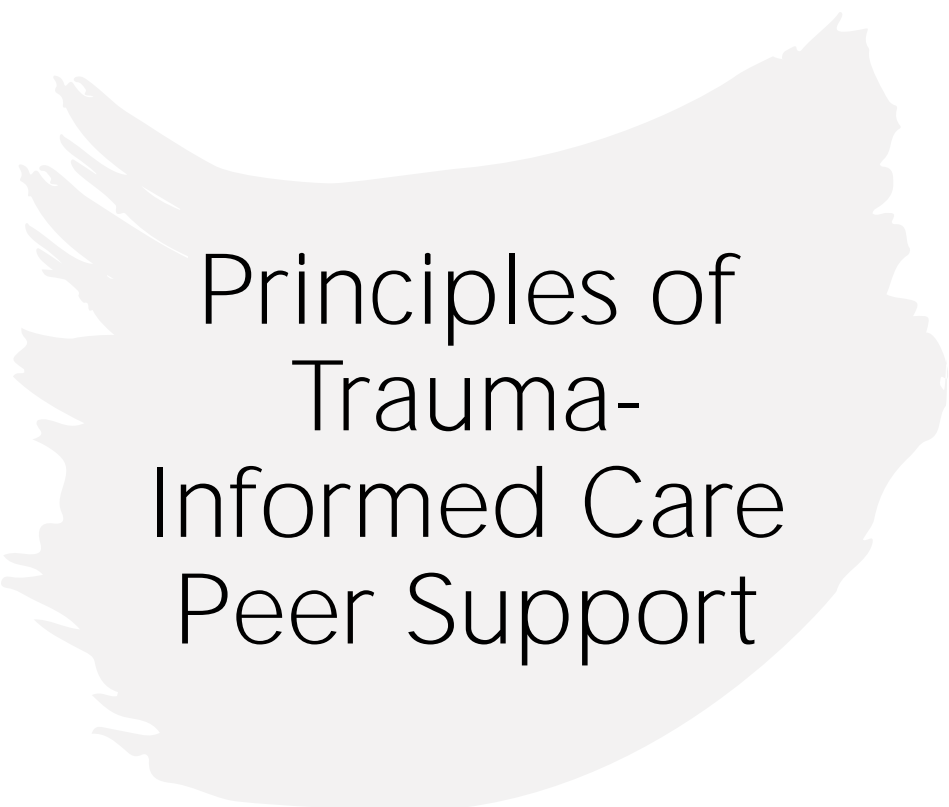
Throughout the organization, clients and staff feel physically and psychologically safe





Principles of Trauma-Informed Care Trustworthiness + Transparency

Decisions are made with transparency, and with the goal of building and maintaining trust.



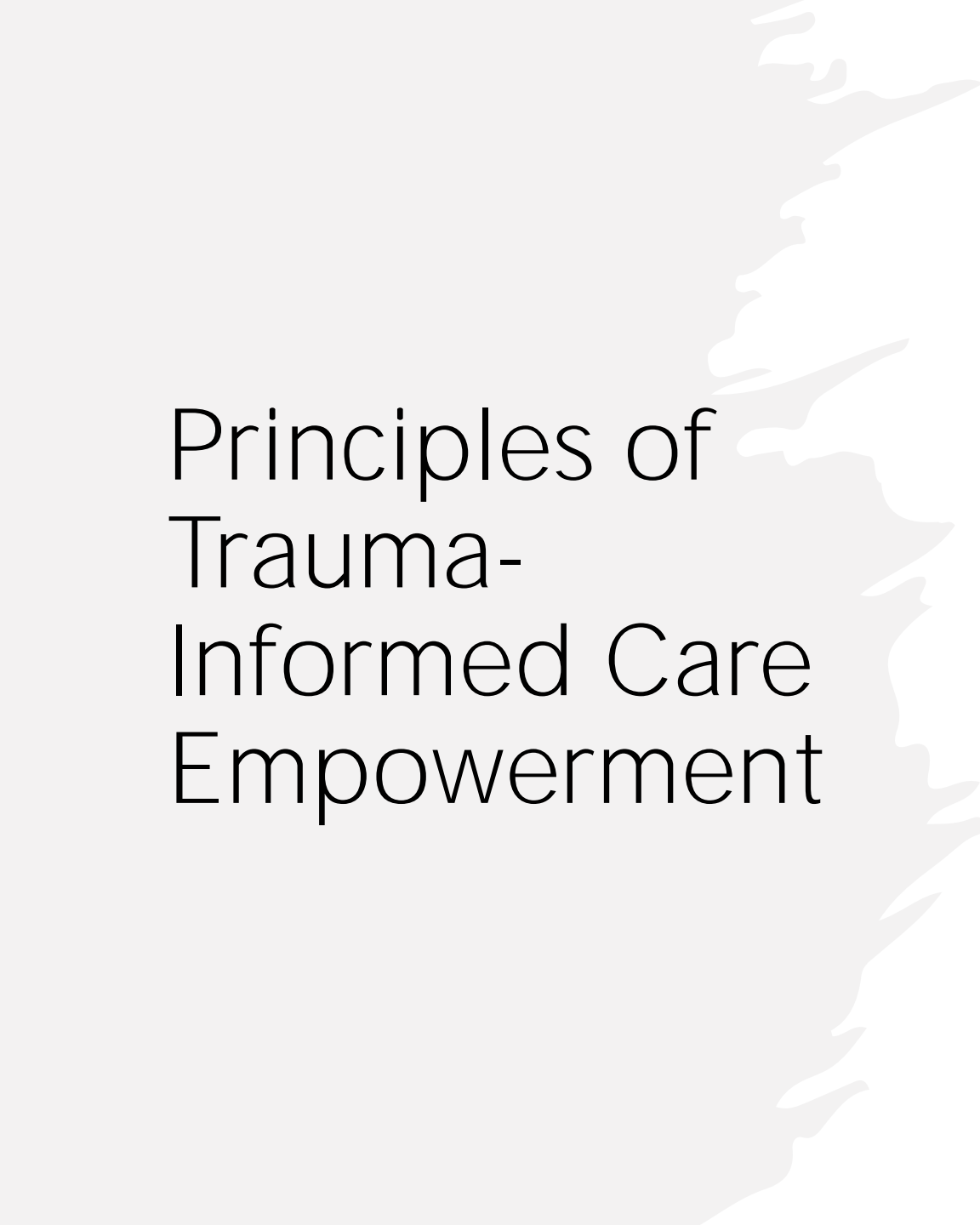
Principles of Trauma- Informed Care Peer Support

Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery

Principles of Trauma-Informed Care Collaboration


Power differences – between staff and clients and among organizational staff are leveled to support shared decision-making





Principles of Trauma- Informed Care Empowerment

Client and staff strengths are recognized, built on, and validated – this includes a belief in resilience and the ability to hear from trauma



Principles of Trauma- Informed Care Humility + Responsiveness

Biases and stereotypes (e.g. based on race, ethnicity, sexual orientation, age, and geography) and historical trauma are recognized and addressed

Benefits of Providing Trauma Informed Services

- Client develops a sense of trust in the provider
- Improves long-term health outcomes
- Reduce burnout...reduce staff turnover

Coping With Trauma

- 1: Minimize media exposure
- 2: Accept your feelings
- 3: Challenge your sense of helplessness
- 4: Get moving
- 5: Reach out to others
- 6: Make stress reduction a priority
- 7: Eat and sleep well



Aged Care Trauma, Loss, and Grief





There is no one RIGHT way

Information is descriptive, not prescriptive

Every person responds and heals from
GRIEF, LOSS, & TRAUMA differently

Always consider personal history and
culture



Reflection: Listening to
the Trees