



2023
GRIEF
TALKS
CONFERENCE

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The Grieving Professional

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The Five Stages of Grief Elizabeth Kubler Ross MD

- ▶ **Denial:** This can't be happening.
 - ▶ **Anger:** Why did this happen? Who is to blame?
 - ▶ **Bargaining:** Make this not happen and I will...
 - ▶ **Depression:** I can't bear this; I'm too sad to do anything.
 - ▶ **Acceptance:** I acknowledge that this has happened, and I cannot change it.
- ▶ It's not a process or a progression

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Signs of Grief

- ▶ *Shock and disbelief*
- ▶ *Sadness*
- ▶ *Guilt*
- ▶ *Anger*
- ▶ *Fear*
- ▶ *Physical pain*

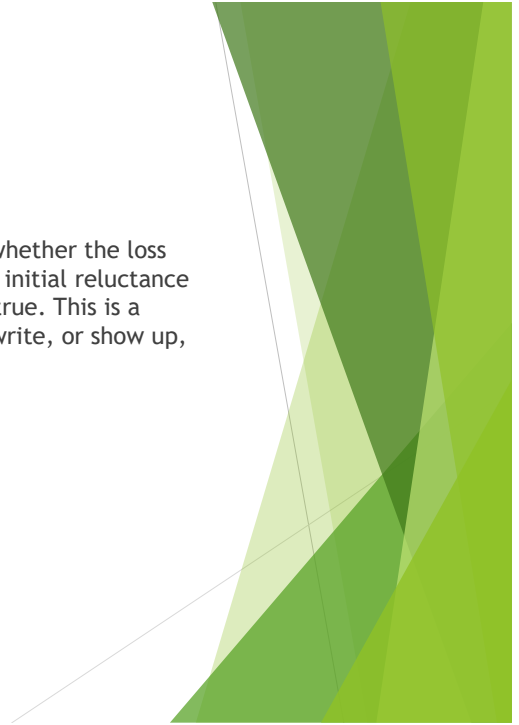
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Shock and disbelief

- ▶ It's hard to accept death. You may feel numb and question whether the loss really happened – this isn't unusual. Some have noted their initial reluctance even to notify others of a loss in case it turned out to be untrue. This is a normal reaction, as it is still expecting your person to call, write, or show up, even if intellectually you have accepted their death.



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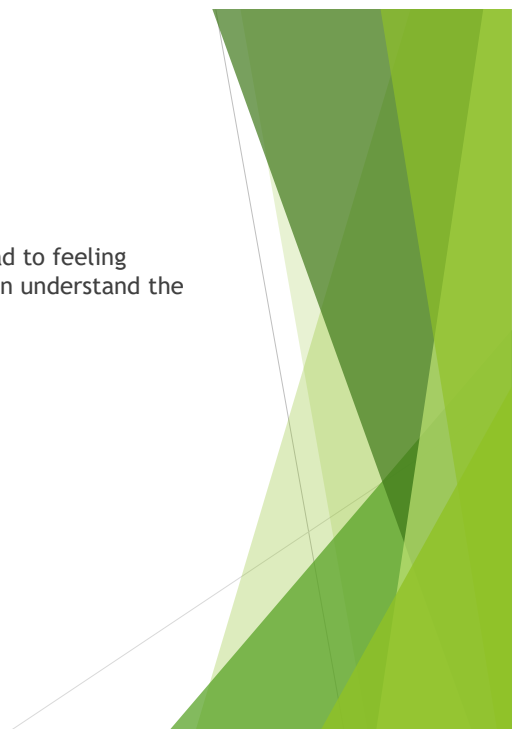


SADNESS

- ▶ Profound sadness is a universal experience and can often lead to feeling aloneness or isolation. We sometimes believe that no one can understand the depth of our grief, which drives us deeper into sorrow.



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Guilt

- ▶ You may feel guilt over things you said or did – or those you didn't and thought you should have. In cases of suicide, many people question whether they could have changed the outcome somehow. Yet nothing can stand in the way of death or a final decision made by someone else to die, and over time we have to acknowledge and accept that. Still, it's challenging to do in the early days or months of grieving.

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Anger

- ▶ Regardless of how someone we loved died, anger often comes into play. You may be angry with the person for not being here anymore or with caregivers for not doing more. You may blame God or others. Or you may not be able to direct your anger against a specific source but find that daily, small injustices seem much more significant than they might have in the past. This is normal, and no one should tell you that you must stop or let go of your anger – that will happen eventually as part of your process, on your timeline.

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Fear

- ▶ A loss can trigger anxiety on many levels – fear of your mortality, losing those you love, and facing life without the person who died. It can include fear of the future and the uncertainty you may now feel about your life's plans, knowing that someone close to you has died.

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Physical Pain

- ▶ We often think of grief as emotional, but it can also manifest physically. Symptoms can include nausea, fatigue, lowered immunity, weight loss or gain, insomnia, aches and pains, and more. Although it can be pretty difficult, it's essential to do what you can to maintain your health during grief.

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Remote elicitation of grief

- ▶ Immediately and and after, many things can trigger a return to intense grief — ordinary things like a birthday, a holiday, or the anniversary of the death. Or more subtle experiences like catching a scent of perfume or cologne that reminds you of your person or the smell of their favorite food cooking. These are “grief triggers,” and they can be long-term challenges.

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Re-experienced grief

- ▶ A common trigger may also be “secondhand” grief. Someone you hardly knew dies, and your grief is triggered again. All of this is normal, expected, and something you should allow yourself to feel without judgment. Do not judge yourself for reacting or not reacting to any of these triggers. “Negative” or missing things can elicit grief. Weddings, birthdays, holidays happen without the deceased person.
- ▶ **ANNUS HORRIBILIS**
- ▶ The year of terrible firsts.

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Chen and Chow (2018) Meta Analysis

- ▶ Professional bereavement is not like familial bereavement

- ▶ After a patient's death there may be feelings of
 - ▶ Failure
 - ▶ Helplessness
 - ▶ Powerlessness

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The behavioral health professional has an individual set of grief sources possible

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Personal loss



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Death of a patient



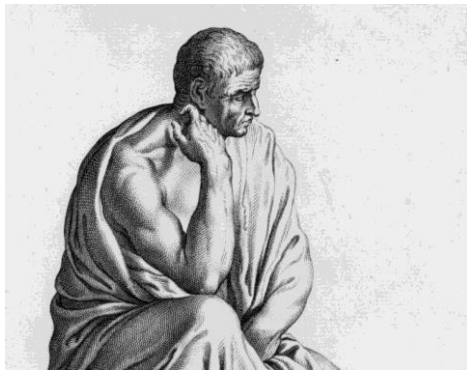
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Death of a patient by suicide

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The professional as stoic- Is this healthy or even good for our patients?



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Here are seven types of grief:

- ▶ Normal grief. ...
- ▶ Anticipatory grief. ...
- ▶ Disenfranchised grief. Others don't validate the loss
- ▶ Chronic grief. ...
- ▶ Abbreviated grief. ...
- ▶ Traumatic grief. ...
- ▶ Absent grief. ...
- ▶ Secondary loss.

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Let your self grieve for the loss of a patient

- ▶ Seek out peer support and advice
- ▶ Watch your boundaries
- ▶

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Lessons from oncology

- ▶ Compassion fatigue, apathy and grief
- ▶ Grief is related to empathy mediated by compassion fatigue
- ▶ Grief is the psychological distress associated with loss
- ▶ Distress, difficulty concentrating and professional loneliness
- ▶ Unresolved grief has greater consequences such as decrease in quality of patient care delivered
- ▶ But empathy is important factor in the relationship between healthcare professionals and patients
- ▶ Empathy promotes positive outcomes for patients

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How much is too much?

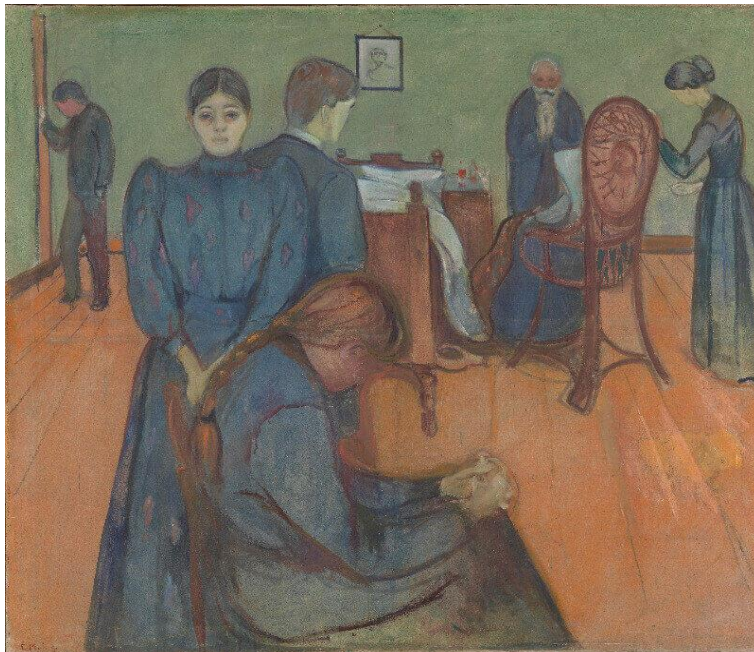
- ▶ Boundaries, boundaries, boundaries
- ▶ We should always seek peer consultation.
- ▶ It provides advice but also accountability

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Grief is a feeling- who is better dealing with feelings than clinicians?

- ▶ Artists
 - ▶ Visual
 - ▶ Musical
 - ▶ Literary
-
- ▶ Religious figures

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How to Grieve

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- ▶ So what has the behavioral health contribution been?

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What about the patient with grief?

- ▶ Individual cases means individual responses
- ▶ When is it safe to work?
- ▶
- ▶ Safe for you, safe for the patient
- ▶ Going back to work may mean a way to be normal



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Should you tell the patient about your grief?

- ▶ Self-disclosure of your grief- being authentic vs. assuming the focus of concern
- ▶ Can disclosure strengthen the therapeutic relationship?

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Systems Approaches

- ▶ Healthcare systems have a responsibility to support providers in anticipated and realized grief. We have gym memberships, pizza days, organized outings, roving masseurs and t-shirts but we can only get three days of funeral leave, only if it meets an algorithm where points are assigned for degree of relationship and if we haven't used too much of it previously.

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Thoughts and Reactions

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Chen, C., & Chow, A. Y. M. (2022). Assessment of professional bereavement: The development and validation of the Professional Bereavement Scale. *Palliative & Supportive Care*, 20(1), 4-14.

Engler-Gross, A., Goldzweig, G., Hasson-Ohayon, I., Laor-Maayany, R., & Braun, M. (2020). Grief over patients, compassion fatigue, and the role of social acknowledgment among psycho-oncologists. *Psycho-Oncology*, 29(3), 493-499.

Feeley, T., Crowe, S., & Doherty, E. M. (2019). Grief reactions and coping strategies of trainee doctors working in paediatric intensive care. *British journal of anaesthesia*, 123(1), 74-80.

Hayuni, G., Hasson-Ohayon, I., Goldzweig, G., Bar Sela, G., & Braun, M. (2019). Between empathy and grief: The mediating effect of compassion fatigue among oncologists. *Psycho-oncology*, 28(12), 2344-2350.

Mason, T. M., Tofthagen, C. S., & Buck, H. G. (2020). Complicated grief: risk factors, protective factors, and interventions. *Journal of social work in end-of-life & palliative care*, 16(2), 151-174.

Papadatou, D. (2000). A proposed model of health professionals' grieving process. *OMEGA-Journal of Death and Dying*, 41(1), 59-77.

Papadatou, D. (2001). The grieving healthcare provider: Variables affecting the professional response to a child's death. *Bereavement Care*, 20(2), 26-29.

Rabow, M. W., Huang, C. H. S., White-Hammond, G. E., & Tucker, R. O. (2021). Witnesses and victims both: healthcare workers and grief in the time of COVID-19. *Journal of Pain and Symptom Management*, 62(3), 647-65.

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