


Grief and Loss in Primary Care

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• CHECK IN

- Any questions or concerns
- CMTS Data requirements
- Grief and Loss

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Learning Objectives

By the end of this session, participants should be able to:

- Recall the impacts loss can have
- Remember helpful ways to move through grief
- Begin to think about a plan of support for your workplace

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The Risks in Our Work

- Unexpected and traumatic death
 - “Non-normative” deaths, suicide, overdose
- Transient and very vulnerable population
- Relationship based work- we make profound attachments
- We are both powerful and powerless
- Experience of ownership/guilt

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Experiences of Grief and Loss

- Death
- Witnessing the experiences of your clients
- Disruption of our relationships
- Recurrence of disease symptoms




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Checkpoint:


- What kind of agency response have you seen in your clinic after a sudden death?



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Responding to Loss

- Emotional Elements of grief
 - Anger, shock, sadness, disbelief, fear, guilt, shame, and others
- Difficulty in articulating feelings
- Impact of individual history
 - Personal experience of loss counts
 - Current ability to accommodate grief can vary



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Nature of Grieving

- Multi-dimensional process - not a predictable set of stages
- Any grief response is the “right” response
- Acute, intense early period vs later stages as grief is “accommodated” through grief work
- Resurgence and waves of grief
- Grieving after the fuss dies down

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Checkpoint:


- What kinds of loss do you encounter in your work which effects you emotionally?



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Personal Dimension


- Fully honor grieving feelings
- Participate in public ritual as appropriate
- Appeal to your family, friends and social circle for support
- Therapy
- Private rituals
- Space to mourn



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Checkpoint:

- What has helped you when you’ve been grieving a loss from a work setting?



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Your Right to Organizational Support


- Importance of institutional support for grief process
- Official support for marking loss (attending funeral etc.)
- Debriefing of feelings in team setting
- Recognition of difficult emotions that might arise
- Sublimation- turning emotional energy of loss into change work

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Checkpoint:

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- Is emotional support available to providers in your setting?



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Resources to Develop Clinic Plan

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Collaborating to Heal Addiction and Mental Health in Primary Care (CHAMP)
 Resources to Develop Clinic Support Plan after a Patient Death Due to Suicide or Overdose

Overview

- Using a patient to suicide or overdose is a dreaded potential consequence of psychiatric illness.
- Fortunately, in most clinical settings, each patient leaves every visit, but their rarity also means that few people feel confident and comfortable dealing with either the practical matters or the emotional impact associated with these occurrences.
- This document provides resources and guidance for clinics faced with the need to respond to the loss of a patient including a plan to complete immediate responsibilities, to provide resources for provider emotional experiences and to create opportunities for greater levels of personal and professional growth and development.
- These resources are intended only as general guidelines and can be modified as appropriate for the individual situation.

Attend to Immediate Responsibilities

It is critical to have a clear protocol of next steps after the death of a patient due to suicide or overdose, as providers often experience shock and distress after the immediate news of the loss of a patient.

- Create a list of people that need to be notified in case of a patient death. Below are some people to consider:
 - Medical Director/Chief of Service
 - Risk management
 - Family members: Disclosure of protected health information about the deceased patient are still limited by the HIPAA privacy regulations and ethical and legal requirements that confidentiality remain in place. Clinics discuss protected health information of which the family has knowledge. You may need to inform family members that your disclosure are limited by State and Federal privacy laws. Strongly suggest a good way to provide the family support and information without breaking privacy, perhaps by designating one staff person who has some knowledge of the case and is aware of these issues (it might also require some coordination with risk management).
 - Clinic staff
 - Other patients: Disclosure of protected health information about the deceased patient are still limited by the HIPAA privacy regulations. If general guidelines to disclose only information that has been available through third party and/or public sources.
- Administrative case review: Following an adverse outcome, administrative and clinical leaders will routinely review the circumstances of the event for medical legal and quality assurance purposes. If this is the case in your setting, your admin team perhaps needs to seek guidance on the efficacy of this approach. This administrative case review differs from a suicide case review conference where primary goals are related to

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Elements of Plan-Follow up for next time?

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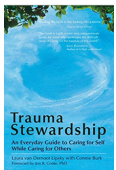
- Attend to immediate responsibilities
 - Notification of family, staff, other patients, risk management
- Access support for emotional experience of providers
 - Informal peer support, supervision/review of literature, EAP, psychotherapy
- Suicide/overdose case review
 - Tone, setting, components
- Professional Growth and responsibility
 - Improved documentation and processes, altruistic activities

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Additional Resources

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- Who Heals the Helper? Facilitating the Social Workers Grief* Strom- Gottfried et al, Families in Society 2006
- Trauma Stewardship* Laura Van Dernoot Lipsky
<https://traumastewardship.com/inside-the-book/>
- Beyond the cliff* TEDx Talk; Laura Van Dernoot Lipsky
<https://www.youtube.com/watch?v=uOZDGrcvmus>



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Questions & Discussion



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