Supporting Healing from Grief and Loss in Nursing Facilities

December 12, 2024 | 2-3 p.m. ET

CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

Today's Event Host

Nikki Harris, MA, CBHC-BS

COE-NF TRAINING AND EDUCATION LEAD

Nikki serves as the training and education lead for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF). For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

She has a B.A. in psychology from the University of South Carolina, a M.A. in counseling from Webster University and is a certified behavioral specialist.

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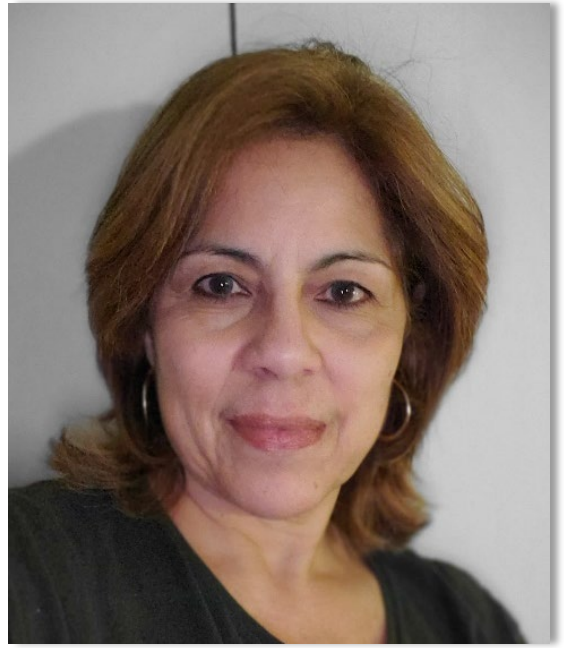
Today's Presenter

Diana Padilla, MCPC, CTSS, CARC

RESEARCH PROJECT MANAGER

Diana has worked in the behavioral health industry for more than 24 years. In her capacity as a research project manager, she develops curriculum and is a senior staff trainer for the Northeast & Caribbean Addiction Technology Transfer Center, (NeC ATTC) and Opioid Response Network.

Diana's areas of expertise include culturally and linguistically responsive services, at-risk substance use, and substance use disorders, trauma-informed care, social determinants of health and more.



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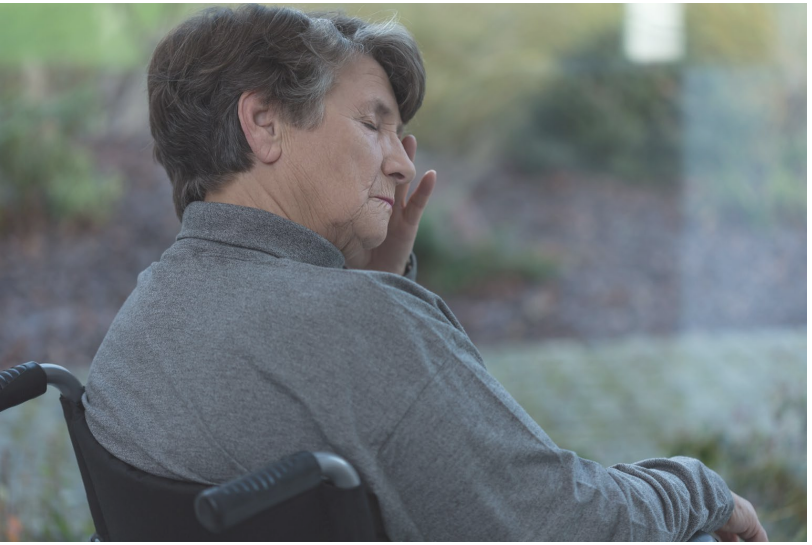
Training Objectives

- List types of grief and symptoms.
- Define the five stages of grief and potential impacts.
- List strategies for self-support and healing.
- Identify ‘postvention’ opportunities to support nursing home staff and residents after a resident death.

Nursing Home Resident Types of Losses



- Loss of a spouse or other family
- Loss of friends
- Loss of independence
- Loss of physical abilities
- Loss of cognitive functioning
- Loss of home/car

The Effect of Loss on Residents

- What are the emotions that residents seem to experience following the passing of another resident? (type in chat box)

Grief Symptoms in Nursing Home Residents

- 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.

Grief and Loss in the Nursing Home 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.

People 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

Difference Between Grief and Depression

- Symptom duration: grief fluctuates, depression tends to be feelings that are constant.
- Acceptance of support: grief can tend to have someone avoid social gatherings while mourning but depression isolates people.
- Ability to function is associated with grief but depression symptoms can be severe and consequently diminish ability to perform important tasks.

FIVE Stages of Grief

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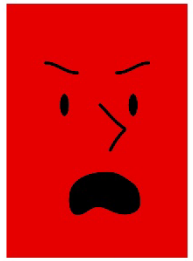
Stage 1 of Grief and What to Expect

1. **Denial:** Grief can be an overwhelming emotion. It's not uncommon to respond to strong and often sudden feelings of disbelief or internalizing a loss as not real or that change isn't happening.

- ***Breakup or divorce***: "They're just upset. This will be over tomorrow."
- ***Job loss:*** "They were mistaken. They'll call tomorrow to say they need me."
- ***Death of a loved one***: "She's not gone. She'll come around the corner any second."
- ***Terminal illness diagnosis***: "This isn't happening to me. The results are wrong."

Dr. Elisabeth Kübler-Ross, Five Stages of Grief, https://grief.com/the-five-stages-of-grief/

Stage 2 of Grief and What to Expect

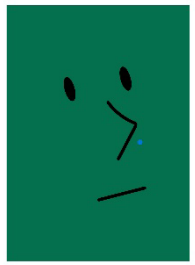


2. **Anger:** Where denial may be considered a coping mechanism, anger is a masking effect. Anger is hiding many of the emotions and pain that you carry.

- ***Breakup or divorce***: "I hate him! He'll regret leaving me!
- ***Job loss:*** "They're terrible bosses. I hope they fail."
- ***Death of a loved one***: "If she cared for herself more, this wouldn't have happened."
- ***Terminal illness diagnosis***: "Where is God in this? How dare God let this happen!"

Dr. Elisabeth Kübler-Ross, Five Stages of Grief, https://grief.com/the-five-stages-of-grief/

Stage 3 of Grief and What to Expect



3. **Bargaining:** During grief, you may feel vulnerable and helpless. In those moments of intense feelings, it's not unusual to look for means to regain control or feel like you can affect the outcome of an event.

- ***Breakup or divorce***: "If only I had spent more time with her, she would have stayed."
- ***Job loss:*** "If only I worked more weekends, they would have seen how valuable I am."
- ***Death of a loved one***: "If I can go back to when I last spoke to him, maybe this would have not happened"
- ***Terminal illness diagnosis***: "If only we had gone to the doctor sooner, we could have stopped this."

Dr. Elisabeth Kübler-Ross, Five Stages of Grief, https://grief.com/the-five-stages-of-grief/

Stage 4 of Grief and What to Expect

4. **Depression:** At this point, you may be able to embrace and work through the reality of loss in a more healthful manner. You may choose to isolate yourself from others in order to fully cope with the loss.

- ***Breakup or divorce:*** "Why go on at all?"
- ***Job loss:*** "I don't know how to go forward from here."
- ***Death of a loved one:*** "What am I without her?"
- ***Terminal illness diagnosis:*** "My whole life comes to this terrible end."

Dr. Elisabeth Kübler-Ross, Five Stages of Grief, https://grief.com/the-five-stages-of-grief/

Stage 5 of Grief and What to Expect

5. **Acceptance:** It doesn't mean you've moved past the grief or loss. It can describe an emotional place of accepting the reality of the loss and have come to understand what it means in your life now.

- ***Breakup or divorce:*** "Ultimately, this was a healthy choice for me."
- ***Job loss:*** "I'll be able to find a way forward from here and can start a new path."
- ***Death of a loved one:*** "I am so fortunate to have had so many wonderful years with him, and he will always be in my memories."
- ***Terminal illness diagnosis:*** "I have the opportunity to tie things up and make sure I get to do what I want in these final weeks and months."

Dr. Elisabeth Kübler-Ross, Five Stages of Grief, https://grief.com/the-five-stages-of-grief/

Supporting Nursing Home Resident Grief Process

- Early intervention may interrupt the grieving process.
- Residents who experience complicated grief may benefit from grief counseling.
- Provide trauma informed support to residents.
- Offer information about and provide access to grief support group.
- Monitor health effects i.e., not eating, disrupted sleeping patterns, unusual weight loss.
- Recognize social isolation.

Helping Patients Cope with Grief, Commentary by Stephen T. Dudley, DVM, MD University of Washington School of Medicine, Seattle, Washington, https://www.aafp.org/pubs/afp/issues/2019/0701/p54.html

Supporting Residents During Grief and Loss

- **Name**: "*You feel overwhelmed*"
- **Understand:** "*There is so much going on, how can I help you?*"
- **Respect:** "*I'm really impressed with how well you are handling everything.*"
- **Support:** "*I'll be here with you all shift.*"
- **Explore:** "*What is the hardest part?*"

Oates JR, Maani-Fogelman PA. Nursing Grief and Loss. [Updated 2022 Sep 18]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK518989/

Supports for Healing from Grief and Loss Among Nursing Home Staff

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Myths Surrounding Grief – Nursing Home Staff

During their daily work activities, it is normal for nursing home staff to build relationships, bonds, and friendships with residents and their families. It's also common to think that a resident's death "***is part of the job.***" This can lead to myths such as:

- Professional boundaries prevent the staff from experiencing grief after a resident's death;
- Nursing home staff grief is a sign of enmeshment or countertransference;
- Nursing home staff should always appear "strong" in front of residents by not talking about the deceased.

The Effect of Loss on Staff

- What are the emotions that nursing facility staff seem to experience following the passing of a resident? (type in chat box)

Postvention First Response – Nursing Staff Debriefing

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

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

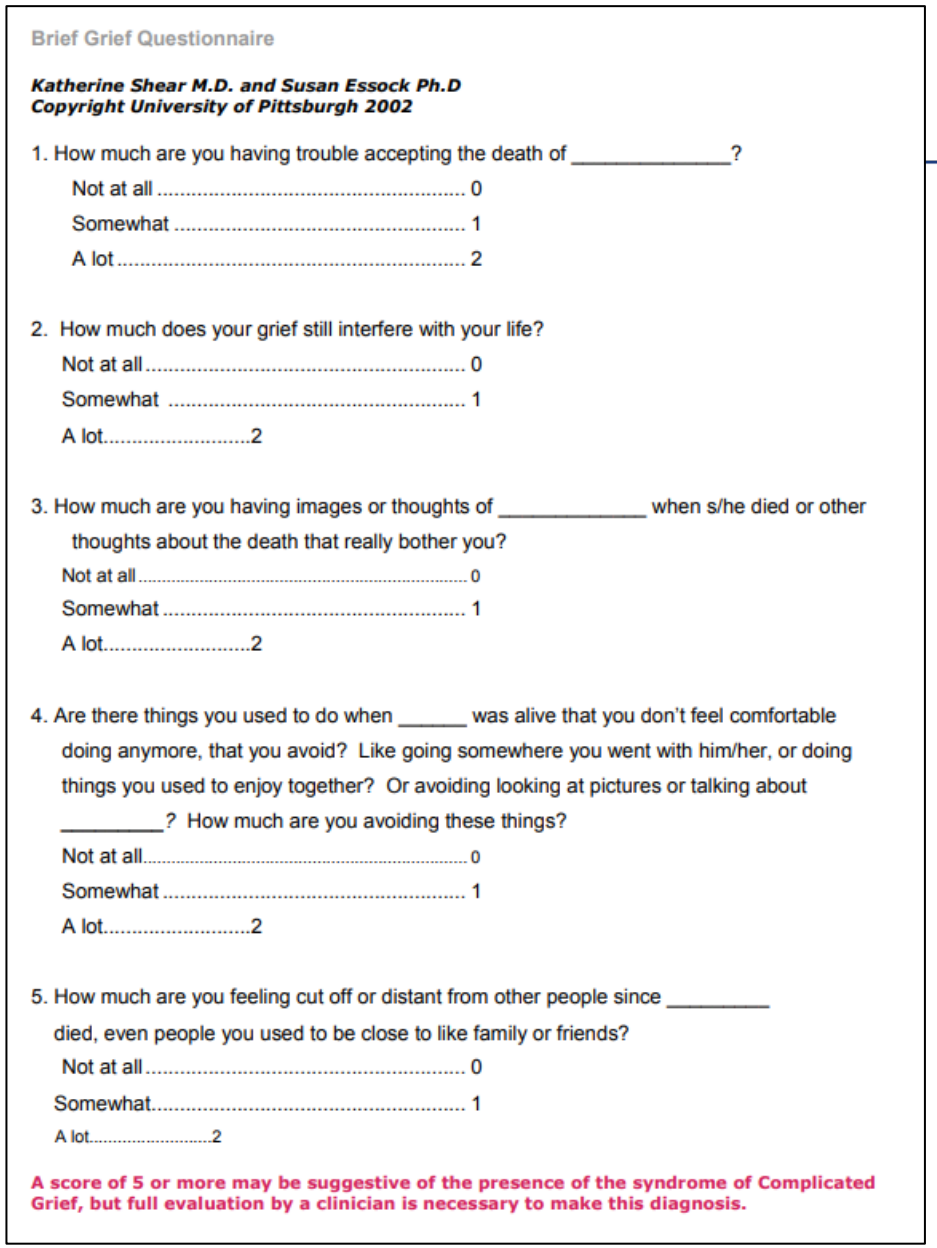
Getting Through the Early Days

- ***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.

Promoting Nursing Home Staff Wellness

- 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.

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

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Crisis and Suicide Hotlines

- Crisis Line 988 (Suicide & Crisis Lifeline)
- Crisis Text Line: Text "HOME" to 741741 (Connect to a volunteer Crisis Counselor)
- NAMI National Alliance on Mental Illness www.nami.org
- Veterans Crisis Line 1-800-273-8255

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Questions ?

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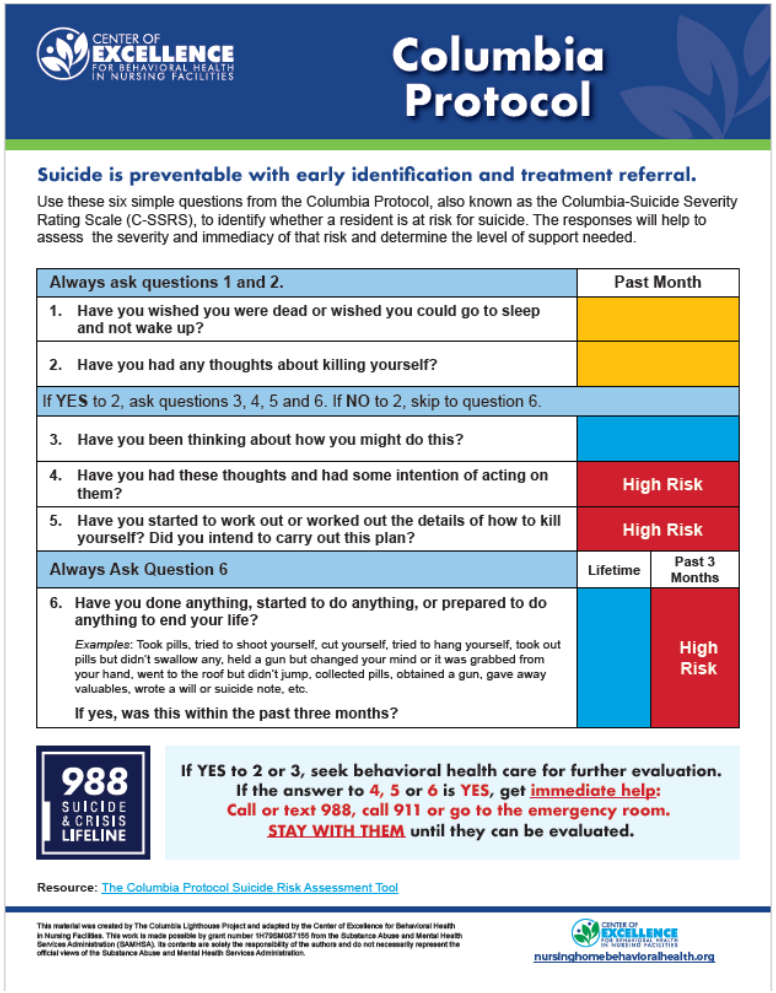
COE-NF Resource – Columbia Protocol: Suicide Prevention Screening Tool



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Columbia Protocol

Suicide is preventable with early identification and treatment referral.

Use these six simple questions from the Columbia Protocol, also known as the Columbia-Suicide Severity Rating Scale (C-SSRS), to identify whether a resident is at risk for suicide. The responses will help to assess the severity and immediacy of that risk and determine the level of support needed.

Always ask questions 1 and 2.	Past Month	
1. Have you wished you were dead or wished you could go to sleep and not wake up?		
2. Have you had any thoughts about killing yourself?		
If **YES** to 2, ask questions 3, 4, 5 and 6. If **NO** to 2, skip to question 6.		
3. Have you been thinking about how you might do this?		
4. Have you had these thoughts and had some intention of acting on them?	High Risk	
5. Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6	**Lifetime**	**Past 3 Months**
6. Have you done anything, started to do anything, or prepared to do anything to end your life? *Examples*: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc. If yes, was this within the past three months?		High Risk

988 SUICIDE & CRISIS LIFELINE

If YES to 2 or 3, seek behavioral health care for further evaluation.
If the answer to 4, 5 or 6 is YES, get immediate help:
Call or text 988, call 911 or go to the emergency room.
STAY WITH THEM until they can be evaluated.

Resource: The Columbia Protocol Suicide Risk Assessment Tool

This material was created by The Columbia Lighthouse Project and adapted by the Center of Excellence for Behavioral Health in Nursing Facilities. This work is made possible by grant number 1H79SM087155 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Substance Abuse and Mental Health Services Administration.

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nursinghomebehavioralhealth.org

Scan the QR code or
visit the link below to view this resource.

bitly

https://nursinghomebehavioralhealth.org/resources/?filter=true&category=screening-tool

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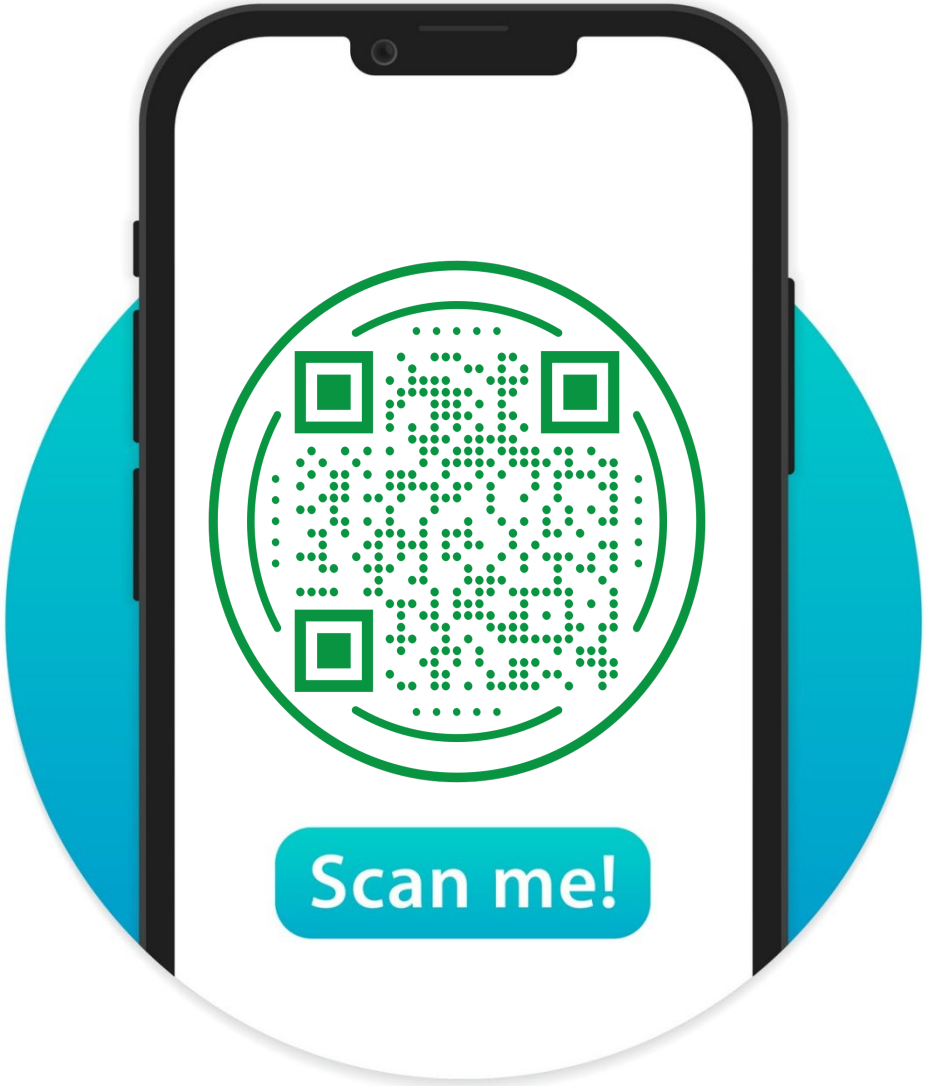
Request Assistance



<u>To submit a request for assistance, scan the QR code</u>.
We look forward to assisting you!

Contact us:
For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at coeinfo@allianthealth.org.

Visit the website:
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Thank You!

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