



Supporting Survivors in the Aftermath of Traumatic Death

Best Practices

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May 2020

Table of Contents

Types of Loss	1
Sudden, Traumatic Death versus Natural Death	2
Delivering Next of Kin Notification	3
Impact of Trauma on the Brain and Person	6
Common Trauma Responses	7
Styles of Grieving	8
Tips for Service Provider Self Care	10
Tips for Coping with Grief During Holidays or Special Days	12
Tips for Coping with Forgetfulness in Grief	13
Resources for Survivors	14
Learning Resources for Service Providers	15



Department of Justice
Canada

Ministère de la Justice
Canada

This project has been funded through
the Department of Justice Canada.



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Thank you to the Ministry of Public Safety and Solicitor
General, Community Safety and Crime Prevention
Branch for providing funding through the Department
of Justice Canada to support this project.

We acknowledge with respect the Lekwungen peoples on whose traditional territory
we stand and the Songhees, Esquimalt and WSÁNEĆ peoples whose historical
relationships with the land continue to this day.

Types of Loss

Loss is defined as the separation from or detachment from something or someone of value.

There are several different types of losses that a person can experience throughout a lifetime. Often, grief is also felt when secondary losses are recognized. Grief from secondary loss is the emotional response to the primary loss.

The intensity of one's grief, how long it lasts, and their reaction will differ from person to person. Factors that can impact the intensity of one's grief include the emotional closeness to the deceased person, the meaning of the loss to the individual experiencing it, the circumstances surrounding the loss, along with the suddenness of the loss. Although the intensity of grief may slowly decline over time, there is no timeline for how long one will grieve a loss.

Primary loss

Include losses that impact an individual's life anchors and stabilizers. Primary loss results from the 'event' and typically involve:

- Death of a loved one
- Death of a pet
- Loss of health due to illness (heart attacks), life altering diagnoses, loss of limbs or other bodily functions such as sight, hearing and mobility.
- Loss can also be felt after significant changes in weight, physical appearance, the loss of youth and energy and losses resulting from aging.
- Loss of relationships resulting from divorce or relationship break-up, children leaving home (the empty nest syndrome). Loss of the end of intimate friendships resulting from disagreements, immigration or death, and changes in family and social connections due to geographical moves.
- Loss of employment
- Loss of language or cultural identities and certainties

Secondary Loss

Often described as the 'snowball' effect, secondary losses are the multiple losses that are created from the primary loss. Changes in one's roles and relationships can result in significant secondary loss. Often it is not just the primary loss one is grieving, but also the secondary losses of hopes, dreams, identity, connection and security. Secondary losses include:

- Loss of support system
- Loss of financial security
- Loss of physical health
- Psychological losses: Intangible losses which include: loss of sense of control and safety due to crime or victimization; loss of one's sense of identity due to their relationship with individual who died (i.e. spouse, parent, child). Loss of self-worth due to harassment at work or loss of job. The event may result in the individual becoming emotionally or cognitively absent
- Symbolic Loss: intangible secondary losses, including: identity, meaning in life, dreams and hopes for the future, a sense of competency, along with self-image and self-esteem.
- Loss of Freedom: These are losses typically resulting from imprisonment or the restriction on movement. Medical and health changes can also result in the loss of freedom, not only is the person

who is medically affected impacted by feelings of loss, so is the caregiver. Losses of this type occur also with the birth of a child or result from other changes in the family.

- Loss of religious or spiritual faith, changes in world view

Disenfranchised Loss

Disenfranchised losses are those that are not openly acknowledged or publicly mourned. These losses include the death of someone in a stigmatized relationship (i.e. LGBTQ+ or extramarital relationship) or where the cause of death is stigmatized (suicide, drug overdose).

Society disenfranchises the loss by not recognizing the relationship between the deceased and a survivor, the importance of the loss to the survivor, or the need for the loss to be grieved.

Ambiguous Loss

Ambiguous losses lack clarity and can lead to sharply different assessments of exactly who or what has been lost. These losses can include but are not limited to: disappearance of a loved one, infertility, termination of pregnancy, graduations, weddings, grandchildren, being a caregiver, being cared for in old age, loss of a parent due to dementia (loss before a death).

Sudden, Traumatic Death versus Natural Death

Many of the losses mentioned in the previous section also result from significant trauma but traumatic losses are sudden and unexpected and may be included catastrophic losses following wars, natural disasters, assaults, homicide etc. These losses often result in significant trauma and can result in post-traumatic stress, requiring therapeutic support.

The experiences of a person who has lost a loved one due to a sudden, traumatic death (suicide, homicide, drug overdose, accident) and those who have lost a loved one due to a natural or anticipated death (prolonged illness), experience similarities in their grief response in that they can experience tearfulness, yearning for their loved one afterward, and feel depressed or deep sadness. Significant differences are also experienced with each type of death, primarily due to the sudden and traumatic nature of the death.

The differences within these two types of deaths are experienced for specific reasons:

1. Survivors of a sudden death do not have time to say goodbye to their loved one;
2. No time to adjust or make preparations for the death.
3. If the death was the result of a criminal offence, such as a homicide, the death can be felt like both a violation to the deceased and to the survivor.
4. Unlike an anticipated death, survivors of a sudden death generally do not have a role in their loved one's dying process, such as providing care on a death bed or calling family to gather to say their last goodbyes.
5. Due to the suddenness of the loss, survivors often have difficulty understanding, accepting and processing the death.

Initial and long term trauma responses of this type of loss can include, (but not limited to):

- disbelief, shock, or denial,
- reenactment (of the event regardless of whether the survivor was present),
- fantasies of reuniting with the deceased in an afterlife,

- fantasies of rescuing the deceased,
- remorse (guilt and regret) about what was not done to prevent the death, and
- revenge (more often experienced after a homicide).

Survivors experience additional responses that resemble post traumatic stress, including:

- Avoidance around thinking of the death
- Fear
- Sense of helplessness and overwhelmed
- Isolation and loneliness
- Anger or increased agitation
- Inability to concentrate or complete routine tasks
- Difficulty sleeping
- Changes in eating patterns

Delivering Next of Kin Notification

Delivering next of kin notifications (NOKs) can be one of the most difficult tasks faced by first responder's or victim services workers. Learning of the death of a loved one is often one of the most traumatic events in a person's life. Most families can recall how they were notified of the death of a loved one and even though every word or detail may not be remembered, the essence and impact of the words and how the message was delivered, may stay with the survivor forever.

The impact of the NOK can influence future interactions with investigators or victim services workers if the death is part of a criminal investigation. Every interaction with the deceased's loved ones can either enhance rapport or degrade it.

The following steps can assist in ensuring the delivery of an NOK is executed in a sensitive, professional, dignified, and compassionate manner.

1. Planning

- A. Identify who died. Collect as much accurate information as possible.
- B. An NOK team should be selected. The team should consist of two people: one of them in the position of authority (law enforcement, coroner, investigator) and one a service provider (victim services worker, chaplain, social worker).
- C. Professionals who are chosen to provide death notifications should have certain characteristics:
 - the ability to obtain information in an efficient manner
 - listen without interrupting
 - be empathetic without having an overwhelming emotional response while delivering the death notification

Team members chosen to provide death notifications should be trained in advance. The team members should ask themselves *"how would I want my loved ones to be notified?"*

NOTE: The Death Notification Team has two roles: 1. a primary notifier; 2. a support person. The primary person should do all of the speaking and delivers all of the information. If only one person is

speaking, it minimizes confusion for the family or NOK. The support person should silently observe behaviors, physical surroundings, and be ready to react to the situation, if necessary.

2. Preparation

- A. The Team should know how the deceased was identified. Because of shock or denial experienced by family or NOK, many questions may be asked about the identity of the deceased. They want reassurance that the Team has identified their loved one with 100% accuracy. Who identified their loved one and how confident is the Team that that person is correct? NOTE: Visual identifications are not best practices for identification.
- B. The Team should become familiar with the local jurisdiction's process for identification of deceased by speaking with their Regional Coroner's office. Some jurisdictions may require forensic identification through either fingerprints, dental records or DNA.
- C. Be familiar with the process in the jurisdiction to allow the family to view their loved one.
- D. Be prepared with a general explanation of what an autopsy is and how long results may take (i.e. toxicology report).
- E. Determine the legal family/NOK. This is the person who is legally entitled to receive the official notification.
- F. Prepare written materials (i.e. brochures, community resources) so the NOK does not have to write anything down and can refer to the information for clarification after the team leaves.
- G. Determine where this person(s) is located. Are they within the Team's jurisdiction or do they live outside? If they live outside of the Team's jurisdiction, a remote notification may be necessary.
- H. This news may invoke a strong response from loved ones. If possible, determine whether there has been any history of attendance to this location for medical issues. Consider the age of the NOK along with the impact the shock of the notification may have them. The Team can request medical assistance be on standby, if necessary.
- I. The Team should wear a uniform or clothing free from any biohazard from the crime scene.

3. Delivery

At no time should a death notification be given over the phone. It is important to provide the survivor with a human presence or "presence of compassion" during an extremely stressful time. Notifiers who are present can help if the survivor has a dangerous shock reaction, which is not uncommon.

Once the Team arrives at the NOK's location:

- A. The primary notifier knocks on the door and confirms the identity of the person answering the door to ensure the death notification is being given to the correct person(s).
- B. The primary notifier introduces him/herself and the support person. Each person should present credentials.
- C. The Team asks to come inside and encourage the family/NOK to sit down. This is encouraged for safety in case a family member feels faint. The Death Notification Team should sit as well so everyone is on the same eye level.
- D. The support person should be scanning the location for small children or others in the area so they are not hearing the information or the response.
- E. Once seated, the primary notifier delivers the notification with clearly understood words such as died, death, or dead. Be specific about the cause of death, avoid saying passed away, lost, or expired. Examples include, "Sam was involved in a car accident and he/she has been killed." or "We found John in Oak Park with a fatal stab wound. It appears self-inflicted."

NOTE: If the NOK is silent, allow them time to absorb the information. It is important the Team uses the deceased person's name and never say "the body" or "remains." The Team should be prepared to repeat the information or say the word 'dead' or 'died' several times.

- F. Once the family begins to speak, listen without interrupting, answering as many questions as possible and with honesty, including, 'I don't know the answer but will try to find out.'
- G. The support person is monitoring the reactions of the family during the notification.
- H. Ask if there is someone the Team can call for the family, if necessary, waiting with the family until that person arrives. The Team should not leave the family alone after the death notification is completed.
- I. Leave written information. If they need additional contact information, offer to write it down.
- J. Ask if someone from the Team can follow up with them within the next 24 hours. Ensure that follow up does happen.
- K. Encourage the family to write down questions and/or thoughts in a notebook as days pass.
- L. If questions cannot be answered, explain why. For example, 'This is an ongoing investigation and we are gathering as much information as possible.'

Helpful things to say:

- 'I am so sorry.'
- 'This is harder than most people think.'
- 'Most people who have gone through this react similarly to you.'
- 'People can experience many different feelings at the same time.'
- 'This may be one of the most difficult times in your life.'
- SILENCE is often enough and most needed

Things NOT helpful:

- Sharing personal stories of loss
- Telling the family you know how they feel
- 'Time heals all wounds'
- The family needs to be strong
- 'You will get over this someday'
- Cliché statements that serve no purpose, including, 'S/he was just in the wrong place at the wrong time'
- 'You must go on with your life'
- 'You will find closure'
- 'Think of all your happy memories together'
- 'It's better if you remember him/her as they were when they were alive' (if the family wants to see their loved one after their death; it may not be for the Team to decide despite the condition of the body)
- Avoid religious phrases such as 'It must have been his/her time' or 'God needed another angel.'

4. Team Debrief

All members of the team should debrief after each death notification to reflect on protocol and practice when providing a death notification and to reflect on areas additional support is needed for anyone on the Team.

5. Follow-up

Follow-up contact provides an opportunity for the NOK to ask additional questions. Often, this is when they may ask about their loved one's personal effects. If the personal effects are not needed as evidence, they should be returned to the family as soon as possible. It is important to ask the family if they would

like personal effects cleaned prior to their return. NOTE: Personal effects should never be thrown away because they may have biohazard on them.

The family may also ask about media intervention if they have been contacted by media outlets. All appropriate resources should be provided during this time.

Impact of Trauma on the Brain and Person

Trauma, including, one-time, multiple, or long-lasting repetitive events, affects everyone differently. Some individuals might demonstrate symptoms associated with post-traumatic stress (PTS), however, many can exhibit resilient responses. The impact of trauma can be subtle or destructive.

How an event affects an individual depends on many factors, including:

- characteristics of the individual;
- the type and characteristics of the event(s);
- developmental processes of the survivor;
- the meaning of the trauma; and
- sociocultural factors.

Survivors' immediate reactions in the aftermath of trauma can be complicated and are affected by other personal experiences, the accessibility of supports and resources, their coping and life skills and those of immediate family, and the responses of the larger community in which they live. Although reactions range in severity, even the most strongly felt responses (i.e, rage, depression) are natural and common responses to trauma and are not signs of mental illness. Coping styles also vary from action oriented to reflective and from emotionally expressive to quiet and unexpressed.

The response style exhibited by a survivor is less important than the degree to which coping efforts successfully allow a survivor to continue daily activities, regulate emotions, sustain self-esteem, and maintain and enjoy interpersonal contacts. Past assumptions were that all survivors needed to express emotions associated with trauma and talk about the trauma to process it. Research now indicates that survivors who choose not to process their trauma are just as psychologically healthy as those who do. The most recent psychological debriefing approaches emphasize respecting the individual's style of coping and not valuing one type over another.

Common Responses to Trauma:

Fight Response

Survivors who tend toward the fight response commonly believe power will guarantee the security and control they were lacking at the time of the trauma. This response can manifest in explosive outbursts of anger, aggressive behavior, demanding perfection from others or being "unfair" in interpersonal confrontations.

While people typically associate the fight response with men, women can also struggle with anger, though in many cases they direct their anger inward, at themselves, instead of outward, toward others. This can look like self-loathing, shame/guilt or body mutilation such as cutting.

Flight Response

Survivors who tend toward the flight response are usually chronically busy and perfectionistic. They may believe “being perfect” is a fireproof way to receive love and prevent abandonment by important people in their lives.

Flight can look like obsessive thinking (‘I’m not worthy of love’) or compulsive behavior (repetitive behavior that impacts daily living, such as hand washing), feelings of panic or anxiety, being a workaholic, over-worrying or an inability to sit still or feel relaxed.

Freeze Response

Survivors who tend toward the freeze response are often mistrustful of others and generally find comfort in solitude. The freeze response may also refer to feeling physically or mentally “frozen” as a result of trauma.

To ‘freeze’ looks like ‘zoning out’ or having a feeling that events are not real, isolating from the outside world, having difficulty making and acting on decisions.

Common Trauma Responses

Trauma is a term used to describe the challenging emotional consequences in response to a deeply distressing or disturbing event.

Traumatic events can be difficult to define because the same event may be more traumatic for some people than for others. However, traumatic events or experiences that are out of one’s control, such as a serious accident, being the victim of violence, living through a natural disaster or war, or sudden unexpected loss can often be devastating.

At some point, most of us will live through a terrifying event. It may be a car accident, a natural disaster, a medical emergency, a fire, or a trauma inflicted by another person in the form of assault, abuse, combat, or robbery. Trauma can also come from seeing another person be seriously hurt or killed, or learning about something awful has happened to a loved one.

For those who have experienced a traumatic event, it is helpful to know that the common reactions experienced afterward, such as ‘I’m scared’ ‘I can’t sleep’ ‘I’m on edge’ ‘I’m angry’ etc, are manageable. It is also useful to realize that as the recovery process continues, these experiences are likely to improve, which can instill hope.

Common Reactions to a Traumatic Event

Re-experiencing the Trauma

- *Replaying the Memory:* Many people find that the mind returns over and over to the upsetting memory, almost as if on a loop. It might feel like the brain is trying to make sense of the experience, or figure out if we should have responded differently. Whatever the cause, it can be extremely distressing to relive a terrifying experience, even as we try our best to get the memory out of our heads.
- *Nightmares:* It is common to have nightmares in the aftermath of a trauma. The nervous system has taken a major shock, and in sleep, the brain continues to process the event. Most of the time the nightmares are not of the exact trauma experience, but have themes in common with it - for example,

danger, dread, or being chased. These nightmares can contribute to the poor sleep that is common after a trauma.

- *Flashbacks*: A flashback occurs when a trauma memory is triggered, making it feel as if the trauma is happening again, in real time. All sensations (smell, sight, sound, touch, taste) may be felt in full force.

Emotional Reactions

- *Fear and Anxiety*: A few of the more common emotional reactions to a trauma is fear and anxiety. Fear following a trauma can be as bad, or worse, than when felt at the time of the trauma, and almost certainly lasts longer. Like the rest of these reactions, however, most decrease over time.
- *Anger*: In addition to fear and anxiety, anger is a very common reaction to trauma. Survivors might feel anger at the person or situation responsible for the trauma. They may be angry at themselves, blaming themselves for any (perceived) role they may have had in the death. Survivors might feel more irritable than usual, and have a hard time understanding why they are snapping at or are less patient with those around them, including loved ones. Anger is normal after a trauma and should be communicated accordingly.
- *Sadness*: Survivors may feel sad after a traumatic event. However, as the expression of grief varies between people, the expression of crying also varies between survivors. It is not uncommon for survivors to compare their level of grief to the experience of those around them and question whether their grieving is normal if their expression of grief is different from others.
- *Guilt*: Similar to anger, if the trauma involved the death or injury of someone close, survivors may blame themselves for somehow not preventing it. If the trauma caused injury to

Styles of Grieving

In everyday life, people make discriminations between relatively minor and major losses. When enduring a major loss, people often fall into patterns that may be considered masculine or feminine ways of reacting. In addition to gender, how a person grieves is affected by many other factors, including culture, personality, temperament and messages taught while growing up about grief and how grief 'should' be expressed. These characteristics are demonstrated in different styles of grieving.

Instrumental Grievers

- Are private – they have less access to tears and minimal display of emotion.
- Release of emotion is often through cognitive and behavioral pathways.
- They want manage their grief, and so their preference is to talk about issues rather than feel the feelings.
- They describe their grief in cognitive or physical terms – “It is as if I have been punched in the stomach”, “It’s gut wrenching”, “It’s like a cold chill”, “I’m wound like a top”.
- They are practical, pragmatic, sequential problem solvers, and they look for ways to fix their grief.
- They are action-oriented – there is a need to be doing. Creative activities such as poetry, art, and music may provide an outlet for emotions, as well as volunteering or promoting a cause.
- They are future-focused – their goal is to move efficiently through the grieving process to the other side.

Intuitive Grievors

- Grief is experienced as intense feelings.
- Feelings are expressed easily, comfortably and emotionally through tears.
- The outward expression of their grief mirrors their inner experience.
- They process their grief by telling and retelling the story/the narrative of the death/loss.
- They are natural meaning makers, and so as they seek new identity after the loss they question its impact on the narrative of their story.
- They seek to understand the “why” in the loss.
- They often describe grief in emotional terms ‘I feel so sad’ ‘I feel lost and afraid’ ‘I feel vulnerable.’

Dissonant Grievors

- They encounter conflicts between the way they experience their grief internally and the way they express it outwardly .
- The conflict they experience may be result from cultural, social or family traditions.
- They struggle to hide their true feelings, in order to preserve they image they wish to project to the public or feel they are expected to display.

Supporting Different Grieving Styles

- Recognize that your own personality and gender biases may influence how we “read” another person’s grieving process.
- What may appear as inappropriate behavior may be instrumental in the survivor’s way of avoiding feelings or displaying emotions publicly.
- Instrumental mourners may appear to be further along in the grieving process than they actually are. Even if the survivor appears to be all right, it is should not be assumed this appearance is actually what he or she is experiencing. When in doubt, ask.
- Be aware that those who turn to drugs or alcohol in an effort to numb their pain or break down their inhibitions need to know that, because alcohol is a depressant, it can add to the sadness they are already feeling. Distracting from the pain only delays the mourning process.
- The way a person grieves is as individual as they are. Some individuals can display feelings or behaviours that are considered traditionally more feminine or masculine.
- If a survivor is displaying more anger than sadness at the death of a loved one, the individual may be angry at the situation — and anger may be the only way they know for expressing grief.

Feelings of grief can be a life-long process, therefore, reminding survivors of the benefit of letting go of the notion that there is a timeline that grief should be felt or experienced can relieve extra burden from the survivor. Additionally, educating survivors (and families) about the different ways people grieve can be helpful to better understand why other family or friends express their grief differently than the survivor.

Tips for Service Provider Self-Care

As service providers, it is common to forget or ignore our own needs, which include many things: physical, emotional, spiritual, social, financial, etc. Secondary trauma and burn out are also common results of self-care that is not recognized and addressed.

Understanding your professional role, and feeling prepared and equipped to accomplish that role is essential to avoid burnout. Additionally, all service providers should have available to them, options for ongoing support from within the organization, through the administration, peers and/or through an employment assistance program for more professional support. The ability to debrief after difficult cases, acknowledge and reward successes, and being aware of triggers around personal trauma are also essential to protect against secondary/vicarious trauma.

Secondary/Vicarious Trauma

Secondary or vicarious trauma is a reaction from indirect exposure to traumatic event(s) of others. This exposure can change the service provider's worldview, what was once believed to be safe, predictable and trustworthy are no longer.

Other components that may contribute to secondary trauma:

- Compounded exposure to trauma
- Being asked to go beyond the scope of one's roles and responsibilities
- Over identification with a survivor
- Over-exposure to trauma outside of work (television, radio, social media)
- Lack of support (supervisors or colleagues)

What Secondary/Vicarious Trauma Can Look Like

- Isolation
- Mood swings
- Increased agitation
- Sleep difficulties
- Intrusive imagery
- Difficulty managing boundaries with clients
- Change in core beliefs around security, trust, esteem, intimacy, and control

Self-Assessment for onset of Secondary Trauma

Service providers can self assess for the onset of secondary trauma by asking the following questions:

How Do I Feel?

1. I feel emotionally numb
2. My heart starts pounding when I think about my work with clients
3. It seems as if I am reliving the trauma(s) experience by my client(s) / families
4. I have trouble sleeping
5. I feel discouraged about the future
6. Reminders of my work with clients upset me
7. I have little interest in being around others
8. I feel jumpy
9. I am less active than usual
10. I think about my work with clients when I don't intend to
11. I have trouble concentrating

12. I avoid people, places, or things that remind me of my work with clients
13. I have disturbing dreams about my work with clients
14. I want to avoid working with some clients
15. I am easily annoyed
16. I expect something bad to happen
17. I notice gaps in my memory about client sessions

If the functioning of a worker is compromised and the worker is experiencing many of the above descriptions, additional support, including professional, should be sought.

On the Other Side

Even though secondary or vicarious trauma can be a very real experience when working with trauma survivors, so can be the experience of personal growth. Equally important as assessing for secondary trauma, areas where service providers feel growth and resilience as a result of working with survivors should also be reflected upon.

Vicarious Resilience and Post Traumatic Growth

Vicarious resilience happens when those who work with survivors experience personal growth in their own life through witnessing the growth of their clients. Post traumatic growth is understood to be the positive mental shift experienced after a difficult event, in essence, to 'bounce above' one's baseline experienced before the traumatic event.

Post Traumatic Growth vs Resilience

Studies show an inverse relationship between post traumatic growth and resilience where highly resilient people experience less post traumatic growth than less resilient people¹. Highly resilient individuals may have stronger coping skills and are less likely to struggle with the psychological consequences of trauma, but are also less likely to experience as many opportunities for change that proceed from the emotional wrestling with trauma.

Growth can be seen in the following areas:

1. Relationships (more appreciation, presence and longing to engage more);
2. Self-esteem (deeper inner wisdom, gratitude and inner strength); and
3. Meaning (change in life perspective and priorities).

Ways to Access Support for Service Providers:

- External Resources (personal counselling)
- Support groups (staff-lead)
- Debriefing (before and after a responding to a traumatic incident - with supervisor or peer)
- On-going supervision
- External / internal trainings
- Networking with similar programs in your community to learn what they are doing similarly and differently to support self-care

Lastly, the following questions can be used as a way to begin conversations to assess for burnout and secondary trauma:

- What Compels You to Do This Work?
- What Clients Do You Take Home (can't emotionally leave at work due to worry, guilt, etc)?
- How Have You Changed Since Starting This Work?

1. Tedeschi, R.G., McNally, R.J. (2011). Can We Facilitate Posttraumatic Growth in Combat Veterans?. *American Psychologist* 66(1):19-24.

Tips for Coping with Grief During Holidays or Special Days

Time does not heal the pain associated with loss. Special days, such as birthdays or anniversaries, and holidays bring special challenges to those grieving the loss of a loved one. Each special day can remind survivors of times shared with loved ones and the things they used to do together, or of the traumatic event that led to the loss. Waves of memories can feel overwhelming.

The following are tips that can assist survivors in coping with personal, family or social events.

1. *Set health boundaries*
 - Do not take on more than you can handle and accept your limitations at this time.
 - Reframe expectations and make new traditions. Release yourself of the need to make this year as fulfilling as past ones.
 - Try not to focus on what was or should be: focus on the moment instead.
 - Evaluate which activities are most important to you. What modifications need to be made to make the activity more manageable?
 - Create a simple plan for how you will get through the occasion without extending your anguish. Often it is helpful to create an escape plan.
2. *Accept support from others*
 - It is important to let others know what you need and what is helpful. You may feel as though you are a burden to others, but people want to help you although they often do not know how
3. *Scale back or opt out*, if finances are a concern
 - Gift-giving is optional; let family and friends know this year will be different but no less special.
 - Use the online shopping to avoid long lines and crowds if you do choose to get gifts.
 - Choose hand-written cards or notes instead of things. Consider the gift of time or experiences.
4. *Use your words*
 - Talk about what you are feeling and what you need; let your feelings breathe.
 - Tell family and friends what to expect in advance.
 - Know that plans can change according to how you feel and prepare others for this.
 - Decide what you want and what you need each day and communicate these needs.
5. *Give yourself grace*
 - Holidays and special dates can bring about a wide range of emotions. It is alright to not feel gratitude. Similarly, it is alright to feel enjoyment and happiness. Negative and positive feelings can co-exist even when one is stronger than the other. A weekly list of 5 positives about life has been proven to affect wellness.
 - Know that it is okay to show emotion; tears can bring release. Grief is the process by which one heals. If feelings of sadness feel overwhelming most of the time, consider talking to a mental health professional to explore this.
6. *Get air and light with exercise*
 - Light exercise can reduce stress and create a sense of calm.
 - “Change the air” in your living quarters periodically: open doors and windows for a while.
7. *Rest and eat mindfully*
 - Allow yourself to rest and nap.
 - Do activities that bring a smile or feelings of wellness, a sense of newness to the day.
 - Try to avoid food and beverages that may negatively impact you in the long run.
8. *Honor the memory of the loved one*
 - Include your loved one in special ways that have meaning and are appropriate to you.

Tips for Coping with Forgetfulness in Grief

The inability to think clearly is often common when an individual has experienced a significant loss. High levels of stress hormones in the body can lead to confusion, an inability to focus, fuzzy thinking, or a heavy headiness feeling.

Grief forgetfulness can be frustrating and annoying, but over time it does get better. The following tips can be helpful for coping with grief forgetfulness.

1. Keep a calendar. This can assist with keeping track of important appointments along with provide you a cue to what day it is.
2. Set alerts/alarms. Set an alarm to remind you of things you need or want to do.
3. Carry a small notebook and pen with you to make notes and reminders.
4. Making lists that help keep you on track can ease anxiety about the things you feel you need to do.
5. Establish a daily routine and stick to it. Do things the same way every time.
6. Record the day's events in a journal/diary
7. Do things when you think of them, do not put them off for later
8. If you are feeling overwhelmed, allow your support system to assist.
9. Allow yourself to take breaks from your stress and grief. Consider engaging in activities that help increase well-being.
10. Try to get lots of rest. Sleep can improve concentration and productivity.
11. Focus on nutrition: A healthy diet is good for the brain. Reduce your use of alcohol and other substances
12. Stay active - physical activity increases blood flow to your whole body, including your brain.
13. Ask your doctor if any of your prescription medications interfere with memory.
14. Reduce Stress: chronic stress has destructive effects.
15. Reduce your social media use: Social media distracts you from paying attention to what is going on around you which reduces your ability to create and encode memory.
16. Make tasks more manageable by breaking them down into smaller steps
17. Automate tasks: If you often forget to pay your bills, set them on autopay (if your banking account allows for it).
18. Try not to multi-task: Multi-tasking causes you to switch your attention back and forth between multiple tasks, which can be distracting and reduces the amount of attention your giving to each task.
19. Have a designated spot for important things like keys.
20. Do not try and take on difficult or complicated tasks before your ready, this can often set yourself up for failure or disappointment.
21. Take a picture of things you want to remember
22. Shop online: If you are having trouble completing errands and/or grocery shopping without forgetting a number of items, make use of your online shopping options.
23. If you lose your train of thought while speaking, pause and breathe. Try not to panic, simply take a moment to refocus. Also, try not to be too embarrassed, it happens to everyone.
24. Ask people to email or text you with information. Do not worry about memorizing things you can look up at a later time.
25. If you are worried about forgetting things about your loved one, make a project of writing memories down and gathering pictures.

Excerpted from www.whatsyourgrief.com

Police Victim Services of BC

All victims of crime and trauma across BC receive compassionate, professional and consistent service

Resources for Survivors

The following resources can provide general information or assistance to survivors of traumatic loss

General Information:

- After a Death – *BC Coroners Service*: www2.gov.bc.ca/gov/content/life-events/death/after-death
- BC Bereavement Helpline (and BC Victims of Homicide): www.bcbh.ca
- Children and Youth Network: www.childrenandyouthgriefnetwork.com
- Coping with Traumatic Events – *National Institute of Mental Health* (US site): www.nimh.nih.gov/health/topics/coping-with-traumatic-events/index.shtml
- KidsGrief.ca – *Canadian Virtual Hospice* (online resource to help adults support children when someone in their life has died): www.kidsgrief.ca
- Living Through Loss Counselling Society of BC: www.livingthroughloss.ca
- MyGrief.ca – *Canadian Virtual Hospice* – (online resource to help individuals work through their grief): www.mygrief.ca
- Trauma, Loss and Bereavement – *MADD Canada*: www.madd.ca/media/docs/trauma.pdf
- What's Your Grief?: www.whatsyourgrief.com
- Working with the Media: A Guide for Canadian Victim Service Providers (this resource can assist survivors understand the implications of interacting with the media) - *Canadian Resource Centre for Victims of Crime*: www.crcvc.ca/publications/media-guide
- MindShift™ CBT – *Developed by Anxiety Canada* – MindShift™ is an app that strategies based on Cognitive Behavioural Therapy (CBT) to help users learn to relax and be mindful, develop more effective ways of thinking, and use active steps to take charge of their anxiety: www.anxietycanada.com/resources/mindshift-cbt

Homicide:

- Homicide Survivors - Dealing with Grief - *Canadian Resource Centre for Victims of Crime*: www.crcvc.ca/docs/homsurv.pdf
- How to Talk to Children About Murder/Homicide - *Canadian Resource Centre for Victims of Crime*: www.crcvc.ca/wp-content/uploads/2013/01/HOW-TO-TALK-TO-CHILDREN-ABOUT-MURDER.pdf
- Integrated Homicide Investigation Team Family Guide - www.bc.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2242&languageId=1&contentId=-1
- Mass Shootings Resources – *Society of Counseling Psychology*: www.div17.org/resources/mass-shootings-resources/

Suicide:

- Hope and Healing – A Practical Guide for Survivors of Suicide – *BC Ministry of Health*: www.health.gov.bc.ca/library/publications/year/2007/HopeandHealing.pdf
- Healing Your Spirit – Surviving After the Suicide of a Loved One (Indigenous focus) – *Alberta Health Services*: www.albertahealthservices.ca/assets/healthinfo/ip/hi-ip-pipt-chc-healing-your-spirit.pdf

Overdose:

- Gone too Soon – Navigating grief and loss as a result of substance use – *The BC Centre on Substance Use*: www.bccsu.ca/wp-content/uploads/2018/11/Grief_Handbook.pdf
- From Grief to Action – When addiction hits home: www.fromgriefftoaction.com
- 7 Ways Grief is Compounded by an Overdose Death – *Answering Service for Directors*: www.myasd.com/blog/7-ways-grief-compounded-overdose-death

Learning Resources for Service Providers

In addition to the resources for survivors, the following resources can provide additional information to the topics covered in this handbook.

General Resources:

- Canadian Virtual Hospice: www.virtualhospice.ca/en_US/Main+Site+Navigation/Home.aspx
- Psychology Tools (provides downloadable evidence-based tools and information sheets in multiple languages on a range of anxiety and stress related topics): www.psychologytools.com
- Additional disenfranchised grief information: www.bc-counsellors.org/wp-content/uploads/2018/01/Recognizing-and-Treating-Disenfranchised-Grief-Tricia-Toth-Winter-2017.pdf
- Additional ambiguous loss information: www.alzheimer.ca/sites/default/files/files/national/for-hcp/for_hcp_ambiguous_loss_e.pdf

Trauma-Informed Practice

- Aboriginal Peoples and Historic Trauma – *National Collaborating Centre for Indigenous Health*: www.nccih.ca/495/Aboriginal_Peoples_and_Historic_Trauma_The_process_of_intergenerational_transmission.nccih?id=142
- The Trauma Toolkit – *Klinik Community Health Centre*: www.trauma-informed.ca
- Trauma-informed approaches: An Introduction and Discussion Guide for Health and Social Service Providers – *Government of Nova Scotia*: www.novascotia.ca/dhw/addictions/documents/TIP_Discussion_Guide_1.pdf
- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach – *Substance Abuse and Mental Health Services Administration* - www.nasmhpd.org/sites/default/files/SAMHSA_Concept_of_Trauma_and_Guidance.pdf
- Real Tool: Responding to Multi-Abuse Trauma – A Tool Kit to Help Advocates and Community Partners Better Serve People with Multiple Issues – *Alaska Network on Domestic Violence & Sexual Assault*: www.nationalcenterdvttraumamh.org/wp-content/uploads/2012/09/RealTools_RespondingtoMultiAbuseTrauma_BlandandEdmund.pdf
- Trauma-Informed Care in Behavioral Health Services - *Substance Abuse and Mental Health Services Administration* - www.integration.samhsa.gov/clinical-practice/SAMSA_TIP_Trauma.pdf

Post-Traumatic Stress

- Veterans Affairs Canada: www.veterans.gc.ca/eng/health-support/mental-health-and-wellness/understanding-mental-health/ptsd-warstress
- The American Academy of Experts in Traumatic Stress: www.aaets.org
- Center for the Study of Traumatic Stress: www.cstsonline.org
- National Center for PTSD – US Department of Veterans Affairs: www.ptsd.va.gov
- International Society for Traumatic Stress Studies: www.istss.org/home
- National Child Traumatic Stress Network: www.nctsn.org

Self-Care

- Canadian Institute for Public Safety Research and Treatment: www.cipsrt-icrtsp.ca
- Tend Academy: www.tendacademy.ca/resources
- The Vicarious Trauma Toolkit – Office for Victims of Crime: www.vtt.ovc.ojp.gov/what-is-vicarious-trauma

Post-Traumatic Growth

- Posttraumatic Growth Research Group – UNC Charlotte, Department of Psychological Services: www.ptgi.uncc.edu



www.policevictimservices.bc.ca
info@policevictimservices.bc.ca
1-877-869-0720