

# Dealing with Grief and Loss

Sustaining our Advocates  
of Older Adults with Intellectual Disabilities

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# Dealing with Grief and Loss

- Workplace Loss – The complexities of our grief
  - What to say and not to say
  - How to attend to ourselves while attending to our clients
- Professional Boundaries – Strengthening Care & Lessening Stress
  - Professional vs. Personal relationships
  - Benefits and Costs of doing this work
  - Keeping Boundaries and Thriving in the workplace
- Memorial Art Making and Ceremony

## Heard it. Felt it. Probably have said it.

- “Well, you work with old people... What do you expect?”
- “Don’t talk about her so much. It just makes it worse.”
- “He was *only* a patient/co-worker/friend.”
- “Shouldn’t you be over this by now?”
- “It isn’t normal to cry so much.”
- “Just stay busy. That always helps.”
- “You are so strong. How do you do it?”
- “If you need anything, just give me a call.”
- “Uh oh... looks like someone needs a “therapy session” before they can get back to work.”

## What we do....



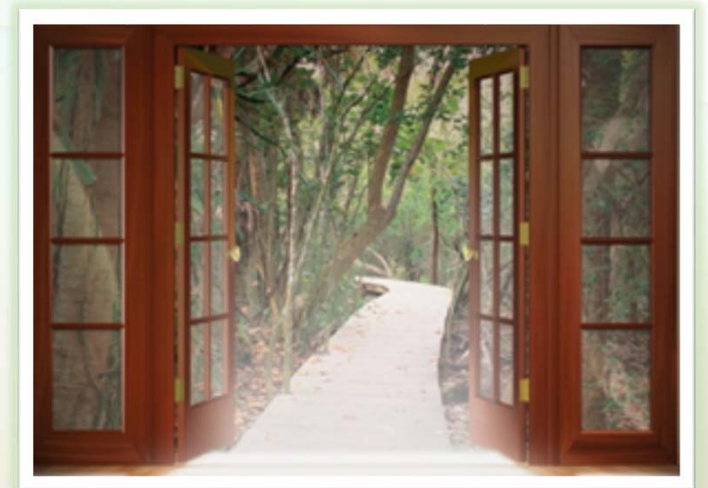
- We think we can confine the grief response.
- Debrief and move on.

## What we could do ....

Open the door to talk about  
what's happening

*and*

Provide education on an  
ongoing process.



# Terms & Definitions

- **GRIEF** – deep and poignant distress caused by or as if by bereavement
  - **BEREAVEMENT**: the state or fact of being bereaved, robbed or deprived of something or someone

A complex combination of thoughts and feelings  
that accompany a loss.

An internal experience, unique yet universal.

- **MOURNING**
  - **1**: the act of sorrowing
  - **2**: an outward sign (such as black clothes or an armband) of grief for a person's death

# What grief feels (and thinks) like

- Feel tightness in the throat or heaviness in the chest
- Have an empty feeling in the stomach and loss or increase of appetite
- Feel guilty at times, and angry at others
- Feel restless and look for activity but find it difficult to concentrate
- Feel as though the loss isn't real, that it didn't really happen
- Wander aimlessly, forget, and don't finish things they've started to do around the house

## What grief feels (and thinks) like *(cont'd)*

- Sense the person's presence, like finding themselves expecting the person to walk in the door at the usual time, hearing her/his voice, or seeing her/his face
- Have difficulty sleeping and dream of the person frequently
- Experience an intense preoccupation with the life of the deceased
- Feel as though they need to take care of other people who seem uncomfortable around them, by politely not talking about the feeling of loss
- Cry at unexpected times
- Feel their mood change over the slightest response



# What can help

- Time – less frequency and less intensity
- Find *supportive* people you can talk to... or people who meet your current needs.
- Write it out and send it off (or not)
  - Add *gratitude journal* entries
- Create something
- Make an appointment with your grief
- Attend a support group



# Our two types of relationships

## PROFESSIONAL

- Paid hours
- Time limited
- Structured within role
- Greater responsibility
- Requires preparation
- Agency's commitment
- Can I *work* with this person?

## PERSONAL

- Not paid
- Maybe forever
- Spontaneous
- Equal responsibilities
- No preparation
- Personal choices
- Do I *like* this person?



Poem: *What a nurse likes*  
by Courtney Davis

## Commentary by the author of *What a Nurse Likes*

- "This poem was really an assignment that I gave myself- to make a list of what I liked about being a nurse. Two things came from writing this poem: one is that some of the things that I found showing up on my list astounded me, and shocked me, and sometimes I think they shock readers as well.
- "Importantly, I realized that it is necessary for caregivers to say shocking things occasionally about the type of work that they do. Secondly, I think it is also important for us to realize the metaphor behind some of those shocking things that we might say.
- "There is one line in this poem where I say I like watching patients die; once at a reading someone came up to me afterwards and said, 'Well you can't say that; how can you say such a horrible thing?' In truth I don't like watching patients die, but I do love the privilege of being there at the moment of a patient's death, sharing with them their exit from the world just as I share with patients their entrance into the world. So behind that statement, which may appear shocking, is the appreciation for the grace and the opportunity of being a caregiver."

<http://medhum.med.nyu.edu/static/poems/nurse.likes.cd.html>

# Professional Quality of Life

## Compassion Satisfaction

- The positive aspects of helping
- “The good stuff”

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## Compassion Fatigue

- The negative aspects of helping
- “The bad stuff”

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# Memorial Art Project



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