

Working in supervision with the impact of trauma within a healthcare setting

Glasgow, 19th March 2019

Understanding Complicated Grief and Suicide Bereavement

Anne Embury, Suicide Liaison (Postvention) Service Lead for Cornwall & Isles of Scilly



Welcome to
CORNWALL
KERNOW
a'gas dynergh

TALK TO US

If things are getting to you



116 123

FREE

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SAMARITANS



Workshop Content



Kernow Clinical Commissioning Group



- *Impact of Suicide on the bereaved*
- *What the bereaved experience*
- *Complicated grief*
- *Bereavement by suicide as a risk factor for suicide*
- *Ripple Effect of Suicide*
- *Post-traumatic Stress Disorder*
- *Impact of patient suicide on mental health staff and therapists*
- *How are we affected?*
- *Self care*
- *A practice model for reflective supervision within an organisational context*

outlook SOUTH WEST

Suicide Liaison Service



The Impact of Traumatic Death: the Emotional Tsunami

Devastation
Shock
Disbelief
Fear
Anger



富嶽三十六景 神奈川沖
波裏

江戶時代

The Aftermath of a Traumatic Death

- A sense of dread:
the world is no longer safe
- Loss of meaning
- Loss of previously held belief systems



The Impact of Trauma

- Shattered Assumptions (Janoff-Bulman, 1992)

Pre-trauma

- Others are benevolent
- The world is safe
- I am invulnerable
- The world is meaningful and just
- The self is worthy



Post-trauma: Beliefs held about self, world & others no longer felt to be true

- “my bubble of safety has burst!”
- Even little things can feel overwhelming and there is a sense that things are no longer within my control
- The world is dangerous & unpredictable
- I cannot trust anyone now
- I must be bad for these things to happen to me

Complicated Grief: a combination of trauma and separation response which can be present all day and every day for up to 6 months and beyond....



- Intense daily yearning to be reunited with the lost loved one;
- Significant emotional pain;
- Physical reactions and symptoms;
- A feeling of unreality

What do people bereaved by suicide experience?

- Unanswered questions: *Why? What could I have done to prevent it?*
- Trauma (when discovering the body) with the risk of developing symptoms of clinical trauma when told details of the death by Police or re-visiting the trauma when attending an Inquest
- An overwhelming sense of rejection – *why didn't they come to me for help?*
- Anger, blame....blaming themselves or others
- Regret, shame, sadness, despair
- Detachment
- Loss of confidence
- Feeling socially isolated and alone
- Stigmatised by friends and others they meet, including some professionals

The effect of perceived stigma

People who feel highly stigmatised by a sudden bereavement are at increased risk of suicidal thoughts and suicide attempt, even taking into account prior suicidal behaviour. General practitioners, bereavement counsellors, and others who support people bereaved suddenly, should consider inquiring about perceived stigma, mental wellbeing, and suicidal thoughts, and directing them to appropriate sources of support.

International Journal of Environmental Research and Public Health

Alexandra Pitman, Khadija Rantell, Louise Marston, Michael King and David Osborn (March 2017)

Every suicide has a ripple effect.



Bereavement by suicide as a risk factor for suicide:

“Bereavement by suicide is a specific risk factor for suicide attempt among young bereaved adults, whether related to the deceased or not. Suicide risk assessment of young adults should involve screening for a history of suicide in blood relatives, non-blood relatives and friends.”

Alexandra L Pitman, David P J Osborn, Khadija Rantell, Michael B King

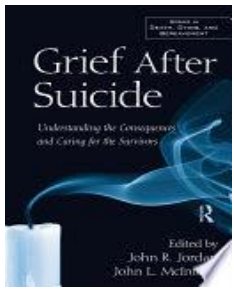
BMJ Open (January 2016)



How Many People Are Exposed to Suicide? Not Six

It has long been stated that six people are left behind following every suicide. Despite a lack of empirical evidence, this has been extensively cited for over 30 years. Using data from a random-digit dial survey, a more accurate number of people exposed to each suicide is calculated. A sample of 1,736 adults included 812 lifetime suicide-exposed respondents who reported age and number of exposures. Each suicide resulted in 135 people exposed (knew the person). Each suicide affects a large circle of people, who may be in need of clinician services or support following exposure.

Julie Cerel PhD, Margaret M. Brown DrPH, Myfanwy Maple PhD, Michael Singleton PhD, Judy van de Venne PhD, Melinda Moore PhD, Chris Flaherty PhD (March 2018)



Clinical Trauma

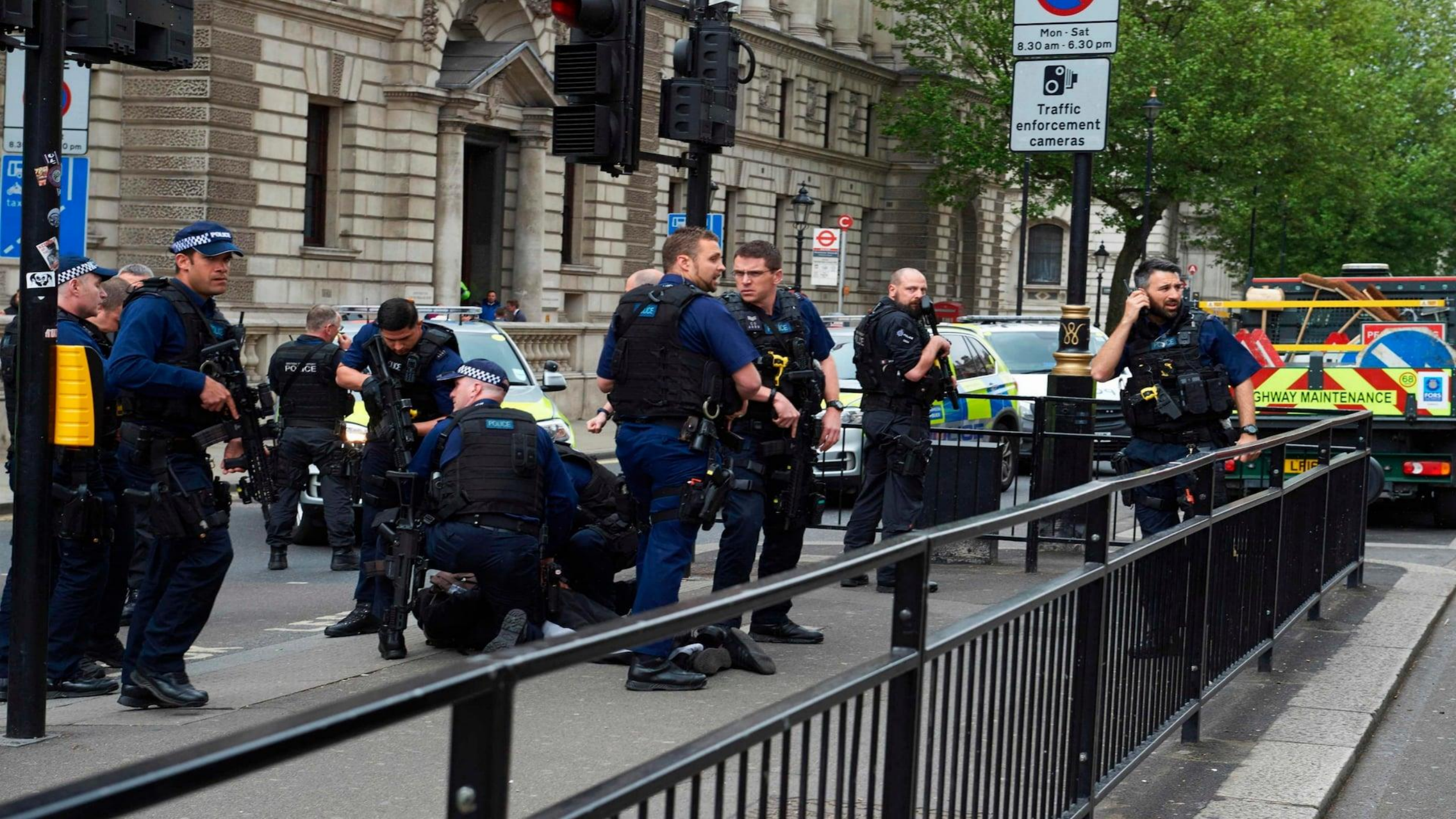
- The loss of a loved one to suicide often produces some degree of clinical trauma symptoms in the survivors, even if they do not reach full syndromal level post-traumatic stress disorder (PTSD).
- These symptoms can include an intrusive reliving of the dying process and the death scene, along with rumination about the amount of mental and physical suffering experienced by the deceased just before the suicide.
- Avoidance symptoms are common.
- Hyperarousal symptoms that include insomnia, difficulty concentrating, irritability and various other physiological and psychological symptoms of trauma are also common.

- Grief After Suicide: Understanding the Consequences and Caring for the Survivors

Ed. John R. Jordan, John L. McIntosh (2011)





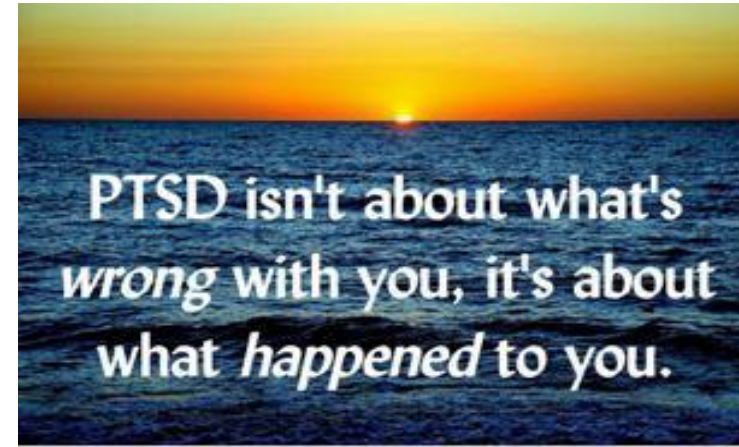


Mon - Sat
8.30 am - 6.30 pm

Traffic
enforcement
cameras

GHWAY MAINTENANCE

Post-Traumatic Stress Disorder (PTSD)

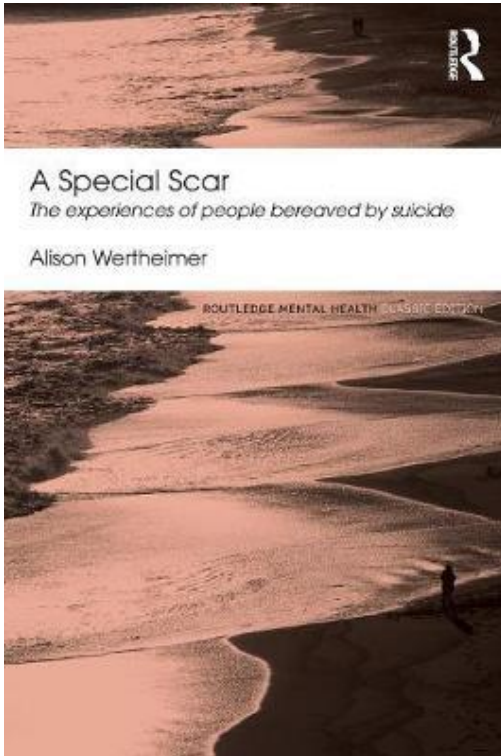


- Post-traumatic stress disorder affects around 5% of men and 10% of women at some point during their life.
- Up to one in three people who experience a traumatic event develop PTSD as a result.
- Approximately 1/3 of children and young people will develop PTSD after a trauma, e.g. bereavement.

PTSD is not a new condition – we've just given it a name

- Shakespeare, *Henry IV, Part 1*. Hotspur's wife, Kate, complaining about her husband's involvement in mortal combat and consequent odd behaviour could be describing what we now refer to as PTSD (BJP, 2011).
- Soldiers returning from battle in the early 19th century are referred to in reports as suffering from "exhaustion".
- Soldiers in the Great War (1914-18) are diagnosed with "shell shock" after being in the trenches. Psychotherapy is offered to officers. Other ranks are more commonly treated with ECT (electro convulsive therapy) without anaesthesia.
- Ex-Servicemen's Society (now known as Combat Stress) founded in 1919 to support soldiers returning from WW1 with emotional and practical difficulties
- US soldiers returning from duty in Vietnam are presenting with symptoms of trauma referred to as combat fatigue. The term post traumatic stress is first mentioned in the 1970s.
- PTSD is only recognised as a psychological injury in 1980 (DSM-III)
- PTSD recognition and treatment in the UK becomes widely recognised in the psychiatric and legal services following the King's Cross disaster in 1987, and the Piper Alpha disaster in 1988.

How are we as helpers, affected by a suicide?

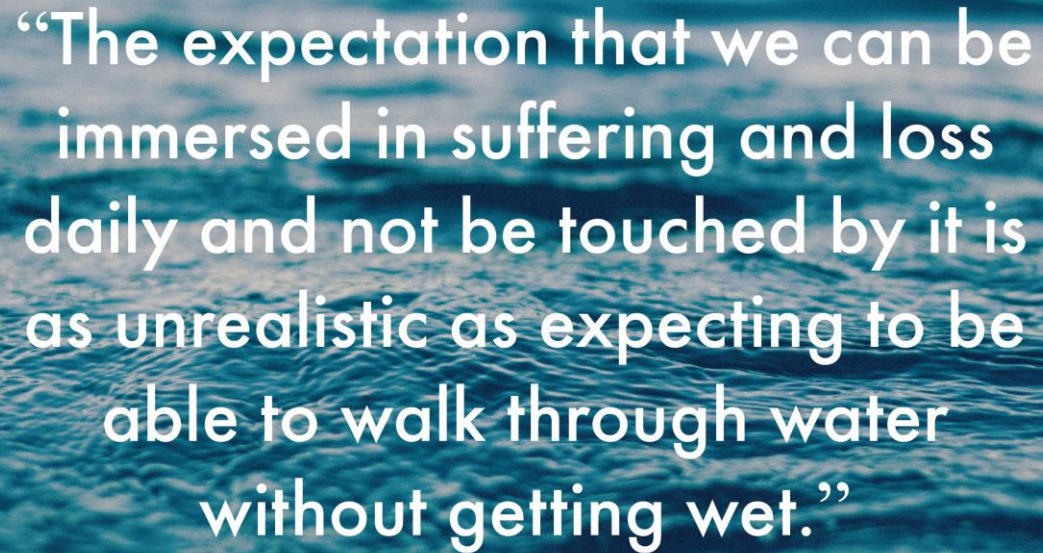


“The idea that a person chooses to die creates in us a profound sense of unease. Suicide challenges some of our most deeply held beliefs. It defies the cherished notion that all human life is sacred; it challenges the value of life itself, and places a question mark over the taboos against the taking of life. The suicide of another person forces us to question the value and meaning not only of life in general but of our own individual lives.”

A Special Scar: the experiences of people bereaved by suicide.

Alison Wertheimer (1991)





“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

Dr. Naomi Rachel Remen

jessicadolce.com

- **Compassion** is the feeling of empathy for another's suffering and the desire to do something to alleviate that suffering.
- **Compassion Fatigue** is the gradual lessening of compassion over time due to repeated demands.
- **Secondary Trauma** is the emotional stress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder (PTSD) even though the flashbacks and re-experiencing relate to another person's memories. This is also sometimes called **Vicarious Trauma**.
- **Burnout** is a state of utter emotional and physical exhaustion caused by a prolonged period of stress and frustration.

Impact of secondary trauma on mental health professionals

- Clinicians working with survivors of trauma can be affected by the nature of their work, and this can have a cumulative effect.
- Clinicians may develop *secondary traumatic stress* which encompasses symptoms of intrusion, avoidance and hyper-arousal
- Therapists may also experience *vicarious trauma*, which refers to lasting alterations in basic cognitive beliefs. The cumulative effect of such exposure may also lead to symptoms associated with *burnout* including exhaustion, depersonalisation and reduced sense of personal accomplishment.
- Implications for those responsible for training psychologists, as well as workplace health and safety policy and procedures, is to increase awareness of the impact of secondary exposure to trauma, account for individual vulnerability and protective factors, and incorporate ways to reduce the likelihood of difficulties developing.
- Suggestions for prevention and minimisation include: reducing levels of exposure via managing the clinician's caseload.
- **Regularly seek supervision and social support.**

RED FLAGS

for therapist burnout or vicarious trauma



- Emotional symptoms of [anger](#), [grief](#), [mood swings](#), [anxiety](#), or [depression](#)
- Physical issues related to [stress](#), such as headaches, stomach aches, fatigue, or [problems sleeping](#)
- Preoccupation with the traumatic stories of the people they work with
- Feeling [burned out](#), [powerless](#), [hopeless](#), disillusioned, [irritable](#), and/or angry toward “the system”
- A tendency to self-isolate, be tardy, avoid certain people, or experience a lack of empathy and loss of motivation

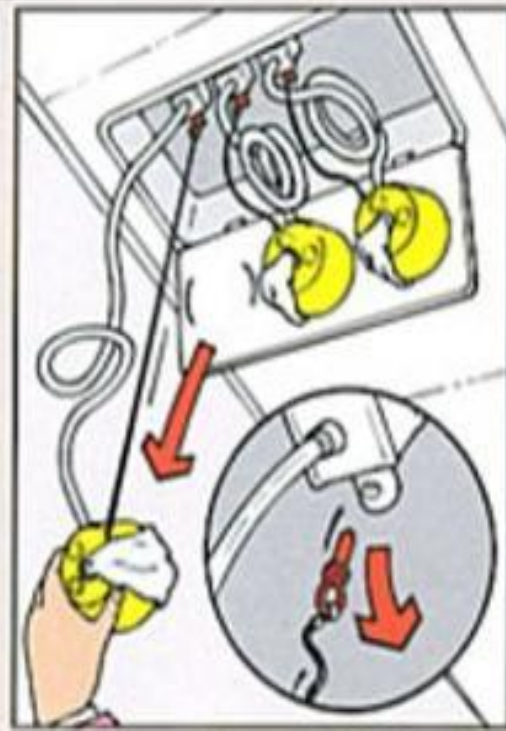


Taking care of ourselves so we can take care of others through:

- * achieving a work-life balance*
- * exercise – releasing feel good endorphins*
- * meditation*
- * good social network*
- * humour*
- * regular reflective trauma-informed clinical supervision*

“...Place the oxygen mask on yourself first before helping small children or others who may need your assistance.”

1



2



3



4



Making the Connections: A Practice Model for Reflective Supervision (September 2017)

Dr Matt Rankine, School of Counselling & Social Work, University of Auckland, Aotearoa New Zealand.



A four-layered practice model of reflective supervision has been developed by the researcher from a theoretical analysis of a study involving key informant and supervisory dyads. The purpose of the reflective supervision model is to support the agenda, task and process in the supervisory relationship towards critical reflection of practice.

FINDINGS: The four-layered practice model highlights the interrelationship between the social worker, the organisation, relationships with others, and the systemic contexts where practice occurs. The supervisee and supervisor have vital roles in order for reflection to occur in each supervision session

CONCLUSIONS: Reflective supervision is seen as a co-constructed partnership between the supervisor and supervisee and the four-layered practice model assists in providing a structure for the session. The four-layered model supports critical thinking in the socio-political and socio-cultural environment, promotes social justice strategies and has versatility within a number of practice settings.