

Intellectual, emotional, and spiritual strategies to help staff rebuild after tragedies

Staff Dealing with Client Deaths and Other Tragedies

2013

The last time I wrote anything on this subject was almost 20 years ago. I was in my early 30's at the time. After several years of no members dying, the Village had 10 deaths in a year and a half. Considering that we only had about 200 members total at the time 10 deaths was quite a lot. We were feeling out of control. Rumors were flying. It felt like our very survival was at stake. I wrote a couple page open letter called "Should we be Scared of the Recent Deaths?" trying to calm things down. Here's my first paragraph:

My reaction at seeing Jim's body 2 weeks ago was "I've had enough of this. I'm fed up. The deaths have got to stop." Between all 4 teams we've had 10 deaths in the last 1 1/2 years and that's enough to affect all of us emotionally. I think we've done well in mourning each death, honoring each person, and holding together as a caring community. We're not having a lot of psychiatric crisis or hospitalizations, even though we are doing a lot of grieving. Beyond that, though, we are having a lot of fear, confusion, and feeling helpless and victimized: "What the hell is happening to us?"

Reading that again recently, I re-experienced some of the feelings of being out of control, frustrated, and angry that I felt at the time.

Now I'm in my 50's and have experienced a lot more death and tragedies along the way. I suppose I actually am stronger and more resilient than I was. Now not much can make me feel my survival is at stake, but that's not how it was for me back then. I was one of the youngest staff. I used to run around from crisis to crisis. We didn't know if the Village would last. We didn't know if any of the weird things we were doing would work. There wasn't any such thing as a Recovery Movement that supported us. I didn't even know if I could sustain a career in public mental health. Things only seem secure in retrospect.

I'm including all this reminiscing because I think that after I've been through a lot it's easy to forget that things used to be much more frightening and that what for me may be "another memorial service" at this point, may be another staff's "I'm not sure I can make it through this" moment and they mean that very literally. It's not just member deaths that can shake us, either. It can be being physically assaulted, a serious suicide attempt, making a major error, seeing someone in the ICU or being sent away to prison, reporting child abuse or a dead baby, etc. There are lots of tragedies in our members' lives and since we're committed to being involved in their whole lives, we share these tragedies.

The first task in dealing with these tragedies is to regain our sense of security and trust that “we’ll make it through this”. The most common way to try to feel safe again is to retreat and hunker down protecting ourselves. We start looking for protective barriers we can build around ourselves (like emotional distance, alarms, more careful screening procedures, metal detectors, not being alone, restraining orders, physical separation, self-defense training, etc.). The problem is that if we start to believe that it’s those barriers that keep us safe and that we start to feel like we “need” them we may never be as trusting and open again.

I think that the key thing to regain as soon as possible is trust (In my view “faith” is a deep, pervasive kind of trust). We need to ask ourselves if the things we’ve grasped a hold of in our fear and desperation, actually help us regain trust or just separate us from the threat. Acute coping responses that rely on separation need to be made temporary and those that rebuild trust kept - and sometimes they become treasured reminders. (Yesterday I hugged a woman for a long time who I hadn’t seen in a decade. 25 years ago we helped each other make it through our friend and coworker, Robbyn’s murder. We’ll always be special to each other.)

It’s definitely worth doing things to decrease the acute fear, but the point is not to be forever cowering, frightened that our protective walls might be breached. The point is to get calm enough to do things to actually deal with the threat, to learn and grow from the tragedy, to come out stronger and more resilient, than before it happened. Rebuilding can take a long time. We don’t have to do it alone.

We can rebuild on three levels: Intellectual, emotional, and spiritual.

Intellectual

My letter collected the available “medical data” trying to look for patterns and find lessons. My conclusions should sound familiar:

Here’s the medical data that I’ve been able to collect so far:

There’s been 1 suicide, Blaine, in the group. Despite this, we continue to have an impressively low suicide rate here, vastly lower than anywhere else I’ve ever worked.

One person, Frances, “Princess”, lived amazing fully. To paraphrase Frank Sinatra, she did it her way, and died at age 80 in her sleep. Not a bad deal overall. She is probably telling God how to run heaven now.

Five people died probably as a direct consequence of drug and alcohol abuse. Richard’s lungs were destroyed by Heroin and other drugs and died of pneumonia while high. Chris’s kidney and liver were destroyed by drugs and died after a prolonged illness including dialysis in the ICU at LB Community Hospital. Judy walked in front of a car

while drunk and was killed. Ed probably died of lung failure from alcohol and heroin. The coroner's report is still pending. And Mark died of lung failure in the ICU after about a 1-2 week hospitalization for pneumonia, probably weakened by heroin and other drugs, although he was trying to recover.

At The Village we don't kick out members for serious substance abuse even if they're not trying to stop. About half our members do have serious substance abuse problems. As a result of sticking with people we have one of the best success records anywhere with about 30% in serious recovery and several people clearly brought back from the brink of death. As a result also, however, we are connected with many people who die from substance abuse, unless they get into recovery, and we should remember to value the time we spend with them before it kills them.

The remaining 3 deaths are the most confusing and disturbing. Anna died in her sleep apparently of lung disease even though she'd been treated in the ER at St. Mary's the day before. Over taking prescription drugs may have contributed. The coroner's report is pending. Jane apparently had a seizure at a bus bench, recovered, only to have a sudden cardiac arrest in the ambulance on the way to the hospital and died. The coroner's report showed a weak heart muscle and narrow arteries to the heart, both apparently lifelong, but no clear cause of death. Jim was found dead on the floor next to his bed. His medications were basically taken correctly. There were no drugs, alcohol, or signs of suicide or trauma. There will be no coroner's investigation. His father died of a heart attack and he may have been developing diabetes, but the cause of death is unknown.

These three people were all having psychiatric problems at the time they died, but there's nothing else they have in common. They had different illnesses, medications, psychiatrists, and medical conditions. Confusing deaths happen from time to time, and all that seems to have happened here is they coincidentally died in the same year.

We probably should pay more attention to staying healthy and to having a regular doctor who knows us that we can trust. We'll try to focus more attention and effort on medical care, but overall our deaths rate over the years is not particularly high. We're just making up for good years with a bad year.

I think the Village does a good job at making our post-crisis self-evaluations about learning instead of about blaming. Learning helps us build our craft and may even prevent some future tragedies if we're lucky. Blaming, on the other hand, can lead to losing hard won trust and returning to a place of fear.

Emotional

I closed the letter with:

I'd also encourage everyone not to keep your feelings inside about these deaths. Continue to talk about your feelings with your PSCs, other staff, friends, and each other. We can go through this together. Esther is going to be facilitating a support group here. Joan is taking some members to a bereavement group at St. Mary's on Wednesday. The All Village meeting, the first Friday of the month at 3:00, is always available as well.

Somehow, knowing all this has not really helped the irrational, emotional side of me feel any better. I just want everyone to promise not to die for awhile. Make that a long while, please.

Part of me knew that healing required more than intellectual "medical data" but that's about all I knew at the time. Our emotional leader twenty years ago, was Martha, our program director, not me. I tended to avoid strong emotions when I could and certainly avoided funerals. Martha visited ill staff in the hospital and brought them soup after they got out. She comforted us and several staff even spent the night at her place when their romantic lives were falling apart. She insisted that we emotionally process crises when they happened and was part of our memorial rituals.

She wasn't "above it all" taking care of us. She was suffering and grieving alongside us. She was close to all of those members too. I think that it's important that leaders not just "put in an appearance" at a ritual, "showing that they care". In my opinion that demeans the ritual for the people who are really emotionally involved. While the most emotionally impacted people may not be able to lead a ritual, it should be led from their perspective by someone who is close enough to them to actually have a good idea of what they're going through. Each emotional ritual should have real emotional power for those most in need and not be just going through the motions because that's what's expected. They are the key participants even if they're silent – and should be given every opportunity and support not to be silent, if they can. (I've seen memorials where one person read another person's words for them since they were too tearful to read and another one where one person stood alongside the other one with a comforting hug and a box of Kleenexes while they haltingly shared themselves.)

I think that there are two kinds of emotional comforting that can look the same but are actually very different. The first kind of comforting consists of holding someone and reassuring them, "Don't cry. Things will be alright." The underlying message is stop feeling what you're feeling. It's not that bad. The second kind of comforting consists of holding someone and saying, "Go ahead, let it out. Cry as much as you need to. I'm here with you, keeping you safe." The underlying message is continue to feel, especially if you're suffering, so you don't shut down and your heart stays alive. Emotions that are allowed to grow and be fully expressed, that are listened to, help us be fully alive.

I think I have grown emotionally over the last 20 years. Now I treasure funerals and especially my feelings of grief and connecting to others. I hope I've grown enough to be able to handle it when my close friends and family die.

Spiritual

I believe that if we go through emotional times together with open hearts, trying to connect to each other as much as possible, there's not only a possibility of creating emotional resolution and resilience, but also, on occasion, the emergence of something extra from a spiritual level. For many years Mike was our substance abuse specialist. He'd recovered from a life as an alcoholic priest through a deep 12 step program. His main job was to help the staff handle our emotional reactions to our members who abused substances. He also led many of our memorial services. He would include Christian / Catholic elements if that's what the member would've wanted, but mostly he created a holy space for us to tell stories about the deceased and our memories of them. He was inviting and inclusive. We usually felt more connected to each other afterwards. Sometimes spiritual experiences emerged from that. I think his guidance was important.

I remember one time when we had a memorial on a pier and we each threw a flower into the ocean below us at the same moment. Though I have no real words to describe that moment, I saw the flowers become the spirit of the departed member and float away...and I wasn't the only one who saw that. Sometimes we get a glimpse into the greater mysteries and connections in life when we're open and vulnerable together.

For awhile we had a ritual committee trying intentionally to increase the spirituality of the Village. It turned out that the majority of the Village staff had some regular spiritual practice – ranging from Bible study to Tai Chi, from meditation to 12 step prayers, from religious services to Reiki – but we were too diverse to really build a shared spiritual community. The large painting of the autumnal tree with names of deceased members inscribed on each leaf was a product of that era.

I wasn't qualified then and I'm not qualified now to guide people in attaining spiritual peace and growth through tragedy, so I'll leave everyone to find their own paths hopefully with all of our blessings.

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Too often in our present society, we view grief and emotional suffering as something painful, even symptomatic, to be avoided and conquered as rapidly as possible instead of as lessons, whether intellectual, emotional, or spiritual, from life. There's some truth to the old cliché that what doesn't kill you makes you stronger. I'm not sure I've ever grown without suffering. Supporting each other doesn't mean fixing it for each other or making the suffering go away, but it does mean sharing the journey knowing it could change you too.

I wonder what I'll have to write about all this 20 years from now when I'm in my 70's.