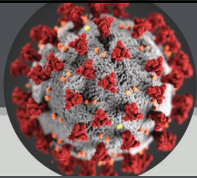


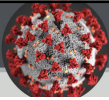
Information & Resources
CORONAVIRUS
(COVID-19)



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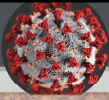
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Navigating Grief, Loss, Trauma & COVID-19
Caring for Others, Caring for Ourselves

Thursday, June 18, 2020
3 – 4 p.m.

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Presenter:

Jenny Schraedel, MA, Optage® Hospice Chaplain, Roseville
(Optage® is the home and community services division of
Presbyterian Homes & Services)



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LEARNING OBJECTIVES

- Appreciate the emotional complexity of the “perfect storm” of COVID-19
- Recognize the layers of grief, loss and trauma, as well as potential impacts on well-being
- Identify potential risk factors for burnout, including moral distress
- Be empowered with concrete self-care suggestions (both at home and work) to increase resiliency and endurance

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A Perfect Storm:

- We are facing a virus we are just beginning to understand
- We live in the tension of trying to serve, while also navigating our own (reasonable) fears
- We may be caught between our residents, their families, and direction from the MDH
- We face practical constraints that could potentially cause moral distress



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COVID-19: Layers of Loss

- Anticipatory Grief – the dread feeling of what is to come
- Ambiguous Loss – when closure is not possible, chronic sadness with no clear beginning or end. The loss of moments or experiences
- Clear Grief – connected to loss of life
- Complicated Grief – something about the death that is hard to work out (families who miss time with or are unable to say goodbye because a loved one has COVID-19)



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Potential Impacts (Residents & Ourselves):

- Irritability
- Apathy
- Difficulty focusing/remembering
- Increased desire for solitude *or* connection
- Sleepiness or insomnia
- Increased appetite or loss of appetite
- Potential for substance abuse*
- Increased risk of anxiety or depression*

**Although many of these are normal impacts of grief and loss, the last two may require professional support*

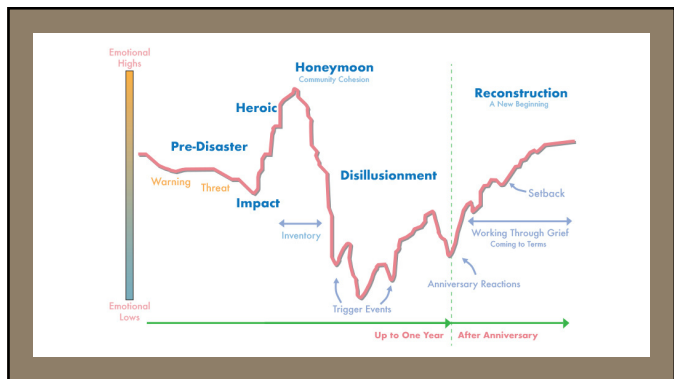
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Trauma or Grief?

- Caution is needed – think in terms of “potential” trauma
- Only those with specialized training are qualified to treat, EMDR
- Therapy warranted if function impacted
- Talking may not help. Try yoga, meditation, massage, rest
- Traumatic memories encode differently
- Experiences change us...and that is okay

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Ask Yourself:

- Where are we?
- Which situations are most challenging?
- What is needed now?
- How could I make that happen?

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Conversations with Residents & Families

- Be as transparent as is possible (and appropriate to your position)
- Be compassionate -- but set parameters
- Share stories that may make people smile
- Don't be afraid to explore the hard questions
- It's okay to cry (we are all in this together)
- Normalize grief *and* give hope

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What We Can Do For Residents/Family/Staff

- Normalize the grief
- Encourage self care
- Simple rituals
- Calm presence
- Zoom Groups (for residents/Families)

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Caring for Ourselves

Understanding the risks & what you can do



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Potential factors for burnout:

- Exposure to suffering that can not be resolved
- Multiple deaths, inability to grieve or process
- Situations that could cause moral distress

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What is Moral Distress?

“The discomfort, angst and frustration related to situations where we think we know the ‘right thing’ to do but can not do it because of the situation.”

--Vickie Leff, for *Pallimed.org*

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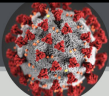
Questions & Answers

Thank you for participating today!

We Appreciate You!

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