



Trauma, Loss & Pandemic Response

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TRAUMA TUESDAY TRAINING

Background

- ▶ Hurricane Charlie
- ▶ California Wild Fires
- ▶ Hurricane Katrina
- ▶ Knoxville Church Shooting
- ▶ Cincinnati Teen Murder
- ▶ Brunswick Maine Church Fire
- ▶ Groton Teen Suicide
- ▶ Worcester Accidental Death of Toddler
- ▶ Chelmsford Child Pornography Arrest

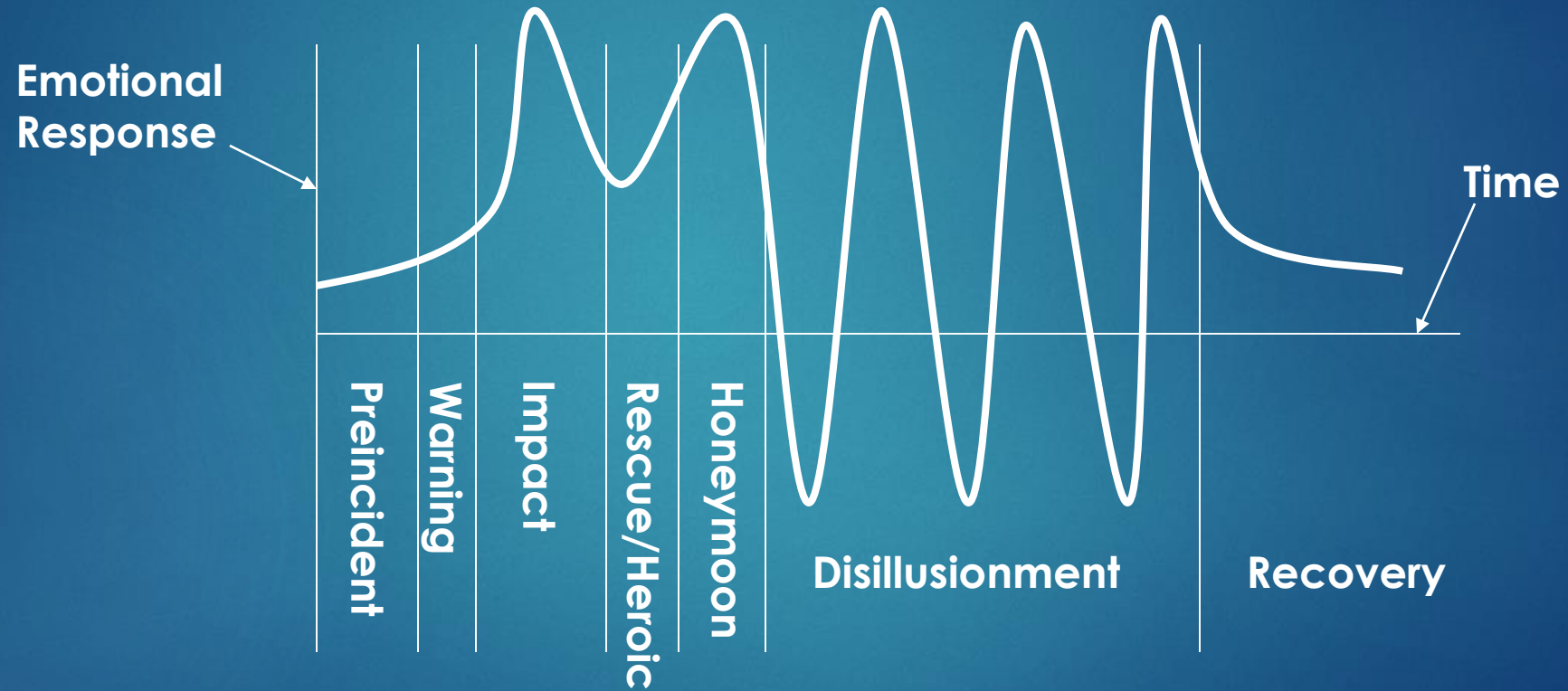


Definitions

- **Crisis** (Danger/Crucial moment)
- **Trauma** (shock – physical, emotional, mental, spiritual)
- **Critical Incident** (overwhelm normal coping mechanisms)
- **Disaster** (larger scale trauma/critical incident impacting whole systems)

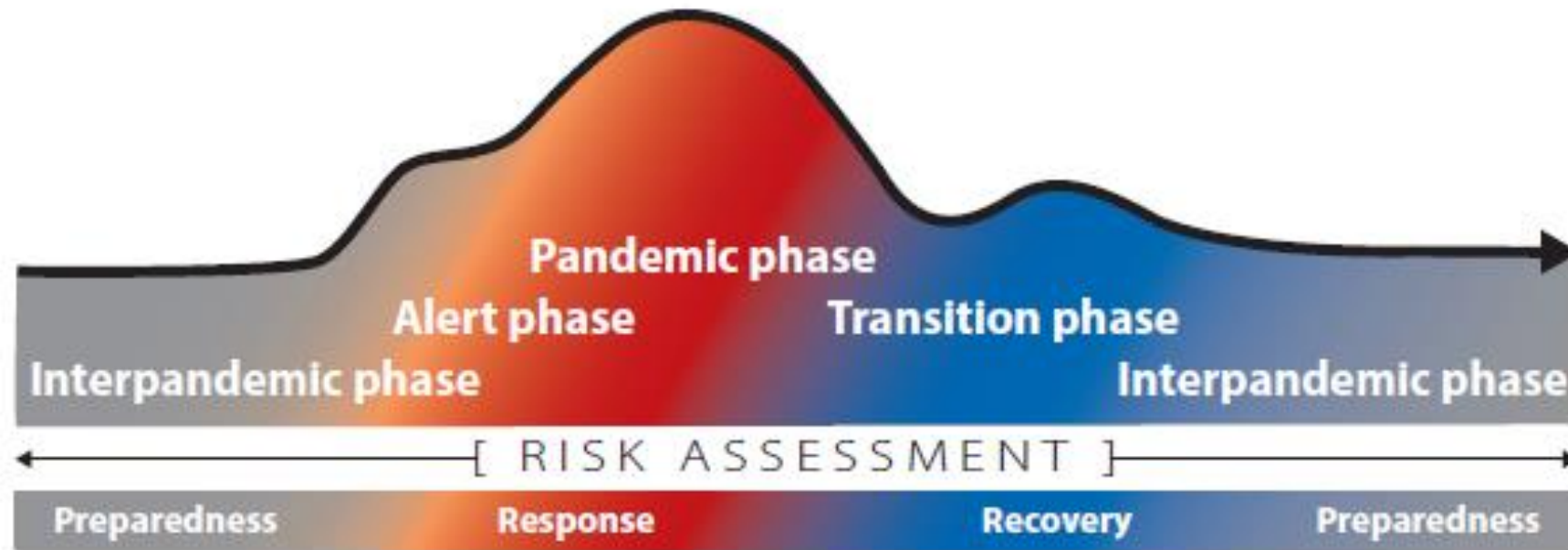


Life Cycle of a Disaster



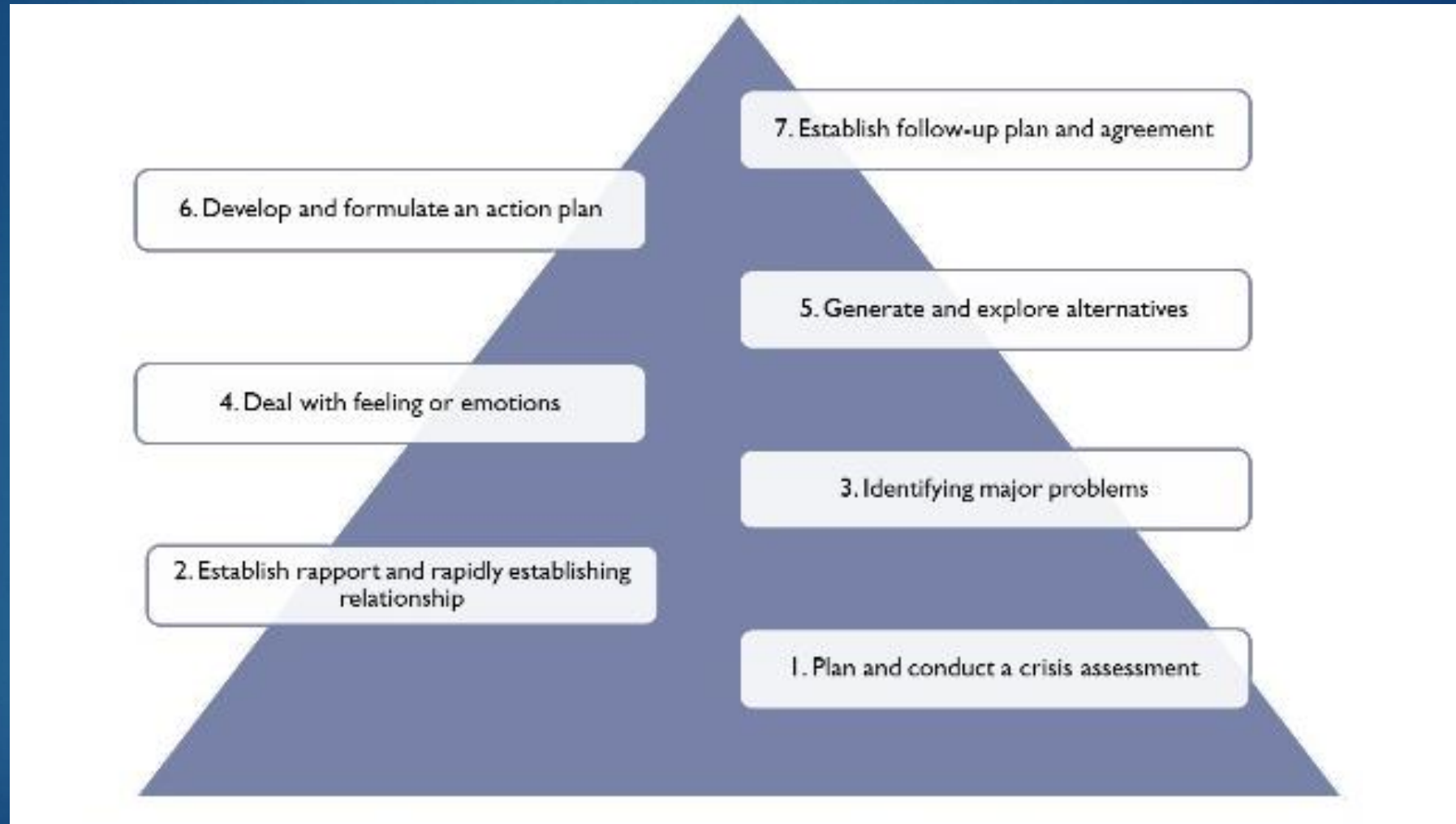
Pandemic Continuum

Figure 1. The continuum of pandemic phases^a



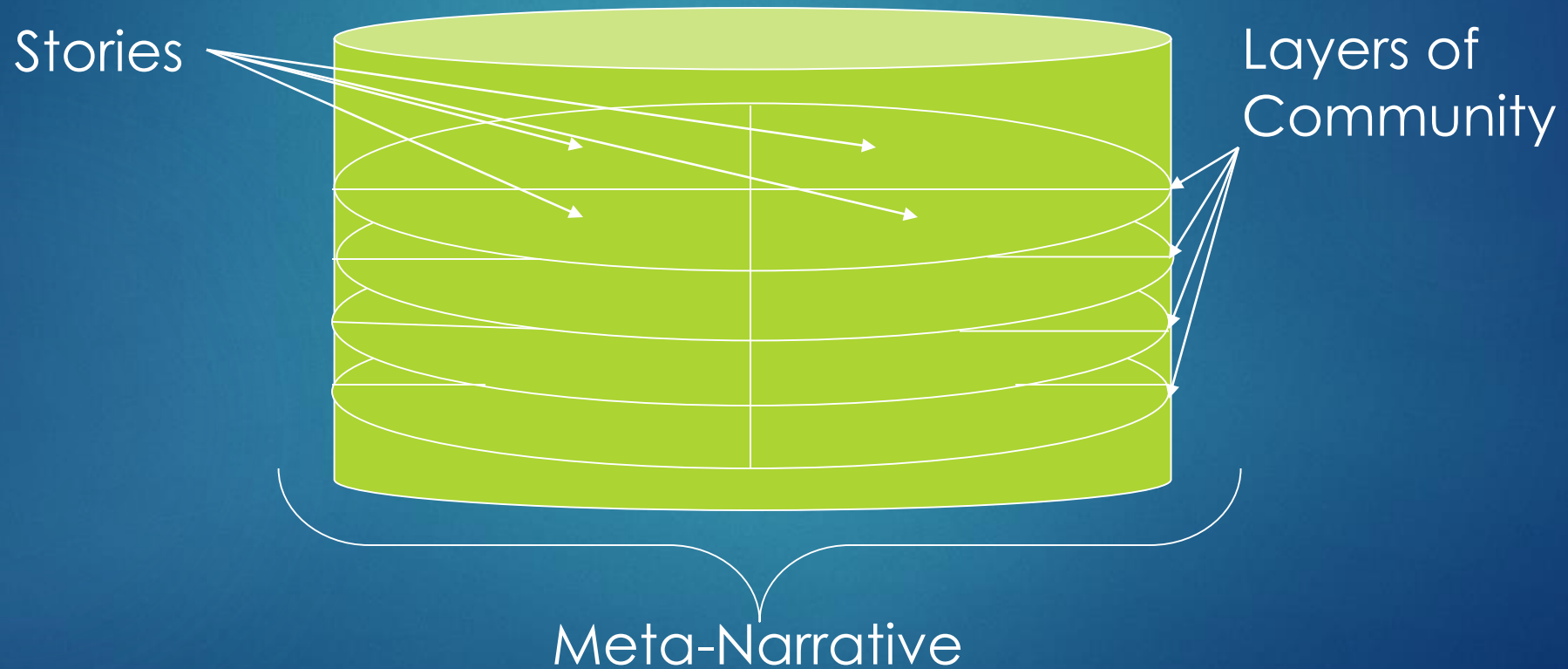
^a This continuum is according to a "global average" of cases, over time, based on continued risk assessment and consistent with the broader emergency risk management continuum.

Robert's Crisis Intervention Model



Sacred Ambiguity

Community of Survivors and “Sacred Ambiguity”



Sustaining Meta-Narrative

- ▶ Remember the importance of “sacred ambiguity”
 - ▶ “truth is experience”
- ▶ Guard against “the struggle for allegiance”
- ▶ Make opportunities for deep sharing
 - ▶ Support Groups
 - ▶ Timelines / Memory Walls
 - ▶ Rituals of Remembrance
- ▶ Look for and reach out to the marginalized
- ▶ Be gentle with self and others / “Remember you are a good gift!” (*M. Belletini*)

Definition of Childhood Traumatic Grief (NCTSN)

Childhood traumatic grief is a condition in which children who lose loved ones under very unexpected, frightening, terrifying, traumatic circumstances develop symptoms of posttraumatic stress and other trauma symptoms that interfere with their ability to progress through typical grief tasks, because they are stuck on the traumatic aspects of the death. —Judith Cohen

Loss of Developmental Momentum



Children lose their developmental momentum that they had been pursuing. They need support to regain that developmental momentum, and without the support it often happens that children really stop gaining these skills that are appropriate for their age, and that has long-term repercussions. —Alicia Lieberman

Overlap of CTG, PTSD & Trauma Reactions

The typical traumatic stress symptoms that children might experience with childhood traumatic grief include things like **intrusive thoughts** or **recurring images** associated with the death of their loved one. It could be the child becoming very **constricted emotionally, becoming numb** as a way of not dealing with all the pain associated with the tragic circumstances of their loved ones death. The child who has childhood traumatic grief doesn't have to have all those symptoms, just some of them.

—Anthony Mannarino

Reminder Types that Trigger Distress

Three types of reminders may trigger unpleasant and distressing reactions:

1. **Trauma reminders:** places, situations, people, sights, smells, or sounds reminiscent of things associated with the actual death. These may include the street corner where a fatal accident occurred, the bedroom where a parent died, or the sound of an airplane reminding a child of a mother who died in a crash.
2. **Loss reminders:** people, places, objects, situations, thoughts, or memories that are reminders of particular aspects of the person who died — for example, photo albums, an empty chair at the dinner table, or a new coach who has replaced a parent who previously headed a child's sports team.
3. **Change reminders:** situations, people, places, or things reminding the child of changes in his or her life resulting from the death — for example, moving to a new house or having to walk home with a babysitter rather than an older sibling who died.

Non-Traumatic Bereavement (NB)

- ▶ **Emotional reactions:** feeling sad, angry, anxious, numb, lonely, guilty, powerless, shamed, insecure, and remorseful.
- ▶ **Changes in behavior:** lack of interest and participation in usual activities, diminished self-care, unpredictable or odd behavior, angry or aggressive behaviors, increased risk taking, irritability and conflict with others, impulsivity, regression to earlier behaviors, changes in sleep behaviors (increased or decreased), difficulty sleeping or sleeping alone, changes in appetite (increase or decrease in weight), and changes in physical health.
- ▶ **Difficulty with interpersonal interactions:** withdrawal, social isolation, peer difficulties, clinging, irritability, difficulty sharing memories, difficulty participating in group or athletic activities, and general lack of interest in others.

Non-Traumatic Bereavement (cont.)

- ▶ **Changes in thinking:** constant thoughts and memories about the loved one, persistent thoughts about the death, disbelief about the death and the finality of the death, constant or intrusive thoughts about death, preoccupation with one's own or a loved one's physical health and safety, difficulty making decisions, confusion, impaired memory and concentration, lowered self-esteem and self-confidence, disillusionment, thinking that the death was one's fault, and survivor guilt.
- ▶ **Altered perceptions:** believing the deceased is still present, feeling the person's presence nearby, seeing the person's face in a crowd, smelling the person's perfume, hearing the person's voice, and experiencing vivid dreams about the person.
- ▶ **Physical reactions:** susceptibility to illness, loss of energy, fatigue, difficulty or changes in eating, physical complaints, and changes in physiological arousal (for example, increased heart rate, respiration, and startle response).
- ▶ **Changes in academic functioning:** poor school performance, difficulty studying or concentrating, and potential school failure.

Difference between CTG & NB

In **nontraumatic bereavement**, kids may be sad, or upset, or feel lonely, but they are able to continue on with activities and eventually maybe enjoy life again and be re-engaged with people and situations. The child with **traumatic grief is kind of stuck**, so a child may not want to be around a cousin who is the same age as a sister who died because it's too upsetting, or a boy may not want to play baseball anymore because he can't bear the thought of looking in the stands and his father not being there, and he falls apart. So these things segue into the awful reminders, and the child then avoids every reminder, even a positive one. —Robin Goodman

Bereavement Tasks: NB vs. CTG

Completion of Bereavement Tasks for Children with Uncomplicated Grief and Indicators of Difficulty for Children with Childhood Traumatic Grief

<i>In uncomplicated bereavement typically children will:</i>	<i>Childhood traumatic grief interferes with bereavement due to:</i>
Accept the reality and permanence of death	Difficulty with accepting or unwillingness to accept that the person has died due to associations of the death with the traumatic circumstance
Experience and cope with difficult emotional reactions	Intense, distressing feelings that are triggered by reminders leading to avoidance or lack of feelings
Adjust to changes in their lives and changes in their identity that result from the death	Changes that lead to unpleasant reminders of the way the person died, possible overidentification with the person who died, feeling overly responsible
Develop new relationships or deepen existing ones	Feelings such as guilt, anger, and revenge interfering with the formation of new relationships

Bereavement Tasks: NB vs. CTG (cont.)

<i>In uncomplicated bereavement typically children will:</i>	<i>Childhood traumatic grief interferes with bereavement due to:</i>
Maintain a continuing, healthy attachment to the deceased person through remembrance activities	Difficulty or avoidance of positive memories because they are linked to horrible images and upsetting thoughts and feelings
Find some meaning in the death and learn about life or oneself	Inability or resistance to moving past the terrifying, unpleasant aspects of the death, negative feelings about self related to the death or person
Continue through the normal developmental stages	Emotional reactions and resulting behavior, e.g., withdrawal, anger, and distrust, interfering with the ability to engage in positive, age-appropriate activities and relationships

Risk Factors for CTG

- **Previous traumas:** Children who have experienced a previous trauma (e.g., abuse or a natural disaster) can be more vulnerable to experiencing a more intense reaction to a new trauma or traumatic loss. The circumstances of the current death may cause the person to remember and react to a previous trauma, and dealing with both can make the current reactions more intense or severe.
- **Prior mental health problems:** Children with a history of mental health problems may be vulnerable to having those difficulties exacerbated by the traumatic death and the accompanying stress reactions. The prior mental health problems can also make it more difficult for a child to manage the current situation. Bereaved children are also at risk for depression and anxiety, hence it is important to thoroughly assess and differentiate a child's response.
- **Impaired functioning of parents and family:** The ability of children's primary caregivers to manage their own reactions to a traumatic death has a direct effect on how a child is able to cope with his or her own reactions. In a culture where memorialization is encouraged, a caregiver's avoidance of talking about the person who died can make the child reluctant to communicate about the death and hence interfere with the child's adjustment.

Risk Factors for CTG (cont.)

- **Poor/lack of social support:** If a child is feeling unsafe, abandoned, sad, and angry following a traumatic death, a good social support network can provide comfort and reassurance. It is more difficult to seek and engage in new supportive relationships than to find support in relationships already in place.
- **Secondary adversities:** The death of a significant person often results in many life changes. The changes that result from the death, such as remarriage, loss of health or employment benefits, and changes in financial circumstances, housing, or school can cause tremendous stress for the child and family. Other related activities, such as custody and criminal proceedings, also contribute to the child's stress reactions.

Treatment of CTG

Trauma-Focused Phase Components	Goals
1. Psychoeducation	Will acquire knowledge about trauma and understand the cause of personal trauma reactions
2. Affect expression	Will be able to recognize and identify a variety of feelings
3. Stress management skills	Will have a repertoire of portable relaxation and cognitive skills to use when feeling distress related to the traumatic death
4. Cognitive affect regulation	Will understand the relationship of thoughts, feelings, and behaviors and have ways to manage affect and automatic reactions
5. Trauma narrative	Will be able to tell the story of the traumatic death experience and gradually tolerate the more difficult, most distressing elements
6. Cognitive processing	Will be able to recognize and correct thoughts and beliefs that are not helpful and inaccurate

Treatment of CTG (cont.)

<i>Grief-Focused Phase Components</i>	<i>Goals</i>
7. Communicating about death	Will understand, and be able to talk about, death in an age-appropriate manner
8. Mourning the loss	Will recognize and communicate the things that are no longer the same and what will be missed about the person.
9. Addressing ambivalent feelings about the deceased	Will acknowledge, communicate, and accept any ambivalent feelings about the deceased
10. Preserving positive memories	Will acknowledge and engage in an activity that focuses on positive memories, and when necessary participate in a memorial ritual
11. Redefining the relationship	Will be able to differentiate between activities done with the deceased and aspects of the relationship that can be committed to memory
12. Committing to new relationships	Will be able to engage in new relationships, understanding that they are different but necessary
13. Making meaning	Will find some meaning in the experience through self-learning and/or activity aimed at using the experience in a positive way
14. Evolution of grief and termination	Will understand the ongoing and changing nature of grief; will be aware of and plan for future times that are potentially difficult

Trauma Narrative



“The trauma narrative is typically developed gradually over several

sessions. We will often start by having the child describe something

about him or herself; this helps children feel more comfortable in

telling their story or writing their book. Then we have the child focus on what life was like before the traumatic event that took the loved one away. As the child comes closer to talking about the traumatic loss through talking about less threatening aspects, he or she is more able to engage in the process of gradually talking about more and more upsetting aspects of the traumatic death itself.” —Judith Cohen

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