Indiana Department of Health

BEREAVEMENT TRAINING: SUPPORTING GRIEVING FAMILIES

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AGENCY PRIORITIES

1. Improving Maternal and Infant Health
2. Prevent Chronic Disease
3. Strengthen Data Quality and Transparency

Indiana Fatality Data

State Level Data

- Over 500 stillbirths annually (>20 weeks gestation)
- Over 500 infant deaths annually (birth to first birthday)
- Over 300 child deaths annually (1-18 years)
- Over 60 maternal deaths annually (death occurs within one year of pregnancy)
- Over 1,000 suicide deaths annually
- Over 2,000 overdose deaths annually
- **Over 78,000 total deaths in Indiana each year**

Grief in Other Cultures

Ghanaian Tradition

- Funerals can last up to a week or longer and are very elaborate
- Custom made caskets for their loved ones

Jewish Tradition

- Shiva – seven days immediately following burial
  - Grieving family members remain home together where other family members and friends come to provide them comfort and support

Mexican Tradition

- Día de los Muertos, or "Day of the Dead," is a multiday holiday that honors ancestors through parades, graveyard visits, and building of home altars

Grief in American Society

- Do not dwell in your grief
- Move forward swiftly
- Do not be sad – show signs of being happy and unaffected
- Do not express your grief openly

- *Our culture both denies the realities of grief and encourages people not to feel or to connect to the losses that forever change them*
- *Lack of cultural traditions that might help us move forward and feel less alone in our grief journey*

Grief Epidemic

U.S. Department of Health and Human Services

Enhancing the health and well-being of all Americans

New Surgeon General Advisory Raises Alarm about the Devastating Impact of the Epidemic of Loneliness and Isolation in the United States

Surgeon General Dr. Vivek Murthy Calls for Action to Address Public Health Crisis, Lays Out Framework for a National Strategy to Advance Social Connection

"Our epidemic of loneliness and isolation has been an underappreciated public health crisis that has harmed individual and societal health. Our relationships are a source of healing and well-being hiding in plain sight – one that can help us live healthier, more fulfilled, and more productive lives," said **U.S. Surgeon General Dr. Vivek Murthy**. *"Given the significant health consequences of loneliness and isolation, we must prioritize building social connection the same way we have prioritized other critical public health issues such as tobacco, obesity, and substance use disorders. Together, we can build a country that's healthier, more resilient, less lonely, and more connected."*

Grief, Bereavement, and Mourning – What is the Difference?

Bereavement = deprived of someone by death

Grief = The feelings, thoughts, and reactions that follow the loss

Mourning = The external or social response to loss – how a person demonstrates the magnitude of what has happened

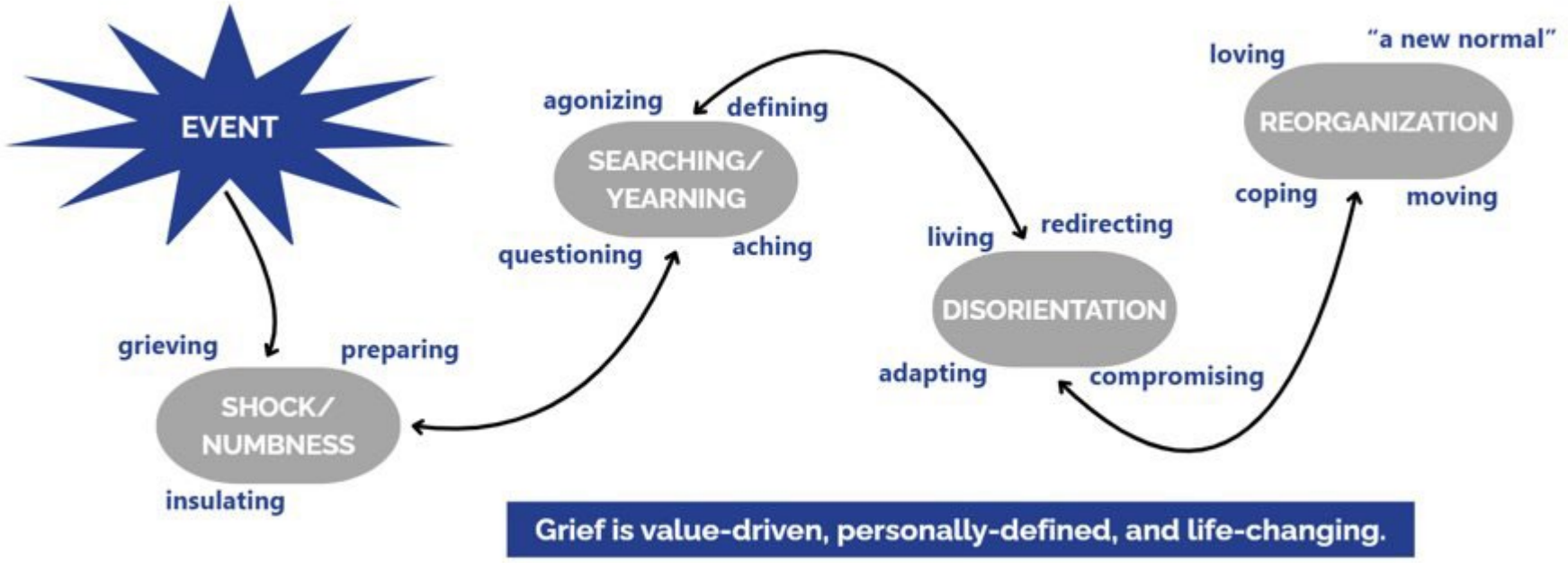
The heavy burden of Grief:

- Grief is shaped by the value of the person who died
- Grief is highly unique to each person
- Family members experience the same loss but often interpret or express the loss differently
- Death brings additional losses: Change in relationships, financial changes, sense of security, loss of control, feeling about the future – loss of hopes and dreams

What Typical Grief Looks Like

- Typically demonstrated in waves or bursts, or stages – there is no particular order or pattern
- Impacts the total being: physical, emotional, spiritual, developmental
- Is highly individualized and unique
- Acute symptoms can last off/on up to 36 months, depending on the type of loss and value placed on it
- Most people can find their way through grief if their loss is acknowledged by their community and support is offered

Stages of Grief



Based on Glenn Davidson's theory of Grief

Complicated Grief/Prolonged Grief

Intense grief that lasts longer than would be normally expected and that consistently impairs daily functioning.

- Persistent, intense yearning, longing, and sadness
- Preoccupation with the death and how it occurred
- Inability to perform most activities of daily living consistently
- Diminished sense of self, discomfort with a changed social role, often confused by their seemingly endless grief.
- Major depression and/or PTSD
- High-risk and self-destructive behaviors, neglect of own self, abuse of drugs/alcohol, suicidal ideation

Complicated Grief/Prolonged Grief

- Affects 7% to 10% of bereaved people
- Prevalence after violent death (homicide, accident, and suicide, etc.) 12.5% to 78.0%.
- Can follow the loss of any close relationship, especially after the death of a romantic partner and among parents who have lost a child
- Usually defined by the intensity of symptoms that persist six months after the loss and impairs everyday functioning on some level
- Support helps to lessen the incidence and reduce high grief intensity

Traumatic Loss can Change the Picture

- Deaths are sudden and unexpected
- Survivors have little experience or ability to prepare
- Survivors have little knowledge of how to react or expect
- The experience is not common, resulting in a sense of isolation
- Survivors experience a strong sense of loss

Disenfranchised Grief

- Relationship not recognized
- Loss not acknowledged
- Griever is excluded
- Stigmatizing circumstances of the death
- Individual grieving method(s) not socially acceptable

Examples:

- Avoidable accidents
- Homicide
- Alcohol/other drug overdose
- HIV/AIDS
- Suicide
- Connection to deceased not recognized by community (ex. estranged parent)



“Bereavement is the driver of poor health outcomes.” – Korie Leigh, Ph.D., Thanatologist

Why Bereavement Support is Preventi

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It's Not Easy to Offer Bereavement Support

- We are expected to handle our own unexpected and difficult emotions, sometimes without warning
- There's a feeling of helplessness – we don't know what to do to help
- It's hard to talk about: we worry about saying the wrong thing
- Our role and job responsibilities limits what we can do
- Timing doesn't always work; the family may be not ready to explore options when we are available

Things to NOT say

- "Just keep yourself busy" – this only distracts them, isn't a long- term solution
- "They are in a better place" – for them, the best place for their loved one is with them
- "Time heals all wounds" – grief doesn't end with time
- "It's time to move on" – there is no moving on, only moving forward
- "I know how you feel" – let them have their own unique experience
  - Please keep your own personal loss separate from conversations with the families that you serve. As professionals, we may know the heartache of loss or may have a very similar loss to the individual, but we never truly know how someone else feels
- "Everything happens for a reason" – this dismisses their pain and implies that they should just see the glass half full

What You Can Do: Keep it Simple

They don't usually remember what you said, but they certainly remember how you said it….

- Acknowledge their loss with a simple "I'm so sorry for your loss" or "I'm sorry that you are going through this."
- Actively listen – don't listen to respond
- Welcome silence – it may feel uncomfortable, but it creates a sense of safety and allows them to lead the conversation when they are ready
- Have compassion – Give them permission to express their feelings
- Be present – Your presence and willingness to listen is the most important gift you can give
- Say their names – Say the name of their loved one, it helps those grieving to heal
- Never be afraid to bring up their loved one – Those grieving never stop thinking about their loved one. Bring them up without fear of upsetting them

Good Things to Remember

- Offer choices more than once
- Families get overloaded easily; communicate in small doses
- Refer to written materials when possible
- Remember questions aren’t always about answers
- Above all, believe/demonstrate in their capacity to get through this

Additional Bereavement Training Options

Resolve Through Sharing – evidence-based bereavement training that supports loss of all ages

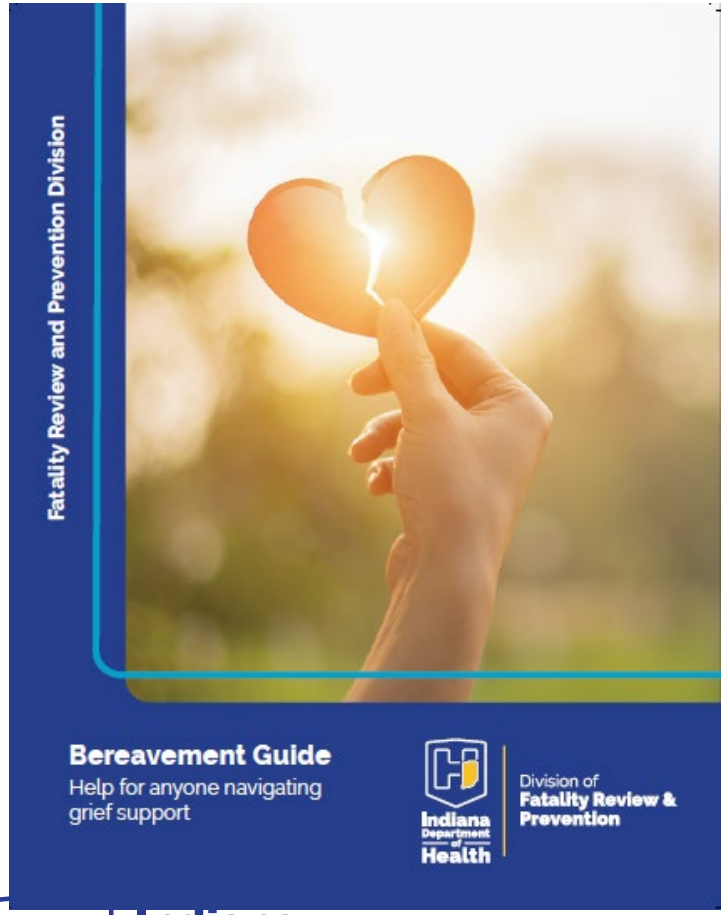
- Perinatal Death
- Neonatal and Pediatric Death
- Adult Death

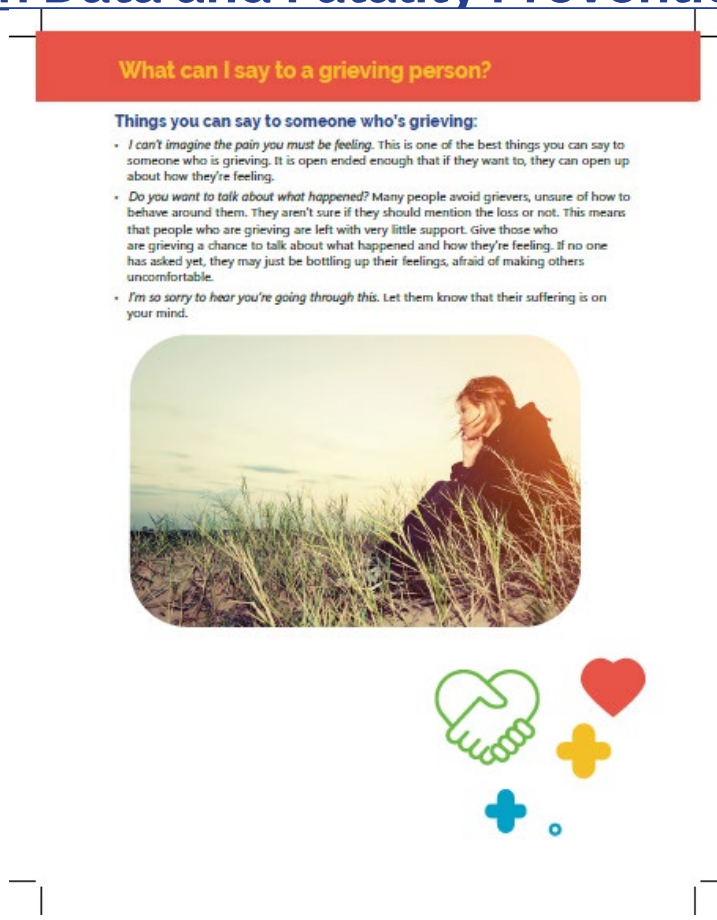
They also offer online modules and webinars as well as support for first responders who are on scene

For more info: [Bereavement Training | Gundersen Health System (resolvethroughsharing.org)]

Statewide Bereavement Resource

IDOH Division of Family Health Data and Fatality Prevention Bereavement Guide

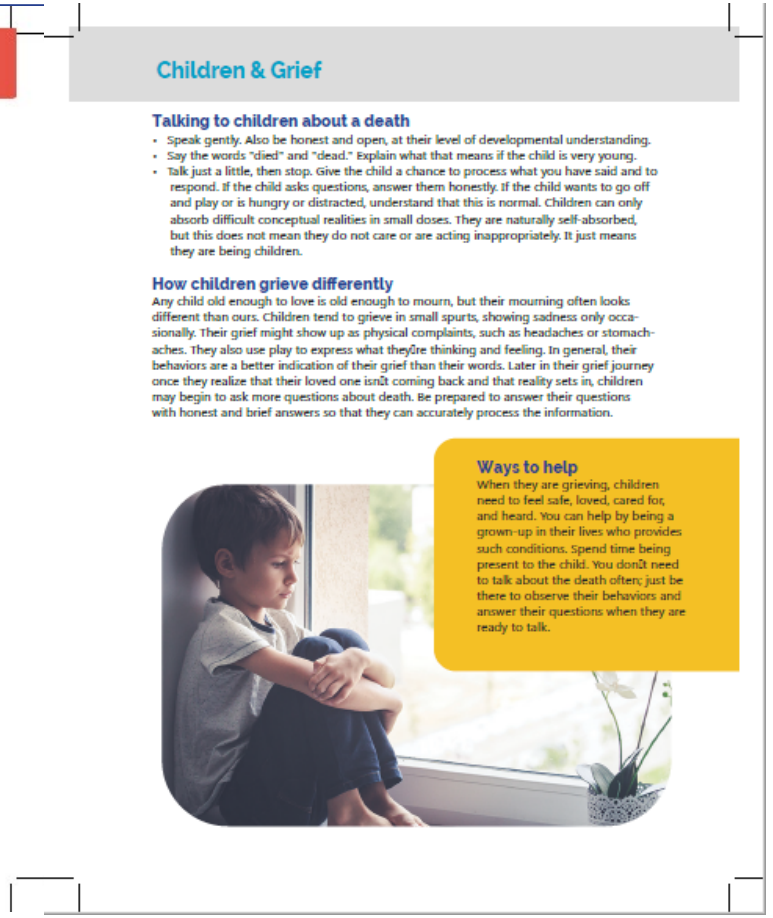




What can I say to a grieving person?

Things you can say to someone who's grieving:

- *I can't imagine the pain you must be feeling.* This is one of the best things you can say to someone who is grieving. It is open ended enough that if they want to, they can open up about how they're feeling.
- *Do you want to talk about what happened?* Many people avoid grievers, unsure of how to behave around them. They aren't sure if they should mention the loss or not. This means that people who are grieving are left with very little support. Give those who are grieving a chance to talk about what happened and how they're feeling. If no one has asked yet, they may just be bottling up their feelings, afraid of making others uncomfortable.
- *I'm so sorry to hear you're going through this.* Let them know that their suffering is on your mind.



Children & Grief

Talking to children about a death

- Speak gently. Also be honest and open, at their level of developmental understanding.
- Say the words "died" and "dead." Explain what that means if the child is very young.
- Talk just a little, then stop. Give the child a chance to process what you have said and to respond. If the child asks questions, answer them honestly. If the child wants to go off and play or is hungry or distracted, understand that this is normal. Children can only absorb difficult conceptual realities in small doses. They are naturally self-absorbed, but this does not mean they do not care or are acting inappropriately. It just means they are being children.

How children grieve differently

Any child old enough to love is old enough to mourn, but their mourning often looks different than ours. Children tend to grieve in small spurts, showing sadness only occasionally. Their grief might show up as physical complaints, such as headaches or stomachaches. They also use play to express what they're thinking and feeling. In general, their behaviors are a better indication of their grief than their words. Later in their grief journey once they realize that their loved one isn't coming back and that reality sets in, children may begin to ask more questions about death. Be prepared to answer their questions with honest and brief answers so that they can accurately process the information.

Ways to help

When they are grieving, children need to feel safe, loved, cared for, and heard. You can help by being a grown-up in their lives who provides such conditions. Spend time being present to the child. You don't need to talk about the death often; just be there to observe their behaviors and answer their questions when they are ready to talk.

National Bereavement Support Resource

Postpartum Support International (PSI): www.postpartum.net

Offer written resources and a wide range of virtual support groups on their website, free to anyone



Lactation After Loss: What to Expect

- **Physiology**: Lactogenesis II typically begins 2–5 days after birth as progesterone drops following placental delivery—this occurs regardless of infant outcome. Engorgement, leakage, and tenderness are common
- **Risks to monitor**: Severe engorgement, ductal inflammation, mastitis (fever, breast pain/redness), dehydration, and acute mood changes; these warrant clinical evaluation
- **Choices are personal**: Families may choose one of three lactation management paths: **suppress**, **express**, or **donate**—all are valid

Option 1: Suppress Lactation

Dos

- Wear a supportive, well-fitted bra (sports bra works well)
- Use cold compresses or ice packs for 15-20 minutes every few hours to reduce swelling and discomfort
- Ibuprofen or acetaminophen can help with discomfort if advised by healthcare provider

Don’ts

- Do not tightly bind the breasts; this can increase the risk of mastitis and pain
- Try not to pump as it can prolong milk production; express only for comfort if needed
- Apply heat to the breasts as it can increase inflammation

Counseling approach

- “If stopping milk feels best right now, we can do that gently. I can walk you through comfort measures and how to express just enough to relieve pressure.” (Offer printed tips and reinforce when to seek medical care)

Option 2: Express for Comfort

When to consider

- Parent desires gradual suppression with minimal discomfort or needs brief expression to relieve pressure while deciding next steps

How to do it safely

- Hand express or pump only until comfortable; gradually extend intervals as swelling subsides
- Avoid aggressive breast massage; use cold therapy to reduce inflammation
- Use over the counter pain reliever as advised by a healthcare provider
- Watch for complications: fever, pain, an area of the breast that may appear red on some skin tones—refer promptly

Counseling approach

- “We’ll focus on staying comfortable and letting your supply wind down. I’ll show you how to ‘express to comfort’ and when to call your clinic”

Option 3: Donate Milk

- Connect with **The Milk Bank (Indiana)** for bereavement donation: pre-screen, storage guidance, and options to donate for clinical use or research depending on screening
- Begin hand expression/pumping and proper storage (observe milk storage guidelines). The more often you express, the more milk you are likely to produce—set a schedule that aligns with emotional and physical capacity

Counseling approach

- "Some families find meaning in donating milk in memory of their baby. We can talk through what donation involves and whether it feels right for you—there's no obligation"



Counseling Skills

- **Validate and name the loss**: “I’m so sorry. I can share options if and when you’re ready.”
- **Offer choices, not directives**: Ask permission, present suppress / express / donate neutrally
- **Pace and simplify**: Short explanations, written handouts, revisit topics later
- **Language tips**: Use the baby’s name if offered; avoid minimizing phrases
- **Empower autonomy**: “Whatever decision you make is the right decision for you right now.”

- It is normal for someone to change their mind several times throughout the grief process
- It is important for clients to know they are not obligated to continue pumping if it becomes emotionally or physically too hard; reassess anytime

Safety: When to Refer

- Possible mastitis, abscess, severe engorgement unrelieved by comfort measures—refer to healthcare provider/IBCLC/local expert

- Signs of prolonged or complicated grief, suicidal ideation, or substance use crisis—help the parent connect to 988 (Suicide & Crisis Lifeline), local crisis resources, and clinical care

If something feels out of your scope as a Peer Counselor, **reach out to local experts** for more guidance.



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Why Self-Care is Important

- Compassion fatigue – The emotional strain of working with those suffering from the consequences of traumatic events
- Secondary trauma – The emotional and psychological impact when an individual hears about the firsthand trauma experiences of someone else
- Burnout – Physical and mental exhaustion caused by a depleted ability to cope and deal with everyday life
- Vicarious trauma – The change in mental and emotional wellbeing as a result of processing the traumatic experiences of someone else

How Repeated Exposure to Trauma May Present in an Individual

- Emotional fatigue
- Physical fatigue or feeling exhausted and drained
- Having a sense of dread about some aspect of your life
- Inability to concentrate or mental fatigue
- Insomnia
- Feeling angry or irritated
- Appetite changes
- Losing motivation at work or in everyday tasks

Individual Self-Care Strategies at Work

- Take some time away from your desk each day to move your body
- Check-in with yourself often throughout the day
- Stay hydrated and regularly eat healthy, nourishing food
- Ask for help and communicate with others
- Set strong boundaries around your work
- Make daily to-do lists manageable
- Adjust work hours or location, if you are able

Self-Care Strategies at Home

- Make time each day to do something you enjoy
- Nurture relationships with friends and family
- Exercise routinely
- Eat healthy and drink enough water
- Engage in positive self-talk
- Know your warning signs and triggers

Resources for Lactation After Loss

Indiana Department of Health, Lactation After Loss

The Milk Bank Bereavement Program (Indiana)

La Leche League Lactation After Loss

Global Health Media Project – Teaching Hand Expression

Questions?

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