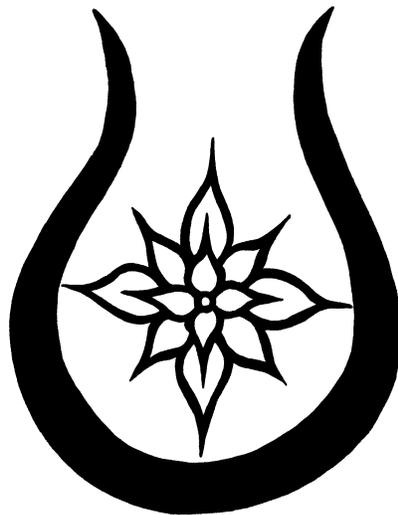


RESPONDING TO A SUDDEN DEATH IN THE INDIGENOUS COMMUNITY

SESSION 1



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This manual is designed to be photocopied “double-sided”
with this note on the back of the cover page.

ABOUT THE AUTHOR

Darien Thira is a registered psychologist (CPBC #2040) who has served as a community development/mental health consultant for many Aboriginal communities across Canada for over 20 years. He offers training workshops and clinical consultation related to trauma, suicide, “addictions,” and personal and community wellness. He is also an adjunct faculty member at the Adler School of Professional Psychology. His doctoral dissertation related to Aboriginal suicide resilience and social activism he was involved in further resilience research at the University of British Columbia. He has previously served as a clinician with suicidal youth at Child and Youth Mental Health and with adults at an Aboriginal Healing Centre, and as the Director of Community Education and Professional Development at the Vancouver Crisis Centre. His “Through the Pain”, a culturally driven community-based suicide prevention program has been used in over 40 Aboriginal communities across the country and as a national program in Australia. His “Opening the Circle” program assists communities to develop their own Crisis Response Team. “Choices”, his youth suicide awareness education video & seminar was used by more than 250 suicide prevention programs world-wide and he has collaborated on the production of a new version called “Reaching Out”. Darien has presented workshops at many local, provincial, national conferences, and international conferences in: Canada, the United States, and Australia.

Training Programs:

Thira Consulting offers training workshops building on the material in this handbook and others, designed for First nations communities. An interactive approach--including practice-circles, small and large-group discussions, questionnaires, role-plays and other exercises--encourages the participants to share their experience and skills with one-another. For more information, Darien Thira can be reached at the number, email address, and website noted on the front of this handbook.

The material in this manual may bring up emotions and memories that are difficult for you. Please be sure that you have someone to talk to if you need support.

SUDDEN DEATHS

Sudden deaths are those which occur unexpectedly and without preparation, such as a suicide or a drug overdose. Sudden deaths are different than those that follow an extended illness or are predictable in other ways. The lack of preparation leaves the bereaved with an unfinished relationship and unfinished questions. This makes it difficult integrate the death loss and get interfering grieving, particularly when the deceased was a significant attachment figure. As a result, the loss of the relationship has a devastating impact in the bereaved person's relational identity and emotional stability. As well, sudden deaths can challenge basic beliefs in a predictable future and security in one's own life. For some, most challenging part of sudden death loss is the recognition of how little control they have within the universe.

Sudden death loss can lead to problematic grief reactions, including guilt, shame, and blame. Further, trauma reactions can lead to symptoms resembling depression, anxiety, intermittent explosive disorder and the bereaved may strive to cope with these reactions with substances or problematic behaviours. These issues will be discussed later.

COLONIZATION IS THE DISEASE

Most of the problems we see in individuals, families, and the community as a whole do not come from them, they are the impacts of colonization. However, if we do believe the problems come from the individuals, families, and community we are striving to assist, their efforts may be to colonize them further. Colonization is the intentional attempt to destroy a people, their culture, and way of living in the world for the benefit of the colonizer. It is more than claiming land from a people, it is the labelling of that group of people and their culture as inferior and then intervening in the community with the intention to destroy their culture and the people (through genocide or assimilation). Put another way, it is the twisting of a people's heart, mind, body, and spirit and way of life for the benefit of the colonizer.

Despite the diversity of Indigenous people and communities, all Indigenous people in Canada share the experience of colonization, in one form or another. Colonization can be described to have been inflicted on the communities in four "waves" or bombardments:

- (1) **Administrative Wave** of relocation and reserves in which land and a way of life was stolen;
- (2) **Legal Wave** in which traditional culture and governance was stolen and replaced by Christian/Catholic religion and an elected "chief and council" government sanctioned by the colonizer; and
- (3) **Ideological Wave** in which children were stolen from families/communities and imprisoned in residential/day "schools" to be separated from their way of life and culture and assimilated through "re-education";
- (4) **Social Services and Mental Health Wave** in which identifies the community as sick and dysfunctional—locating the wounds of colonization within the people themselves and arguing that the community unable to take responsibility for its own wellness.

Following the Chain

Personal Problems: Many of us who suffer from serious problems, such as alcohol and drug misuse for self-medication, suicide, and violence, etc. consider them a sign of personal weakness or sickness. While we are responsible of our actions, none of us invited the suffering into our lives that may have led us to feel things we don't want to feel or to do things we regret. But our problems do not come from nowhere, we are not born that way.

Family Problems: Most personal problems start with family problems, such as abuse and neglect, chaos related to family conflict or substance misuse, parenting challenges, or poverty, etc.

Community Problems: When considering family problems, it is clear that these emerge from community problems; problems such as unemployment, conflict between families, corruption in governance, violence and mistrust, people not living their values and culture, the pervasive misuse of drugs and alcohol, etc. Healthy communities support the health of their families, they always have. But community problems do not come from nowhere, they are a result of the four waves of colonization: relocation and reserves, the criminalization of culture and theft of rights, the Indian School System, and social services.

CRITICAL INCIDENT RESPONSE PROTOCOL

In the event of a sudden death, a *postvention protocol* can serve to coordinate an effective response to the community crisis. The *protocol* can act to build the self-worth of the community as a whole: normalizing the bereavement process, ensuring that those who need support get it, and providing education that will result in a greater sense of community connection and empowerment in the face of the tragedy. The following discussion includes references to the roles of the *community postvention team* at each of the *five levels of the community*; (it assumes that the sudden death was that of a youth, as this is the most complex situation for which a *protocol* will be required):

Family

- **ensure that support is offered to the whole family:** In many cases families provide their own support system in the event of a death. However, a sudden death can have a shattering effect on a family system which can lead to blaming, fear, hopelessness and disharmony.

Individual Youth and Adults

- **Provide Outreach Services to Those Impacted and/or "At Risk":** Many who are deeply impacted by the critical incident may be shy to reach out for help. It is important to identify those directly impacted by the incident and those already at risk, for whom the incident may have served as a trigger to deeper crisis. For this reason, counselling services must be offered to those identified to be at risk, as well as witnesses/interveners—one at a time and privately. The physical and/or mental health of survivors of an incident may need to be assessed. This may require arranging appointments with a nurse and/or doctor or a counselor and/or psychologist, depending on the type of incident.

- **temporary counselling centre:** For others who need support, it may be important to set up a temporary counselling centre (staffed by a *counsellor* and arranged by an *organizer*) to provide a safe place for grieving. This is particularly important for fellow students and school staff, if the deceased was attending a local school. In this event, a room in the school could be employed for this process.

Community

- **guided sharing circles:** When appropriate, encourage guided sharing circles in schools or community centres, particularly if the deceased was a child or youth. It is important that the *counsellor* guides the discussion to ensure the tone remains “healthy” so that participants *support* each other and attempt to find *empowerment* in the situation. The facilitator must also be prepared to offer individual support, as needed, after the meeting.
- **spiritual services:** Community members and places identified as spiritually significant should be invited to participate in the process when appropriate.

Outside Community

- **media coverage:** Where possible, encourage the media to avoid sensational or romanticized accounts of the death.
- **outside services:** In smaller communities, it can be useful to bring in counsellors and other services from the outside, as the human service workers in the community may, themselves, be too close to the deceased.

The use of a Critical Incident Response Protocol that incorporates these postvention recommendations can make a significant impact on the bereaved.

Postvention Protocol

ADMINISTRATOR TASKS

Engage Protocol Facilitators ___ contacted ___ in place

Community Resources ___ identified ___ utilized (as required)

Service Gaps ___ identified ___ solutions identified ___ solutions arranged

Validation Provided to ___ interveners ___ facilitators

Self-Care Encouraged for: ___ Elders ___ other helpers

FACILITATOR TASKS

Invite Available Professionals ___ trauma counsellor ___ other counsellor(s)

___ nurse ___ police ___ others:

Support Healthy Elders &/or Clergy ___ identified ___ supported

WORKER TASKS

Identify and Protect Those Impacted and/or “At Risk” ___ identified ___ safe

Clinical Assessments ___ arranged ___ performed (as needed)

Outreach Service Provided to: ___ family ___ those “at risk” ___ witnesses

Temporary Counseling Centre ___ arranged ___ performed

Spiritual Support &/or Ceremony ___ arranged ___ performed (as needed)

Guided Sharing Circles Facilitated for: ___ witnesses/interveners ___ workers
___ community members ___ chief & council

THREE STEPS OF CRISIS INTERVENTION

The goal of crisis intervention is to assist a person to talk about an event in the recent past to allow them to deal with their present distress and then focus them on a positive future, which includes the seeking out of a relevant resource. Crisis intervention is a supportive and structured process that provides: (1) an opportunity to ground the event in the *past*, to maintain the flow of time into the future; (2) followed by an opportunity to recognize and release the impact of the event on the *present*, and ends with (3) an opportunity to shift focus to a more positive *future* and to take action to make that future happen. Asking each of the following three questions, one at a time, ensures that the person you are helping takes the journey from the distressing past, through the painful present, to a positive future.

1: Past: What happened?: The first question locates the event in the *past* so that it can be released. This question is designed to reduce the risk that the person will be traumatized.

2: Present: How have you been effected by the event?: This second question allows for the person to share the impact of the event on their present experience—emotionally, mentally, physically and spiritually. This will allow them to better link their pain to the event, to make sense of their pain and hopelessness.

3: Future: What can you do—starting today—to get through this and make your life better?: Finally, this “solution” question is an opportunity to share pro-social and soothing activities in the face of pain that will assist the person to shift to a more positive future. By naming them, it encourages them to take the steps required to heal or overcome the problem.

3 STEP CRISIS INTERVENTION

1. PAST

- *“What happened?”*

2. PRESENT

- *“How have you been effected?”*
 - (a) physically: how have you been feeling in your body?
 - (b) emotionally: what have your emotions been?
 - (c) mentally: how has it affected your thoughts?
 - (d) spiritually: how has your spiritual outlook been affected?

3. FUTURE

- *“What can you do—starting now—to reduce the impacts of the problem and make your life better?”*

Guided Talking Circles as a Tool For Support Groups

Even the healthiest community is not protected from the possibility of a community member experiencing a potentially traumatic event. In the case of such an event—an event where a person might be profoundly wounded physically, emotionally, mentally or spiritually (whether by an accident, bereavement, witnessing or being the victim of violence, etc.), it is possible to reduce the possible negative long-term impact (i.e., trauma). The best time to heal trauma, is before it is embedded in a person’s life; interventions ought be facilitated within 48 hours of the potentially traumatic event.

A guided talking circle is a miniature of the three steps of crisis intervention. It provides a structured (i.e., safe and controlled) sharing circle in which participants have the opportunity to normalize their experience (realize that their response is “normal” and OK) and release the pain that is a natural response to a critical incident (i.e. traumatic event) by answering three clear questions. (While a guided talking circle is also a variation of the “critical incident stress debriefing model, it is not intended for use for large community gatherings, but for one-to-one, small group support.) When supporting a small group, such as immediate family, a group of friends, or a Band Council, the participants can take the journey from the tragic past, through the painful present, to a positive future.