2018 Northwest Conference on Childhood Grief

Cultural Considerations in Grief Support Through the Use of a

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Although death, and subsequently, grief and loss is an experience that everyone in the world shares, it is “culturally embedded” and understood according to that culture’s norms, beliefs and traditions (Anderson, 2010, p. 134; Rosenblatt, 1997, p. 31). The way the death is perceived through a specific cultural lens has a major impact on the way that death is understood and responded to.
Objectives

• Tenets of Diversity-Informed Practices

• Review of our regional composition

• Examples
Diversity-Informed Tenets Borrowed from Infant Mental Health
These tenets are our guides. They highlight a direction to consider... “It’s all our hope that reflecting on our work in this way, helps each of us begin to think about how to translate aspirations of “cultural competence” and a desire to eliminate racial and socioeconomic disparities in all systems...”(Snowden and Yamada, 2005; US Public Health Service, 2000).
Tenet 1

• **Self-Awareness and Acceptance of Truths:** We must reflect on our own culture and personal values, and beliefs, and the impact racism, sexism, classism, able-ism, homophobia, xenophobia, and other systems of oppression have had on families’ lives in order to provide diversity-informed, culturally attuned bereavement services (Ippen, Norona, Thomas, 2012).

• Neurobiological research has shown that human brains are hardwired to respond to people who are different from ourselves and to make instant associations and assumptions (Devine, 1989; Kubota, Banaji and Phelps, 2012).
Tenet 2

- **Champion Children’s Rights Globally:** Children are citizens of the world. It is our responsibility as practitioners providing grief support to children to nurture them and remove barriers to access to our services.

- Unsupported children are at risk for CTG—Childhood Traumatic Grief that can interfere with the child’s functioning and development. Children grieve in their own way following the death of someone significant. While many children adjust well after a death, other children have ongoing difficulties that interfere with everyday life and make it difficult to the positive memories of their loved ones. A child may have a traumatic reaction after a death that was sudden and unexpected (e.g., through violence or an accident) or a death that was anticipated (e.g., due to illness). Thinking about the person who died—even happy thoughts—can lead to frightening images or memories of the way that person died. The symptoms of CTG include the following:

  - Repeated or intrusive images about the person’s death (such as in nightmares)
  - Avoidance of thinking or talking about the person who died, the cause of death, or avoidance of places, or activities associated with the person, or what happened
  - Negative beliefs or negative mood occurring since the death
  - Other changes in behavior, such as trouble sleeping, poor concentration or being jumpy
Tenet 3

• Work to Acknowledge Privilege and Combat Discrimination: Discriminatory policies and practices that harm adults harm children in their care. Privilege constitutes injustice. Diversity-informed bereavement providers work to acknowledge privilege and to combat racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression within themselves, their practices, and their fields (Ippen, Norona, Thomas, 2012).

• ACES (Adverse Childhood Experiences) hitch a ride on genes—transgenerational trauma
Tenet 4

• **Recognize and Respect Non-dominant Bodies of Knowledge:** Diversity-informed practice recognizes nondominant ways of knowing, bodies of knowledge, sources of strength, and routes to healing within diverse families and communities and professions. (Ippen, Norona, Thomas, 2012).

• Each professional is a steward of the funds of knowledge and approaches to practice that the professional inherits, but each also has the responsibility to critique, adapt and expand upon, and see beyond inherited ways of understanding and doing things. Rather than seeing ourselves as sole holders of knowledge and sources of healing, diversity-informed practitioners listen carefully to the families and their communities to support them in drawing on their endogenous resources. Additionally, it is our responsibility to draw upon and amplify marginalized professionals in grief work.
Tenet 5

- **Honor Diverse Family Structures:** Families define who they are comprised of and how they are structured; no particular family constellation or organization is inherently optimal compared to any other. Diversity-informed bereavement providers recognize and strive to counter the historical bias toward idealizing (and conversely blaming) biological mothers as primary caregivers while overlooking the critical child-rearing contributions of other parents and caregivers including fathers, second mothers, foster parents, kin and felt family, early care and educational providers, and others. (Ippen, Norona, Thomas, 2012).

- The locus of resiliency IS NOT imbedded within an individual but within the community.
Tenet 6

• **Understand That Language Can Be Used to Hurt or Heal:** Diversity-informed practitioners recognize the power of language to divide or connect, denigrate or celebrate, hurt or heal. Practitioners strive to use language (including “body language,” imagery, and other modes of nonverbal communication) in ways that most inclusively support children and their families, caregivers, and communities. (Ippen, Norona, Thomas, 2012).

• Consider your body and physical being as a healing presence and tool—how do you think you are being perceived
Tenet 7

• **Support Families in Their Preferred Language:** Families are best supported in facilitating children’s development and mental health when services are available in their native languages (Ippen, Norona, Thomas, 2012).

• The National Standards on Culturally and Linguistically Appropriate Services (Office of Minority Health, n.d.) mandated that health organizations receiving federal funding make linguistically appropriate services available to clients.

• Many core developmental and parenting issues are subtle, complex and emotionally charged, so much is lost in translation.
Tenet 8

• **Allocate Resources to Systems Change:** Diversity and inclusion must be proactively considered in undertaking any piece of children’s mental health. Such consideration requires the allocation of resources such as time and money for this purpose and is best ensured when opportunities for reflection with colleagues and mentors as well as on-going training and consultation are embedded in agencies, institutions, and systems of care. (Ippen, Norona, Thomas, 2012).

• Although specific diversity issues may appear on the agenda of staff meetings or even conferences, diversit informed practice is as much reflected in the question of who creates the agenda, what diversity qualities are imbedded in staff members or how it matches or contrasts with the diversity qualities of families served.
Tenet 9

- **Make Space and Open Pathways to Diverse Professionals:** Providers and agencies will be most dynamic and effective when culturally diverse individuals have access to a wide range of roles, disciplines, and modes of practice and influence. (Ippen, Norona, Thomas, 2012).

- The National Research Council and the Institute of Medicine (2000) noted that “significant cultural distance between providers and recipients of care can make it difficult to build and sustain the kinds of relationships that often determine the short-term acceptability and ultimate success of an intervention or family support program” (pg. 66).
Tenet 10

• **Advance Policy That Supports ALL Families:** Practitioners, regardless of professional affiliation, seek to understand the impact of social policies and programs on diverse children and their families and to advance a just policy agenda for and with families. (Ippen, Norona, Thomas, 2012).
Micro-Mezzo-Macro

Practice Principles: Tenets 1, 4, 6

Stance Toward Children, Families and Their Communities: Tenets 5, 7, 9

Broader Advocacy and Systemic Change: Tenets 2, 3, 8, 10
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Social Determinants of Health and The Grief Process

Biological
- Genetics
- Pre- and perinatal factors
- Physical health
- Gender
- Trauma

Psychological
- Relations with parents/siblings
- Family dynamics
- Personality
- Resilience
- Adaptability

Social/Cultural
- SES
- Family stability
- Social capital
- Work/employment
- Value system
- Neighborhood/Housing
- Religion
- Policy
- System
Grief and Loss Context of Underserved Areas

- Seattle and South Regions of King County: These zip codes alone are informative of several things and are indicators of additional stressors in their layers of experiencing grief (Community Health Indicators, King County Public Health).
- Immigration and Dislocation
- Acculturation process: at risk of losing potentially adaptive cultural coping strategies that could provide a beneficial protective function and promotion of resiliency
- Trauma history
- Both parents working more than one job
- Compromised access to resources, such as providers or healthcare
- Higher life expectancy in NE Seattle neighborhoods than South Seattle Neighborhoods by 11 years
- Higher Infant Mortality Rates
- Higher Death Rates via homicide and firearms
- Not feeling safe at school
• Framework to overcome barriers to meaningful connections once families access your care