

Leadership in Times of Loss What You Need to Know About Loss & Life Transitions Corporate Impact & Strategies

In early December 1998, the NJ League of Municipalities, in response to member requests, devoted a day to looking at the impact that loss [community tragedy, death, accidents, family illness] had on the community, public service professionals and their staff, as they attempted to respond appropriately.

Those in attendance agreed that in spite of the unpleasantness of the topic that tragic events do happen with enough frequency to warrant planning a suitable strategy.

Each of us, I am sure, can remember the annual fall fire drills in elementary school. Since our first lesson was that there was no time to get our coats, is it my imagination or was it always raining & cold when the fire bell rang? That observation aside, I can remember the drills but never a fire in school. In spite of the absence of a fire in 16 years, I would have been concerned if I discovered that the school my children attended felt that preparation for such an event was unnecessary. Our workplaces will experience and be impacted by numerous losses, both tragic and traditional, over the years, many more by comparison than school fires but strategic planning, for grief in the workplace, is often overlooked.

There are some compelling reasons to look carefully at grief in the workplace.

1. Financial.....Unrecognized grief fallout can be extremely expensive and emotionally draining both short & long term and in addition until it is identified will continue unabated.
2. Staff support..... Our colleagues are all affected, in different ways, by community tragedy as well as personal losses and losses experienced by co workers.
3. Management & supervisor support..... People who manage and guide others in the workplace agree that grief impacts on them personally and adds significantly to their challenge. Grief can place enormous pressure on the process of goal achievement.
4. An environment that is supportive and understanding of the grief process enhances organizational loyalty.
5. Finally.....*IT'S THE RIGHT THING TO DO.*

There are two things to consider as we approach this issue. Awareness, how does grief impact on an individual and the workplace and what strategies can we have in place to assist us when events occur.

It was just three weeks after the death of Jack's 32 yr. old son that the traffic violations began to pile up. "First it was two speeding tickets back to back," Jack recalls. "A week later I passed a stop sign and shortly after that incident, I ran a red light". "Honestly," Jack says " I don't remember seeing the stop sign or the red light. I was lucky no one was injured." Jack expected to grieve but was totally unprepared for his lack of concentration and surprised that a perfect 40 year driving record could fall to the grieving process.

This event may seem far removed from municipal or corporate concern. However, the perspective changes if Jack is driving a municipal/ company vehicle or a school bus.

With this example in mind, we might then ask the following: Are today's managers sensitized to the impact of personal and workplace loss and life transition issues, on the individual and their work environment? Are they prepared to deal effectively with the loss and its effects?

Managerial effectiveness and success is dependent on an enhanced understanding of human behavior. Sadly, we discover that for a variety of reasons, there is little, if any, information, presented to people who will surely confront the grieving process, on a regular basis. What can be expected of a grieving individual or a grieving staff? "When Pat's husband died, we were anxious about her return to work. We didn't know what to expect, what to say that would help. We didn't want to intrude but also didn't want to say the wrong thing. Basically, we didn't want to make it worse."

When we speak of loss most often the focus is placed on individuals who have experienced a death of a loved one. Losses like divorce, separation, downsizing and job loss, relatives who are critically ill, aging parents and loss of a pet, all have the potential to produce reactions the relate to grieving.

There are sudden events which get our attention immediately. Death of a police officer, firefighter, municipal official, and accidental deaths involving children or teachers are just a few. There are other losses that, as supervisors, we become aware of. We are either approached directly, or receive news from co-workers.

In a survey conducted by the Wells Fargo Bank, it was discovered that employees decide to confide in a supervisor or co-worker much more frequently than they seek professional assistance. Their study illustrated an often overlooked dynamic. There is far reaching "ripple effect" to loss. Whereas the focus is understandably placed on the individual who has experienced the loss this author suggests that we look at the role and preparedness of those who surround the grieving individual and who, because of their interaction with the bereaved, become part of the process. What is the impact of an employee's grief on co workers, management, and others with whom they interact?

Each person responds differently to impending or actual loss. And so as we look at this issue it is important to remember that the following material is not a prescription that can be applied with anticipated results. This information should be viewed as a roadmap. The goal then becomes how much we know rather than how much we do. Often the greatest damage is done when our expectations and the grieving persons expectations are set too high.

Consider the following *normal* dynamics of grief and the implications they might have.

Grief lasts much longer than most expect. [Often years]

Grief changes. People often describe the experience as being on a rollercoaster. Downs often occur at holidays & anniversaries.

People report:

Short attention span.... "I have trouble remembering things"

"In the two weeks following the death of my husband I locked the keys in my car four times. Twice with the motor running"

Impaired decision making.....a difficult position for when a job involves important decisions.

Time distortion.....losing track of time.

Concentration difficulties..... while driving, completing multiple tasks.

There are also physical reactions that are important to consider. Restlessness, weight gain or loss, headaches, sleep difficulties, heart palpitations, fatigue, blurred vision, exhaustion, illness are all possible symptoms.

People report feeling extremely sensitive, preoccupied, bitter, irritable, disorganized, angry and depressed. Once again, all normal response.

In addition to the more common managerial challenges of today's workplace, failure to anticipate and develop strategies to respond to these issues surrounding loss, routinely result in costly errors, omissions, and accidents.

Productivity, morale, customer relations and public image all have the potential to be impacted by employee loss experiences.

Awareness improves our ability to respond to the individual appropriately keeping in mind that

1. People [CO-workers] are affected emotionally, physically and psychologically by a wide variety of personnel losses.
2. People often exhibit behaviors and reactions consistent with bereavement dynamics [anger, anxiety, depression etc.]
3. People are often not aware of the origin of their feelings, reactions and behavior.
4. Individuals may be affected by previous loss experiences.
5. People who have a better understanding of the origin of their feelings may exhibit more effective coping skills

The staff member's family also experiences, both consciously and unconsciously, a variety of reactions consistent with identifiable grief reactions. As the family members cope with a variety of losses and transitions, they may fail to recognize or anticipate, in advance, their own emotional and behavioral reactions to this change. In addition, as difficult as it might be for this recognition to take place on the families part, their reactions are often complicated by a profound lack of understanding from those in their support system. It is important for us to be conscious that issues are being brought into the workplace.

When we acknowledge that family members are affected emotionally, physically and psychologically by both recognized & unrecognized losses it enables us to better understand the additional pressure placed on grieving individuals.

This pressure may further complicate the emotional and psychological state of the staff member. The availability of information on the normalcy of grief dynamics may provide a better understanding of the origins of their feelings and enhance coping skills.

Susan, a branch manager for a local bank, found that her ability to cope with her responsibilities began to diminish and noticed personal errors increasing as her mothers terminal illness progressed. "Managing, supervising, decision making and public relations became monumental tasks." Susan recalls. "Lucky I was in a caring work environment with people who understood."

Grief is a process that requires a coping strategy rather than a problem that will respond to a "quick fix".

As grief dynamics are frequently unrecognized, misinterpreted or not spoken about, in particular by those most affected the importance of recognition lies in the support given to staff as well as the interventions chosen. Supervisors and staff must deal with a variety of both personal and job related losses while under the pressure of tasks that require exceptional performance.

A staff person, who confides a terminal diagnosis of a family member is, in fact, informing a supervisor of the potential for a wide range of feelings and reactions that may be experienced over time and that may increase as the illness worsens. The supervisor may also anticipate a period of time in which the individual may be grieving, if a death occurs, followed by a healing process.

What strategies have been effective? When planning a strategy it is important to re visit awareness. If the people designated to respond to grieving families or a grieving community are unprepared the results will be less than desirable.

Much of responding to families is found in sensitivity. What not to say becomes as important as what to say. Ask anyone you know who has experienced a loss, to tell you the words, said to them, that hurt. You will find, quickly, the impact of well meaning but unthoughtout statements.

Flexible work and vacation schedules, offering assistance with projects, relaxed work loads, team support are just some ways that grieving people have commented on as indicating true concern for them and understanding of their loss.

“ I found myself, sitting at my desk, unable to hold back my tears” Cathy recalls. My boss said “ Cathy, when a bad time hits you, feel free to use my office”

“ I can't tell you how much that meant to me”.

An organization, that recognizes grief as an ever present part of the workplace and a process that requires a sensitive coping strategy, will go a long way toward providing a nurturing environment for valued employees as well as a caring outreach to the community.

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An article I published in April 1998, in the New Jersey Municipalities, entitled *Leadership in Times of Loss*, focused on the possible but unlikely occurrence of an event involving large- scale loss and trauma.

The focus was on a strategy that people in leadership positions could put into action, which would provide the greatest support and therapeutic outcome for those affected. The article presumed that there would be a limited number of victims of trauma and loss and a much larger group of unaffected professionals and community caregivers. In addition, the article suggested that workplaces had the resources of managers and supervisors with an understanding of the dynamics of grief and trauma and the sensitivity to manage victims effectively. These managers would also encourage the use of company sponsored EAP's. Unfortunately, the events of September 11, 2001 have created a need far beyond our ability to comprehend requiring a far more extensive strategy.

It is important to recognize our circumstances and to develop more appropriate expectations for everyone around us. The reality exists that there are few who have escaped the impact of this horrific event. Everyone has been impacted to one degree or another.

- Our immediate support system is traumatized. Whether it be within a family, a community, or an individual's workplace, helpers are working with diminished capacity. CEO's, managers, and trained mental health professionals are finding it important to assess their own responses to the event and make every effort to seek help for themselves so that they can better assist others.
- Consider the overwhelming nature of this event. In addition to the loss of immediate family members, friends, family of friends, and co-workers, it would be helpful to be aware of accompanying factors that complicate our coping mechanisms. The sheer enormity of the destruction and human toll along with the suddenness of the attack and the fact that it was premeditated bring a constellation of feelings. A strong possibility exists for the emergence of feelings of anger, helplessness, fear, and a general feeling of being unsafe. This event has all the ingredients for the development of post traumatic stress in survivors, rescue/recovery workers, the countless volunteers who provided aid, and the general public.

As we go forward many questions arise as we seek to help ourselves and others. It is important to understand that there is no script for assisting in traumatic situations. Each individual may deal with the same event differently and

with their own timetable. The word *should*, as in, “I should feel differently than I do,” or someone telling you how you *should* feel, would best be avoided.

Let's focus on two issues: 1. What you need to know? 2. How you can help?

What you need to know.....

- Where to find professional help. Early intervention can be important for yourself and others. Finding local assistance through hospitals and The Red Cross is a beginning. There are numerous web sites with information on trauma and trauma care.
- Normal responses to traumatic events are: lack of energy, feeling numb, difficulty concentrating, anger, guilt, dreams, insomnia, forgetfulness, depression, and irritability. Physical symptoms might include: headaches, palpitations, fatigue, blurred vision and restlessness.

How you can help.....

- Be present-- people may want to tell their story or may just want you with them. Professionals acknowledge the difficulty of being in the midst of a person's pain. The more information you have and the more realistic your expectations the more help you will be. What you say is often less important than just listening.
- Tie in some of the normal responses of trauma with a person's daily tasks. Caution them about driving carefully. Caution about forgetfulness or concentration with machinery or employment that involves calculations.
- Whether a person decides to seek professional assistance or not non- professionals, with valid information, can provide a nurturing environment. Normalizing a person's perception of their reaction as well as educating all those around the individual can become a much needed support for a victim as well as reinforcement for the intervention provided by a mental health professional.

The workplace is seen by grieving employees as a place where they can begin to return to normal. The challenge of managers and supervisors is to create an environment where productivity and healing can happen simultaneously. Providing support for these managers and supervisors is also critical at this time. The need for leadership has never been greater.

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Dr. Schaefer serves as a consultant to hospitals, universities, school systems, health care organizations, corporations, HMO's and EAP's as well as private clients. His clients include New York City Health & Hospitals Corporation, New York City Board of Education, Columbia Pictures, State of New Jersey Department of Human Services, AARP, Survivors of the Shield, Veterans Administration Health Care System, Medical Center Physician Training Programs, the New Jersey League of Municipalities, the Pentagon, and TAPS a program for military survivors.

Dr. Schaefer has been guest faculty at the College of Physicians and Surgeons, Columbia University and the graduate schools at New York University, Columbia, Adelphi, Hofstra and Rutgers University. He is a member of the Institute of Management Consultants and the American Society for Training & Development.



Dr. Schaefer is a best selling author of *How Do We Tell The Children* [3rd edition to be released in December 2001].
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Client List

Universities Columbia , NYU Graduate School of Social Work, Albert Einstein College of Medicine, Yeshiva University, Hofstra University, Kings College London, Ontario, Adelphi University, Madre y Maestra University, Santiago, Dominican Republic; Rutgers University, Graduate Dept of Psychology; College of Physicians & Surgeons Columbia University, College of New Rochelle, C.W.Post.

Medical Centers New York City Health & Hospitals Corp, Kings County Medical

Center, Staff Development / Public Relations; Brooklyn Hospital Medical Center, Lutheran Medical Center, Maimonides Medical Center, Dept of Psychiatry; Interfaith Hospital, Primary Care Residency Program, Montefiore Medical Center, New Jersey Dept of Human

Services, Dept of Developmental Disabilities; Methodist Hospital, Staff

Training; AIDS Units, Lutheran, Brooklyn & Kings County Medical

Centers. Family Physician Training Program, Lutheran Medical Center

School Systems New York City Board of Education, School Guidance & PTA's,

Yorktown Central Schools, Valley Stream School District, Nassau

County Office of Cooperative Education, Infant- Child Learning

Center, SUNY HCS Brooklyn N.Y., Island Trees SD, New Hyde Pk. SD

Brooklyn Friends Academy, Basner Parenting Center, Lawrence, NY.

Organizations, Union Center for Women, Parents of Murdered Children, Survivors

of the Shield, National Organization of Police Survivors, Washington,

D.C., Families First, Brooklyn, N.Y., Center for Hope Hospice,

St Christopher Otilie, Foster Care Center, Resolve Through Sharing,

National Conference on Perinatal Bereavement, Human Service

Conference, N.Y.C. Community Boards; Y.M.C.A. Camps of N.J.,

Staff Training, Association for Death Education & Counselling,



Catholic Charities, Diocese of Brooklyn Pastoral Congress & Office of Disabled

Persons, Discipleship Outreach AIDS & Drug Education Program, Congregation

Beth Elohim, Brooklyn, N.Y., AARP Widowed Persons Service Conference 94,

Hospice of the South Shore 94 Conf., FIAT IFTA International Conf, Nashville, 94 Washington State, New Mexico & National Funeral Directors Conventions; N.Y.C. Police Dept, Naval Criminal Investigative Service. Rainbows for Children Inc.

TAPS Military Support Program; Chaplain Tng Program.

Publications "How Do We Tell The Children ?" Dan Schaefer, Author, Preventative

Psychiatry, Early Intervention & Situational Crisis Management, The

Charles Press, Bereavement, Charles Press, Sesame Street Parents

Guide, National Catholic Magazine, American Funeral Director, &

Director Magazine, N.Y. Daily News, N.Y. Newsday.

Media Regis Philbin Lifestyles, CNN News Night, WEWS Morning Exchange

Cleveland, WQXI, Atlanta, WVOX, Westchester NY, WMCA, N.Y.

Matters of Life & Death, National Educational TV; Telicare, "Lets

Talk, L.I. Cable TV, Fox Channel 5 "John Rollin's News", WABC, N.Y.

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