



After the Home Visit

CALIFORNIA
SIDS
PROGRAM
SUDDEN INFANT
DEATH SYNDROME

CALIFORNIA DEPARTMENT
OF HEALTH SERVICES MCAH

Section Four

Section Four — Contents

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Debriefing, Taking Care Of Yourself

You need to be prepared for your own grief response as well as that of the family. It is impossible not to be affected by the strong grief response of most SIDS families. You should arrange for someone to provide you with support, after your visit, when you need it. Learning to cope with your own response will help keep you balanced, and make you a better counselor for the families you will be helping in the future, as well as now.

Tasks of replenishing

- Take responsibility for your personal replenishing
- Remember that it is not unselfish to get depleted, it's wasteful
- Know your limitations personally, professionally and time wise
- Actively grieve your own losses
- Learn to receive as well as give
- Offer support to each other as caregivers

To preserve yourself as an effective helper

- Identify six things you do that are replenishing for you
- Identify six things you do that are inclined to lead you to depletion

Characteristics of a self replenishing caregiver

- Knowing both your strengths and limitations
- Awareness of your reactions and emotions, knowing when they change from positive ones to negative ones
- Knowing that you contribute, but that others can live without you
- Knowing when you need to say "NO"
- Taking responsibility for your own needs, before seeing to anothers
- Following your own personal joy

Adopted from "When a Baby Dies" by Marilyn Gryte, R.N., M.S.

The Emotional Impact of a SIDS Incident

Dealing with a SIDS case can have an emotional impact on all those involved in the situation including first responders, emergency room staff, and public health nurses. The following are a list of feelings and reactions experienced by many emergency responders. Not all of these reactions are experienced by everyone and not necessarily in this order. As a Public Health Nurse, you need to be familiar with these feelings and reactions and know how to deal with the emotional impact of a SIDS event.

► **Emotional Numbing**

Emergency responders report distancing themselves from the incident and making an effort not to feel anything. They almost deny having an emotional component, and therefore give the appearance that they have no feelings. They usually say, however, that they are in control and are having no problems dealing with the situation.

► **Isolation**

The feeling of being alone is also common and the perception that no one else knows what you are going through. Emergency responders have stated they experience irritability and agitation, and repeatedly deny that anything is wrong.

► **Intrusive Thoughts**

Emergency responders have shared that they relive the SIDS event in their minds, over and over again. If it continues, they begin to wonder or question whether they have complete control of their thoughts. They can change the final outlook, for the better or worse. While an emergency responder is replaying the event they may change the character mentally, by replacing the victims with their own family members. This also occurs in their dreams.

► **Sleep Disturbances**

Disturbances which can result from a SIDS incident include inability to sleep, nightmares, and waking in a cold sweat.

▶ **Anxiety and Fear**

The fear most commonly felt is that of returning to work and having to go to another SIDS call. They anticipate it happening again on their shift. They also get in touch with their own child's vulnerability to SIDS. This creates a tremendous amount of fear and anxiety for the emergency responder.

▶ **Re-evaluation**

Re-evaluation of each person's value system, goals and status is often the final step which determines the person's abilities to cope and how they will continue their future activities. Some consider giving up their current careers. They may also re-evaluate their relationships with their children and make a stronger commitment to parenting.

▶ **Initial Denial**

When the SIDS incident takes place the person involved thinks, "this couldn't happen to me, I can always save babies." Emergency responders many times convince themselves that SIDS deaths should not bother them. They fear their peers will evaluate them negatively if they show emotion. It is a psychological defense towards being judged.

▶ **Helplessness**

Emergency responders are helpers and do not like the feeling that there is nothing they can do to change the situation. When a child dies from SIDS they feel helpless.

▶ **Loss of Interest/Burnout**

The impact of the SIDS call on the emergency responder will determine the degree of burnout, which occurs afterwards. How many similar calls has the emergency responder rolled to? Does the emergency responder deal with accumulated stress? What is the length of time in their profession?

▶ **Hostility and Anger**

Hostility and anger can be non-directed (just mad that it happened) or directed towards the parent of the child. This hostility is short-lived, but returns several times during the adaptation process.

▶ **Feelings of Guilt/Bargaining**

Feelings internalized or projected, over things they did or did not do (wishing the baby survived), or things they might have done differently during the incident have been reported. The emergency responder will criticize themselves after the situation is over. They tend to feel they could have done something more for the child. They question their competency levels, constantly asking themselves “what if?”

▶ **Withdrawal/Depression**

Depending on the life situations of the responder, SIDS incidents may become too painful to cope with, causing the sadness to go on for days. The length of time depends on one’s basic personality, the type of SIDS incident, how peers deal with the incident, and the availability and use of psychological intervention services.

▶ **Gradual Testing and Retesting Reality**

Through gradual testing and retesting reality, emergency responders are able to feel out the possibility of coping with future SIDS situations that are similar. This leads to final acceptance, acknowledging that this incident happened and that it may happen again. The pattern ends with an eventual letting go from the influence of the past SIDS experience.

▶ **Available Psychological Services**

There is a need to have immediate available psychological services to call if necessary. On-call counselors are ideal, this allows responders to verbalize their feelings and concerns while they are still fresh, and in an atmosphere that is “safe.”

▶ **Critical Incident Debriefing**

Many times responders can relate to a group of their peers with whom they can share their experiences. The counselor will arrange this debriefing, which allows the ventilation process to occur.

Humor and Stress

The daily stress of helping others cope with their pain can be draining and is hard to leave behind when you go home. Far too often, those who help others cope with heavy issues don't have the time, or just plain forget to help themselves. Being "stressed out" is not fun. It can make your body hurt, keep you from thinking straight and make you sick (just to name a few things often blamed on stress).

There are a number of methods for controlling stress. But in reality, when we need stress reduction the most, it is usually in a situation where it's just not appropriate to stop and do progressive muscle relaxation or go for a walk on the beach. Stress reducing activities at the end of the day definitely help but don't always alleviate the effects of eight to ten hours of stressful work. There is one method of controlling stress that can be used just about anytime, anywhere. It is a method that is sometimes overlooked by those who deal with heavy issues. It is humor. Although humor will not make stressors disappear, it can be used to keep them from getting out of control and becoming "too much."

In both medical and non-medical settings humor is gaining recognition as a resource for healing ills. Across the nation "humor programs" are being implemented as a method to help people adjust to stressful situations. The benefits of humor are well documented. Humor helps us cope in several ways. It draws our attention away from the problem, providing perspective. Laughter releases tension and can help us gain new insights and solutions to our problems. Laughter can help us transcend our suffering. Laboratory studies have shown that mirthful laughter has a positive effect on most of the major physiologic systems of the human body. The heart, lungs and muscles all get a workout during laughter. In addition humor and laughter are convenient, accessible for all, and free.

But, you say, I fail to see the humor in what I do. It is true that illness, pain, suffering and death are not funny. Often, however, humor can be found in the silly things we do. For example, the day I spent 30 minutes looking for the keys I had in my hands. And, it can be found in the humorous incidents that often occur around intense situations. Like the time my cousin showed up for his brother's funeral with two different shoes and socks on. It gave all of us a good laugh, including the widow. The laughter helped lighten a very sad day. What is important to remember is not to close yourself off and exclude laughter because you think you should be solemn.

If you want to try using humor to ease your own dilemma or someone else's, make sure it is appropriate, timely and tasteful. Humor can be a risky business when you are dealing with people who are passing through a difficult time. Some people are more comfortable with laughter than others and what is appealing to one person can be appalling to another. A good rule of thumb is to look for clues to other people's humor and for their readiness to laugh. If they are making jokes and laughing, then you are safe to add your own.

Don't worry if you can't tell jokes, most people are not good at joke telling. In addition, jokes are just one of many ways to add humor to your life and to soften difficult situations. Here are some suggestions on how to add humor to life from the book *The Healing Power of Humor* written by Allen Klein.

- If you do not already know, find out what your kind of humor is, ask yourself, what makes you laugh at home, at work, on TV? What kind of humor do you prefer? When do you laugh the most? Where do you laugh the least? And, then try to maximize those things that make you laugh the most.
- Take a look around you and find five things that make you smile. (I keep a picture of my grandchildren handy for hard days. It helps me to remember the funny, cute things they do and say.)
- After a hard day, go rent a funny movie and make time to watch it.
- Keep this guideline in mind; it may take a little time to find humor in today's upsets. But as H.G. Wells once said, "The crisis of today is the joke of tomorrow."
- Learn to play. Add some nonsense to your life. Try on clothes at stores you can not afford. List all the things that have bothered you for the past week on a piece of toilet paper, then flush it down the toilet. Sing. Put on music and dance.
- Learn to let go. Find the humor in what you can't change. When I turned 50, I was very depressed. For some strange reason I felt I was on the down-hill side of life. When my sister called to wish me a happy birthday, I made some nasty comment about beginning to adjust to middle age. My sister was very quiet for a moment, then said: "What are you talking about, you've been middle aged for the years." I responded with, "I guess I have been, but I never thought about it before." We both started laughing and I could feel my whole attitude change.

It's The Little Things That Will Get You Every Time!

I find that the longer I live, the more I agree with those that claim that the small, chronic irritations of life cause more stress than the big events. For most people, events like marriage, divorce, birth and death, job changes, etc. happen once in a while. Most often the stress that they cause is short lived, since the change that they brought soon becomes a normal part of your life.

On the other hand, little things can be chronic stressors; they can be the type of thing that you don't really notice because you kind of get used to them. Too often, because they are considered small, they are dismissed and tolerated. For example, six months ago when I moved into my current home I decided to put my plastic containers into a corner cupboard underneath the counter. You know the kind, a big deep cupboard with a little skinny door, that you can't get into without kneeling down. That sounds innocent enough, but it has turned out to be a daily stressor for me since I can never find the right lid for my containers. This is especially difficult for me in the morning when I am packing my lunch and trying to leave on time so I won't miss the vanpool. It's the first time in my life that I have hated a cupboard.

It's amazing how quickly these small things add up, and how much more annoying or stressful they are when you are faced with several of them. We all have had days when nothing goes quite right, days when the car won't start, you get a ticket on the way to work, or run out of gas. How about those days when you wake up in a good mood but everyone else is in a bad one and takes it out on you, your spouse, your boss and even the clerk in the store?

When you let the small things of life get the best of you, they can rob you of the energy that you need to handle the bigger, more important issues in your life. More often than not, they are the final straw. I clearly remember the annoying broken front door lock that I hadn't had fixed for a year. It tended to stick, making it difficult to get into the house. I finally had it fixed when I found myself yelling at it after a crisis filled day at work.

That is exactly the point. Most of the small stressors in our life don't really have to be there. They do not have to add to those things we cannot control. You cannot control or predict the bad days and things that sooner or later happen to almost everyone. It's impossible to prevent a SIDS death or change another person's mood. What you can control are badly organized kitchens, broken locks, when you fill-up your gas tank and how you react. I have a social worker friend whose desk is usually loaded with files and other papers neatly stacked. I walked in one day to ask her a question and found her sitting there just staring at the wall. She had become completely paralyzed by the amount of work on her desk (a feeling I have experienced more than once). I suggested that she put all the files she was not working on in a place she couldn't see. She did, and found herself concentrating on what she needed to finish today, instead of spending her time worrying about what she may not be able to finish tomorrow. Moving the files didn't change her workload, it only changed her view of it.

When you are busy, it's easy to let small things go or to just not notice them until it is too late (remember the lock). That's okay, no one is perfect. I take the philosophy that I'm just practicing and I'm going to keep practicing until I get it right. By the way, I moved my plastic containers to a different cupboard; it has greatly improved my mornings. Here are some suggestions that may help you cope with your own small stressors.

- Take one thing at a time. If you are feeling overwhelmed, prioritize your tasks and do them one at a time. Make a point of letting go of work that others could do as well.
- Be realistic about your goals and your timelines. Do not be afraid to adjust goals and timelines when they become unrealistic. The only timelines in my life that I couldn't adjust was the birth of my children.
- Make the time to catch up. When little things pile up, plan a day to take care of them. Mark the day on your calendar and make a list of what you hope to accomplish.
- Try not to put things off. If something is broken, make plans for fixing it. If you call the something a four letter word twice you have waited too long.
- Most important: learn to accept what you cannot change, make a point of changing what you can, and learn to tell the difference between the two.

NOTES



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