Grief, Bereavement, and Coping with Loss

People cope with the loss of a loved one in different ways. Most people who experience grief will cope well. Others will experience severe grief and may need treatment. Many things can affect the grief process of someone who has lost a loved one. They include the following:

- The personality of the grieving person
- The grieving person’s relationship with the person who died
- The grieving person’s coping skills and mental health history
- The amount of support the grieving person has
- The grieving person’s cultural and religious background
- The grieving person’s social and financial situation

**Bereavement** is the period of sadness after losing a loved one through death. Grief and mourning occur during the period of bereavement, and are closely related.

**Mourning** is the way people show grief in public. The way people mourn is affected by beliefs, religious practices, and cultural customs. People who are grieving are sometimes described as bereaved.

**Grief** is the normal process of reacting to the loss of a loved one. It is the emotional response to the loss. Common grief reactions include the following:

- Feeling emotionally numb
- Unable to believe the loss occurred
- Anxiety from the distress of being separated from the loved one
- Mourning along with depression
- A feeling of acceptance

**Identifying Addiction**

Identifying addiction is imperative for recovery. Often, an addicted person struggles with the decision to say, “Yes, I have a problem and I need help.” Knowing the warning signs and signals helps to define the problem and erase doubts about whether to seek treatment. As the old saying goes, “Identifying the problem is half the battle.”

In This Issue

1. Grief, Bereavement, and Coping with Loss
   Identifying Addiction

2. Free Apps for Relaxation and Self-care
   Overcoming Your Fear of Flying
   Well-being Matters

3. Ask the EAP
   Upcoming Events

4. EAP Open All Summer

continued on page 2
Addiction
continued from page 1

CHANGES IN BEHAVIOR
• Reckless behavior like careless driving, fighting, and participating in illegal activities
• Going out every night or disappearing for days at a time
• Unusual sleep patterns, including sleeping too much or intense insomnia
• Secretive behavior

CHANGES IN MOOD OR PERSONALITY
• Depression
• Withdrawal from friends, family, and activities
• Loss of motivation
• Mood swings
• Lethargic behavior
• Paranoia and anxiety
• Periods of intense elation or hyperactivity, followed by periods of depression

PROBLEMS AT WORK OR HOME
• Increased absenteeism
• Loss of interest in work or home activities
• Complaints from supervisors or colleagues
• Getting fired or put on notice at work

PHYSICAL SIGNS
• Poor hygiene
• Flushed face and bloodshot eyes
• Sudden weight loss or weight gain
• Smelling like smoke or alcohol
• Slurred words and clumsiness

IMPORTANT QUESTIONS TO ASK TO SPOT ADDICTION
In addition to looking for warning signs and signals, there are critical questions to consider when identifying addiction.

1. Has the person been consuming more alcohol, drugs or tobacco, or gambling more often?
2. Has the person tried to stop their addictive behavior with little or no success?
3. Does the person continue to drink, use drugs, smoke, or gamble despite negative consequences of their behavior?

If you answered yes to these questions, it is time to seek help and treatment. If you need assistance finding a treatment program, please contact the in-house EAP at 240-314-1040, or the external EAP, KEPRO, at 866-496-9599.

Adapted from “The first step on the journey to recovery is identifying addiction,” from the Kolmac Clinic website. For more information on addiction and treatment go to https://www.kolmac.com/understanding-addiction/. Printed with permission.

Free Apps for Relaxation and Self-care

Insight Timer. Features a huge library of content: more than 80,000 free, guided meditations from more than 10,000 teachers on stress, relationships, healing, sleep, creativity, and more.

Smiling Mind. Features hundreds of meditations—enough to keep you engaged without overwhelming you with choice. They are organized into structured programs like Mindful Foundations (35 sessions), Sleep (6 sessions), Digital Detox (8 sessions), and Stress Management (10 sessions). Most meditations are between five and 15 minutes long, with a few practices up to 45 minutes for advanced meditators. Smiling Mind also offers bite-size meditations—between two to five minutes for moments when you need a quick, mindful pause in the day.

MyLife Meditation. Features approximately 45 free sessions. For many of them, you can choose between different lengths and either a friendly male voice (Grecco) or a calming female voice (Jamie) as your meditation guide. Most of the meditations are short, up to 11 minutes, and feature simple introductory practices.

UCLA Mindful. Features about a dozen meditations of different types, in English and in Spanish. This app was developed by the Mindful Awareness Research Center at the University of California, Los Angeles (UCLA). Learn to focus on your breath, your body, or sounds; work with difficult emotions; and cultivate loving-kindness in sessions ranging from three to 19 minutes long.

Exhale. The first emotional well-being app for and by Black and indigenous women of color (BIWOC). The app inspires self-care, mindfulness, and rest through content curated by BIWOC, including meditations, coaching talks, affirmations, guided visualizations, and breath work.

Headspace. Gives users a workout for the brain, led by former Buddhist monk Andy Puddicombe. The premise is to take 10 minutes a day to listen in and clear your mind. Users report better attention span, alertness, and instant calm.

MindShift CBT. A free self-help anxiety-relief app that helps you reduce worry, stress, and panic by following evidence-based strategies. Using CBT tools, you can challenge negativity, learn more about anxiety, develop more effective ways of thinking, be mindful, and relax.
Overcoming Your Fear of Flying

Now that vaccines are available, people are once again considering the possibilities of travel. If you would like to fly somewhere to really get away, but have a fear of flying, you are not alone. Fear of flying, or aviophobia, is an anxiety disorder. About 40 percent of the general population report some fear of flying, and 2.5 percent have what is classified as a clinical phobia, one in which a person avoids flying or does it with significant distress.

To help conquer your fears, consider these eight steps from Dr. Martin N. Seif:

1. **LATCH ON TO TRIGGERS THAT SET YOU OFF.** Figure out what frightens you and examine how your anxiety reaction is triggered. Your goal is to identify your particular triggers so you can manage your fear when your anxiety levels are low. Learning what sets you off makes it easier to turn it off.

2. **STEP ONTO THE AIRPLANE WITH KNOWLEDGE.** Anxiety thrives on ignorance, and feeds off catastrophic “what if?” thoughts. Once you become knowledgeable, your “what if?” thoughts are limited by the facts. Become familiar with the facts. They will not eliminate your anxiety, but they will help you manage it.

3. **ANTICIPATE YOUR ANXIETY.** Anticipatory anxiety is what we experience in anticipation of a fear. It is often the most intense anxiety you will experience during your flight, but it is not an accurate predictor of how you will feel on the flight. It is frequently far greater than what you actually experience.

4. **SEPARATE FEAR FROM DANGER.** It is often difficult to separate anxiety from danger because your body reacts in exactly the same way to both. Be sure to label your fear as anxiety. Tell yourself that anxiety makes your frightening thoughts feel more likely to occur, and remind yourself that feeling anxious does not mean you are in danger. You are safe even when feeling intense anxiety.

5. **RECOGNIZE THAT COMMON SENSE MAKES NO SENSE.**
   - **PART A:** Anxiety tricks common sense. Anxiety will trick you into thinking you are in danger when you are perfectly safe. Your gut feelings in these instances will always tell you to avoid; but, if you follow those feelings, you always will be reinforcing your anxiety.
   - **PART B:** You can outsmart anxiety. As a rule, do the opposite of what anxious feelings are telling you to do. Fight what the anxiety is telling you to do, but embrace the discomfort that anxiety brings.

6. **SMOOTH OVER THINGS THAT GO BUMP IN THE FLIGHT.** To manage anxiety when turbulence hits, learn about airplanes and how they are designed to handle turbulence. Focus on managing your anxiety, rather than on when the turbulence will end or how severe it might get. Remind yourself that you are safe.

7. **EDUCATE FELLOW PASSENGERS ON HOW TO HELP YOU.** Other passengers need to know what frightens you, along with what helps you most to cope with anxiety during a flight. Your task is to be clear about your triggers and ask specifically for what you find most useful.

8. **VALUE EACH FLIGHT.** Exposure is the active ingredient in overcoming your phobia. Each flight provides you with the opportunity to make the next one easier. Your goal is to retrain your brain to become less sensitized to the triggers that set you off.

*From the Anxiety and Depression Association of America (ADAA) website. Printed with permission.*

Well-being Matters

Well-being Matters is a new MCPS video series that focuses on a variety of important mental health topics. Robyn Rosenbauer, LCSW-C, Employee Assistance Program, will be talking with local mental health experts about how staff members and their families can take care of their emotional health and well-being as they begin to resume post-COVID activities and life. Topics covered so far were Managing Anxiety, Substance Use, Work-Life Balance, Anxiety, Ergonomics, Improving Sleep, and Domestic Violence. You can view some of these videos here.

> “Nothing in life is to be feared, it is only to be understood. Now is the time to understand more, so that we may fear less.”

*Marie Curie (1867–1934)*
AK THE EAP

Q. I am concerned about my young adult son who had to return home due to financial problems. He is struggling to find a job, and seems depressed. He does not seem very motivated to seek help for himself. Is he eligible to use the EAP, and if so, how do I make an appointment for him?

A. As an immediate family member, living in your home, he is eligible for our services. As an adult, he must make his own appointment. If you are not sure that he will call the EAP, give us a call to share your concerns, and we can talk about how to maximize the possibility that he will contact the EAP. He is welcome to call us himself and speak to a counselor to find out how the EAP works before coming in.

Do you have a question for the EAP? Send us your questions via Outlook or through the Pony to Jeffrey Becker.

UPCOMING EVENTS

- **MCPS Caregiver Support Group**
  The Employee Assistance Program (EAP) offers a Caregiver Support Group, designed to provide helpful resources and establish connections among the caregivers within MCPS. If you are interested in receiving notification about meetings, please email EAP specialist Robyn Rosenbauer, LCSW-C, CEAP, at Robyn_I_Rosenbauer@mcpsmd.org. And to all those MCPS caregivers, the EAP wishes you and your loved ones a safe, restful and happy summer break!

- **MCPS has Launched a Well-being Website for Employees**
  This online resource is a one-stop shop where employees can get information to help navigate and balance work, home, personal, and community life, with an emphasis on staff well-being and self-care. The last few months have been challenging for all of us, and Montgomery County Public Schools (MCPS) is committed to ensuring that our staff members stay safe and feel supported. **Click here to browse the site.**

EAP OPEN ALL SUMMER

The EAP will remain open throughout the summer. To set up an appointment for counseling, call the in-house EAP at 240-314-1040 or the external EAP, KEPRO, at 866-496-9599.

“Science is made up of mistakes, but they are mistakes which it is useful to make, because they lead little by little to the truth.”

Jules Verne (1828–1905)