Grieving Tips from LEAPS (after the funeral)

- Allow survivors to vent emotions.
- Calm them with reassuring authority.
- Assist them with preparations so they can predict what will happen next.
- Never release name until family is notified.
- A team for this should be developed prior to the event, but don't wait for the whole team to be in place to give notification
- Relay as much information as possible to family

What Do I Say, How Do I Say It?

- Do say:
- I'm sorry for your loss.
- Words like death, dead, died, killed
- I don't know how you feel, but I'm here for you
- I'm here if you want to talk
- Say the NÁME of the officer repeatedly.

- Do NOT say:
- It will be ok
- I know what you're going through.
- You'll get better with time.
- Life will return to normal.
- Bad things about the deceased.

Dealing with Family of officer:

- Show your own emotion. Do not fake it or hide it.
- Remember anniversaries and birthdays, especially if they are soon after the death.
- Make promises you can keep.
- Tell stories (good ones) about the deceased.
- Help with chores around the house.
- Have the family's pastor present as much as possible, but YOU pray with them if led to.
- Sanitize or have a friend do it.

The Business of Death:

- Notifying other family members, friends
- Insurances companies, taxes, bank accounts, wills, trusts,
- Flowers, memorials, gifts, and the thank you notes that follow
- Food, dishes,
- About 1000 other things

Rules of Grieving:

- There **are two rules** that everyone must follow pertaining to their grief:
 - They can't do anything that would hurt themselves.
 - They can't do anything that would hurt others.
- Anything outside these rules is permitted.

Warning signs for "grievers"

- Risk-Taking- If a grieving officer continues to work, he may be extremely aggressive, or he may want to die himself. If you have to go to the department head, don't let this type of griever on the street.
- Extreme withdrawal- The officer who does not show up for meetings, wakes, visitations, etc must be visited!

- Health problems The heart patient or the diabetic must be monitored c lo sely.
- If you LISTEN to your fellow officers, they'll tell you what they need.

Stay away from social media sights. Do not post comments, do not respond to comments.

"Stages " of Grief: There are no "stages ", each person has their own pain and in their own time .

- Denial
- Anger
- Bargaining
- Depression
- Acceptance
- Numbing
- Yearning and searching
- Disorganization and chaos
- Organization

Types of Grievers:

- Instrumental
- Feelings less intense
- Approach is systematic to fix problems
- Reluctant to talk
- Grief is intell ect u al
- Often more energy, nervous, active
- Get pissed when people say "let it go"

- Intuitive
- Strong feelings
- Less like to seek problems and solutions
- Express emotions
- Grief is "felt"
- Physical exhaustion, anxiety
- Get pissed when people say "be strong"

Othe r long-term thoughts:

- Family will often want to see the body, the scene, pictures, video of the slain officer.
- Always prepare them psychologically for what they are going to see before they see it.
- Watch the carefully when they see body/pictures, they'll k now if they need to stop but ask before each picture/scene . Arrange the pictures/video from the LEAST offensive to the most (worst sights last).
- Birthdays, anniversaries, etc. are painful days for the family and department.
- Arrange for a special event on t his day which will soon create a new memory and give a positive feeling on this date instead of a tragic one.
- Annual memorial service for the department is a must!

Have officers that knew the deceased write a one -page story about him/her. Assemble these into a binder and give them to the survivors of the officer.

Cry, scream, show emotion, or not; grieve in your own way.

Post on the Officer Down Memorial Page but have someone screen before you post.

For more help: www.alleaps.org

Chaplains can be ve ry beneficial

You may need a licensed professional to help you grieve, along with medication. This is OK and normal in many circumstances.

The 3 most important t hings you can do for yourself are exercise, exercise, and exercise.