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WHAT'S INSIDE

Chapter 1: Infant Embalming _____ 1

[1 CE hour]

This course has been researched and designed as a guide to understand and work through the techniques, skills, and knowledge required in identifying, and performing the most appropriate modern-day embalming procedures on infant cases.

Chapter 2: Military and Line of Duty Death Service _____ 6

[3 CE hours]

When a member of the Military is killed in action, the death can be a tragic and devastating loss for the family, the comrades, the friends, and the country. When a member of law enforcement, fire service, or emergency medical service is killed in the line of duty, the tragic loss is felt by the family, the professional family, and the community who was served. The funeral service for a person killed in action or in the line of duty can be more detailed and complex than other funeral arrangements. This course is designed to aid funeral directors in understanding many of the honors and traditions used in these types of service. The content of this course will include the origin and symbolism of many funeral honors observed, discuss the detailed planning required to properly arrange these types of services, and serve in preparing directors to serve the ones affected by Military and Line of Duty Deaths.

Chapter 3: Suicide - Supporting Survivors _____ 17

[1 CE hour]

This course focuses on assisting funeral directors with supporting survivors of suicide. It presents information regarding the uniqueness of suicide grief and the role and actions of funeral directors.

Chapter 4: Understanding Mental Health and Funerals _____ 22

[1 CE hour]

In this course, the student will learn the steps intended to support funeral directors who care for the mental health needs of the bereaving family and friends as they plan the loved one's memorial.

Final Examination Answer Sheet _____ 29



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Licenses Expire	Contact Hours	Mandatory Subjects
Licenses expire on December 31 of every year	6 (All hours are allowed through home-study)	None

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COURSE TITLE	HOURS	PRICE	COURSE CODE
Chapter 1: Infant Embalming	1	\$14.95	FAR01IE
Chapter 2: Military and Line of Duty Death Service	3	\$20.95	FAR03ML
Chapter 3: Suicide - Supporting Survivors	1	\$14.95	FAR01SU
Chapter 4: Understanding Mental Health and Funerals	1	\$14.95	FAR01MH
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Licensing board contact information:

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1 Commerce Way | Little Rock, AR 72202 | Phone: (501) 371-2600 | Fax: (501) 371-2618

Website: www.fdemb.arkansas.gov

Chapter 1: Infant Embalming

1 CE Hour

By: Staff Writer

Learning objectives

After completing this course, the learner will be able to:

- Determine and understand the most common causes of infant death
- Understand the techniques and chemicals used in infant embalming
- Explain Preparing autopsied infant cases
- Explain Preparing the infant for viewing and services

Course overview

This course has been researched and designed as a guide to understand and work through the techniques, skills, and knowledge required in identifying, and performing the most appropriate modern-day embalming procedures on infant cases. The embalming procedures discussed are based on body condition and size and include infants up to 18 months of age. This course will also discuss methods used in infant cases when an autopsy has been performed.

Upon completion of this course, the skilled embalming practitioner will have an understanding of the proper techniques that are used to achieve lasting and lifelike appearances and how to present the infant for viewing purposes.

During this course, we will discuss and review the following course objectives.

MOST COMMON CAUSES OF DEATH IN INFANTS

Infant mortality is an essential indicator of the overall health of a society. Further, significant differences persist in infant mortality among different racial and ethnic groups, with the most striking disparity between babies born to black women and babies born to white women. Considerable progress has been made in the United States over the past 50 years to reduce infant mortality however; more needs to be done.

The leading causes of infant death in the United States have not changed in recent years despite advances in science and an increased concentration on prenatal care. More troubling yet is the fact that under the Kaiser Family Foundation, the United States surpasses all other major developed countries concerning infant mortality.

Although the death rate in the United States fell from 6.2 per 1,000 births in 2010 to 5.7 per 1,000 births in 2017, that number is more than Canada (4.8 per 1,000 births), the United Kingdom (3.9 per 1,000 births), Australia (3.4 per 1,000 births), and Japan (2.1 per 1,000 births).

While the majority of infant deaths in the United States occur less than 28 days after birth (the neonatal period), a substantial share occurs 28 to 364 days after birth (the postneonatal period). In 2017, 66 percent of infant deaths occurred in the neonatal period, and 40 percent of all infant deaths occurred specifically within the first 24 hours of birth. About a third of infant deaths (34 percent) occurred in the postneonatal period.

Sudden Infant Death Syndrome (SIDS) - is the sudden and unexplained death of a baby younger than one year of age. Most SIDS deaths are associated with sleep, which is why it's sometimes called "crib death." Most SIDS deaths occur in infants aged 2 to 4 months old, and more often than not, the number of cases rise during cold weather months. Studies have shown that Native and African American infants are more likely to die of SIDS than Caucasian infants. Studies also indicate that boys are more prone than girls fall victim to SIDS.

Other known factors that may contribute to SIDS include:

- Smoking, drinking, or drug use during pregnancy and after birth
- Unsatisfactory or inadequate prenatal care
- Premature birth or low birth weight

- Family history of SIDS
- Mothers who have given birth that is under the age of 20
- Being in the presence of cigarette smoke after birth
- Overheating

Preterm Birth - Premature birth is the delivery of an infant before 37 full weeks of gestation. The babies who survive a preterm birth remain vulnerable to a host of health complications. The earlier the baby is born, the higher the risk. Infants that are born before 32 weeks are at a higher risk for cerebral palsy, mental retardation, hearing loss, and vision impairment. As they grow older, they are more prone than full-term babies to learning difficulties, behavioral disorders, and emotional problems.

The causes of mortality in preterm babies can include sepsis, asphyxia, respiratory distress syndrome or hyaline membrane disease, cold injury, intraventricular hemorrhage, necrotizing enterocolitis, metabolic and electrolyte disturbances, and congenital disorders such as major congenital heart malformations and neurological malformations. However, it is not known which of these conditions contribute to what proportion of preterm mortality.

Birth Defects - Birth defects affect 1 in every 33 infants born in the United States each year. Birth defects are structural changes present at birth that can affect almost any part of the body both internally and externally. These defects can affect how the body looks, works, or both and can vary from mild to moderate to severe. The well-being of each child changed with a birth defect depends mostly on which organ or body part is involved and how much it is affected. The most common birth defects include heart defects, lung, defects, brain, and genetic conditions.

Unintentional Suffocation – Unintentional suffocation is another leading cause of infant death in the United States today. Soft bedding is the top cause of sleep-related suffocation deaths among infants, according to recent studies by the American Academy of Pediatrics. Approximately 69% of infant suffocation cases involved soft bedding like a blanket or pillow, 19% occurred when a person was on top of or against the infant (overlay) in 12% of cases, the infant lay wedged between objects.

TECHNIQUES AND CHEMICALS

Several factors are to be identified before beginning the embalment of an infant child. Firstly, the skin of an infant is extremely delicate and will be easily affected by arterial solutions, topical and hypodermic treatments, as well as the handling of the body. Most common –incorrect solutions can cause dehydration, wrinkling, and distention, which is almost impossible to reverse. Second, around 75% of birth weight is water until the age of one year, when the infant's percentage of body water will drop to approximately 60% like that of an adult person. Similarly, the percentage of body fat in an infant at birth is significantly low at about 12 %. The body fat % will double by the time the infant reaches six months of age, and by one year of age should be approximately 30-35%.

Because there is such a high level of moisture and a high potential of toxins in the body, it is not recommended that pre-injection fluids be used, instead of regular, smaller amounts of arterial and supplemental fluids similar to an adolescent or adult should be applied.

Post embalming treatment of an infant is no different than treating an adult. Proper topical disinfection of the entire body and cleaning of nasal, oral, and orbital areas is still essential. Gentle manipulation of the head and extremities may also necessary to remove any rigor mortis that has set in. The manufacturer provides chemicals and guidelines for injection. Most manufacturers have a line of products specific to infants and children. There have been many suggested methods that chemical combinations for embalming infants should be done with a weakened or diluted index, and a high percentage of water. Such theories are false, and each case should be treated independently based on the state of the body, just as would be done in an adult case.

Additionally, the intravascular injection should be determined based on the guideline, similar to an adult. Discolorations should be cleared first by pre-injection fluids to prepare for arterial and dye injection. Supplemental fluids may be required depending on how the infant died and the number of toxins, drugs, or moisture that lies within the organs or under the tissue surface. Careful massage of the body to allow for even distribution is strongly urged. If swelling or distending begins to occur, the strength of the arterial solution can be increased, and only a minimum amount injected. The remaining embalming can be completed by surface or hypodermic treatments.

Eye Closure

Eye caps are available in only a few predetermined sizes and are often too large for infants. Eye caps may be trimmed down so that they fit under the eyelid. Cotton pads may also be used in place of the eye caps. It is recommended that eye closures be completed before arterial injection, though some embalmers choose to do after. There is no wrong way; however best results generally are found if it is done first. Massage cream may be used to help hold the cap or cotton in place also, the use of a rubber-based or super glue may be used to make sure that the eyes remain closed- this is especially important for infants as it is common for parents to remove the infant from the casket to hold them one last time.

Mouth Closure

The mouth closure on an infant is much more delicate than that of an adult, which limits the practice that can be used. The use of a needle injector is not possible. The most common method is placing a suture in the mandible and guiding the thread through the septum using a sharp curved needle (3/8 inch is best) and finally into the maxillae where it can then be tied off. In some cases where closure is impossible by this mechanism, rubber-based or super glue may be used post arterial injection. Gluing of the mouth, whether, on an infant, child or adult, should never be done before to embalming as there must be an avenue for any residual air to escape from the lungs during the process.

It is important to note that some customs or family wishes, do not allow for the infant's mouth to be closed for viewing, be sure to receive proper instruction before beginning the embalming procedure.

Vessel Selection: Un-autopsied Infants - Carotid Artery (Common)

The common carotid artery is the largest, and most accessible of the non-aortic arteries. It is located in an area that will allow for a shallow incision and that can be easily concealable. The internal jugular vein can be used for proper drainage in conjunction with the common carotid artery. A shoulder block or folded towel may be placed under the infant's shoulders allowing the head to tip back- this will enable the vessels to reach closer to the surface. If proper drainage cannot be completed through the use of the right jugular vein, drainage may be taken from the left jugular or via the right atrium of the heart by inserting an infant trocar through the abdomen. The point of insertion should be made by directing the trocar in the direction of the right ear lobe.

Femoral Artery or External Iliac

The second-largest accessible non-aortic vessel is the Femoral Artery of the External Iliac Artery, which is slightly larger. The same incision can be made as it would be on a child or adult. Be sure first to inject distal to observe the effects of the solution before injecting it into the remainder of the body. The accompanying veins are relatively large and can be used as a drainage point. Drainage can be performed by inserting a drainage tube or a small pair of forceps to open the vein- a groove director may also be used in conjunction with these instruments.

Abdominal Aorta

The abdominal aorta is the largest aortic vessel in the human body and is accompanied by the largest vein, the vena cava. Both the artery and the vein lie deep within the body cavity resting on the anterior surface of the spine. The anatomy of an infant shows larger proportions in areas of the body than that of an adult or a child. Careful measures must be practiced when dissecting these vessels to avoid damage to internal organs such as the liver or stomach. A 2 to 3-inch incision must be made in the center of the abdomen just left of the midline and inferior enough to avoid major organs. Once the incision has been made the greater omentum must be opened and portions of the small and large intestines removed or positioned away from the body so that the abdominal aorta can be accessed. After, the incision is made into the aorta a tube is placed in the direction of the feet to allow proper embalming in the inferior part of the body- the lower portion of the body should always be injected first- this allows the embalming practitioner to make sure the fluid indexes, and coloring are correct before injecting into an area that will be viewed. Another tube will be placed in the aorta in the direction of the head to supply arterial fluid toward the superior portion of the body. The vena cava can be dissected for drainage, but it is unnecessary to place a drainage instrument.

An imaginary guideline for the Abdominal Aorta is from a point 1/2 inch below (posterior) and 1/2-inch to the left of the umbilicus in an upward direction for 5 or 6 inches, gradually sloping toward the median line (vertebrae). The Abdominal Aorta terminates at the 3rd and 4th vertebrae, where it bifurcates into the right and left common Iliac.

Ascending Aorta

The ascending aorta is the first section of the aorta that begins at the left ventricle of the heart and extends to the aortic arch. The coronary arteries that supply blood to the heart arise from the ascending aorta. Using a sharp scalpel or surgical shears, an incision is made down the midline of the sternum. An infant's breast bone is not ossified; therefore, the sternum, which is still cartilage and can be separated easily. Forceps or a block may be used to keep, the chest open and expanded to work beneath the surface.

A second U shaped incision can be made from the mid clavicle to the posterior portion of the rib cage where it turns to a right angle across the inferior margin of the sternum to a point, identical to the original mid clavicle incision. The skin can be separated and raised to expose the sternum at its junction with the rib cage where it can then be opened by severing the cartilage. The sternum can be lifted in a posterior direction toward the head to give space to locate the pericardium. At this point, the pericardium can be dissected to expose the heart and vessels. Please note that the internal thoracic arteries may need to be clamped before incision to avoid spillage of arterial fluid into the cavity.

An opening can now be made into the ascending aorta at the left ventricle and injection tube placed. The entire body can be embalmed from this point of injection. Drainage can be completed by placing an incision in the right auricle of the heart.

Cavity Treatment

The treatment of the cavity of an infant is similar to the treatment of an adult or child. Cavity treatment is performed following the completion of arterial injection either immediately or several hours later. It will be at the embalming practitioner's discretion as to when treatment will be performed. Re-aspiration of the cavity several hours later or even the next day is common and is often recommended.

An infant trocar measuring approximately 12 inches in length and a ¼ inch in diameter will be used for aspiration and injection of this area. The standard point of entry is the left or right inguinal area of the abdomen. The amount of cavity fluid used will be based on the size of the infant. A trocar button or suture may be used to close the incision after treatment.

****Note:** Use of the axillary vessels is not advised due to the small and delicate arterial and venous walls. Also, the vessels may be too small to insert the arterial and drainage tubes.

Preparation of Autopsied Infant Cases

PREPARATION OF A PRE-TERM INFANT

Let's take a moment to discuss the preparation of a pre-term infant. Because infants that are prematurely born present even further difficulties based on their tiny frame, it can be an almost impossible task to do a full arterial embalming or possibly even partial arterial embalming. The utilization of external compresses and topical agents constitute the best practice in the treatment of these cases.

While the head, cavity or trunk of the body, and limbs can be treated hypodermically using a strong concentration of fluids and distributed with the hypodermic needle or infant trocar, the external surface layer of the skin can be placed, in cotton sheets that have been treated with surface gels or cavity fluids. Please do not use arterial fluids on the external surface layer of skin as this can do significant damage and may inhibit viewing.

The use of these methods can be used on both autopsied and non-autopsied infant cases. If preparing an autopsied infant, internal compresses and external compresses are encouraged as this will preserve the inner cavity walls.

Surface and Hypodermic Treatment - Preservative Compounds and Gels

Preservative compounds are hardening and preserving formulated powders with active ingredients that have drying qualities. These are used for both internal and external surface preservation. Water-soluble formaldehyde-based gels are used as an external pack for post-embalming preparation where secondary treatment is required. Autopsy gel may be used in place of cavity fluid for infant embalming by lining the inside of the cavity before suture.

Preparation of an autopsied infant should be practiced in the same manner as an adult or child where applicable. Arterial injection is the preferred method of distribution. Hypodermic and surface embalming are suggested if an arterial injection cannot be completed or as a secondary method.

Identifying the Four Types of Autopsies Performed on Infants
Organ Donor Autopsy – Organs and, or tissues are removed like a partial autopsy. Corneas, heart, lungs, liver, and skin are removed just as they are in an adult.

Special or Localized Autopsy – A specific organ is removed for further testing and, or examination.

Partial Autopsy – Only one cavity is opened in a partial autopsy. These include cranial, thoracic, abdominal, or spinal.

Complete or Full Autopsy – The cranial and full trunk (including thoracic and abdominal) are opened and viscera removed.

Vessel Selection: Autopsied Infants

The preparation and vessel selection of an infant post embalming is similar to that of the adult, less the size of the arteries. If able, the common carotid, subclavian, common or external iliac should remain the primary arteries for injection. In cases where the pathologist has not left the vessels at a reasonable length for ligation, further dissection will have to be completed. The vessel size of an infant may not allow the use of string for ligation, and so the use of hemostats will be needed to hold the artery into position for injection. There is no need to locate the veins for drainage as these are not only difficult to identify, but also extremely small and unable to fit a canule. Drainage can be taken without instruments by draining into, the cavity and then being removed by an aspiration hose.

When the subclavian artery cannot be located the axillary artery at its broadest point may be used. To access the axillary artery dissection of the pectoralis major and minors will allow easier access to the underlying artery.

If the iliac vessels are difficult to locate or are too small for injection tubes, hypodermic treatment can occur.

Preservative compounds and gels are strongly urged in infant autopsy cases to treat the trunk of the infant and treat the outer walls. Careful attention is shown to the back, shoulders, and buttocks.

Compresses

Compresses can be used both internally and externally by using cotton sheeting dampened with cavity or other specialty fluid to preserve areas of the body that may otherwise be treated through arterial embalming. Compresses should be left in place internally and for an extended period externally to allow the chemicals time to work to their full capacity and complete preservation.

Hypodermic Injections

When areas of the body cannot be reached, by means of arterial injection, a second method of injection may be used. Hypodermic fluids can be injected by using a hypodermic needle through the trunk into the extremities of the body while the cavity is still open. A hypodermic needle can also be used by going through the incised neck into the head or by use of any natural openings i.e., the mouth and nose.

Viscera Treatment

Treatment of the viscera will be performed the same way as an adult or a child. Some embalmers opt to place the bag and the viscera into the cavity prior to adding cavity fluid while others treat the viscera in the bag first and then place it into the cavity. Either way is correct. Viscera should be "clipped" before treatment to allow the escape of gasses built up within the organs.

PREPARING THE INFANT FOR VIEWING AND VISITATION

Before dressing the infant and laying them into the casket, the body must be rewashed, incisions sealed, and cleaned. Make sure nails and orifices are clean and nails are clipped if necessary. In the case of thoracic embalming or autopsied cases, the infant should be placed in plastic garments underneath their clothing to prevent leakage of fluids. This is also advisable if the infant has skin slip or a high moisture index that is seeping through the skin; other factors could include injury or laceration of body parts that cannot be adequately sealed through conventional techniques. Long-sleeved garments and pants are recommended to minimize the use of cosmetics or other topical agents that may need to be applied, such as dyes or wax. If a family opts to place an infant girl in a dress, make sure to ask for or purchase tights to cover the legs and keep any plastic garments in place.

The positioning of the infant for viewing purposes is generally at the discretion of the overseeing funeral home or director. Some

funeral home directors prefer for an infant's arms to be slightly flexed so that the hands are covering the belly area, though not touching; this is so a toy, teddy bear, or other mementos may be placed in the infant's arms. Another example, the infant's head may be turned onto his/her right cheek to symbolize that babe is asleep, or it may just be slightly tilted like that of an adult. Careful attention must also be placed on the legs. It is common for the legs of an infant to bend upwards towards the torso. The use of cotton or towels as padding may be used in place of blocks for added positioning and filler within the casket if the infant seems too small for the size of the casket that is being used.

**** Please note:** if rigor mortis cannot be released before the embalming process through gentle manipulation, thin strips of sheeting may be used to hold the infant's legs and or arms in a straight and posable position during the arterial injection.

SUMMARY:

Infants, as defined in pediatric medicine, is a person aged from birth to 18 months of age. A toddler is aged 2 to 4 years. The embalming techniques that come with age cannot be combined into a general assembly of practices, including those of older adults. Influential determinations in the embalming practice begin with age, but go onto include conditions concerning injections sites, features, medical pre-dispositions, positioning, embalming, and index solution, pressure and many other factors that attribute to the final result.

The prescribed methods, as mentioned above, are for purposes of infant embalming, and should be subject to such. The death of an infant has or can have several and severe emotional and psychological effects on the parents, nearest kin and the community. The preservation and presentation of the infant will have a lasting impression on the family and attendees of the services for years to come. Therefore, careful consideration must be practiced when selecting the appropriate fluids and treatment. Also, proper knowledge of age and underlying factors will have a significant impact on the embalming results and how the infant will be positioned and displayed for viewing purposes.

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INFANT EMBALMING

Final Examination Questions

Select the best answer for each question and mark your answers on the Final Examination Answer Sheet found on page 29, or complete your test online at **EliteLearning.com/Book**

1. Approximately 75% of birth weight is water until the age of 1 year.
 - a. True.
 - b. False.
2. Chemicals and guidelines for injection are provided by the Hospital.
 - a. True.
 - b. False.
3. It is important to note that some customs or family wishes, do not allow for the infants mouth to be closed for the purposes of viewing.
 - a. True.
 - b. False.
4. The treatment of the cavity of an infant is similar to the treatment of an adult or child.
 - a. True.
 - b. False.
5. An infant trocar measuring approximately 7 inches in length and a ¼ inch in diameter will be used for aspiration and injection of this area.
 - a. True.
 - b. False.
6. The amount of cavity fluid used will be based on the size of the infant.
 - a. True.
 - b. False.
7. There are two main types of autopsies are performed on infants?
 - a. True.
 - b. False.
8. Treatment of the viscera will be performed the same way as an adult or child.
 - a. True.
 - b. False.
9. In the case of thoracic embalming or autopsied cases the infant should be placed in plastic garments underneath their clothing to prevent leakage of fluids.
 - a. True.
 - b. False.
10. The positioning of the infant for viewing purposes is generally at the discretion of the overseeing Funeral Home or Director.
 - a. True.
 - b. False.

Chapter 2: Military and Line of Duty Death Services

3 CE Hours

By: J. Cody Walker

Learning objectives

Upon completion of this course, the learner should be able to:

- Differentiate between the honors that may be available for Military personnel killed in action or as a veteran of the Armed Forces.
- Interpret the definition and meaning of Line of Duty Deaths (LODD) and the role of funeral directors in the services following a LODD.
- Identify the symbolism and origin of many of the honors used in military, law enforcement, fire, and other public servant funerals.
- Recognize the importance of detailed planning, organization, and communication in preparing for a military or LODD service.
- Develop basic procedures and practices for assisting agencies, departments, and organizations who experience a LODD.

INTRODUCTION

Men and women selflessly place themselves in harm's way and in dangerous situations to serve and protect others every day. Those honorably serving in the armed forces protect lives, property, and the way of life for men, women, and children all over the world. There are brave individuals domestically who are members of agencies, departments, and organizations that serve in law enforcement, fire and rescue service, emergency medical service, and other areas. A common denominator for all these sectors of service is the inherent danger the men and women voluntarily place themselves in to protect lives, property,

and freedom. When one of these brave men and women pays the ultimate sacrifice and dies in the line of duty, people employ many traditions and honors to respect their memory. Often, society bestows many of these same traditions and honors upon members of these communities who are retired from service or otherwise pass away while off duty. This course will describe many of the common practices and traditions of services for military service members and Line of Duty Deaths (LODD), as well as ways in which funeral directors can be best prepared to serve in these types of services.

HISTORY OF HONORS

As is the case with many traditions and practices of mankind, the true root or origin is not always clear. This principle applies to the traditions and customs of honors that are used in funeral services for military, law enforcement, fire service, and other organizations. Many of the honors used in services for fallen law enforcement officers and fire service personnel originate from those used for the military. When tracing the roots of the military, one can often discover more than one origin.

The primary presence in almost any service with honors is the honor guard. The honor guard who performs the honors is normally from the same branch of military service or sector of public service as the deceased. The primary duty of honor guards, when participating in funeral or memorial services, is to render the final honors for the fallen soldier, officer, or firefighter. The members of the honor guard are specially trained to perform the honors at services. These honors are deeply rooted in traditions of military burials and have been adapted and modified for many law enforcement agencies and fire departments.

Military honors have been used to honor the memory of the dead since the first armies lost soldiers in battle (U.S. Fish and Wildlife Service, Unknown). The honors that are rendered at a military funeral, and thus a Line of Duty Death service, are quite symbolic. For example, there are traditionally six pallbearers that bear the casket to the grave. Many believe that this tradition began from the death of an eight-member squad of soldiers. The other remaining seven members of the squad were often the closest association of the one whom had died; therefore, they would perform the burial detail. With seven being an uneven number of soldiers bearing the casket, the squad leader or highest-ranking member of the squad would act as an escort for the detail. There are still six pallbearers used today to represent the comrades-in-arm left behind after a death (U.S. Fish and Wildlife Service, Unknown).

Rifle salutes are another traditional and prominent aspect of military and law enforcement services. People often mistakenly refer to these salutes as a twenty-one-gun salute, when it is

actually a rifle salute. A twenty-one-gun salute is believed to trace back to the Anglo-Saxon Empire when twenty-one guns constituted a recognized naval salute. This was because most naval vessels of that time had only seven guns. At that time, it was much easier to store gun powder on land than it was on ships at sea. Therefore, guns on land could fire three shots for every one shot that a ship at sea could fire. As developments in storage allowed people to store more gun powder on ships at sea, naval ships began to use twenty-one guns. The United States originally used one shot for each of the twenty-one states in 1818. As the number of states increased, the number was returned to twenty-one in 1841. In 1875, the United States formally adopted the twenty-one-gun salute at the suggestion of the British (Joint Service Honors Command, 2010).

The three volley rifle salutes that are most common at services date back to the Napoleonic Wars. These wars were fought at a time when both sides of the battle observed rules. There was a practice of ceasing the battle to allow both sides time to clear their dead and wounded from the battlefield. When each side had gathered all of their dead and injured soldiers, they would fire a volley of three shots to signal they were ready to resume the battle. The seven-person firing party is representative of the seven remaining members of the squad. Just as the opposing sides of a battle would fire three shots to signify that their dead and wounded had been cared for, the volley of three shots is to signify that a comrade-in-arms has been taken care of (Weissberg, 2011).

A flag-draped casket is widely viewed as a symbol of respect for the deceased and is symbolic of his or her service to their country. Both the flag-draped casket and the way in which the flag is folded has historical roots and symbolic significance. When a flag is draped over a casket, it is to symbolize honorable service and mourning. The tradition of draping a casket, or a body, also goes back to the Napoleonic Wars when soldiers covered the dead with a flag and removed them from the battlefield on a caisson.

The blue field of the flag is to always be placed at the head of the casket over the left shoulder of the deceased. Folding of the flag at a funeral is to show the "retiring of colors," a ceremony that people observe at the end of each day of duty or at the conclusion of a ceremony. The way in which the flag is folded is also steeped in tradition and symbolism. When the pallbearers or honor guard lift the flag and hold it above the casket, they are recognizing the passing of life. When properly folded, there will be thirteen folds, with each fold having a symbolic meaning. The triangular shape of the folded flag represents the triangular-shaped hats that the country's forefathers wore during the Revolutionary War. The blue field that is visible when the flag is folded is known as the "Union." The Union is representative of the country's history and courage; it indicates that "The Union Never Hides" (U.S. Fish and Wildlife Service, Unknown).

The member of the honor guard who completes the final fold of the flag renders a hand salute. Personal salutes, or hand salutes, were a prevailing practice in earlier times to ensure that a person saluting was placing himself in an unarmed position, showing respect and trust to the person being saluted. When this member of the honor guard salutes, it is not to the officer or one who will be presenting the flag. The final salute is to the fallen service member. The presenting officer, or presenting honor guard member, then salutes the family member to which he or she has just presented the flag. This salute is to recognize the family member's sacrifice in support of their loved one's service (U.S. Fish and Wildlife Service, Unknown).

Most have heard "Taps" being played for a military funeral, either in person or on a movie. "Taps" dates as far back as 1862 when it was a revision of an existing Civil War bugle call. At that time, it was used to notify the soldiers that it was time to extinguish the lights, the end of the soldiers' day. When soldiers heard "Taps" played at night, they knew that everything was safe and secure. It is unclear as to the origin of the word Taps. It may be derived from the Dutch word for tattoo, which is taptoe. The

more likely origin is from three drum taps that were played to signal that it was time for the lights to be extinguished. "Taps" was first used for a funeral in the same year for tactical reasons in place of a rifle salute. The U.S. Army Infantry drill regulations mandated the use of "Taps" at military funerals in 1891. The symbolism in today's funerals is to indicate that the fallen comrade has been laid to rest (Joint Service Honors Command, 2010).

Caissons are not seen as often in a military funeral as is the flag, rifle salute, and playing of "Taps." A caisson used in a military funeral is pulled by horses who are saddled, but only the horses on the left have riders. This custom is believed to have evolved from when horse-drawn caissons were used to move artillery ammunition and cannons. It was the riderless horse that carried the provisions. The "caparisoned horse" is a single riderless horse that follows the caisson with boots reversed in the stirrups. This is in reference to its ornamental coverings, which have a detailed protocol all to itself. Traditionally, a caparisoned horse follows the casket of an Army or Marine Corps Officer who was ranked as a Colonel or above. The President of the United States may also receive this honor as having been the nation's Commander in Chief. This tradition of the caparisoned horse is believed to have come from the time of Genghis Khan. When a warrior would fall in battle during that time, warriors would often sacrifice the horse to serve the fallen warrior in the afterlife. The more recent meaning symbolizes a rider who will ride no more. The first U.S. President to be honored with a caparisoned horse was Abraham Lincoln when he was killed in 1865 (Joint Service Honors Command, 2010).

The playing of bagpipes is another tradition often witnessed in military, law enforcement, fire service, and civilian funeral services. Bagpipers have commemorated the loss of loved ones at funeral services for hundreds of years. The English, Irish, and Scottish originally used the bagpipes to inflame the passion of soldiers prior to entering into battle and also in an attempt to terrify enemies with the strange wailing notes (Weissberg, 2011).

UNITED STATES MILITARY HONORS

Those who serve, or have served, in the United States Military are typically eligible for certain benefits and honors upon their death. Some of these benefits may also be available for their spouse and dependent children. The National Defense Authorization Act set the requirements for funeral honors and mandated funeral honors at services for all eligible veterans of the U.S. Military. The following statement can be found in

Eligibility

It is the responsibility of the Department of Defense (DOD) to provide military honors to eligible veterans. The eligibility includes military personnel on active duty, former military members who served on active duty and were discharged under conditions other than dishonorable, members of the Selected Reserve, former members of the Selected Reserve who served at least one term of enlistment or period of initial obligated service and were discharged under conditions other than dishonorable, and former members of the Selected Reserve who were discharged due to a service related disability (Torreon, 2015).

The veterans of the military who are ineligible are those convicted of a capital offense or when the circumstances involved would bring discredit upon the person's service or

Military funeral honors

Most funeral directors are familiar with the military honors that veterans can receive at a funeral, graveside, or memorial service. There are normally varying honors that may be available for the services of veterans, depending upon their length of service, rank, and the availability of an honors team. The Department of Defense defines military funeral honors as "the ceremonial paying of respect and the final demonstration of the country's gratitude to those who, in times of war and peace, have faithfully defended our nation." Members of the funeral honors detail

the Storm Thurmond National Defense Authorization: "The conferees agree that men and women, who have served honorably, whether in war or peace, deserve commemoration for their military service at the time of their death by an appropriate tribute. Burial honors are an important means of reminding Americans of the sacrifices endured to keep the Nation free," (Torreon, 2015).

former service. Veterans who were discharged from the military under dishonorable conditions are also ineligible for military funeral honors. The conditions included are dishonorable discharge, bad conduct discharge, dismissal from the service by court-martial, and other than honorable conditions discharge. The same conditions that consider a veteran ineligible to military funeral honors also prohibit the veteran from interment at a national cemetery. The language of this law was expanded through Congress in 1997, in large part to prevent the Oklahoma City bomber, Timothy McVeigh, from being buried at Arlington National Cemetery when he was executed in 2001 (Torreon, 2015).

fold and present the American flag to the veteran's survivor and "Taps" is sounded (Torreon, 2015).

Funeral honors are composed of a minimum detail of two members of the Armed Forces. One member of the detail is to be a member of the veteran's military service. For example, if the veteran was a member of the Army, there may be an honor guard detail with one member of the Army and one member of the Army, Navy, Air Force, or Marines. The honors detail may also include veterans who volunteer to serve in this capacity.

These veteran volunteers are members of veterans' service organizations such as the American Legion, Veterans of Foreign Wars, and other appropriate organizations. The playing of "Taps" may be by a live bugler, by recording, or by the use of a

Arlington National Cemetery

Scheduling services for a veteran at Arlington National Cemetery can be different from many other traditional and national cemeteries, such as the wait time before availability for a service. The honors performed for veterans interred or inurned at Arlington National Cemetery can be different, as well. The honors afforded to veterans at Arlington are according to rank. While all who are eligible may request a military chaplain to preside over the service, standard honors and a firing party are

Active duty services

When a member of the military is killed, or otherwise passes away while on active duty, the service will typically be more involved as compared to the service for a veteran. When a member of the armed forces passes away while serving on active duty, the Department of Defense begins the necessary preparations to return the fallen service member to their family as quickly as possible. Military personnel in full dress uniform who have a rank equal to or higher than that of the deceased notify the family of the deceased in person. However, rank has no bearing as to the utmost level of respect the body of the deceased is shown in being prepared and returned to family (Mertes, 2018).

When a member of the military dies while deployed overseas, the body is packed in ice inside of an aluminum case draped by an American flag. The body is transported by a military cargo plane to Dover Air Force Base in Dover, Delaware. Upon arrival, the plane is met by a hearse used to transfer the body to the nearby Air Force Mortuary Affairs Operations Center. Any family members, the carry guard, chaplain, VIPs, or journalists are able to walk behind the hearse to the Operations Center. The policy was changed in 2009, allowing arrivals of the deceased to Dover Air Force Base to be open to the public. However, this only applies to those who have the approval of the next of kin of the deceased (Mertes, 2018).

The Mortuary Affairs personnel will completely prepare the remains for burial, including dressing the body in a full dress uniform. Personnel arrange a direct flight by the military (or a military contracted flight) to transfer the deceased to the closest airport in relation to the place of burial, including small airports.

ceremonial bugle that contains a device in the bell of the bugle which plays a recorded version of "Taps" (Torreon, 2015).

available to enlisted personnel, as well as all who are eligible for inurnment in the columbarium. Veterans who are commissioned officers or warrant officers are eligible for standard honors, a firing party, a caisson, and escort troops. The exception to these is any service members who dies from wounds received as a result of enemy actions and are being interred, inurned, or memorialized at Arlington National Cemetery, all of whom are eligible for full military funeral honors (Torreon, 2015).

The law requires that the deceased be accompanied by a military escort. However, the family may request that a commercial flight be used and/or an escort does not attend the flight. The body is contained in an aluminum case for the transfer flight, but with a special "honor" cover on the air tray. The honor cover has the Defense Department seal on each end and is embossed with an American flag. Upon arrival at the final destination, the cover of the air tray is to be removed and the aluminum coffin is to be draped with a flag (Mertes, 2018).

For all active duty deaths, a small honor guard will be on hand at the airport of final destination. This honor guard will consist of at least one uniformed member of the military along with the military escort (Mertes, 2018). Many airports and airlines will now allow families to meet the flight on the tarmac, along with personnel from the funeral home arranging the services. Local police agencies will often provide escorts from the airport to the funeral home. Other groups such as the Patriot Guard are often willing and able to participate in processions from the airport, as well.

The official duties of the military escort end upon arrival of the deceased to the funeral home. Even though the escort is not required to remain for the services, they frequently will. The escort, or other members of the military, will likely accompany the family to the funeral home for the arrangements and assist the director with all the details in arranging for honors and other military participation in the services. It is important for the director to communicate with any representative of the military that helps in coordinating military involvement to ensure every aspect of the service is prepared for accordingly (Mertes, 2018).

LINE OF DUTY DEATHS

Public servants protect and serve citizens in frequent dangerous and hazardous situations. Personnel who work tirelessly to serve others include law enforcement, fire rescue, emergency medical, and others. The situations and scenarios these servants voluntarily place themselves in all too often have fatal consequences. When one of these brave men and women honorably makes the ultimate sacrifice, it is considered a Line of Duty Death (LODD). Various agencies and organizations define and clarify the scenarios that characterize a Line of Duty Death differently. However, generally, a death while serving in an official capacity within these organizations is considered a Line of Duty Death. However, a manner of death in some other circumstances, while off duty, may also be considered a Line of Duty Death. There are also many honors and traditions that are presented at the service of a retired or past member of these organizations.

Arranging, coordinating, and directing a service for a Line of Duty Death requires compassion, understanding, and expertise. A funeral director serving a family, an agency, and a community in this type of service must be prepared to properly serve all involved and affected. This will mean having compassion for the survivors – both family and fellow members of the agency. A director must consider all the emotions that will be involved in preparing for a Line of Duty Death service. Some of these

emotions will be healthy and helpful for those involved, while others will not. The director must be acutely attuned to the needs of the family and the agency of the deceased. The surviving family always makes the final decision regarding arrangements. While most family members will welcome the assistance of the agency and are proud for their loved one to receive the honors performed by their loved one's comrades some do not. This may be due to religious beliefs that prohibit some, or all, of the customs and traditions. There may be situations in which the family possesses ill will or even hostility toward the agency their loved one was a member of. Careers in law enforcement, fire service, and other areas of public service often require sacrifice in one's personal life. Some families may resent the fact that this sacrifice was made. Some family members may, on some level, blame the agency and/or members of the organization for the death of their loved one. This must be considered by all involved, as the family members are the final decision makers.

Members of any of the agencies and organizations typically share a close and fraternal like bond. This bond can be expressed in widely used expressions common to law enforcement and the fire service. As an example, a commonly used expression for law enforcement is "brothers and sisters in blue," while one often used in the fire service is "my brother's keeper."

Both expressions lend insight into the familiar bond members of these organizations share. When a colleague passes away, people utilize many traditions and customs to show respect while honoring that person's memory. These traditions and customs vary between agencies and groups, while many remain the same. Subsequent sections will explore practices specific to law enforcement, the fire service, and other organizations.

When a member of one these organizations is killed or passes away, the fellow members of the organization will most commonly rally around the surviving family members. Families of fellow officers, personnel from other agencies, and citizens from the community will often stand ready to assist and support the family of the fallen hero. Many departments and agencies will have written policies and procedures to be followed for the services after a Line of Duty Death. There will normally be written protocols to be followed by larger departments, and

First call

The practices of departments will begin almost immediately upon the injury or death of a member of their agency or department. In more metropolitan areas, and when trauma or a crime is involved in the death, the decedent will likely be transported to the office of the medical examiner or coroner. Regardless whether the deceased officially expired at a scene, in a hospital, or elsewhere, the body will normally be escorted to the morgue or place of inquest by fellow members of the department. The escort may be by a formal honor guard or fellow members of the organization. Once the body has arrived at the morgue, one or more designated escorts will likely remain at the facility until which time the body is moved to the next location, such as the funeral home. There may be one or more persons that remain at the morgue facility, or they may rotate at intervals. For many departments, this vigil of standing guard is a traditional honor of respect to both fire service and law enforcement personnel. In cases when the decedent has been in the hospital for a period prior to death, the same practice will normally be held with fellow personnel standing guard. In instances in which the funeral home can take the decedent into their care from the place of death, coordination of the escorts will need to be considered.

The coordination and cooperation between the funeral home personnel and the agency which the deceased was a member of will need to begin immediately upon the first call notification. There will be many moving parts and considerable planning proving to be crucial in arranging and directing the services following a Line of Duty Death. These services will require multiple members of the staff from the funeral home working together closely with various members of the agency or organization. It is critical, in the beginning stages of preparing for a Line of Duty Death service, to establish an effective channel of communication among the members of the funeral home staff. The officials and members of the organization work in a structure similar to military structures. This typically includes a chain of command that is closely followed, with tasks and duties delegated to the responsible individual(s). Many funeral homes are not accustomed to operating in this fashion; however, it is important to establish a plan of how communication and

Removal

The first call and removal by funeral home or mortuary staff will normally require much more coordination than a typical first call and removal. The department of the deceased will likely continue the tradition of remaining with the deceased until the time of final disposition. This may include an escort for the removal personnel from the funeral home to the place where the deceased will come into the care of the funeral home. Even more likely will be for an escort of the removal vehicle transporting the deceased back to the funeral home. A funeral home should take into consideration the attention the removal may receive in the public view and in the media.

those who have experienced Line of Duty Deaths in the past. Many smaller law enforcement agencies and fire departments do not have formal policies in place. These departments will often have limited or no experience in these types of services. A funeral director with a working knowledge of the common traditions and honors can be an incredible asset to a grieving family, a department, and a community. When a funeral director is notified of a death and asked to handle the service, it is of utmost importance for the director to be aware of the procedures and policies the department may have in place. A director who has a firm base of knowledge of the most common procedures will be prepared to follow the procedures that a department has established. A director prepared in this way will likewise be a tremendous resource to departments and agencies who do not have written procedures to follow or experience in Line of Duty Deaths.

delegation will be handled. For example, if multiple members of the agency were to be communicating with multiple members of the funeral home staff concerning some of the same details, there is a considerable chance of conflicting instructions being delivered.

By a funeral home deciding upon and/or appointing one primary point of contact for the cooperating organization, personnel can avoid many confusing and conflicting details. It will certainly require the efforts of more than a single director or one member of the staff to successfully serve the family and organization. Each staff member involved should communicate the details and responsibilities to the lead director, while also receiving details and responsibilities through that one person. This designation should be made clear to the staff of the funeral home that will be involved, as well as to the point(s) of contact within the organization or agency being served. The details and information being communicated is not limited to funeral home staff members and agency personnel. Many calls will come into the funeral home when the firm has been designated to arrange the services. These calls will be from media outlets, other agencies, and general community members. It is important that one person be designated to control the flow of information to ensure accuracy. The primary funeral director in charge of the service will likely be very busy with planning meetings, and should consider designating a person to oversee communications. Any comment made by funeral home staff members or details relayed should be carefully weighed and considered. Any information given out in a high-profile service, such as a Line of Duty Death, could be mentioned or quoted in the news. No member of the funeral home staff should release any information that has not been cleared to be released. When in doubt in any way, the staff should take a message or direct the caller to the appropriate person. Most organizations have a public relations officer or someone who is responsible for communicating with media and responding to other inquiries. The funeral home staff should have the contact information for the public relations officer in order to readily relay it to the media and other organizations.

Firms who typically use removal vehicles, such as minivans or cargo vans, may consider selecting the use of a funeral coach for a removal such as this. When law enforcement officers are killed in the line of duty, there will normally be an escort of multiple marked vehicles. The removal of a firefighter involved in a Line of Duty Death will normally include an escort to the funeral home by marked fire apparatuses and/or marked law enforcement units.

As an example, in 2016, a police officer was killed in the line of duty in Texas. The deceased officer was taken from the hospital, where his death ultimately occurred, to the office of the chief medical examiner.

The following morning, the officer's department coordinated with the funeral home to receive the body of the officer from the medical examiner. There were several municipalities between the funeral home and the medical examiner's office, and efforts were coordinated between each. Four patrol cars escorted mortuary staff from the funeral home to the medical examiner's office in a diamond style pattern. This pattern included one patrol unit in front, one behind, and one to each side of the funeral coach. Upon arrival, other units already had the street leading to the medical examiner's office closed and awaited the escorted funeral home's arrival. While the coach was still parked inside a garage bay of the medical examiner's office, the officer's body was draped with an American flag before being placed in the coach. When prepared for transport back to the funeral home, the same escorts attended the funeral coach, but with many more officers working to stop traffic. Many officers worked together to stop all traffic in the city streets, as well as the freeways along the planned route. Officers from nearly all municipalities and agencies between the medical examiner's office and the funeral home stopped traffic and paid respects as the procession passed. Patrol units on the freeways provided a rolling block of traffic, enabling the funeral coach and escorting officers to be unimpeded en route to the funeral home. Immediately upon arrival back at the funeral home, personnel were waiting to open a garage door for the funeral coach to enter, and then closed it again. It was important for the funeral home staff to communicate with one another, just as the various law enforcement personnel did. There was media presence in the parking lot of the

Arranging services

When the organization of the deceased has written protocols and procedures, certain members of the organization will immediately be assigned to positions. When organizations are well prepared, the personnel acting in these roles will be trained and prepared to execute the duties assigned to them. These individuals will have specific task to perform and areas of the service they are prepared to coordinate and handle. These positions may vary according to the procedures established by the department and according to the situation. The positions and duties that may be assigned could include funeral coordinator, family liaison officer, public information officer, church coordinator, procession coordinator, and cemetery coordinator (Silloway, 2011). It is important for the funeral director to understand the capacity that these individuals will serve. This will enable the director to properly coordinate with that individual and/or have the appropriate staff member from the funeral home coordinate with the appropriate individual in the organization.

The funeral coordinator does not, in any way, take the place of the funeral director. This individual will be responsible for the overall coordination of the involvement of the agency or department in the planning and participation of the funeral. This person will work closely with the funeral director in charge of the service and with the other key leaders in preparing for the service (Silloway, 2011).

The family liaison officer (FLO) will be the primary channel of communication and interaction between the family and the agency. With the permission of the family, the FLO will remain

Family conference

When a public servant is killed in the line of duty, there is a good chance that media outlets will be reporting on the events. These members of the media may be at the home of the family, as well as at the funeral home. Because of this media attention and for other reasons, the family may prefer to make arrangements at their home or an alternative location outside of the funeral home. There will likely be a representative of the agency that will assist the family in making arrangements. There will be many traditions and honors the department of the deceased will wish to observe and make available to the family. However, the funeral director and the representatives

funeral home, and at least one media helicopter that followed the procession from above. It is important in these types of situations to remember that family, friends, and others may be watching this coverage through the media.

Immediately upon arrival of the deceased to the funeral home, many agencies and organizations will continue the tradition of remaining at the funeral home while the deceased is there. It is a good practice for the funeral home to have a room prepared and designated for the colleagues of the deceased to gather and stand vigil in. The owner or manager of the funeral home must decide if the personnel will be allowed to remain at or within the funeral home around the clock. If this courtesy is requested and allowed, the ones remaining outside of regular business hours must have access to come and go from the funeral home as needed. Additionally, the designated room which the funeral home provides should include a comfortable place for those to gather, as well as access to necessary facilities. It is important to remember that many of those who will be standing vigil are also grieving the loss of a friend and colleague, and thus should be treated as family would be treated. Especially when tragic circumstances take place, an outpouring of support from within the agency and the general public can be expected. This may include food and drinks being delivered to the funeral home for the personnel standing vigil and the ones coming to pay their respects. Considerations should be given to providing an adequate place for these items to be properly stored and to be made available to the personnel.

with the family throughout the arrangement process, visitations, and services (Silloway, 2011).

The church coordinator will be instrumental in coordinating many aspects of the service and ensuring that the teams that will be involved have everything in place that will be needed. Additionally, this individual will act as a liaison between other coordinators in preparing the various components of the service (Silloway, 2011).

The procession coordinator will have the primary responsibility of planning and orchestrating the procession. This will likely be more than from the service to the cemetery, in the case of an interment. There will often be several processions involved in one service. The processions will normally be such as from the funeral home to the place of the service, a procession of the family to the funeral home and/or the place of the service, as well as to the cemetery or other location of final disposition. This individual will be tasked with establishing staging areas, deciding upon routes, involvement of other agencies, and related tasks (Silloway, 2011).

The cemetery coordinator will have the primary responsibility of coordinating all of the services to be held at the cemetery. This will include coordinating a plan for the parking of vehicles, both official and private. There may be considerations that need to be made for tight turns that fire apparatuses will need to make or of low hanging limbs of trees that may prevent the apparatuses from certain routes in the cemetery (Silloway, 2011).

of the agency must honor the wishes of the family above all. The arrangement conference will include all of the same components as other arrangement conferences, with the addition of many more details than normal. Many of the honors and traditions may be currently in the planning and preparation phase, but awaiting the decisions of the family concerning services, final disposition, and which honors the family would like included. The family should be made aware of the honors and traditions being planned, as well as the ones which may be available. It is ultimately the decision of the family as to which, if any, of the traditions they would like included.

Once the services have been arranged, the various components of the honors will begin their planning, preparation, and rehearsal in earnest. As an example, the honor guard will likely want to practice the exact steps they will take with the casket until every move is executed flawlessly. If the casket will be transported in a funeral coach, it may be helpful to make the coach available for the team to practice with. If possible, it can also be very helpful if the funeral home staff member who will be driving the coach on the day of the service is able to drive the coach as the honor guard rehearses. The optimal situation will be for the driver to use the same coach and provide a similar casket for the honor guard to practice with that will be used for the service. Most departments have a workout center with free weights. Placing weights in a similar casket to approximately equal the weight of the deceased will be helpful for the honor guard who will serve as pallbearers to prepare properly.

The lead director of the service will be involved in numerous planning meetings until the day of the service. There will be planning meetings and a walk through of every venue involved in the service. As the service comes together, there will be an order of service and events that will come together. Whereas the typical order of service directors deal with includes the

Procession

The procession for any Line of Duty Death service will normally be greater in length and more complex than normal processions. For any personnel in law enforcement, the fire service, emergency medical services, or the like, there will likely be assistance available for traffic control and escorting of the procession. It is important to make certain the piper(s), drummer(s), bugler, and honor guard are able to arrive at the cemetery prior to the arrival of the procession. At the discretion of the funeral home and the director, an official agency vehicle may be used as the lead vehicle in the procession. The lead director can request to be in this vehicle to ensure the proper direction of the procession. If a director chooses to use an agency vehicle to lead the procession, consideration must be given to transportation for the clergy, minister, and/or chaplain. This can be in a funeral home vehicle directly behind the lead vehicle or in an agency vehicle.

Graveside/committal

The Graveside or Committal Service is an important final tribute in a Line of Duty Death service. Depending upon availability and the wishes of the family, there will often be bagpipers and drummers who will arrive at the cemetery in advance and prepare to receive the procession. Upon arrival of the procession, the casket should not be removed from the coach or caisson until the remainder of the procession has arrived and are prepared to receive the deceased. It is customary at this point to prepare for the "walk of honor"; however, this may also be done at the conclusion of a service when there will not be an immediate committal service. In the walk of honor, all the uniformed personnel in attendance form two lines facing one another in an orderly fashion. These two lines form a path in which the casket or urn may be able to pass through as moved to the place of committal. The members of the agency in which the deceased was a part of will be nearest to the coach or caisson. A designated individual will call the command "Attention" when the casket/urn is removed from the coach or caisson. All uniformed personnel will come to stand at attention and await the next command. The individual calling commands will then command "Present Arms." This command will signal the pallbearers to begin a slow march with the casket to the grave while all uniformed personnel render a hand salute as the casket nears them.

timing for the music, eulogies, and sermons, the order of service and events will include every component from the beginning of the setup to any reception that may be held after the service.

Planning for the day of the service will likely include much more preparation than most other services. The details that should be considered are such as the areas that will need to be reserved for seating of various groups. Many Line of Duty Death services will be attended by large numbers of personnel from other organizations, local and/or state dignitaries, and civilians. As with all services, there should be ample seating reserved for the family of the deceased, including additional seats for those who may not be anticipated by the family. There will need to be additional sections reserved for members of the organization in which the deceased belonged. There should also be a section reserved for personnel from other agencies or departments. Additionally, consideration should be given to reserving ample seating for dignitaries who may be attending the service. When selecting where each reserved section will be located, it is advisable to consider the functions and activities planned for each group, such as a walk of honor being performed at the service.

Following the lead vehicle and/or clergy vehicle will normally be the vehicle that is transporting the deceased. Traditionally, the casketed remains are transported in a funeral coach. When conducting services for Line of Duty Death services for fire service personnel, the deceased may be transported on a fire engine caisson. For those who are emergency medical services personnel, they may be transported in the rear of an ambulance or other official agency vehicle.

To follow the funeral coach or caisson should be the vehicle(s) with the immediate family members. The family may be in funeral home provided limousines, busses secured by the funeral home or agency, or in official agency vehicles. The family will be followed by the agency vehicles in which the deceased was a member of, dignitaries, vehicles from other agencies, agency personnel in personal vehicles, visiting agency personnel in personal vehicles, and then all other vehicles.

The casket will be followed by the immediate family, agency officials in descending order of rank, and other dignitaries (Silloway, 2011). It should be noted, in lieu of a casket or urn, when a memorial service is held, this same walk of honor can be performed for the family.

As the casket reaches the gravesite, the drummers and pipers may begin playing the hymn "Amazing Grace" and approach the grave from their position in the distance. They will march until they arrive about twenty feet from the foot end of the casket and stop. When the pipers and drummers reach this point and cease playing, the one calling commands will give the order "Order Arms, Fall In." This will be the indicating command for uniformed personnel to take the place that has been designated for them at the graveside service. The committal service will be held by the clergy or chaplain. At the conclusion of the committal service, the honor guard will fold the flag, if one is being used, and it will be presented by the chief or highest-ranking official of the agency that is present. If the deceased was a veteran of the military, a military honor guard may present the flag folding honors and play "Taps." The committal service is often concluded by the bagpipers playing as they march to the casket and then continue playing as they march off into the distance (Silloway, 2011).

LAW ENFORCEMENT LINE OF DUTY DEATHS

Law enforcement officers serve and protect the public twenty-four hours a day, seven days a week. The service officers provide often places the officers in extremely dangerous situations. All too often, these dangerous situations can result in the death of officers. Law enforcement agencies, at all levels, are typically a close-knit group. The personnel of these agencies often run toward dangerous situations while depending upon their colleagues to assist in their own protection. The National Law Enforcement Officers Memorial Fund has estimated, on average, that one law enforcement officer is killed in the line of duty every 53 hours in the United States (Weissberg, 2011).

Experiencing life-threatening encounters with colleagues, while depending on those colleagues for one's own protection, can lead to a closeness in personal and professional relationships. When the worst outcome for an officer is realized and a Line of Duty Death occurs, the colleagues of that officer have traditions and customs reserved to honor the fallen. The funeral services for a fallen police officer are full of pageantry and splendor that is not matched by other formal police functions. This is considered necessary by many to promote healing, to re-instill pride in the department, and above all to honor the dead (Weissberg, 2011). These tributes are normally paid by members of the fallen officer's agency, as well as personnel from other agencies. Many of these customs and traditions are also called upon to honor the memory and service of officers who pass away from causes outside of the line of duty, as well as former and retired officers. In this course, many of these customs and traditions will be discussed, as well as the role funeral directors may have to properly honor these law enforcement officers.

Law enforcement agencies are composed of both sworn officers and civilian personnel. Any member or employee of an agency who is killed in the line of duty constitutes a Line of Duty Death (LODD). A common conception of a Line of Duty Death is when an officer is shot, or otherwise killed, by a perpetrator while in the commission of a crime. A LODD is not limited to this manner of death. The criteria observed by agencies and organizations to specify LODDs will vary. As a well-defined and clarified example, the Los Angeles Police Department has specified seven situations that are to be considered a Line of Duty Death. These fatal scenarios include officers who are on duty at the time of death, are actively involved in apprehending criminal(s), are confronting potential or actual criminals, are involved in preventing criminal activity, or are protecting others from serious harm. A death is considered a LODD if death occurs while protecting another officer, emergency personnel, or a private citizen with the state of California (LAPD, 2008).

Many agencies have standardized and detailed responses to be followed when a Line of Duty Death occurs. For example, the Baltimore Police Department has Policy 1714 that was published in April of 2017 by the order of the Police Commissioner. This policy begins with the following statement: "Standardized Response. It is the policy of the Baltimore Police Department is to provide detailed guidelines for the planning and implementation of police related funerals and to standardize the BPD response to the death of all active and retired members." The policy continues with explaining the efficiency aspect of following the procedures of a set policy. A Line of Duty Death poses many tasks, such as the logistics of a large scale, public funeral. It is explained that "the policy will eliminate the duplication of efforts; delineate responsibilities for those involved in the implementation; minimize confusion; and ensure the BPD presents families with well-organized and professional services" (BPD, 2017). This same logic should be followed by the funeral home to ensure that the wishes of the family are carried out while honoring the life and sacrifice the officer has made. Funeral homes may not be able to have a written policy to follow exactly as the Baltimore Police

Department and other agencies do. This would not be feasible due to the necessity of serving multiple groups with various needs. However, being organized and intentional with the planning and execution when the need arises will benefit all involved. The lead director of a Line of Duty Death funeral or memorial service should be prepared to incorporate the policies and procedures of a department in the duties and responsibilities of the funeral home staff.

Though there will always be a variance in the wishes of families and departments, there are typically many similarities. Of these similarities is that the family of an active or retired law enforcement officer will often wish for the deceased to be dressed in an official uniform. If the family does not have the personal uniform of the deceased readily available, the agency will usually be able to assist in obtaining such. The Quartermaster or another member of the department can assist with obtaining the required uniform, as well as the appropriate accouterments. As previously stated, fellow officers of the deceased will often stand guard near the deceased at the funeral home, sometimes around the clock. Before the deceased is prepared, dressed, and casketed, the officers standing guard will normally choose to remain in a position relative to the door of the preparation or dressing room. These fellow officers will not necessarily be members of the formal honor guard, and thus may not be the same as the formal "Casket Guard." During any formal viewing and visitation periods at the funeral home or church, members of the honor guard will perform a formal and ceremonial "Casket Guard." The Casket Guard will typically consist of a rotating team of two members of the honor guard. On fifteen-minute intervals, a member of the Casket Guard will take up post on either end of the casket. After posted for fifteen minutes, the two members will be relieved by two other members in a formal changing of the guard. As a funeral director, it is important to remember to leave sufficient room at either end of the casket for the guard members. There will also need to be a designated room at the funeral home, church, or other venue for the honor guard members to gather and stage. This room or area should be private, with comfortable seating and easy access to the area of the viewing.

Agencies who have motorcycle units will normally use these to provide a formal escort of the family to the funeral home, church, and/or cemetery. This escort may also be provided by marked patrol units in lieu of or in addition to the motorcycle units. The same type of escort will be provided for the funeral coach transporting the deceased to the place of service and to the cemetery or other place of final disposition. In addition to the escort, there may be a procession of official vehicles from other departments. During the 2016 services for the Texas officer who was previously mentioned, the service was held at a large high school football stadium a few miles from the funeral home. The four-lane road in front of the funeral home was closed to traffic in both directions for several blocks prior to the procession leaving for the service. The road was used as a staging area for vehicles from other agencies to line up for the procession. The official vehicles of agencies from near and far were all lined up in the prepared staging area, with a lane through the center for the coach and procession.

When the properly trained personnel are available, there will be a variety of honors presented at the funeral, memorial, or committal service. These honors may include a bugler to play "Taps," a bagpiper, a rifle salute, a helicopter fly-over, and pallbearers. When the deceased is a veteran of the military, the family will need to decide as to any participation by a military honor guard. When a military honor guard will be involved, the efforts will need to be coordinated with the law enforcement agency honor guard. The pallbearers are provided by the department at the request of the family.

The pallbearers are most commonly members of the honor guard or the fellow officers that worked most closely with the deceased. However, the pallbearers may also include friends and relatives of the deceased officer. Regardless of whether the pallbearers are members of the honor guard, other officers, or civilians, they will be properly instructed prior to the service by the Honor Guard Commander or other dedicated honor guard representative.

A relatively new tradition that some agencies are utilizing to honor fallen officers is known as a "battle cross" or a "soldier's cross." This memorial includes displaying the officer's boots on a raised stand with a photograph of the officer. This is not a practice that was traditionally seen in law enforcement services, but was more common to military services. In the honoring of a military soldier, the boots are normally presented with the helmet, inverted rifle, and identification tags of the soldier. An inverted rifle with bayonet was traditionally symbolic of a time for prayer and a break in the battle to pay tribute to the dead. In this tribute, the boots represent the final march of the last battle (Honor, Glory, Respect).

A solemn and final tribute to a fallen law enforcement officer is the "End of Watch Call." This is a final call made to officers who are no longer able to respond. It symbolizes that they have

K-9 burial procedures

Nearly since the first domestication of dogs, K-9 units have been used in military, civilian, and law enforcement applications. The highly trained K-9 units serve alongside their human partners in protecting communities. Unlike many human partners of law enforcement officers, K-9 partners go home with their counterpart every day and become part of the family. These partners form a bond with the officer and the family of the officer. When one of these four legged heroes passes away, many agencies feel it is only fitting they receive the recognition and respect of other officers. The K-9 Burial Protocol, known as "The Rocky Protocol," brings some uniformity to the honors these trusted companions can receive.

The protocol closely resembles the honors that are to be received by any law enforcement officer who is killed in the line of duty or after being retired from service. It recommends that members of the honor guard should be used if possible. The honor guard should guard the body until it is interred or the cremated remains until they are inurned or scattered. If at a gravesite, the honor guard should stand guard until the ceremony is concluded. The honors can include flag

completed their duty and may now rest in peace. The voice of a dispatcher will be heard over the sound system of the church. As an illustration, the following is the End of Watch Call for Sergeant Derek Johnson. On the way back to the station at the end of his shift on September 1, 2013, Johnson was mortally wounded by a lone gunman.

"Draper 8." Pause.

"Draper 8." Pause.

"Draper Sierra 8. Sergeant Derek Johnson."

"We thank you for your dedication, loyalty, and service to the citizens of Draper, Utah, and the United States. You made the people you served your family. You have influenced many for your unending compassion, respect for all people, and service in many facets of law enforcement. All those you served will remember you. Your sacrifice will never be forgotten."

"Draper 9. Rest in peace."

"10-42. End of watch."

The officer's call sign, the various codes, and the message used will vary from agency to agency. However, the End of Watch ceremony is a very somber end to a service resulting from a Line of Duty Death (Frazier, 2013).

folding and presentation to the handler of the K-9, a gun salute, playing of "Taps" or other music, and the escort of the handler and their family. Pallbearers should be provided at the discretion and approval of the K-9's handler. The flag on the permanent flagpole should be lowered to half-mast at the approval of the handler and the agency.

The services for the fallen K-9 can include the traditional component of any funeral service. There can be clergy involved as well as guest speakers, eulogies, and prayers. Most funeral homes and funeral directors are not involved in the services for dogs or other animals. Assisting an agency and community with a service such as this can be meaningful for all involved. The agency may have a need for goods and service that the funeral home may be able to provide. This need can include a small casket for the body of the K-9, an urn if cremated, memorial products, and assistance with arranging for the services. In addition to the meaningful service this may provide to the members of the department and community, it can additionally be an incredible community building opportunity for the funeral home (National Sheriffs' Association, Unknown).

FIRE SERVICE

The men and women of fire service stand ready to respond to dangerous situations to help others whenever the bell rings. Firefighters have many traditions that date back to the roots of the fire service. Many of these have and will be discussed within this course; however, it is always prudent to check with the appropriate local officials for those to be observed in services for fire service personnel. Funerals for firefighters and others involved in the fire service will often involve many fire department members and apparatuses, members and apparatuses from other departments, ceremonial bell ringing, and honors. Just as with all Line of Duty Deaths, the funeral director and staff must be vigilant in coordination and communication with the family and everyone that will be involved.

As with law enforcement agencies, most fire departments will have pre-designated positions for those to be involved in funeral planning and the services. The positions may include a chaplain, survivor action officer, family liaison officer, funeral officer, the funeral detail officer, procession officer, service officer, cemetery officer, and transportation officer. The titles of the positions and the description of these positions may vary between departments (Federation of Fire Chaplains, 2004).

It may be found with many departments that one person will serve in more than one position.

The chaplain may be an active member of the department or may be a community member that serves in that capacity for the department, such as a local minister. The level of involvement of the chaplain throughout a Line of Duty Death service will depend upon the wishes of the family and/or any religious beliefs of the family. It is common for the department's chaplain to work with the family's minister to honor the deceased while comforting the family. Some of the duties in which the department's chaplain may serve are in the initial notification of the next of kin, comfort and counseling of the family, prayer service with family, participation in funeral services, and interment service (Federation of Fire Chaplains, 2004).

The survivor action officer is a position that is often assumed by the chief of the department or is delegated by the chief. The chief, or other person serving in this role, will oversee and be the liaison between department, the next of kin, and the funeral home. The person that serves in this position will need to work closely with the funeral director and will require the full support and cooperation of the entire department.

This officer will be coordinating the various honors and the personnel assigned to handle specific aspects of the service arrangements. It will be his or her responsibility to ensure the resources needed are available (Federation of Fire Chaplains, 2004).

The family liaison officer will report directly to the survivor action officer while being responsible for maintaining a line of communication between the family and the department. This officer will provide and coordinate all logistical support to the family throughout the planning and actual funeral services. It will be common for the family liaison officer to accompany the family in making arrangements with the funeral home and assist the family with determining the level of involvement the family would like for the department to have with the services. This will include explaining the traditions and honors that are available so the family can decide their wishes (Federation of Fire Chaplains, 2004).

The funeral officer will be assigned responsibilities that include the formation of the order of services and events the day of the service. This person will ensure any special request the family makes is prepared to be honored. The funeral officer will be responsible for making sure every element of the service is prepared and the schedule is properly communicated to the appropriate people and groups (Federation of Fire Chaplains, 2004).

The procession officer bears the responsibility of coordinating the elements of the procession. The procession will typically include going from the funeral home to the church or place of funeral service, and then to the cemetery or other place of final disposition. This officer will plan and coordinate the staging areas for the fire apparatuses and other vehicles that will participate in the service. For a traditional service at a church, this may include three different areas: one at the funeral home, one at the church, and then finally at the cemetery. Many times, in the services for fire service personnel, the procession will pass by the deceased's home, their home fire station, or other locations. The procession officer will plan for and coordinate the passing of any of these locations that have been requested by the family. An additional honor often utilized in the procession of a fire service funeral is the crossed aerial ladders from which an American flag hangs. This is another area that the officer will coordinate to ensure everything is properly set up for the procession. The protocol normally used in the procession for a Line of Duty Death in the fire service is as follows: lead car (funeral home, law enforcement, or fire service), flower caisson or vehicle, hearse or fire engine caisson, immediate family, pallbearers or honor guard, fire chief's car, other department vehicles, law enforcement vehicles, dignitaries, visiting vehicles and apparatuses, municipal vehicles, and personal vehicles (Federation of Fire Chaplains, 2004).

The service officer is primarily tasked with the coordination of the service in the church or other place of service. This officer will act as the liaison to the church and the other officers coordinating elements of the service that will involve the church. This will include staging for the procession, seating for family and other groups, musicians, and all other parts of the service that is being planned (Federation of Fire Chaplains, 2004).

The cemetery officer is responsible for the coordination of all the services and events that will take place at the cemetery. This will include arranging for and overseeing all the elements of the service, from the time the vehicles enter the cemetery until the services are concluded and everyone in attendance leaves the cemetery. Some of the elements included are the honor guard, committal service, "Taps," bagpipers, and/or drummers (Federation of Fire Chaplains, 2004).

The transportation officer arranges for the transportation needs of out-of-town or visiting guests. This will include ensuring transportation from airports and hotel arrangements. There may also be a need for transportation arrangements for dignitaries

that will be in attendance of the services (Federation of Fire Chaplains, 2004).

At the request of the family and with the permission of the department, many members of the fire service will be transported atop a fire apparatus or fire truck. When used in this manner, the apparatus is known as a "fire engine caisson." Typically used as a caisson is a pumper engine that has had the fire hose removed from the deck. The deck where the casket will be placed is considerably higher than the deck of a funeral coach, therefore requiring some planning and preparation. This presents a challenge when considering the weight of the casket combined with the weight of the deceased. Placing the casket upon the deck of the apparatus can be a difficult task to accomplish for an honor guard that has never done so or been trained to do so. However, this can be accomplished in a smooth and respectful manner when all involved are properly prepared and trained (Federation of Fire Chaplains, 2004).

The casket will likely be draped with an American flag or a fire service flag. The flag must be well secured so it does not come off of the casket. The most common method for this is by a stretch band made for this purpose. If a band such as this is not available, a black ribbon or something of this nature can be used in its place. Regardless of what is used, the flag must be secured to keep it from flying off the casket during the procession. If there is absolutely any chance of inclement weather conditions, the flag must be protected. The casket and flag can be covered with plastic sheeting sufficiently thick to protect it from the weather. When this method is observed, the ability of the pallbearers to safely handle the casket must be considered. An alternative option is for the flag to be placed on the casket after arriving to the place of the service. With this option, the casket should still be protected from the elements while exposed to the elements during the procession.

The procession of the casket atop the apparatus may be from the funeral home to the place of the service, from the service to the place of final disposition, or both. The truck that will transport the casket will need to be parked with ample room to the rear for risers to be properly staged. These risers are normally three pairs of platforms at differing heights. The platforms will be placed at the rear of the apparatus in a stair-step fashion with the tallest risers closest to the truck. This allows the pallbearers to pass the casket to other members of the honor guard that are positioned on the risers. The casket should remain as level as possible as it is raised to each height of the risers before being placed atop the apparatus. Upon placement atop the apparatus, the casket should be sufficiently secured in place. Many fire departments who are prepared and have done this in the past will have a sort of casket table built or bought for the purpose. Should a department not have a device for this purpose, a portable casket table from a funeral home can work when properly secured.

When a department experiences a death in the department, the pumper that will be used as a caisson will be removed from service in order to be prepared for the funeral services. In the time leading up to the service, the truck will be cleaned and polished for the service. As previously mentioned, it is a good practice for the honor guard or pallbearers who will be placing the casket onto the caisson to have a similar casket with which to practice. If a similar casket cannot be provided, any casket can be used with an approximate amount of weight to represent that of the deceased added to the casket.

A tradition that has been practiced for over two hundred years at firefighter funerals is the bell ceremony or "The Ringing of the Bell." This ceremony is normally conducted after the Fireman's prayer is read and is the final ceremony in a Line of Duty Death funeral service. The ringing of the bell symbolically announces that the comrade has come home for the final time. While wearing white gloves, a member of the department will ring the bell three times before placing a hand on the bell to silence the ringing.

The member will do this three times, with the bell being allowed to continue ringing on the third time. It is important to have the bell arranged at the service, along with a microphone.

There is a selection entitled "Ringing of the Bell" that an additional member of the department will read as part of the ceremony (Associated Fire Fighters of Illinois, 2019).

EMERGENCY MEDICAL SERVICES

Funeral directors who have been in the industry long enough may have served on an ambulance operated by a funeral home. This was a common practice in years past. The emergency medical services of today have greatly advanced from the years past and are normally operated by municipalities or private companies. Those involved in emergency medicine today include both air and ground emergency medical services. These first responders include search and rescue personnel, emergency medical technicians, paramedics, nurses, and pilots. These brave men and women put themselves in danger where their talents and passion are used to save lives of ill and injured people in every conceivable situation. When a Line of Duty Death occurs, the life of these heroes must be celebrated and honored.

The honors for emergency medical services personnel are, in many ways, very similar to that of the fire service and law enforcement. In many areas, emergency medical technicians

Conclusion

Every decedent entrusted to the care of a funeral service professional deserves the tribute and services their family members request. This care extends to the family and friends of the deceased. When tragedy strikes and a hero falls in service to a country or a community, the directors and staff entrusted with the services must be prepared to diligently ensure every detail is checked. The family is always of utmost importance in a funeral or memorial service. When a soldier is killed in action or

and paramedics are active members of the fire service. Therefore, the services for these personnel will be very similar, if not identical, to that of other fire service members.

For departments or organizations that are not a part of a fire department, the structure will still be very similar. There will normally be coordination officers assigned to assist the family and also in preparing for the components of the service. Personnel may use an ambulance or another agency vehicle as a caisson to transport the casket to the service and then to the place of final disposition (Silloway, 2011). When this is the case, some or all of the pallbearers may accompany the casket in the ambulance or agency vehicle. Most ambulances will have ample room in the rear for the casket. Just as in using a fire engine caisson, it is advisable to ensure there is adequate room and no equipment or surfaces that will impede the placement of the casket. A portable casket table from a funeral home may serve well for placing the casket in the rear of the ambulance.

dies while serving his or her country, the director is in a position to care for and begin the healing process for the family, the comrades of the soldier, and sometimes even an entire country. When a law enforcement officer, firefighter, or other public service member is killed in a Line of Duty Death or passes away while serving the public, the director is in a position to care for and begin the healing process for the family, the professional family, and the community that has been so valiantly served.

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MILITARY AND LINE OF DUTY DEATH SERVICES

Final Examination Questions

Select the best answer for each question and mark your answers on the Final Examination Answer Sheet found on page 29, or for faster service complete your test online at EliteLearning.com/Book

11. As is the case with many traditions and practices of mankind, the true root or origin of funeral honors is not always clear.
 - a. True
 - b. False
12. In 1875, the United States formally adopted the twenty-one gun salute at the suggestion of the British.
 - a. True
 - b. False
13. A caisson used in a military funeral is pulled by horses who are NOT saddled, and NONE have riders.
 - a. True
 - b. False
14. Those who serve, or have served, in the United States Military are typically eligible for certain benefits and honors upon their death.
 - a. True
 - b. False
15. The veterans of the military who are ineligible are those convicted of a capital offense or when the circumstances involved would bring discredit upon the person's service or former service.
 - a. True
 - b. False
16. No family members, the carry guard, chaplain, VIPs, or journalists are allowed to walk behind the hearse to the Operations Center.
 - a. True
 - b. False
17. A funeral director serving a family, an agency, and a community in Line of Duty Death services must be prepared to properly serve all involved and affected.
 - a. True
 - b. False
18. The practices of departments will begin almost immediately upon the injury or death of a member of their agency or department.
 - a. True
 - b. False
19. By a funeral home deciding upon and/or appointing one primary point of contact for the cooperating organization, personnel can avoid many confusing and conflicting details.
 - a. True
 - b. False
20. Upon arrival of the deceased to the funeral home, many agencies and organizations will stop remaining with and guarding the body of the deceased.
 - a. True
 - b. False
21. When a public servant is killed in the line of duty, there is a good chance that media outlets will be reporting on the events.
 - a. True
 - b. False
22. The lead director of the service will have nothing to do until the day of the service.
 - a. True
 - b. False
23. The procession for any Line of Duty Death service will normally be shorter and simpler than normal processions.
 - a. True
 - b. False
24. The National Law Enforcement Officers Memorial Fund has estimated, on average, one law enforcement officer is killed in the line of duty every 53 hours in the United States.
 - a. True
 - b. False
25. No agency has standardized and detailed responses to be followed when a Line of Duty Death occurs.
 - a. True
 - b. False
26. When the properly trained personnel are available, there will be a variety of honors presented at the funeral, memorial, or committal service.
 - a. True
 - b. False
27. The services for the fallen K-9 cannot include any of the traditional components of other funeral services.
 - a. True
 - b. False
28. The survivor action officer is a position that is often assumed by the chief of the department or is delegated by the chief.
 - a. True
 - b. False
29. At the request of the family, and with the permission of the department; many members of fire service will be transported atop a fire apparatus, or fire truck.
 - a. True
 - b. False
30. A tradition that has been practiced for over two hundred years at firefighter funerals is the bell ceremony or "The Ringing of the Bell."
 - a. True
 - b. False

Chapter 3: Suicide - Supporting Survivors

1 CE Hour

By: Lindsay A. Andre, FD, MBA

Faculty

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Course overview

This course focuses on educating funeral directors and their role and actions to support suicide survivors. Funeral directors will learn about the uniqueness of suicide grief. The course

also presents suggestions for how funeral directors can create a healing experience to support survivors of suicide.

Learning objectives

Upon completion of this course, the learner should be able to:

- ♦ Explain why death by suicide is different from other types of deaths
- ♦ Describe the feelings of suicide survivors

- ♦ Identify the role of funeral directors in supporting suicide survivors
- ♦ List ways that a funeral director can create a healing experience for suicide survivors
- ♦ Recognize situational complications concerning suicide

INTRODUCTION

Spoken or unspoken, suicide touches the lives of many Americans. Every day, roughly 132 Americans die by suicide. This daily statistic equates to over 47,000 people in the United States who die by suicide each year. As the tenth leading cause of death in the United States, suicide rates have steadily climbed by 33% from 10.5 suicides per 100,000 people in 1999 to 14 suicides per 100,000 people in 2017.

It is important to note that not all people are equally affected by suicide. The American Psychological Association notes that suicide ranks as the fourth leading cause of death for people ages 35 to 54. However, among people ages 15 to 34, suicide is the second leading cause of death. Men are three and a half times more apt to die by suicide than females. Caucasians and Native Americans are more likely to die by suicide than African Americans or Asian Americans. Furthermore, 90% of those people who die by suicide had a diagnosable mental health condition at the time of their death.

Family members, lovers and partners, friends, acquaintances, and colleagues are directly impacted by the death of a loved one. In fact, one study found that six people are directly affected by each suicide. Those closest to the deceased such as parents, spouses, siblings, children, and close friends, are often impacted the hardest with effects lasting longer than the traditional grieving period. It is also essential to consider the multitude of people who are indirectly affected and will experience feelings of sadness and grief from the loss of someone they knew.

Death of a loved one by suicide is quite shocking for those who are close to the deceased. Those closest to the deceased are referred to as 'survivors' of suicide loss. Because the act of suicide produces a gamut of emotions for those who remain, the time period just after the death is often challenging. Due to the unexpected nature of the death, survivors may have difficulty coping and functioning in their everyday lives. This form of traumatic death can sometimes restrict survivors from reaching out to others, so their grief becomes compartmentalized and buried deep within themselves. Often times, this grief, surfaces as a multitude of questions. These questions may repeat over and over again in the mind of a survivor.

These incessant and unanswered questions can lead survivors to take on a level of responsibility and guilt that often is not present in other manners of death. Failing to recognize that a person close to them needed help leaves survivors with feelings of responsibility. Feelings of vulnerability also echo throughout this initial period as survivors struggle to cope with their perceived or actual sense of responsibility for the act.

Funeral directors are often among the first responders who help survivors of the suicide process and coping with their loss. Self-inflicted deaths leave behind a wake of imbalance and uncertainty in the lives of survivors. Funeral directors minimize the pain and anguish of survivors by helping them cope with their emotions and responses surrounding the death. With this support, suicide survivors can better process the first stages of their loss.

Stigma of suicide

Our society has historically viewed suicide as an act by individuals who have some form of character flaws such as moral weakness or emotional trouble. Throughout the last hundred years, American society has developed a stigma around suicide that has become deeply ingrained in our culture. The belief that many American's support, is that people who die by suicide, are "cowards" and "selfish." Other cultural myths include the idea that suicide is hereditary (passed down from one generation to another) and that people who attempt suicide are just desperately seeking attention from others. However, these perceived notions of suicide are quite far from the truth.

Suicide is a complex act. Suicide is influenced by a variety of factors ranging from individual factors, such as mental illness, substance abuse, and relationships to social, cultural, economic, and environmental factors.

A combination of these factors increases a person's risk of suicidal thoughts and behaviors.⁶ Moreover, because society has mistakenly attached a simple stigmatized explanation for this behavior, the public largely misunderstands suicidal ideations and behavior.

This misunderstanding has also led to suicide survivors being treated differently than other mourners. In a typical situation, mourners receive compassion and sympathy from others in the loss of their loved one. However, suicide survivors are often met with blame, judgment, and/or exclusion during this time. They may feel ostracized from the larger society and judged for the manner of death of their loved one. Furthermore, the

Uniqueness of suicide grief

Many suicide survivors must learn to cope with their own personal barrage of judgments. On top of this, suicide survivors sometimes have to navigate pressures from their community. Survivors may face both informal and formal accusations of responsibility for the act. Fellow survivors may blame the survivors. And in some cases, survivors may feel they are being blamed by local law enforcement authorities. This is because many local law enforcement authorities are required to consider any apparent suicide as a homicide until all of the facts have been ascertained. Suicide is "complicated by the societal perception that the act of suicide is a failure by the victim and the family to deal with some emotional issue and ultimately society affixes blame for the loss on the survivors". Suicide survivors will begin to feel isolated and possibly ostracized from both their social and religious networks. Traditional religious

Complicated grief

Grief often presents itself differently in suicide survivors as it tends to last longer than the typical bereavement pattern. The extended grieving period means that survivors are susceptible to complicated grief disorder, also known as complicated bereavement disorder. Complicated grief disorder keeps survivors trapped in their sense of loss and the pain they felt after the death of their loved one.

In the first few months after a suicide death, it is hard to distinguish between normal and complicated grief. Grief is a normal human emotion, and just like other emotions, it should be transitory. However, suicide survivors' grief may become chronic if it persists over a year after the deceased has passed. The loss of their loved one permeates every facet of their lives and does not improve as time goes on. Chronic grief can generate a debilitating environment in which survivors feel the grief is impossible to escape. These normal painful emotions do not dissipate, and suicide survivors are often unable to resume their own lives.

Several factors increase the risk of complicated grief:

- Unexpected deaths such as the suicide of a loved one
- Violent deaths such as homicides

How a funeral director can help

Between 10 and 20 percent of people who lose a loved one will experience complicated grief.⁹ While no one knows how to predict or prevent complicated grief, there are ways a funeral director can help reach out to those who might be affected.

Talking

Funeral directors can allow relatives and friends to talk about their grief throughout the process. Releasing emotions through verbal sharing is a way to help prevent people from becoming stuck in their sadness. Allow people to feel safe and to cry in order to process their pain in a supportive environment.

Support Groups

Funeral directors can provide local and online support groups or faith-based groups to help people work through their grief. Having a list of resources on-hand to provide to survivors helps them know they are not alone in their pain. While they may not investigate support groups immediately, knowing they are available and nearby can provide a sense of comfort. Support groups provide a space for people to feel connected with

more challenging part can be that they feel this judgement and ostracism not just from strangers, but from those who they are closest to in their lives. The good news is that research shows that the stigma surrounding suicide is slowly diminishing within American culture. This change in attitude comes as more people understand the impact of mental health on suicidal tendencies.

views condemn suicide and many express dire consequences for those who choose to end their lives this way.

As a funeral director, it is essential to have a private conversation with the religious leader or speaker who will be present at the service. Regardless of your own personal religious views, kindly request that the religious leader or speaker refrain from telling a group of highly emotional people that their loved one will not be accepted in the afterlife. Allowing this type of sermon will severely undermine the healing process of the family and friends. Instead, it is your responsibility as the funeral director to ensure that the service focuses on memorializing the deceased and healing through a collective social gathering. Always keep in mind the unique stresses societal stigma places upon the family and friends of the deceased. Do not allow for misunderstanding, ignorance, or fear to permeate the funeral service.

- Social Isolation
- History of depression, anxiety disorders, or a personality disorder

Complicated grief impacts people physically, mentally, and socially and those who do not seek treatment for their condition often have higher rates of depression. Moreover, people who suffer from complicated grief are more likely to consider suicide. Contemplating suicide or considering suicidal behaviors is compounded when the chronic grief arises from a loved one dying by suicide.

When an individual completes suicide, there is a different mourning process for survivors. First, the period of numbness lasts longer, which extends the grieving process. As such, it is difficult to initially tell if a survivor is suffering from chronic grief. Many survivors have extended periods of grief that last longer than typically expected in society. Second, there is a greater desire to understand the motivation behind the death. Both of these factors can lead survivors to contemplate suicide during their grieving process.

others, which in turn can reduce the potential for survivors to contemplate suicide.

Counseling

It might be appropriate to suggest bereavement counseling to suicide survivors as an option for coping with their grief. It is important to inform survivors that early bereavement counseling has helped many people learn healthy, new coping skills in the wake of a tragedy.

Research has shown that chronic grief occurs in about 7% of bereaved people. Suicide survivors, who are suffering from this condition, may feel helpless and trapped in a cycle of negative thoughts. They may endlessly ruminate about the circumstances surrounding their loved one's death.¹⁰ Therefore it is important for funeral directors, and first responders, to provide survivors with compassionate support and resources.

Survivor's feelings

Suicide survivors feel a whole host of emotions that rise and fall with each interaction and decision they must make. Knowing the various emotions can help funeral directors be compassionate to survivors. It is crucial to recognize how nonverbal cues and periods of silence may signify the survivors' unique positions. Funeral directors should be ready to help some survivors healthily release anger and rage while assisting others with emerging from their shock. The following are a list of emotions that funeral directors can recognize in survivors:

- **Shame** – Feelings of humiliation or distress especially over what others in their social circle and community will think of them if they knew/when they find out
- **Blame** – Feelings of personal responsibility for the suicidal act as well as placing responsibility upon others
- **Guilt** – Feelings of having failed in an obligation, such that the survivor may feel they should have done something to prevent the suicide
- **Anger** – Feelings of outrage that the deceased chose to die when the survivor considered the person's life to be valuable; survivors may feel the deceased chose this act as a form of contempt or did not choose an alternative solution.
- **Fear** – Feelings associated with whether or not a trend of suicide may occur among family and friends

Role of funeral directors in suicide deaths

As the act of killing oneself has historically been considered a crime in various countries, there is a tendency to speak of suicide in language that enhances the concept of criminal behavior. When the phrase "to 'commit' suicide" is used, it aligns the act with crimes such as homicide and suggests that suicide is the same as "self-murder." The verb "commit" is also closely aligned with "to sin" within Abrahamic religious traditions.

The language people use in social conversations shapes our perceptions of situations and our responses to these situations. As a result, social stigmas remain fully engrained with acts of suicide. The non-critical use of the word "commit" preserves the unspoken feelings of suicide as a criminal behavior.

As a funeral director, it can be helpful to survivors if you steer clear of phrases, such as, "committed suicide" and "successful suicide." The connotation is that the deceased engaged in a criminal act, which makes survivors feel shame and guilt surrounding their loved one's actions. To reduce the implication

Creating a healing experience

There are several instances throughout the process where funeral directors can directly help suicide survivors:

Pallbearers

The opportunity to be a pallbearer may be emotionally difficult, but it is a way to honor the deceased. Reach out to each of the survivors and understand how they personally interpret the responsibility of carrying the casket. Carefully listen to their answer and help support them in their decision. If a survivor feels intense emotional pain, suggest another way in which the survivor can participate in the service.

On the other hand, if one of the survivors feels being a pallbearer is a way to provide a tangible service to the deceased, the funeral director should honor the survivor's desire. The funeral director should help and support the pallbearer with their choice.

With young adults and teens, it may be best to recommend that close friends not be pallbearers because of the tendency for cluster suicides to occur in this population. It is always best to provide an option and respect the wishes of the family.

Clothing

Soiled clothing may generally be thrown away as medical waste, but to a loved one, it might be a cherished reminder of the deceased. Ask family members if they would like to see or keep the deceased's clothing before disposing of it. Scent is a

- **Relief** – Some survivors may have had abusive relationships with the deceased, or experienced difficult or trying situations with the deceased; as such, the death may come as an end to the survivor's suffering
- **Rejection** – Refusal to accept the finality of the suicide
- **Hopelessness** – Feelings of despair that may include questioning the survivor's reasons to continue living
- **Confusion** – Feelings can become jumbled into a tangle of disbelief, uncertainty, and possible panic
- **Isolation** – Survivors may isolate themselves from friends and family in response to perceiving blame in accordance with the suicide
- **Disconnection** – Suicide survivors may feel detached from their loved one as they may view the decision to die by suicide as a choice to intentionally leave the survivor behind.

As a funeral director, it is best to allow suicide survivors to feel all of the emotions, including guilt, and work through each one in the survivors' personal time. Allow the survivors to have the necessary time and space to process their emotions. Do not feel the direct need to ease emotions of guilt. Easing guilt often makes suicide survivors feel as if their feelings are being dismissed or not acknowledged by others. Give suicide survivors permission to feel the entire spectrum of emotions.

of religious sin or criminal behavior, the phrases "died by suicide," "completed suicide," and "ended their life" are less offensive to survivors and much more accurate to the situation. Again, it is helpful to remember that the act of suicide is the worst possible outcome of mental health or behavioral health problems.

The role of funeral directors in suicide deaths is unique in providing a level of care and understanding that many survivors need during their time of grief. The majority of the time suicides are sudden and unexpected. Survivors are not only bombarded with an array of new emotions, but often have to make decisions that they may not have previously considered. Many survivors do not know what type of arrangements the deceased would have preferred, especially when it is a young person. The survivors' initial shock can slow down the decision-making process when it comes to choosing a casket, deciding upon a service, and picking a burial site.

powerful connector, and survivors may need to connect through the personal scent remaining in clothing. Allowing survivors to hold on to a shirt, pants, jacket, or even a shoe is often a connection that becomes invaluable.

Body Contact of the Deceased

Immediately following the death or during the wake is a time when survivors may need to make physical contact with the deceased. This is an essential aspect of grieving for many survivors. Even if the body has been marred, allowing survivors a moment to touch the hand of their loved one can bring them solace in their grief. Touch is a way for some survivors to feel one last moment of connection with the deceased. It is essential to provide the loved ones with ample time to be with the deceased once the body has been prepared for visitation. Telling suicide survivors not to touch the body in order to preserve restorative art can come across as insensitive and unsympathetic.

Quiet Space

During the visitation and funeral service, many suicide survivors may feel strong emotions as they try to process the death with those around them. This mix of intense emotions may cause many survivors to feel emotionally and physically depleted. Providing a quiet space for survivors to retreat can be essential as they rest, recharge, and find sustenance. Make sure to provide tissues and water as survivors may feel dehydrated.

Erratic Behavior

Funeral directors must be compassionate to suicide survivors. During this time, survivors may exhibit emotional imbalances or use alcohol or drugs to numb their pain. Even if their behavior is erratic, it is important for the funeral director to understand and empathize. The survivors might agonize over social interactions and find it challenging to make decisions that they are not prepared to make. See if there is a point of contact in the family or within the friend network to help survivors who exhibit erratic behavior. The funeral director should help the survivor know they are not alone in their emotions and that there are safe spaces available to share their story as they process the loss of the deceased.

Viewing and Closing

Suicide can create a level of difficulty to the viewing and closing, which is different from other forms of death. Survivors simultaneously feel angry and abandoned while also desperately wanting to hold on to their loved one. Feelings of being trapped often surface as the casket is closed. Some suicide survivors may prefer for the casket to quickly close as it can signify closing the door on the mourning experience. In contrast, other survivors

Compassion fatigue

Just like in other professions, funeral directors can also experience burn-out, otherwise known as compassion fatigue or funeral director fatigue syndrome. Even the most dedicated funeral directors can become overwhelmed by stress and fatigue. Helping people bury their loved ones every day requires a lot of mental and physical energy that can become depleted. Long hours, unpredictable workweeks, and demanding expectations are all significant psychological stressors that funeral directors deal with constantly.

The two most significant contributors to compassion fatigue are an overloaded, unpredictable work schedule and constantly being 'on-call' both physically and emotionally. For funeral directors, work schedules are not the typical 9 to 5 and do not stop for weekends or holidays. Also, being "on-call" means that even though they are not physically there, most funeral directors are always emotionally attached to the funeral home, the deceased, and survivors. The question of whether or not they will be called to work at any time can become exhausting, to say the least.

The following symptoms or signs may be indicative of funeral director fatigue syndrome:

- Isolation
- Irritability
- Impatience
- Energy Loss
- Exhaustion
- Depression
- Detachment
- Cynicism

Conclusion

Suicide presents a unique set of factors for funeral directors in both handling the deceased and providing a healing place for family and friends. Historically, communities have stigmatized suicide as an act committed by the weak. This stigma surrounding suicide has lasting physical, emotional, and social impacts on suicide survivors which is what makes suicide different from other types of deaths. Those who pass away due to suicide may often suffer from various forms of mental illness that impacted their ability to reach out and seek help. As a result, suicide survivors will experience a range of emotions from outrage and disconnection to isolation and relief. While grief is present in all loss, survivors often suffer from prolonged periods of grief that can easily transform into complicated grief which increases one's risk for suicide.

may cling to the open casket as a way to hold on to their loved one for as long as possible. Funeral directors should be aware that as emotions roil within suicide survivors, there may be conflicting experiences and preferences. The funeral director should compassionately and gently guide survivors through this process by allowing them to feel a mix of emotions without concerns about judgement.

Obituary

An obituary is a written documentation of death to the community, stating that the cause of death was suicide. An obituary can cause survivors to feel uncomfortable. The social stigma of suicide is still strong within certain communities, and loved ones might not be ready to face their community in this way. If the family does not want to be fully open about the manner of death, allow them this right. However, if the family prefers to include that their loved one died by suicide, be conscious of the language used in the obituary. You may consider noting that the deceased suffered from a mental condition, such as clinical depression. By doing so, other community members may understand the reason for the suicide and reduce the social stigma surrounding suicides.

It is hard to help anyone, much less meet the unique needs of suicide survivors when feeling burnt-out. Therefore, funeral directors need to take their own personal time away from the funeral home and associated responsibilities. Stepping away from high-stress situations and making off time count is a great way to recharge your compassion.

Here are some ways to maintain physical and emotional health in order to prevent funeral director fatigue syndrome:

- Healthy diet
- Regular exercise
- Practice meditation or yoga
- Spend time with friends and family
- Engage in hobbies
- Sleep
- Play with pets
- Listen to music

In addition, consider using the following services to help ease the demanding workload:

- Call answering services
- Remains removal services
- Paperwork or filing services

As a funeral director, maintaining balance is paramount to serving your clientele. Being healthy and balanced allows for the ability to better meet the needs of the family and friends of the deceased, rather than running on fumes. This is so important when supporting suicide survivors as they need extra attention, extra care, and extra effort to navigate through this most difficult time.

Funeral directors play an invaluable role in assisting suicide survivors through a dark and difficult time in their lives. As a first responder during this critical time, funeral directors provide many people with a guiding light through the darkness ahead.

It is important for funeral directors to understand how their actions truly make an impact. These actions may include allowing a quiet room away from socializing, offering water bottles and tissues, or providing clothing to a survivor full of their loved one's scent. These empathetic actions nurture survivors through one of their darkest times. Remember to allow survivors a space for healing, a service to honor their loved one, and resources to help when times feel especially dismal. Enable friends and family to feel emotionally validated during a time when it is difficult to process so much at once. Always help survivors feel valued, regardless of the stigma attached to the loved one's death.

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SUICIDE - SUPPORTING SURVIVORS

Final Examination Questions

Select the best answer for each question and mark your answers on the Final Examination Answer Sheet found on page 29, or for faster service complete your test online at **EliteLearning.com/Book**

- How many people are directly affected by suicide?
 - Six.
 - Eight.
 - Four.
 - Ten.
- What leads suicide survivors to take on a level of responsibility and guilt not present in other types of deaths?
 - The traumatic nature of the death.
 - Their own personal feelings.
 - Incessant and unanswered questions.
 - Authority figures in the community.
- Suicide survivors are treated differently than other mourners as they often are met with _____.
 - Blame.
 - Judgement.
 - Exclusion.
 - All of the answers shown.
- What disorder can keep survivors trapped in their sense of loss and the pain they feel after the death of their loved one?
 - Panic Disorder .
 - Complicated Grief Disorder.
 - Anxiety Disorder.
 - Depression.
- Funeral directors should not feel the need to ease which emotion of survivors?
 - Hopelessness.
 - Guilt.
 - Confusion.
 - Fear.
- Which emotion is often not felt by survivors?
 - Disconnection.
 - Relief.
 - Isolation.
 - Closure.
- What shapes perceptions of situations and responses to these situations?
 - Culture.
 - Family.
 - Language.
 - Physical Touch.
- What phrases should begin replace the common phrases "committed suicide" and "successful suicide"?
 - Died by suicide.
 - Completed suicide.
 - Ended their life.
 - All of the answers shown.
- Which of the following is not considered a way funeral directors can provide compassionate support and resources around grief?
 - Telling the bereaved not to feel guilty.
 - Talking.
 - Suggest bereavement counseling.
 - Local and online support group information.
- Which sense often deeply connects the survivor to the clothing of the deceased?
 - Sight.
 - Smell.
 - Touch.
 - Sound.

Chapter 4: Understanding Mental Health and Funerals

1 CE Hour

By: Staff Writer

Learning objectives

After completing this course, the learner will be able to:

- ♦ Explain the role of bereavement services
- ♦ List and give examples of some general considerations of interventions that help in the bereavement process.
- ♦ Justify the role of funeral rituals in mourning.
- ♦ Discuss the role of support groups in helping the bereaved.

INTRODUCTION TO GRIEF AND BEREAVEMENT

Bereavement is the state of mourning, which is defined as the state of being deprived of someone by death (Sadock, Ruiz & Sadock, 2014). Bereavement broadly encompasses the entire experience of friends and relatives in the anticipation, loss of life, and consequential adaptation to the aftermath of a loved one's death. It is the period of sadness and loneliness we experience when we lose a loved one, as we attempt to adjust to the loss.

Grief, on the other hand, refers to how bereavement affects an individual personally, with effects across several domains – emotional, cognitive, social, physical, financial, and spiritual. Grief often causes disruption and disturbance of everyday life. However, grief can be expressed in very different ways: some people do not experience an intense reaction. Most people experience fluctuating reactions for a while, while others can develop an intense and prolonged grief response.

EFFECTS OF GRIEF AND BEREAVEMENT

- Physical: Sleep disturbance, insomnia, nightmares, vivid dreams, loss of appetite, tension, shortness of breath, sweating, restlessness, lethargy.
- Psychological: Grief, emptiness, depression, anger, fear.
- Social: Feeling detached from society, isolation, abnormal behavior.
- Spiritual: all human beings have beliefs that give them some sense of security — that make sense of the world and offer a code for life, whatever the roots. Sometimes a loss deeply challenges those notions, leading to a crisis of belief and loss of faith.

THE 5 STAGES OF GRIEF

A theory developed by psychiatrist Elisabeth Kübler-Ross suggests that we go through five distinct stages of grief after the loss of a loved one: denial, anger, bargaining, depression, and acceptance.

1. Denial

The first stage of grief, denial, can help the bereaved to minimize the overwhelming pain of loss. As they process the reality of their loss, they are also trying to survive emotional pain. It can be hard to believe they have lost an important person in their lives, especially when they may have just spoken with this person the previous week or even the previous day. Their reality has shifted completely in this moment of loss. It can take their minds some time to adjust to this new reality. Denial is not only an attempt to pretend that the loss does not exist but its also an attempt to absorb and understand what is happening.

2. Anger

It is common for people to experience anger after the loss of a loved one. They are trying to adjust to a new reality and are likely experiencing extreme emotional discomfort. There is so much to process that anger may feel like it allows them an emotional outlet.

3. Bargaining

People coping with loss may feel so desperate that they are willing to do almost anything to alleviate or minimize the pain. Losing a loved causes people to consider any way they can avoid the current pain or the pain they are anticipating from loss. As a result, there are many ways they may try to bargain, including:

"I promise to become a better person if you will let my best friend live."

"God, if you can cure my family member, I will turn my life around."

4. Depression

During the experience of processing grief, there comes a time when the bereaved's imaginations calm down, and they slowly start to look at the reality of their present predicament. Bargaining no longer feels like an option, and they are faced with what is happening. They start to feel more abundantly about the loss of their loved ones.

5. Acceptance

This is the final stage of grief when people dealing with loss come to a place of acceptance. It does not mean that they no longer feel the pain of loss. However, they are no longer resisting the reality of their situation and are not struggling to make it something different.

TYPES OF GRIEF

Anticipatory grief: Occurs when death is expected, for example, when a family member or friend is suffering from a terminal illness. It helps the family, but may not help the dying person, and does not always occur.

Normal/common grief: Begins soon after the death of a loved one. This is the type of grief experienced by most people. The bereaved do not require specialist counseling but would benefit from reassurance, acknowledgement of their losses, and access to information.

Common symptoms steadily diminish as the victim accepts the reality of loss and continuously integrates it. Most of the bereaved people will experience periods of sadness and sorrow triggered by a memory, a song, a reading, or a sight. These triggers are referred to as grief pangs or grief bursts. Grief and bereavement involve a process that follows well-defined stages. The stages, however, do not always occur in order.

Complicated grief

There is no established correct or wrong grieving procedure. Everyone responds differently to death, and it's common to feel like one is riding on a rollercoaster of various emotions. How a person responds to death can be affected by a lot of things, such as the type of relationship the mourner had with the person, the gender, cultural background, and age of the bereaved. However, research has shown that there are abnormal bereavement patterns that differ from the typical grieving process. Abnormal bereavement is the basis of the nature of

Complicated grief and encompasses the following:

- Chronic grief: grieving that lasts for a prolonged or extended period. Emotional distress does not appear to be substantially reduced. Over time, it does not seem to stop or lessen in frequency. An individual who has this experience continues to feel intense distress. The loss of this person feels as fresh as when it first happened, given the passing of some time.
- Delayed grief: grief that is not fully experienced until quite a while after your loss. It can be described as a devastating sadness that hits a bereaved person out of the blue. It may begin a few weeks or months, or even years after the loss of a loved one.
- Inhibited or absent grief involves inhibition of the normal behaviors that are associated with bereavement. Many who do not allow themselves to directly experience the pain of grief may develop some form of physical symptoms or disease. During this type of grief, it is common for the mourner to choose to grieve some aspect of the deceased and not the other.
- Distorted grief: a response where the grieving person experiences an intense, extreme, or atypical reaction to the loss such as self-destructive actions or extreme changes in behavior. Hostility and anger towards themselves and others are common.

Symptoms of Complicated Grief

A person suffering from complicated grief would display the following symptoms:

- Indefinitely missing for the deceased
- Obsessing over the manner of death of the deceased
- Intense grief and anxiety which does not get better over time
- Difficulty in developing trust with others
- Depression
- Alienation and detachment
- Challenge pursuing interests or hobbies
- Eagerness to join the deceased
- Recurrent feelings of loneliness or isolation
- Problems in social, occupational, or other forms of life (Wakefield, 2017).

As these symptoms are also often indicative of grief, a person must show such symptoms over a prolonged period to be diagnosed with complicated grief.

Normal vs. Complicated Grief

Normal grief differs from the complicated grief in that normal grief is not chronic, not as severe, is not impairing or life-altering, and is not perceived by the bereaved person as a serious threat. Individuals with complicated grief are engulfed with grief and centered on the loss to the detriment of other priorities and concerns. There is an obsession with the demise and the desire to reunite with the deceased, lack of certainty about identity, failure to acknowledge the loss, anhedonia (inability to experience pleasure from activities usually found enjoyable), resentment, difficulty in developing trust, and a sense of being "stuck" in the mourning process. These symptoms are present day by day, cause depression or functional disability, and continue after bereavement for more than six months. Individuals with complicated grief may experience loss of self-worth and self-esteem, feel emotionally detached from others, struggle with moving on from the suffering, and may feel that doing so will signify betrayal to the deceased.

To distinguish between normal and complicated grief, The American Psychiatric Association proposed a diagnostic criterion. According to the 5th edition of the Diagnostic and Statistical Manual of Mental disorders (DSM-5), the diagnosis assigned to individuals who experience abnormally disabling or prolonged response to bereavement is Persistent complex bereavement disorder. Persistent complex bereavement disorder, previously known as complicated grief disorder, causes individuals to experience an intense longing for a deceased loved one, usually for a prolonged time. Longing emotions are frequently followed by harmful thoughts and behaviors, as well as general difficulty in restoring normal life (American Psychiatric Association, 2013).

Diagnostic Criteria for Complicated Grief/ Persistent Complex Bereavement Disorder

Given that persistent complex bereavement disorder is a relatively new condition and yet to be categorized, a group of mental health professionals from around the world has proposed a variety of diagnostic criteria. Generally speaking, these are:

- The individual lost a loved one at least six months prior

At least one of the symptoms listed below has to be present longer than usual considering the social or cultural environment of the person:

- Frequent preoccupation with the deceased
- Intense feelings of emptiness or loneliness
- Severe and persistent longing for the dead loved one
- A persistent desire to join the deceased in death
- Recurrent impressions, that life without the deceased is pointless or cruel

For at least one month, two or more of the following symptoms were recorded:

- Feeling surprised saddened or numb by the death of a loved one
- Feeling disbelief or inability to acknowledge the loss
- Obsession regarding the circumstances or implications of the death
- Frustration or resentment regarding the death
- Experiencing pain endured by the deceased or having visual and auditory hallucinations involving the deceased
- Difficulty trusting or caring about other people
- Feeling surprised, saddened or numb following the loss of a loved one
- Intense responses to thoughts or images of the deceased
- Avoiding reminders of the deceased, or the reverse-finding reminders to feel connected to the dead.

These symptoms cause severe distress to the bereaved or substantially affect functional areas and cannot be attributed to other factors.

Risk Factors for Complicated Bereavement

A variety of risk factors for developing complicated grief after bereavement have been reported. These may include:

- First-degree relation with the departed
- Separation anxiety in infancy
- Overbearing parents
- Assault by or death of parents during early life
- Dysfunctional marriage or insecure marriage style before widowhood
- Emotional dependence on the deceased
- Lack of planning for death
- Death of the loved one in a hospital (Ott, Lueger, Kelber & Prigerson, 2007).

Unlike in depression, the symptoms of complicated grief are not accompanied by changes in sleep physiology, alluding to a different causative mechanism other than mood disturbance (Germain et al., 2006).

Complications of Complicated Grief

Elevated rates of suicidal ideation and suicide attempts were associated with a prolonged state of abnormal grief. Cancer, hypertension, and heart problems are more likely to occur after many years, with increased frequency of severe immune deficiencies and reports of immune dysfunction.

Disenfranchised Grief

Disenfranchised grief is grief that is not usually openly acknowledged, socially accepted, or publicly mourned. Examples of disenfranchised grief include loss of a pet, perinatal losses, elective abortions, loss of a body part, loss of a

personality from dementia. It also consists of the loss of a loved one who is not "blood-related," such as a boyfriend/girlfriend, extramarital lover, in-laws (Cordaro, 2012).

CONTINUING BONDS

The Continuing Bonds theory is a new model of grief that was first proposed in the book 'Continuing Bonds: New Understandings of Grief (Death Education, Aging and Health Care).' The book was written by authors and grief experts Phyllis Silverman, Dennis Klass, and Steven Nickman to challenge the old grief models (Klass, Silverman & Nickman, 2014).

Their argument, as explained in Continuing Bonds, was designed to give voice to a broadened view of the mourning process. The idea is that grief aims to sever the bonds with the dead to free the survivor to create new relationships. The authors propose an alternative model based on the ongoing ties that the mourner has with the deceased (Klass, Silverman & Nickman, 2014).

Their grief model emphasizes cultivating a new friendship with the deceased, as opposed to seeking to "move on from" or "let go of" a loved one. It is a valuable model as it profoundly changed the way the effects of loss were observed and analyzed at the time.

Under the concept of Continuing Bonds, grief has no "phases," "tasks," or "steps." It is not a linear course, so a person may not begin to feel one set of emotions (sadness, shock) and attempt to work through them to get to another set of emotions (acceptance). The writers claim that earlier theories are attempting to "untie" our relationship with the deceased.

Instead, their theory says victims of loss slowly change and adapt their relationship with loved ones when they die. Everybody does this in their way, but it is seen as a safe and natural part of the grieving process to continue their relationship. This cycle of adapting and redefining the relationship with a loved one allows for an eternal bond with them, which will continue throughout their lives. This enduring attachment is considered a natural and human reaction to loss (Klass, Silverman & Nickman, 2014).

MEANING MAKING

The term "meaning making" is commonly used in constructivist counseling, psychology, and psychotherapy methods, particularly in bereavement, where people assign some kind of meaning to an encountered death or loss. Many people usually have to form a new sense of their loss with the experience of a demise. Interventions encouraging meaning making can be helpful to grievers, as specific interventions have proven to improve mental and physical health as well. However, according to other studies, "for some people from difficult backgrounds, efforts after meaning may not be psychologically healthy" because those efforts are "more like rumination than problem-solving."

Some researchers also claim that meaning making alleviates depression symptoms and increases adaptation to loss. Conversely, the inability to attribute sense to death leads some people to enormous long-term suffering. There are different strategies that people could use in meaning making. Of these techniques for meaning making, the categories most commonly used include personal development, family relations, faith, life appreciation, negative effects, impermanence, lifestyle changes, compassion and relief from suffering (Neimeyer, 2015).

UNDERSTANDING THE MOURNING PROCESS

In this course, the term mourning has been used to indicate the process that occurs after a loss by which a bereaved person comes to terms with the loss. Grief, on the other hand, refers to a person's reaction to bereavement comprised of thoughts, feelings, and behaviors experienced after the loss that changes over time. Because mourning is a process, various scholars have interpreted it in different ways — primarily as phases, tasks, and stages.

Stages. One way of looking at the process of grieving is to interpret it in stages. Many authors who write about grief have listed up to nine stages of mourning, and at least one author has listed 12. One of the disadvantages of using the stage model is that people do not similarly follow stages. Often, the beginner tends to take the stages too literally.

Phases. Psychologists Parkes, Bowlby, Sanders, and others who have proposed the concept of phases as an alternative approach

to the stages. Parkes et al. describe the following four phases of mourning:

Phase I: Numbness. This period occurs close to the time of the loss and is experienced by most survivors. The Numbness phase allows the mourner to forget the reality of the loss for at least a short time.

Phase II: Yearning. The yearning subject longs for the return of the lost loved one and continues to deny the loss' permanence. Anger plays a significant role.

Phase III: Despair and disorganization. The survivor has a hard time working through despair and disorganization in their particular environment.

Phase IV: Phase of reorganized behavior. The bereaved person begins to pull his or her life back together (Parkes & Prigerson, 2013).

As with stages, the different phases overlap, and they are rarely distinct.

Tasks of Mourning

Whereas phases suggest a certain passivity, something that the mourner must pass through, the concept of tasks, on the other hand, is far more in line with Freud's theory of grief work and suggests that the mourner must act and can do something. This approach also means mourning may be affected by outside intervention. In other words, the mourner will see the phases as

something to go through, while the tasks approach will give the mourner a sense of control and hope that there is something he or she can consciously do to respond to a loved one's death (Worden, 2018). The role of the funeral director is to support the mourners as they approach these tasks, without being unnecessarily overbearing and controlling.

Freud's theory of grief work emphasizes on the idea of personal attachment. According to Freud, a grieving person is always in search of an object of attachment, which he has lost. He further defines the state of mourning as detachment or disconnection from a loved one.

Task I: To Accept the Reality of the Loss

Even if someone anticipates the death of a loved one, they may still struggle with accepting the reality of the situation after the loved one passed away. They may experience a new feeling that they did not previously feel. The first step of mourning is to come face to face with the fact of the person being dead, the person is gone, and not coming back. Part of realizing this is believing that reunification with the lost loved one is unlikely, at least in this lifetime. The searching conduct, about which Bowlby and Parkes wrote extensively, relates directly to the fulfilment of this task. Many people who have lost a loved one may find themselves crying out for the missing person, and often, they appear to misidentify others in their environment. They may be walking down the street, see somebody who reminds them of the deceased, and then have to tell themselves that the person they see is not actually their loved one as their loved one has passed (Worden, 2018). As an initial step, funeral directors should help mourners come to terms with their loss. This entails helping them acknowledge the reality and permanence of death.

Task II: To Process the Pain of Grief

Acknowledging and working through the pain associated with loss is essential, or it may manifest itself through physical symptoms or some form of abnormal behavior. According to psychiatrist and researcher, Parkes, anything that helps the bereaved to escape or minimize the pain of grief prolongs the grieving cycle. This is because it prevents the survivor from completely going through the pain of grief. (Parkes & Prigerson, 2013).

Not everybody experiences or feels the same amount of pain, but it is almost impossible to lose someone you have been profoundly attached to without experiencing any kind of pain. Often the newly bereaved are unprepared to deal with the sheer force and nature of the emotions following a loss (Rubin, 1990). A variety of interrelated factors decide the type of pain and its severity.

On the other hand, recent studies on attachment styles indicate that after death, there are specific individuals who do not experience much, if any, pain. One explanation is that they do not allow themselves to become attached to someone and show an avoidant style of attachment (Kosminsky & Jordan, 2016).

Task III: To Adjust to a World Without the Deceased

Three adjustment areas need to be addressed after a loved one's loss to death. There are the external adjustments, or how death affects one's daily functioning in the world; internal adjustments, or how death affects one's sense of identity; and spiritual adjustments, or how death affects one's convictions, beliefs, and presumptions about the world (Worden, 2018). Let us look at those individually.

External Adjustments: Transitioning to a new world without the deceased means different things for different persons,

depending on what the partnership was with the departed and the various roles the deceased filled. Many widows require a substantial amount of time to understand what it is like to live without their husbands. This awareness often starts to surface around 3 to 4 months after the loss. It includes coming to grips with living alone, raising children alone, facing an empty house, and handling finances alone.

Internal Adjustments: Not only will the bereaved adapt to the loss of responsibilities that the deceased had previously filled, but death also presents them with the task of adapting to their sense of self. Widows and bereaved parents need to understand how death affects their self-definition, self-esteem, and self-efficacy. Some studies suggest that for women who define their identity through relationships and caring for others, bereavement means not only the loss of a partner but also the sense of self-loss.

Spiritual Adjustments: The third field of adjustment is the understanding of the universe that one has. Grief is an effort to rebuild a world of meaning threatened by the loss, which (Neimeyer, Prigerson & Davies, 2002) raises two challenges:

- a. interpreting the event account of death to make sense of what happened and its consequences for the continued life of the mourner; and
- b. accessing the back story of the relationship with the deceased as a means of reconstructing an ongoing continuing bond.

The foundations of one's world may be rocked by death. Loss through death can challenge the fundamental values of one's life and moral beliefs — beliefs influenced by their family, friends, schooling, and faith, and life experiences. It is not strange for the bereaved to believe that they have lost direction in life. The bereaved find meaning in the loss, and the accompanying life changes, to make sense of it and recover some influence of his or her life. The September 11, 2001 attacks questioned these three underlying beliefs and more. Such challenges are often likely to emerge when violent and untimely deaths occur. Moms whose young children fall victim to drive-by shootings may often struggle with understanding why God has allowed such a thing to happen (Worden, 2018).

Task IV: To Find a Way to Remember the Deceased While Embarking on the Rest of One's Journey Through Life

This concept was initially suggested by Freud when he claimed that grieving has quite a precise psychical role, which is to detach the survivor's hopes and memories from the dead. We now understand that people do not detach from the dead but find ways to remember the deceased. Sometimes these remembrances and connections are called continuing bonds. The fourth task of mourning, therefore, should establish a place for the deceased that will enable the mourner to memorialize the deceased but in a way that will not preclude him or her from going on with life. We ought to find ways of memorializing, that is, remembering dead loved ones—keeping them with us but still going on with life (Worden, 2018).

HELPING THE BEREAVED

How do you console somebody who has lost someone they love? The grieving person may feel lost and alone, but if you use the right words and give the proper support, as they start rebuilding their lives, you can make a big difference.

Anyone who mourns a loved one's death can think of nothing else but the person they have lost.

You can start by showing interest in the deceased person quite simply by expressing a genuine desire to know about the lost loved one's qualities, background, stories, hobbies, career, family, or anything else closely connected to them. This will provide comfort and help during their bereavement. It is also important to use practical acts such as: going beyond expressions of concern to ask questions about who helps

the disadvantaged person – offering particular support if appropriate.

Encourage bereaved people to draw from their inner reserves by questioning how they coped with challenging circumstances in the past;

- Avoid platitudes such as 'time is a healer,' 'keep your head up,' 'count your blessings,' etc.
- Aid bereaved people with focusing on the entire life of the individual they have lost, not only the painful phase at the end.

BEREAVEMENT SERVICES

While funeral directors provide private funeral service, proper knowledge of other key stakeholders in the provision of bereavement services is key. The public, private, and charitable sectors provide services to the bereaved, and it may be beneficial to consider the variations between them.

Statutory programs: This covers all programs that federal, state, and local councils provide. Most of these programs have a legal basis, which means that the councils are obliged to provide these services. The councils also have a role to play in ensuring that all the necessary legal processes are adequately followed after death. Although these programs are delivered at least partly by central and local government support, some of their support that comes from fees, such as the billing of certified

Commercial services

Such services are offered by businesses that include paying for their services to cover their costs. The owners and shareholders of most commercial services earn a profit to be able to improve their services. They will consider the quality of service as vitally important in the field of bereavement, but they do sell their services to you.

Funeral Directors:

The roles of a funeral director in the bereavement service provision sector include the following:

- Embalming- preservation to prevent decomposition of the body
- Burial
- Cremation

Voluntary/Third sector

The services rendered by charities and non-profit organizations are included in this sector. Since such organizations frequently rely on grants and charitable contributions, there are restrictions on staffing, and at certain times there will typically be a response machine instead of actual staff to respond to calls.

Most of the support groups have a small or even unpaid workforce and provide their many programs with the help of

General Considerations of What helps

Although most people regain diminished abilities and adjust to bereavement, the severity, extent, and effects of grief have drawn the attention of a variety of institutional and individual caregivers. Some service providers intend to promote the normal bereavement process, and others design their services to support individuals with particular difficulties or adverse responses to grief, or others at high risk of developing complicated grief. Some bereavement services are generally directed at the bereaved; others are directed at people who share particular circumstances of deprivation. Programs can be tailored to support similarly bereaved people, families, or organizations. These interventions include the following:

copies of death certificates. Some of the services they provide include:

- Hospitals and some hospices
- Emergency services
- General practitioners and community health services
- Death investigation – by independent coroners are employed by local governments
- Registration of death
- Local authority bereavement services - The structure of local Councils vary across various parts of the country. Most councils distribute burial grounds and crematoria, and they also have a responsibility to provide funerals for those who die and have no-one else to make the arrangements.

Services provided by commercial companies include:

- Will writing
- Pre-payment funeral plans
- Funeral directors and memorial masons
- Some cemeteries and crematoria
- Probate
- Legal representation at inquest and litigation
- Banking

- Arrangement of funeral ceremonies
- Dressing
- Cossetting- applying make up on the body for cosmetic purposes
- Casketing- putting the body in the coffin

volunteers. This also means that there may be a waiting list, particularly for counseling support. This sector includes:

- Many hospices and some home nursing services
- Most bereavement support and self-help organizations
- Many advice agencies

- Mutual support or self-help groups
- Widow-to-Widow program designed to assist people going through the critical life transition initiated by the death of a spouse, which results in a sudden change in social status (from wife to widow) and requires significant changes in self-concept, roles, and tasks.
- Hospices
- Psychotherapeutic interventions
- Medications such as anti-anxiety drugs, antidepressants, hypnotics and sedatives

FACILITATING GRIEF THROUGH FUNERAL RITUALS

Everybody suffers through a loss, whether it is the death of a loved one, the end of a romantic relationship, or some sort of serious life setback. The process of navigating through that grief often involves "rituals" of mourning that vary in different cultures throughout history. Funeral practices for people of different religions can vary widely. For example, among the Jews, along with the intricate funeral rituals associated with death, mourners are often required to tear a garment. In some aspects of Judaism, men are prohibited from shaving their beards. On the other hand, as part of the mourning ritual, bereaved Hindu males may shave off their heads and beards.

Mourning rituals can also carefully regulate how mourners react emotionally to death. Tibetan Buddhists find crying during funerals to be upsetting while other cultures, including Latino Catholics, regard crying as a sign of reverence. Rituals can also vary with gender. Crying at a funeral, for example, is considered more acceptable to women than to men. Male mourners are often assumed to be more stoic in handling their loss. But grieving is not always about a loved one dying.

Rituals can also help people get to grips with grief after losing a friendship, a job, or even a big race.

Support Groups

Mutual support or self-help groups are communities of individuals who have the same issue, plight or condition in life and who are joined for mutual aid purposes. That commonality factor is precisely what defines group inclusion. Participants make all choices on material, organization, and external relations.

Mutual support groups provide:

- Improved sense of self-worth by concentrating on how members are similar to those facing the same situation
- An opportunity to share coping techniques based on realistic expectations for optimal functioning
- A person-to-person exchange based on identification and reciprocity
- Reinforcement for positive change and maintenance of effort toward change through feedback on performance
- Access to a body of specialized information

- Improved sense of personal worth, by reflecting on how members are comparable to those facing the same situation
- An arena for advocacy and social change
- An opportunity for education, not only of other persons with similar problems but also professionals and the public
- A chance to help others by giving concrete aid and providing a role model
- Help for the helpers who themselves are aided by assisting others and by activism toward shared goals

Mutual help groups have been organized as alternative caregiving systems, adjuncts to the professional caregiving system, and independent strategic elements in interdependent networks of formal and informal caregiving systems in communities.

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UNDERSTANDING MENTAL HEALTH AND FUNERALS

Final Examination Questions

Select the best answer for each question and mark your answers on the Final Examination Answer Sheet found on page 29, or complete your test online at **EliteLearning.com/Book**

41. Bereavement only refers to the experience of friends and relatives AFTER the loss of a loved one.
 - a. True
 - b. False
42. Which of the following is not a physical effect of bereavement?
 - a. Insomnia
 - b. Loss of appetite
 - c. Restlessness
 - d. Emptiness
43. _____ is a social effect of bereavement.
 - a. Isolation
 - b. Depression
 - c. Anger
 - d. Fear
44. The type of grief that occurs when a relative or friend is suffering from a terminal illness and death is expected is referred to as _____.
 - a. Complicated Grief
 - b. Anticipatory Grief
 - c. Common Grief
 - d. Stress Grief
45. Common grief begins soon after the death of a loved one and the symptoms subside after some time.
 - a. True
 - b. False
46. The stages of grief and bereavement always occur in order.
 - a. True
 - b. False
47. Which of the following is not considered a basis of complicated grief?
 - a. Chronic Grief
 - b. Absent Grief
 - c. Acute Grief
 - d. Delayed Grief
48. A person suffering from complicated grief would display the which of the following symptoms?
 - a. Difficulty developing trust with others
 - b. Stealing other people's property
 - c. Headache and blurry vision
 - d. Constant forgetfulness
49. _____ is not a symptom of complicated grief.
 - a. Indefinitely missing the deceased
 - b. Intense grief and anxiety which doesn't improve with time
 - c. Binge eating disorder
 - d. Isolation and detachment
50. Normal grief is not chronic, not as severe, is not impairing or life-altering as complicated grief, and is not perceived by the bereaved person as a serious threat.
 - a. True
 - b. False

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