

PARAMETERS OF NEED FOR LOVED ONES OF ADDICTS

PARAMETERS OF NEED FOR LOVED ONES OF ADDICTS FOLLOWING OVERDOSE
BEREAVEMENT

By

Adrienne N. Weiss

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

Liberty University

2023

PARAMETERS OF NEED FOR LOVED ONES OF ADDICTS FOLLOWING OVERDOSE
BEREAVEMENT

By

Adrienne N. Weiss

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

Liberty University, Lynchburg, VA

2023

APPROVED BY:

Laurel Shaler, PhD, Committee Chair

Frederick Milacci, Ed.D. Director, Committee Member

ABSTRACT

This research pairs past evaluation of aid for friends and families throughout the life of a loved one suffering opioid addiction and seeks to elicit the potential for further considerations for after-math care in the wake of overdose bereavement. Traumatic grief and secondary trauma in relation to individuals having suffered the loss of a loved one to opioid-related circumstances will be the framework focus to prove the need to engage a forgotten population of people. Considering the vast review of literature engaging the discussion of addiction as well as traumatic grief, this qualitative analysis takes on a newly woven perspective seeking to intentionally engage the parameters of need not currently sought in current research study. The author uses foundational discussion on both addiction and traumatic grief to develop applicable assessment exploration to bridge the gap for those suffering overdose bereavement. Lastly, this proposal illuminates current research articles that strongly suggest further education and immediacy of resources intervention development for survivors of opioid addiction. This research study collects, reviews, and unpacks the direction of grief trauma care for a specific population of bereaved laying foundation between gaps in literature and driving the continual pursuit of therapeutic practice with the momentum of this new qualitative research analysis.

Keywords: addiction, opioid, bereavement, grief trauma, secondary trauma

Table of Contents

ABSTRACT	iii
List of Tables	viii
CHAPTER ONE: INTRODUCTION	1
Overview	1
Background.....	2
Situation to Self	2
Problem Statement.....	4
Purpose Statement	5
Significance of the Study.....	6
Research Questions.....	8
Definitions	8
Summary.....	12
CHAPTER TWO: LITERATURE REVIEW.....	13
Overview	13
Theoretical Framework.....	14
Related Literature	15
Addiction	15
Grief	19
Facilitating Trauma Discussion	22
Current World Influence.....	24
Theoretical Value	26
Survivors.....	27

Secondary Trauma	31
Practical Value	35
Forgotten Grief	35
Group Support	36
Counselor's Role	39
Entwined Methodology	41
Creating Advocates	43
Summary	44
CHAPTER THREE: METHODS	47
Overview	47
Design	47
Research Questions	50
Setting	50
Primary: Local Business Studio Space + Church Atrium Seating	51
Preparation in Response to CDC and Future Global Health Crisis Mandates: New Primarily Location Needed* - Church	52
Secondary: Online Video/Digital Platform	53
Participants	55
Procedures	56
The Researcher's Role	56
Data Collection	58
Interviews	58
Standardize Open-Ended Semi-Structured Questions	58

Observation.....	64
Credibility.....	64
Ethical Considerations.....	65
Summary.....	65
CHAPTER FOUR: FINDINGS.....	67
Overview.....	67
Participants.....	67
Selah.....	69
Keegan.....	69
Cheyenne.....	70
Twyla.....	71
Kiana.....	71
Meryl.....	72
Jesse.....	72
Talia.....	72
Soleil.....	73
Results.....	75
Developing Themes.....	76
Isolation.....	77
Complex Grief Trauma.....	77
Need For Support / Therapeutic Intervention.....	78
Research Question Responses.....	79
Themes that Address Question.....	79

Summary.....	85
CHAPTER FIVE: CONCLUSION	87
Overview	87
Discussion of Findings	87
Empirical Impact	88
Theoretical Connections	89
Practical Implications	89
Hope-Focused Interpretation	90
Delimitations and Limitations	91
Recommendations for Future Research.....	93
Summary.....	95
APPENDIX A: Call for Participants	117
APPENDIX B: Scaled Interview Question Response Scores	118
APPENDIX C: Institutional Review Board	119

List of Tables

Table 1. Participant Demographic Percentages 74

Table 2. Participant Demographic Details..... 75

Table 3. Emergent Themes & Research Questions 79

CHAPTER ONE: INTRODUCTION

Overview

This review collected a holistic history and current understanding of counseling practices for traumatic grief and bereavement. There are all sorts of evaluations and research literature devoted to the understanding and evaluation of mental health professionals who suffer vicarious trauma or those with secondary trauma exposure as they walk with an individual through grief, addiction, or pain. The gap in the discussion for overdose bereavement is that as the field of trauma counseling sees more and more family members and close loved ones being the initial or even secondary support system to those living through addiction, they function almost in many ways mirroring a version of a mental health professional's role. Although a family member, close friend or loved one may not fully operate at the capacity as a substance counselor, grief therapist or trauma counseling professional, they are by default in a position of constant secondary exposure of the life, hardship, inconsistencies, and eventual grief trauma associated with living alongside a loved one with addiction. The purpose of this research is to expand the discussion to meet the needs of those who feel disenfranchised with the specified and stigmatized bereavement of losing a loved one to overdose. This researcher believes that discussion with individuals interviewed will not only shine a light on a community of bereaved who are suffering unseen but will also show evidence of secondary trauma exposure in the evaluation of the loved one left behind in the wake of overdose bereavement. This provides evidence for future research that such traumatic exposure impacts this specific grief journey, therefore, requires specific intervention development and empirical pursuit to bridge the gaps in literature and provide therapeutic care, grief recovery, and community support.

Background

Opioids are the main cause of drug related overdose deaths per the Center for Disease Control's yearly review (CDC, 2019). The drug and opioid epidemic in the United States has been reaching distinctive titles such as public health traumatization (Brand, 2018). Much of the lack in literature is either attributed to complete neglect of the focused population of which this study was created to engage in addition to a limited geographical evaluating the influence of a fatal overdose in the bereavement process (Templeton et al., 2017). Reviewing the new idea that applications of secondary trauma are not just experienced by first responders, nurses or mental health professionals but can be very much felt by those exposed to the lifestyle choices and consequences of an opioid addict to the point of overdose is the gap this researcher wishes to illuminate and prioritize assessment for. If leaders, researchers, and professionals do not seek to address the opioid crisis' root causes, health care professionals in all specialties will continue to fail in the fight for the lives of those suffering addiction and those still suffering in the grief trauma of what addiction cost them (Dasgupta et al., 2018). To move to change the rippling effects of addiction in the lives of the living, proactive measures to keep the discussion prevalent will be crucial to combat the weaknesses in literature and in defense against the crisis of overdose in general (Brand, 2018). The development of further inquiry and continue case review of this specific population of bereaved individuals will allow for better recourse and intervention strategies that will better aid those survivors of overdose.

Situation to Self

The primary purpose of the study was to meet the bereaved population where they are considering the impact of the traumatic exposure that accumulated living alongside and caring for an addict for however long prior to their passing. The circumstances surrounding the life,

struggle and sudden death of a person who struggles with substance abuse or addiction carries significance in the life of those loved ones surrounding them however, the attention has never been to prioritize the family or support system of the addict but rather address the needs of them alone. There are some support and community resources for families of loved ones with addiction however they are seemingly only available in an inconsistent capacity through rehabilitation with minimal attention to lasting detail in their education or practical application. The focus has been only on the war on drugs, the rehabilitation of addicts and the fight to address both. No one is keen to speak on the failures or hurt surrounding the loss of any persons to opioids or polysubstance overdose because death is not a reality that recovery wishes to discuss or illuminate, but numbers alone prove that there are deaths almost every day with opioid and addiction at the core of the circumstances (Holbeck, 2017). Just in 2017 alone, the Center for Disease Control concluded that opioids were involved in approximately 47,600 of the approximately 70,000-overdose deaths (CDC, 2019).

As this study worked to achieve both literary foundations from its beginning through to its data presentation, the statistics were both valid, and at a steady increase throughout the years of evaluation. In addition to the original perspectives of literature review of concrete opioid death toll scales, all which are completed a projected half year after ending, the most recent review rearticulated that even again in 2021, opioid deaths painted a picture of a minimum of 45 individuals lost to opioids a day (CDC, 2023). In addition to being a top contender for leading cause of death in America, as the Center for Disease Control and Prevention estimates about 91 opioid overdose deaths per day from current statistically review such as Drug Overdose Death, proves that overdose is indeed the leading cause of accidental death owing its majority influence on opioid specifically (CDC, 2023).

Problem Statement

The engagement of those marked by overdose bereavement due to the loss of a loved one to overdose will open the door and be the first step in knowing and developing intervention techniques to address the needs of individuals left in the wake of the loss of a loved one to overdose and opioid addiction. No one is focused on aiding these people within the aftermath of a traumatic loss. There is virtually no literature or discussion of anyone tending to or helping this population of bereaved people with specific loss influenced by the life of a loved one suffering addiction with their death also being attributed to drug overdose (Brand, 2018). The goal of this study is to articulate and gather strength of need in specificity from individuals who have been left in the wake of traumatic grief saturated with the specificity of the life of a loved one with opioid addiction, as it is the majority leader of overdose, and seek to understand the unattended needs in their specific overdose bereavement journey. Current research is less than fulfilling in even connecting areas of potential for further review due to the depravity of discussion for a growing population of individuals who carry with them complexities due to such trauma exposure having lived life within the sphere of influence of a loved one with addiction leading to overdose death that impact their specific grief journey. The short comings are in the research itself, not in the sample pool for the rise of overdose and opioid-related bereavement is steadily increasing, the care and counseling seems to dissipate after the death of the loved one suffering through addiction failing to account for the vicarious trauma or grief trauma experienced and carried by loved ones lost to overdose. No one is aiding these people in the aftermath of this complex grief trauma need (Cerel et al., 2009; Feigelman et al., 2020; Schenk, 2018).

Purpose Statement

The purpose of this phenomenological study was to evaluate and understand the unattended needs of bereaved individuals with the specific grief trauma of loss due to drug overdose. The primary focus was the initiation of investigation for those falling within the sphere of influence who were impacted in the life of their loved one through addiction and now are present in the traumatic grief of overdose bereavement. The need to address this population of those left behind will not only seek to heal a broken population of loved ones and families in their grief, but the knowledge gained from this study's evaluation will strengthen the intervention development which will decrease the numbers of families destroyed by overdose bereavement and addiction loss and turn brokenness to advocacy. By understanding, receiving, and developing resources for the increasing population of loved ones left behind after the loss of a loved one to opioids, there will be greater healing in the lives of testimonials which allows for higher instances for advocacy, medication, and profit directed back into the campaign leading the way in the war on drugs. Purpose driven rehabilitation and camaraderie of the forgotten community of loved ones in the life of current and future opioid addicts can only strengthen resilience in both counseling program development and support systems in the lives of those living with addiction (Vincenzes et al., 2019). Establishing the parameters of need for those left behind will prove more than foundational root work to pursue avenues of aid for those this proposal intends to initiate evaluation with. Moreover, the research design initiates more than empirical intrigue into this bereaved population with the intention to expand upon the collected data with aim for intervention and application of intervention development response.

The rationale of this research design is to meet a stigmatized and often un-approached bereaved population where they are with the intent to grow to create community resources, group

support and non-profit intervention. The first step in succeeding in this dream is to meet these people where they are, engage their grief, perceive influences of trauma, and evaluate the gaps in healing that have gone not only unmet but relatively unexplored (Loxterkamp, 2006). The significance of this qualitative research study is to launch a branch of inquiry to not simply bridge a gap in literature for opioid and overdose research and grief trauma intervention but to be taught by this bereaved population what is not being met and begin to develop better intervention strategies for individual and group support and recovery.

Significance of the Study

The significance of a study focused on the population of individuals impacted but not yet considered when addressing or discussing addiction would be the loved ones and family surrounding the addict is expanding a limited discussion and pursuing the needs from the individuals themselves to better the response of trauma informed therapeutic professionals with subgroups such as those having suffered overdose loss (Vincenzes et al., 2019). This population of people who suffer secondary trauma alongside the life and journey of an addict during their time alive are left in limbo with many unresolved or addressed needs when they enter their traumatic grief journey after the loss of a loved one to opioid addiction. No one is looking to these people. Within this forgotten group of grieving individuals is a building list of needs specified to this community of overdose bereaved, from the specificity of the how of their loss, to the aftermath and residual trauma that has gone unaddressed in grief recovery (Wilson et al., 2016).

Survivors of overdose are an unmet population. The reason for seeking this population was to also illuminate the lack of community or familiar resources beyond those limited extensions in varying rehabilitation programs only available during the life and struggle of their

loved one suffering with addiction (Roth, 2010). These resources are basically non-existent once the addict is no longer fighting sobriety and have passed on. This leaves behind as literature review discovered an impacted wave of a minimum of four to six individuals left in the wake of overdose bereavement and the grief impact of this stigmatize population and unexplored arena of therapeutic practice (Kropf & Jones, 2014; Sterling et al., 2022; Van Horne et al., 2021).

The relation of this study's purpose was that although many facets of research focus on aiding the addict during their life as well as addressing in a limited capacity, the needs of the families surrounding the addict as secondary or tertiary to the addict's needs, it focuses on the population impacted by the direct and indirect results of an addict's life and more importantly their death due to opioids (Holbeck, 2017; Valentine et al., 2016). Drug overdose deaths are in review, highlighted and noted as one of the top four leading causes of American deaths (Gruber & Boyd, 2017). This statistic is in constant growth and reevaluation even through the most recent impact of our global pandemic, which understandably concluded acceleration in the death toll (Stephenson, 2020). Every year literature states that the data collection of reviewed and referenced records prior to what is currently at hand shows the continued increase of opioid overdose to be at its highest death total ever. This aids to the foundational understanding that this problem grows at intensified rates and increases the paralleled individuals within the addict deceased's sphere of influence left behind in complicated grief also increasing, as the experience of overdose bereavement is not either met much less understood (Larochelle et al., 2021).

The aftermath of overdose bereavement leaves an impression on the family system as substance abuse and addiction affects the family functioning (Choate, 2015). Previously, the discussion of secondary trauma has only ever even been evaluated in counselors and first responders (Ewer et al., 2015). No one has evaluated or considered the terminology or

assessment of secondary trauma influences on regular individuals or families. It has only been seen very recently in literature any discussion of fatigue or secondary traumatic symptoms when discussing caregivers in serious circumstances (Hibberd et al., 2010). This research proposal opens the idea that living alongside a loved one or friend with opioid addiction proves to impact the sample population with the same intensity of a very specific exposure (McArdle & Stull, 2018). This consideration is foundational in evaluating the same loved ones in their specific bereavement after the loss of the addict to opioids (e.g., overdose, suicide, accident, etc.) because of the influence of such compassion fatigue on the grief trauma as specific as the sudden loss of a loved one to overdose due to addiction (DeJong et al., 2020).

Research Questions

Developing and refining research questions include:

1. What desired needs are not being met in the aftermath of overdose bereavement?
2. Is there evidence of secondary trauma procured from exposure to life with a loved one having suffered from addiction prior to overdose?
3. Do friends and family of opioid addicts and overdose grief suffer vicarious traumatization in the same way as professionals?
4. Were there substantial resources available specifically geared for these friends/families during the life of the now deceased loved one?
5. Would the bereaved potentially engage and support specific, continued resources for loved ones of addicts even after death?

Definitions

Restated and articulated terms pertinent to the study in its review as well as its execution are listed and defined as supported by previous research and literature with the purpose to be

utilized and contextualized in the same manner and complexity throughout this proposed study with the same strength an understanding of their implication, variation, meaning and distinction as wielded in several instances throughout the current discussion. The following terms are pertinent to the depth and purpose for addressing the topic at hand and conveying the fullness of the compassionate drive to engage and develop not only discussion outlets but elicit creativity in developing both compassionate professionals for the future development of intervention techniques.

Addict – An addict is an individual who is addicted to one or more particular substances, often illegal, and often shows evidence of this addiction to be intrusive for everyday living (Vincenzen et al., 2019). For the purposes of this study, this will refer often to the loved one whose life of drug addiction in it is entirety not only vicariously impacted the individuals around them but whose actions led to death due to overdose was a result of their fight with opioid or polysubstance addiction.

1. *Addiction* – This can often imply a physical, mental, and emotional dependency to something in an unhealthy surplus, most often a drug (Drabwell et al., 2020; Titlestad et al., 2020).
2. *Bereavement* – Bereavement can refer to the period of time following the loss that those left behind in grief experiences the sadness, loneliness and emotional waves. It is also the state or objective circumstance of the death of one of significance (Enez, 2018).
3. *Compassion Fatigue* – CF presents in the sufferer as emotional exhaustion (Berg et al., 2016). This terminology, although interchangeable through literature is more representative of being in a state of tension or empathetic arousal alongside the patient or

individual explaining, having experienced or describing past trauma (Hendron et al., 2014; see secondary trauma).

4. *Complicated Grief* – Complicated grief is so as it combines features from posttraumatic stress disorder as well as depression for diagnostic criteria (Cerel et al., 2009; Enez, 2018). These impairing and prolonged bereavement-related symptoms are categorized as a mental health disorder often accompanied by depression in the wake of a loss of a loved one (Ghesquiere & Bagaajav, 2020).
5. *Grief* – As grief is uniquely experienced by every person differently in their lifespan, it's characteristics may be widespread beyond its definition. Grief is the intrinsic and common life experience associated with losing a loved one and affects physical, emotional, psychological and the well-being of the griever from the functions of normal life (Castro & Rocha, 2013). The term itself refers to the resulting distress responses from bereavement including, but not limited to cognitive, emotional, and behavioral (Ewer et al., 2015).
6. *Grief Trauma* – in addition to the mourning accompanied with grief in general as a response to loss, traumatic grief is best apart as it is the heightened response to unexpected loss with presence and influences of posttraumatic stress variable (APA, 2013).
7. *Opioids* – Opioids themselves are either natural, synthetic, or a semi-synthetic chemical pulled from the seed pod of the opium poppy and help work to reduce the sensation of pain for receptors in a person's brain and nervous system (Vincenzes et al., 2019). When misused for the purposes of chemical stimulus or in response to addiction, drug users will inject or ingest a variation of opioids in increasing amounts until lethal for the body to

process leading to a detrimental physiological response, often death (Vincenzes et al., 2019).

8. *Overdose* – When the term overdose is presented it represents the ingestion of or the intake of a drug that is significantly over the recommended dosage, thus leading to negative results and often death. The adjective usage of an overdose bereavement is to narrow the discussion of either drug related, suicide variations or other specified deaths under the same umbrella as saving to do with overdose (such as opioid ingestion) leading to death (Thomas, 2021). This level of drug toxicity overwhelms a person's ability to function normally due to the high magnitude of drug in their system (CDC, 2019).
9. *Secondary Trauma* – Often used to describe symptoms experienced by therapeutic or counseling professionals it is described as an extreme yet indirect exposure that one experiences to an aversive event or circumstance in detail (APA, 2013). In addition to compassion fatigue, this conceptual label comes from the negative consequences of working alongside trauma survivors (Hendron et al., 2014).
10. *Secondary Trauma Stress* – This stress or natural result to the exposure of someone else's trauma and often comes out of the desire to help the suffering individual is known as secondary traumatic stress or STS (Ewer et al., 2015). Often interchangeable with Compassion fatigue, it is the responses to indirectly, but intensely, experiencing trauma disaster or exposure of individuals (Berg et al., 2016).
11. *Vicarious Trauma (Traumatization)* – When exposed to trauma inadvertently, the resulting exposure can be defined as vicarious trauma. This psychological response occurs as an empathetic reactivity to someone with trauma history (Cosden et al., 2016). Often this description has been limited in literature as only being experienced by

counseling professionals regarding working with clients who are working through trauma they have been exposed to (Cosden et al., 2016; Ting et al., 2005). The symptoms of vicarious or sometimes interchangeably noted as secondary trauma can be similarly associated with posttraumatic stress disorder (APA, 2013; Cosden et al., 2016).

Summary

Addressing and strengthening the parameters of need for this population will lead to clear evidence of the avenues to improve counsel, community support and grief support for a loss that leave individuals with more questions than resolutions. Attending to a population in need will in turn grant healing in grief trauma in a way not addressed in literature before. This researcher's developed design study seeks to provide results that will be used to develop practical intervention to receive and aid a bereaved population that is not advocated for (Aoun et al., 2015). Advocating for loved ones and families after the death of the addict will not only strengthen the grieving individual but will more likely lead to high percentage of advocates and educators against opioid and polysubstance addiction, turning profits for the war on drugs and mending the cycle of discussion holistically to bridge those left behind back to hope focused living after such a traumatic loss.

CHAPTER TWO: LITERATURE REVIEW

Overview

The following discussion reviews a holistic history as well as many current research reviews of counseling practices for traumatic grief and bereavement in addition to the specificity of observing the influence of addiction, opioid pandemic rise, and overdose bereavement never previously woven together to bridge gaps in literature. Evaluating the emotional status of those in specific bereavement circumstances requires a new pursuit of counseling intervention absent in many empirical studies today. Such constant review of capped understanding is what leads this research to shatter restrictions on an unexamined population to unearth crucial parameters of needs and ignite the pursuit of healing a population not previously evaluated (Larochelle et al., 2021). The integration of the foundational research pairs past evaluation of aid for friends and families throughout the life of an addict all the while seeking to elicit the potential for further considerations for after-math care.

Traumatic grief and secondary trauma in relation to individuals having suffered the loss of a loved one to overdose circumstances will be the framework focus to prove the need to engage a forgotten population of people. This paper illuminates current research articles that strongly suggest further education and immediacy of resources intervention development for survivors of overdose bereavement commonly referred or referenced to be due to the growing epidemic that is influenced by opioid addiction throughout the lives of many overdose cases in the recent years. The literature under review melds together for the fullness and consistent affirmation of very few points regarding the variations of study that has been explored for traumatic grief in the lives of those dealing with the impact and nature of overdose bereavement from loss of a loved one in their journey with addiction.

Theoretical Framework

This qualitative study assesses and utilizes the understanding of family theory as it has bloomed from grounded theory to campaign for the necessary development of interventions for the gap in research left by a lack of follow-up or engagement of the parameters of needs for the friends, family and immediate wave of people impacted by the traumatic grief of overdose bereavement (Choate, 2015). Addiction is a family disorder (Vincenzenes et al., 2019). Literature is clear about the rippling affect that addiction carries through those near and around the addict. Any family affected by the disease of addiction and thus vulnerable to the increasing outcome of overdose bereavement, are exposed to a growing crisis that brings a negative impact on the family system in its entirety (Dickov et al., 2016). Those who have suffered a journey of addiction dependency with substances impact the family environment quite powerfully (da Silva et al., 2019). Often family systems theory adopts the concepts of general theory noting the entire whole is more than the collective sum of the parts put together, the same is true for the familial unit (Bradshaw et al., 2015). As families and communities – since today’s family unit expands beyond to vary in multifaceted meanings to individuals, not simply blood relations – the notion of a change of the system can apply to an addict and the family or friends in their sphere of influence as a theoretical family system when evaluating and assessing the parameters of need in and through bereavement trauma such as overdose (Bradshaw et al., 2015). This ideal continues to add to the research and literature fullness of aid for families and friends during the life and recovery or rehabilitation of an addict but points to the gap in discussion of how to continue care after the loss of a loved in this traumatic manner.

Addiction can prove detrimental to the family system and fail the conscious efforts of togetherness when the health of one person, friend, partner or some deeply connected subset of

family dynamic, is living destructively (Bradshaw et al., 2016). Too often this hope of togetherness is seen or evaluated more so in the stages of fracture, when addiction's reality breaks emotional stamina, relationships deteriorate, or in the case of this study's directed understanding, overdose claims a member of this unit impacting the sphere of influence and deeply imprints the group's systematic process (Bradshaw et al., 2016; Brown & Lewis, 1995; Roth, 2010). There is no resource, community fellowship or facilitation for those left behind in limbo after the loss of a loved one to so specific a death as drug overdose. There is an incredible lack of bereavement support programs especially in dealing with grief in severity (Aoun et al., 2015). This study hopes to assess and understand the depth of need of the bereaved to therapeutically address the triad of behavior, thoughts, and feelings for those in the aftermath of grief and dealing with their loved ones lost to overdose (DeJong et al., 2020).

Related Literature

Addiction

Addiction is a rampant disease that is the cause of thousands of deaths every year. While broken down into additional subcategories often by type of drug or region, drug overdose is now and has been achieved as the leading injury-related cause of death in the United States (Van Horne et al., 2021). Not only have an increased number of opioid and polysubstance addictions surfaced but there have been quite the increased number recorded for opioid overdoses and it continues to rise (Holbeck, 2017). Back in 2016 an article gave perspective on the research statics noting that that year along, deaths from overdose surpassed the death of Americans in the Vietnam War (Fraser & Plescia, 2019). Just in 2017 alone, the Center for Disease Control concluded that opioids were involved in approximately 47,600 of those some 70,000-overdose deaths (CDC, 2019). This number is steadily increasing across literature and evaluation. Opioids

are the main cause of drug related overdose deaths per the CDC's yearly review (2019). Even among the growing evaluation of regional overdose death breakdown noting multiple substances to be involved, it is no shock to researchers that the highest percentage or wild majority involved opioids (Kropf & Jones, 2014; Van Horne et al., 2021). As the opioid epidemic controls, and dominates priority at both state and national levels, this researcher seeks to first pursue what needs to be unearth from the population of loved ones in the aftermath of overdose bereavement distinctly while closely noting that even in many places accredited and academic, the overdose focus is due to opioid or opioid plus other drugs in the causes of death statistics since 2017 (Van Horne et al., 2021).

The opioid epidemic in the United States has been reaching distinctive titles such as public health traumatization and is moving researchers in all areas to investigate, even individually the reasons for why this epidemic of overdose has so notably gotten out of hand (Brand, 2018; Brason et al., 2013). As the numbers grow, the intimidating total of 115 overdose deaths occurring in a single day makes the fight against opioids and overdose the most urgent health crisis in our time (Fraser & Plescia, 2019). Previous investigation into opioid's influence focuses more on the life and potential recovery of the addict and almost zero attention on the state of the loved one's surrounding them (Vincenzes et al., 2019). The history of opioid abuse and misuse moves from years of misrepresenting drug administration and ultimately became a recreational activity when users primarily sought means of consumption to get high (Brand, 2018). Brand (2018) stated poetically regarding addiction that it may imply physical dependence, but clarifies that alone, physical dependence does not inevitably imply addiction as this is a more complex issue that is wildly evaluated in literature.

Opioids have a multifaceted impact from the individual addict to the consequences experienced by family and loved ones because of opioid use (Vincenzes et al., 2019). Although distinguished for the data collection of this research pursuit, opioid is more than casually the titled and interchangeable title drug used when speaking of overdose deaths, especially within the last handful of years (Van Horne et al., 2021). This notion of opioid presence in the overwhelming majority, as is to say that not all may be certain with the slightest probability of course, that opioid presences is not just a subcategory of overdose death anymore, but the titled cause now joined with such a cause of death even as more specificity in toxicology reports prove an expansion of polysubstance variations (Van Horne et al., 2021). Epidemically noted, opioids are the poster drug or primary presence in additional polysubstance overdose deaths and are statically linked to the fueled increase of death numbers within this nation (Van Horne et al., 2021). This means, to refresh in additional perspective that this paper seeks to address, that those numbers however changing, are nothing compared to those impacted by the life and bereavement of one whom succumbs to overdose, being multiplied by upwards of six within the deceased's sphere of influence (Kropf & Jones, 2014; Van Horne et al., 2021).

Some literature review has noted that their data yielded evidence that elementary age children have admitted to having used addictive substances at least once so far in their life (Büyüköztürk et al., 2019). Whether accessible from the family unit or community, the clock begins on many of these individual's lives and too often runs out when overdose is the tragic end to their story rather than addiction recovery. Unfortunately, too often programs seek to speak at and educate the current addicts but are not reaching those within the addict's family unit or sphere of influence who end up suffering vicariously or secondhand stress as they watch their loved one's combat addiction (Büyüköztürk et al., 2019). Close family and loved ones

surrounding people with drug addiction are known and reported to suffer severe stress-related symptoms not just limited to psychological and emotional but branching out to mean familial risk or conflicts, financial problems, or other types of family discord (Bottomley et al., 2023; Copello et al., 2009).

The body of research to review currently focusing on family members and the impact of addiction on them is finally increasing, yet not growing in variation of characteristics of discussion (Edwards et al., 2018). In addition to far-reaching and multicultural discussion of substance abuse, the stigmatization still seems to fall on the families when there are still such insufficient mental health resources for addicts and families impacted by substances abuse and sudden overdose loss (Laboy-García et al., 2016). The reiteration of evident negative effect addiction has on families and friends does not venture far to break down the needs of these individuals because often their experience is lumped in as only resulted ramification of failures or successes in the life, recovery, or death of the addict (Edwards et al., 2018).

The likelihood of death by overdose is the unfortunately increasing ending to the disastrous path that is addiction (Titlestad et al., 2020). There is a distorted sense of responsibility to the decease when the death is so abrupt, unexplained, or perhaps accidental which is the case often with overdose (Cerel et al., 2009). Astramovich and Hoskins (2013) reiterated that in the field of addiction counselors needed to be expectant of the need for new intervention development and research evaluation expansion. Unfortunately, this has not been the case these years past as the gap in literature is not simply a road missing certain stepping-stone, but rather a chasm of untouched considerations or possibilities for the impact of addiction to cause secondary trauma in loved ones additionally influencing their grief due to the nature of overdose bereavement. As drug related grief and bereavement trauma presents as an intensified

and multi-dimensional circumstance to process there is practically no understanding or discussion in literature to fortify or equip counseling professionals beforehand with enough practical tools for the needs of overdose bereaved grief recovery (Wojtkowiak et al., 2019).

Grief

Although a facet of life for all, grief is a relatively new and increasing area of study with attention being paid to differentiate the symptoms, exposure, and responses to how people experience grief individually as well as the variations of grief exposure from natural to perhaps traumatic bereavement (Drescher & Foy, 2010). Bereavement impacts human functioning and can disrupt physical health (Dyer & Hagedorn, 2013). Research demonstrates that holistically the cognitive, emotional, and behavioral effects of bereavement can be debilitating without consideration to additional strain from any traumatic characteristics of the loss endured (Dyer & Hagedorn, 2013). Known researcher Dr. Kübler-Ross explained the familiar five-stage model of grief used often as a platform for bereavement work still helpful today to aid the discussion of one's feelings after losing a loved one (Jen Der Pan et al., 2014). Included stages being anger, denial, bargaining, depression and acceptance, these stages are frame worked to guide, not necessarily declare the only variations of emotional reactions, however they help many people as the field of bereavement, grief and grief trauma are relatively new in psychological trauma counseling (Jen Der Pan et al., 2014).

The grief journey is a process so frequently experienced by people but is also often neglected in healing. The trauma of loss results in a grieving response associated with the traumatic death experience (Hays & Erford, 2014). In one previous study reviewed, the researchers evaluate ways in which complicating grief made survivors avoidant and prove other negative behaviors in response to loss (Baker et al., 2016). People cope with grief and personal

loss in a variety of ways and individual expression (Drescher & Foy, 2010). Often the isolation after a traumatic loss is due to the feeling of misunderstanding and being alone. These survivors think that no one understands how they feel. This feeling is felt in increase when survivors of opioid death and overdose are restricted in unpacking their grief because of the nature of the loss of their loved one (Hibberd et al., 2010). Complicated grief is an extenuated part of the reaction for many individuals after suffering a traumatic loss (Fields et al., 2018). One study stated that traumatic grief differs crucially from generalized grief due to the presences of Posttraumatic Stress symptoms (Cohen et al., 2006).

Another study reviewed suggests that in working with complicated grief trauma, the unique idea to establish a new normal should be the primary treatment focus (Fields et al., 2018). The impact of grief trauma is summarized in previous study to greatly decrease productivity in the bereaved as well as influence increasing health problems (Disley et al., 2014; Vincenzes et al., 2019). Studies have concluded that the nature of the loss of a loved one does impact the psychological symptoms for the survivors. Few models of bereavement include evaluation of experiences focused as an extension of the stigmatized topic of addiction (Corden & Hirst, 2013). Violent and traumatic circumstances or events surrounding or being the cause of death of a loved one is a significant risk factor for prolonged grief disorder in the bereaved (Boelen et al., 2015). This comprehension would launch discussion for further research to fill in gaps with those survivors of opioid bereaved and traumatic grief due to overdose. Grief, traumatic grief even, can impair functioning of an individual's emotional, behavioral, and cognitive status (Altmaier, 2011).

It is known that unnatural causes of death leaving loved ones with levels of traumatic grief are often felt with stigma (Drabwell et al., 2020). Research evaluation is most recently

discovering that violent losses or a traumatic death of a loved one can lead to a multitude of debilitating symptoms of emotional distress (Boelen et al., 2015). There is a stigma associated with certain types of bereavement such as suicide from addiction, overdose and opioid or other drug related circumstances surrounding the traumatic loss (Tal et al., 2017). It is even more isolating when grieving the loss of a loved one to overdose. This realm of grief is already painful enough without being rooted in such a stigmatized lifestyle of addiction. Grief is one human experience that no two people share the same (Gonzalez & Bell, 2016). Opioid and drug related bereavement adds a multilayer of isolation to an already lonely journey through healing and recovery. In previous review many candidates discuss the isolation and feeling of unresolved anxiety with their grief (Talebreza-May, 2015).

As some research suggest potential timelines for grief recovery, most note that it is unlikely for a definite application of grief processing to be universal to all respondents and bereaved participants (Comans et al., 2013). Some studies suggest the investigation of influences in one's grief journey from number of previous losses to the manner of bereavement, as narrowed for this current study's design, to be where the future of discussion may find useful and more specific data understanding people's emotions and symptomatology when adjusting to loss (Castro & Rocha, 2013). The conversations around grief timelines encourages the idealistic hope that over successful adaptation of one's life after the loss of their loved one, that grief and traumatic bereavement can be managed and even leave families or loved ones free of symptoms that leave them burdened with diagnosable criteria invading their lives forward (Linde et al., 2017). Previous literature touches on grief theory's take on recovery from loss but is still developing perspective for traumatic grief or traumatic loss experiences like that of suicide or sudden death due to overdose (Jen Der Pan et al., 2014).

As overdose and addiction in and of themselves carry trauma, vicarious or personal, as well as aggressive stigma this study saw a gap in literature when growth of grief trauma related to the loss of a loved one, previously suffering with addiction, overdoses and dies. The lack of resolution and specificity of the death impacts a circle around the decease up to six per person lost proving that the suffering population that is left behind is not only wider than initially assumed, but also unsupported by foundational research much less community resources. The purpose in understanding grief trauma with survivors of overdose will allow counselors and researchers to facilitate healing and hope focused growth, not only meeting to mend the loss of the bereaved (Altmaier, 2011). If advancement is to be made for both development of intervention for the complexities of trauma than researchers and therapeutic professionals must creatively discern and actively seek to ask questions, validate survivors, and facilitated the discussion of trauma and trauma related needs that are caveats within the current literature review.

Facilitating Trauma Discussion

Trauma is a growing field for the perspective of training up professionals, researchers and the literature used to teach and train up those who can aid a hurt that people have experienced since the beginning. Because therapeutic research is still growing in the ways the counseling profession understands how people experience, respond, and grow from their own trauma experiences, the requirement to be in constant pursuit of the unknowns should be the norm. Giving a voice to the community impacted directly from overdose bereavement, and validating the opioid epidemic as a collective trauma further than just suggested notation in gapping literature review requires analysis and statistical pursuit (Brand, 2018). This is not however the case as we are seeing in the literature and in the clear unpreparedness to lead or engage broken

people with applicable intervention strategies. Research has stalled in its pursuit of meeting the needs of people where they are and is stuck bringing repetitive validation to overflowing areas of trauma diagnosis and intervention care all while avoiding going deeper and investigating the specified unmet needs that are distinctively right before our eyes (Arıdağ & Ermumcu, 2017; Matthews et al., 2012).

Researchers cannot stop understanding and engaging those suffering with variations of trauma that may expose needs unmet or complicated overlap that have not yet been paired with individual diagnosis thus not ever considered for multifaceted intervention development (June & Black, 2011; Templeton et al., 2017). Stigmatized and often unrecognized, the facilitation of aiding those left in the wake of complicated and traumatic loss is left to the counseling professionals and dedicate researchers asking the questions and engaging survivors of loss to broaden empirical understanding for future therapeutic development (Cisney & Ellers, n.d.). The current study seeks to take the chance with the new discussion of weaving together the structured and unstructured ideals for qualitative data collection with the perspective that utilizing interwoven or overlapping approaches will rather yield fuller results aiding to the literature gaps and not the often assumed messy or incoherent collection of response which fearfully stops more research ideas than it ignites. Although it is mentioned in recent years by Weller et al. (2018) that open-ended questions prove inefficient due to characteristics such as poor data yield and lack of prompting making way for depth of a respondent's answer, there is merit in the strategically woven facilitation of semi-structured interviews. This process proves the most receptive for areas of counseling research pursuit that work with and intend to engage vulnerable and trauma populations to understand, develop and meet the needs of hurting individuals (Weller et al., 2018).

The provocatively created and innovative practice of taking both structured and unstructured interview practice for a proactive tool to elicit crucial information from participants of future study is a tool that is enthusiastically sought for such areas of review like grief trauma or specified bereavement (Grim et al., 2006). Taking an innovative application like Grim et al.'s (2006) quanti-qualitative methodology discussion in their article presents influences in the field of Traumatology, the multifaceted interview tactics may in fact not lead to chaos in data collection as previously thought to do. Considering that the growing field of trauma requires professional and researchers to begin to take chosen tools woven together to meet the needs by so many lost in the gaps of unconsidered variations of needs. It stands to reason that the best way to continue to grow is to in fact be engaging and refining ways to not simply place trauma victims under the umbrella of a limited selection of care assuming a breakdown of categories of counseling care would break down validity, but notice the interwoven aspects of layering areas of trauma that individuals experience and account for the developing needs of subcategories of broken people who require research to keep up with bridging gaps in literature and in recovery intervention (Cosden et al., 2016; Sharma et al., 2019).

Current World Influence

The nature of research as of late cannot be launched, founded, or intentionally explored without the consideration of the current climate impacting the wide world including all rippling effects of the late 2019 to 2020 global pandemic due to the ramifications in context of the COVID-19 virus (Upadhyay & Lipkovich, 2020). The disadvantages of gaps and chasms within literature review are far reaching and the potential influential facets or attributions of trauma, addiction increase and ever updating overdose numbers climbing due to the psychological impact of the detrimental blows to mental health accumulated throughout and, in the wake of the 2020

pandemic (Upadhyay & Lipkovich, 2020). The continuous impact of the novel coronavirus or COVID-19 pandemic, calls researchers to take note of the unknowns and the impact of the strain to be in addition to but not as empirically overshadowing to theoretical applications at this time, as daily life has and continues to change and even more strange, tries to change back (Fisher, 2020). However, it is an ever changing and new venture with CDC regulations, government mandates and strain on emotional resilience that the current influence of the global 'new normal' that has impacted not only psychological research pursuit but all areas of intervention exploration. It must be notated if not respectfully granted its relevance with the understanding that the needs of those engaged within this research proposal were sought, designed for, and still existed prior to the impact of the global pandemic and thus require the same pursuit of investigation, assessment and therapeutic evaluation now more than perhaps before (Fisher, 2020).

An article recently published brought the discussion together of the overdose epidemic in frame with the COVID-19 pandemic and suspected that with suggested rolling comparisons that in 2020, the overdose report data showed a severe increase of fatal overdoses by over 11% from the previous year's climb (Niles et al., 2021). The current convergence of this global pandemic is worth understanding if for only the added drive for the importance of the current researcher's pursuit in this proposal as the lack of intervention strategies tending to the bereaved population of loved ones of overdose have been an existing gap in both therapeutic development and an evaluated vacancy in current literature (Niles et al., 2021). The relative literature is limited as the discussion of the pandemic's influence is just recently evaluated in narrow fields for generalize application and relevance, the constant nature of research is its growing and flourishing discussion and pursuit (Niles et al., 2021; Palumbo & Holmes, 2019). The COVID-19 global

health crisis has additionally influenced and altered individual grief as well as the family and community grieving process (Fisher, 2020). Such considerations will be beneficial for the future research development of that which this proposal will highlight, assess, and elevate in regard to the parameters of need of those left in the traumatic wake of overdose bereavement.

Theoretical Value

As the steady increase of deaths from drug overdose climbs and is replaced by recent revisions of continuous data collection, the overdose related deaths in the United States have continued to grow from the 5% increase noted in a 2019 review with the authors also noting that within the first half of 2020 the agreed upon speculation surrounding overdose related deaths will be the highest ever seen (Aadil & Ameer, 2021). This data and discussion consider statistical increases prior to the influential and detrimental trauma surrounding the global pandemic and the personal, social, and communal constructs which left its own psychological stain upon mental health in general (Aadil & Ameer, 2021). The response to the crisis has not only begun to get comfortable in the backseat where it was placed in order of priority the last year and a half, it requires researchers and counseling professionals to engage and explore the needs of those left in the wake of such a traumatic death. It is not simply the detriment of losing individuals to overdose death as a slow tally of loss in the war on drugs, but this crisis must extend its observation and compassion to the sphere of influences that those individuals suffering with addiction impact whether family or loved ones because those are the ones left with unmet needs in the aftermath of overdose bereavement.

This researcher sought to address the multiplied population's lacking, intentionally engage their stories and assess the ways in which such platforms and continued research development can meet the needs of those dealing with traumatic and complicated grief in a

stigmatized loss of a loved one whom they loved and often cared for in life as they battled life with addiction (Germain et al., 2013). Such influences of exhaustion, exposure or lingering burden of guilt are many of the potential characteristics that may be unearthed or potentially noted in the exploratory interview process. Open-ended prompts carefully and openly allow for a safe relationship rapport as well as a place for distinctive and beneficial information can accumulate to prove that the parameters of needs for this population of people requires specific attention and counseling intervention that is not addressed in the current literature (Newsom et al., 2016; Rice, 2015).

Survivors

Living with and loving an addict is quite the responsibility to the positive outcome of the hardship that addict's face their entire life. The pressure to be engaged, educated, available and understanding is overwhelming to those loving someone through addiction. Families are the often the most intimate and influence ties within human connection as well as friendships or partnership that bond through hardship and work to maintain stability when substance abuse threatens to disrupt relationships (Schäfer, 2011). Literature today is not only scarce in review of the impact of overdose deaths in general but are also limited to geographic review or consideration like da Silva's earlier discussion with colleagues seeking to begin a qualitative conversation in Brazil back in 2007 (da Silva et al., 2007). And although a pilot study, their analysis concluded what is still clear today, that literature is lacking in seeking and understanding the survivors of overdose and their needs during such traumatic grief, including psychological distress carried over from living life alongside a drug addict (da Silva et al., 2007, 2019).

Authors present in research review that often times families, in some cases can be close loved ones as well as blood relations, are not successful in compartmentalizing or setting boundaries for protection from the exposure of weighted influences the struggle of substance dependency has on the life of an addict and this failure to disentangle themselves from their loved one's suffering could remain their burden in the wake of their loved one's overdose and death (da Silva et al., 2019). As family and friends are faced with their loss, many are hyper aware of the abuse of relationship or secondary exposure they carried on after their loved one's death because of their survival, relationship or the questions of accommodation and guilt in the role they played in their loved one's battle with addiction (Glauser, 2014). There is also such a pressure to be the savior and anchor within a homestead if you have a loved one suffering from opioid addiction. One study underlines that family members and loved ones such as friends of addicts often suffer due to the poor quality of support available to them if any is available at all (Templeton, 2009). Friends and loved ones of addicts are indeed affected physically, sometimes financially and most importantly emotionally and psychologically throughout the life and journey loving a victim of opioid addiction.

Harmful substance abuse is emphasized in literature to be linked to poor family function and influences levels of resiliency in familial psychological health (Arıdağ & Ermumcu, 2017). This inclination bars investigation as those friends and family members surrounding addicts are at risk for suffrage due to their grief in the isolated aftermath after an overdose. There are complicated facets to survival of overdose deaths as they are a traumatic loss and include prolonged and intense levels of emotional distress, anger, and lack of understanding (Cerel et al., 2009). Although this present exposure is sprinkled throughout literary discussion as an added consideration, the focus of this study is to zero in on the ways in which healing and recovery can

be offered to a forgotten group of caregivers left in grief. Research labels addiction as a family disease that impacts both the individuals in the family unit and the function of the family dynamic in quite a negative way (Roth, 2010). Throughout research discussion and literature review studies align by saying that families and support systems are important in recovery of addiction (Gruber & Taylor, 2006). Supporting family members within the context of addiction treatment and rehabilitation has proven to be well received however, this is limited because once the loss of the addict to overdose occurs there is no longer resources outside of treatment facilities that cater to those affected by the life of the addict (Baharudin et al., 2014).

Prior research with grieving parents of overdose bereavement proved that simply talking about the circumstances and testimonial of their loved one's drug related death showed evidence of profound healing impact on the loved ones left behind (Feigelman et al., 2011). If the individual who died was a child leaving behind two grieving parents, the complexities of the parent's grief journey and recovery will be different from say a friend or sibling (Essakow & Miller, 2013). This relationship factor is an important notation to engage and articulate for personalized intervention development. The guilt of surviving a loved one's overdose is a specific grief journey that is often incredibly overwhelming to engage or address for the bereaved often leading to complicated grief symptoms left untreated or evaluated (Germain et al., 2013). There is insufficient discussion beyond the acknowledgement of all the stress, disorders, and other psychological add-ons that are suffered by or evaluated to be evident in the lives of those who have experienced a violent or extreme loss like overdose (Boelen et al., 2015). Research and literary discussion prove that in the wake of a violent loss, emotional distress is evidently increased with clear presence of other diagnostic stressors (Boelen et al., 2015). While this evidence piles to assert that there is clearly hurt and pain in the wake of a traumatic loss such

as overdose, research and literature drops off like a canyon when seeking to understand if the survivors of overdose are being pursued, engaged, or tended to. This is where this study desires to meet the gap and begin building bridges in research.

As research implications are navigated through gaps and canyons of lacking literature or refreshed advancement of clinical practice focused on overdose bereavement there are many authors who agree that as grief interventions have been shown to be positively effective for the growth of survivors of grief trauma that there should be intervention adaptation, development and continuing investigation into specific populations like those left in the wake of traumatic deaths such as overdose (Feigelman et al., 2020; Linde et al., 2017). Previous research reviewed the reality of violent death and the increased emphasis on the consequences for the approximately 30% Americans who have experienced such traumatic loss in their lifetime, with this number climbing annually (Norris, 1992). Reportedly almost all adults with substance abuse or underlining addiction disorders have in addition, reported histories of trauma or traumatic exposure (Cosden et al., 2016). This can be seen to parallel when connected to or related to someone suffering from opioid addiction (Holbeck, 2017). Unpacking a stigmatized loss such as overdose bereavement which is most reported is due to opioid abuse unifies those left in the wake of the loved one's death (Feigelman et al., 2011). The inconsistencies in the review of literature begin to prove that no one is pairing secondary trauma with the family unit alongside the traumatic exposure and death of an addict. Often when one experiences a traumatic death like that involving drug related circumstances, the survivors will elicit evidence of prolonged and rather profound impact (Neimeyer & Currier, 2009).

No one is reviewing or speaking with any other individual in the sphere of impact outside of parental roles in bereavement. There are at least hundreds of 'survivors' who are left in the

wake of substance deaths left behind to grieve make sense of the death (Cerel et al., 2009).

Mentioned in some review of literature, the meaning making facet that stares suicidally bereaved families and friends of overdose victims can be clouded by the feelings of shame, guilt, or weight of the stigma saturating addiction and overdose loss (Gall et al., 2014). The focus this study seeks to engage is proving the lack of resources, outlet, or care for all loved ones in the aftermath of an overdose bereavement of a loved one whom they have carried vicarious emotional weight during the life of their loved one's journey with addiction. One cannot love, care for, or live life alongside someone with addiction without some measurable evidence of impact or exposure. Families and those surrounding an individual with illness like addiction, or even broader, suffering the loss of the loved one by overdose bereavement, experience an array of secondary responses that require them to have a therapeutic space so they can be heard, and their needs met (da Silva et al., 2019).

Secondary Trauma

Trauma, as well as the posttraumatic reactions that are in addition to the experience, is a concrete and heavy concept even from the perspective of evaluation of counseling professionals (Cash & Weiner, 2006). If research literature is narrowly focused to dealing with the needs of professionals and working to strengthen the caregivers and therapeutic counselors with emotional support after death of a patient, then it is of no surprise that taking these same considerations, that grief does not discriminate, it can be presented that all individuals require bereavement intervention and arguably more so for those suffering traumatic grief (Keene et al., 2010). In addressing one of this study's research questions, caregivers are only recently getting the attention expanded beyond professional evaluation that originally held the discussion over secondary traumatization (Chan et al., 2017). Exposure to loss or grief, even if anticipated,

leaves measurable impression on those who suffer exposure, which until recently, was never applied or considered beyond professional roles such as first responders, crisis intervention, or therapeutic counselors as these professional caregivers so to speak are the ones receiving purposefully those with traumatic stories or circumstance (Chan et al., 2017).

Too often secondary trauma is applied and evaluated as a symptom of first responders and other crisis response professionals (Whitfield & Kanter, 2014). Whether from the medical field or under the counseling realm, most prevalent discussion of secondary trauma is reviewed from the position of a professional's overexposure to the clients, experiences, or events of their chosen field (Ewer et al., 2015). The term often is a bridge builder in understanding professional burnout due to the high volume of aggressive and extremely intimate exposure to the life and trauma of individuals they seek to aid or encounter (Ting et al., 2005). There is some review that suggests that a variable in determining the needs of the survivors of overdose bereavement depends on the relationship to the loved one lost (Hibberd et al., 2010).

The current diagnostic manual concludes that the legitimacy of secondary traumatic stress also distinguishes repeated or extreme indirect exposure to aversive parts or details of an event or events continuing its narrowed definition to apply to professional action or duties in extreme circumstances or interventions (APA, 2013). This also is very applicable to those in and around the life of an addict as well. Secondary traumatization can be seen in individuals who suffer trauma in a variety of symptoms ranging from negative moods, irritating intrusive thoughts or dreams leading to sleep disturbances, hyper-arousal unprovoked and avoidance of once appreciated or endearing people, places, or things (Weitkamp et al., 2014). The literature focuses this analysis primarily on the acknowledgement and assessment for professionals of trauma with the hope to maintain the first defense servants of the counseling profession.

However, as often are unseen, familial or close loved ones are the true first-line of aid or exposure to troubled individuals, thus leading this study to engage and understand the needs of those in the aftermath of overdose bereavement.

In one case study it states again how the loss of a loved one, particularly a violent or traumatic death, will leave the surviving friends and family members with a whole host of negative emotional and psychological outcomes (Hibberd et al., 2010). Some of these reactions included prolonged grief response, depressive symptoms and even PTSD (Hibberd et al., 2010). Additional studies looking at the suicidal variation of bereavement shows evident of correlation that friends and family left behind by suicide are showing increased physical disorders which can be linked to the decrease in lifestyle or quality of life in the wake of traumatic grief (Andriessen et al., 2019). Utilizing this same definition but instead of it being for the professional line of duty, the position of close friends and family are almost more susceptible to such repeated exposure considering many loved ones live under the same roof as the addict (Ewer et al., 2015).

Related discussion on evaluations of secondary stress symptoms and the facets that detail its impact is applicable not only to the counseling professionals or trauma exposed professionals as previously, and limitedly, considered. The same research describing the failures to aid in the predictive steps or pieces that lead professionals to show signs of secondary traumatic stress and the like are also easily transferable to the friend, family or loved one of an addict when dealing with overdose bereavement (Orrù et al., 2021; Weitkamp et al., 2014). Exposure to an individual's death in addition to emotional exhaustion and stress provides transferable evidence worth discussing that for the failure of aiding those within the sphere of influence of a loved one lost to an overdose. With researchers evaluating the failure to provide intervention for the positively predicted development of secondary traumatization with no positive protection evident

when considering professionals, there is clearly more evidence here for the lack of extension of this same desire for investigation of needs for people in the wake of traumatic grief such as overdose (Orrù et al., 2021). The greater context for this researcher's proposal seeks to advance the exploration of those exposed to a loved one's overdose death and emotional trauma noting that the current literature and drive in the trauma field is failing to aid those in the sphere of influence of an addict with the hope that the evaluation of needs will illuminate the overlapping constructs and grief variation of overdose bereavement to develop and engage an unmet population of hurting individuals (Orrù et al., 2021).

The repeated frustration in the review of literature is the common theme that literature notes too often how little is known about treatment for those within substance or addiction programs, or additionally the mental health of the professionals who work with and around these individuals (Cosden et al., 2016). With little to no review of the needs or perspectives for even therapeutic professionals in this realm, it stands to prove the evidence for the extended gap of reach of those outside of the counseling profession, whether friends or family left behind in the wake of overdose bereavement who lived, loved, and cared alongside the now deceased addict have had zero attention to their needs (Cosden et al., 2016). This study's desire to meet, engage and establish the foundational pursuit towards aiding, healing, and equipping the specific traumatic grief survivors of overdose bereavement will not only prove successful for the recovery of those left in this stigmatized limbo but will call to the forefront fuller discussion, depth of review and further research intervention development for individuals and families who live broken in the aftermath of a loved one's overdose death. There is eager curiosity to hypothesize also that attending to this population of unmet survivors of overdose grief trauma,

vicarious influences collected during the life of the addict will prove present and possibly influential in the way this population grieves.

Practical Value

Forgotten Grief

Forgotten grief is those who are no longer given recovery or aid from or for addiction discussion or addiction influenced hurts and exposure because all resources stop for families and friends of addicts when the addicts die. Often labeled as suicide, intentional or accidental, overdose bereavement is noted throughout literature as being the place where the clear gap in literature lies and not simply in one variation of intervention (Cacciatore et al., 2013). Those resources were just a contingency of the rehabilitation of the addict through the overarching war on opioids and overdose. No one is following up with the exposure trauma for those alongside an addict after overdose when there is zero resolve in the face of this stigmatizes and very isolating grief trauma that individuals enter already carrying the vicarious weight and trauma of life alongside their loved one's struggles (Valentine et al., 2016). Improving the practical values in overdose bereavement research, intervention creation and supporting this very personal grief narrative requires research to explore and protect against the risk factors associated with the grief trajectory of those grappling with the loss of a loved one to their addiction (Burke et al., 2014). Therapeutic discussion is always proactively campaigning for the practice of familial support when the stress and strain of addiction causes fracturing within relationships even prior to the onset of grief from overdose bereavement when the loved one loses their battle with opioids (Orford et al., 2010).

Group Support

As it is statistically known that at least six individuals are impacted by the loss of an individual to overdose, this grief is both individual as it is communal (Kropf & Jones, 2014). When a traumatic loss occurs, there is an immediate need for meaning making in the stress of the bereavement (Drescher & Foy, 2010). An individual's self-esteem is shaken when traumatic events such as a loved one's death is exacerbated by its lifelong circumstance leading up to it (Horowitz, 2015). Picking through the limited groundwork laid by current studies within the literature reviewed, evaluating healing trajectories suggest the proof that people do better with outlets for grief recovery when given opportunity guided or provided, to speak about their experience with overdose bereavement of an individual close to them (Feigelman et al., 2020). However, limited by the common theme of previous researchers tending to look no further than the parents of an addict, and the impact of drug related deaths (overdose) on the emotional and mental stability of the individual requires attention (Titlestad et al., 2020). Titlestad and colleagues do assert that efforts to create or organize support groups for the specific sub-category of drug bereavement would be a beneficial intervention strategy in addition to other therapeutic tools (Titlestad et al., 2020).

Detachment, isolation, or avoidance can be common responses to loss thus the need for connection for those suffering such complicated grief is crucial. Group support or recovery, even for those left behind and connected by the loved one lost, lack developed resources in practice as well as current study that must be addressed for the long-term healing like the bereaved individual's ability to readjust (Baker et al., 2016). These friends and family require a continual resource and fellowship capability in the aftermath of overdose bereavement. Not only is the experience and daily traumatic exposure unimaginable to those outside the circle or household of

an addict, but that vicarious traumatization is brought into the surviving loved one's grief process and healing journey. Having the ability and understanding to grieve a loss in a healthy way is important for the emotional well-being of the bereaved (Furr et al., 2015).

The literature discusses the advantages of group settings in trauma support as well as grief support scenarios (Jacobs et al., 2015). Studies have proven that more than 50% of traumatically bereaved parents declared that they benefited from counseling following a traumatic loss (Cacciatore et al., 2013). There is critical need of social support to promote a healthy recovery and grief journey following a stressful life crisis such as losing a loved one to opioid-related circumstances and overdose (Drescher & Foy, 2010). Stebbins aligns with other limited considerations on the topics of grief group recovery as stated in an article from 2015 that he believes that community is an undervalued aspect of bereavement and grief support experience. Families of addicts receive limited if any support themselves perhaps due to their often-peripheral placement in the rehabilitation journey of their loved one suffering addiction and thus are left with a fraying connection to support when their loved one dies of an overdose (Copello et al., 2009). Currently, research restates again and again that there is a lack of evidence to better develop or even allocate programs for bereavement survivors and even less discussion to develop community resources for a support capacity (Aoun et al., 2015).

Grief therapies are limited in their usages in sub-categorical application and should therefore adapt and evaluate unmet populations such as those in the traumatic aftermath of overdose bereavement (Linde et al., 2017). For instances, only recently have facilitated support and recovery - resources began dividing their discussion groups into similar bereavements both for the purposes of population control but more keenly observed, to better the discussion for the survivors of specific loss. The initial experience aiding in the enthusiasm of this study came from

observation of beneficial sub-categorical support and recovery grief groups which granted the attendees the option to meet with those suffering similar deaths (e.g., loss of parent, loss of child, loss of loved one by drug or alcohol related circumstance, etc.). This break out group style illuminated the increased population of those left behind after overdose bereavement as well as collected a rise of questions and unmet needs that were present for individuals with varying timelines of traumatic grief (Andriessen et al., 2019). As proactive family engagement has proven positive for recovery and support with addict's health and recovery process, when the loss of the loved one to overdose occurs it leave families in limbo and without direction (Bradshaw et al., 2016).

This author's present research design proposal seeks to evaluate and suggest that perhaps continued participation in multifamily group support such as was limited, yet perhaps available, will lead to positive effects as seen during the life of the addict (Bradshaw et al., 2016). Previously discussed, this group support association is shown utilized through grief trauma notably (Scott & Wolfe, 2015) and will also be addressed as this current research proposal seeks to use the strength of these literature foundations as tools to bridge the gap in research, which fails to explore or engage those left in the fog and limbo of overdose bereavement (Tal et al., 2017). Woven with specialized addiction discussion and intervention by the hope-focused outcomes of this current qualitative study's exploration, unpacking and assessing the parameters of need from this unmet population in the wake of overdose bereavement, therapeutic practice could begin developing helpful intervention and ignite the counseling professionals a clear directive for families and friends carrying the complexities of addiction's vicarious exposure into their traumatic, stigmatized grief journey (Bradshaw et al., 2016).

Counselor's Role

The push for advancement in research and discussion is not just for the bereaved but yields critical consideration and practical opportunity for the counseling professional. Working with trauma survivors can be an intimidating combination of vicarious exposure as well as incredible satisfactory healing through well-maintained therapeutic relationships (Briere & Scott, 2015). Grief trauma is a growing specification that not many are equipped or prepared to understand much less investigate, create, or understand deeper for the purpose of filling gaps in literature, growing therapeutic intervention, or developing proactive engagement. Growth and healing cannot happen until counseling professional are equipped and facilitators are educated better than the current realities of multicultural competency (Ober et al., 2012). Regarding addiction-related losses, some notions in literature discussion suggest that professional aid would benefit those dealing with grief associated with addiction and overdose (Dayton, 2005). The literature review proves inconsistencies with the follow-up or continual support of families and friends of addicts especially after the loved one is lost due to an overdose (Roth, 2010).

Research makes vague notation in some participants review that family members, while within a limited discussion with a rehabilitation counselor when their loved one was alive was seen as useful, it also makes mention of the short-lived usefulness throughout a very vulnerable process (Baharudin et al., 2014). The current quality of literature and research studies assessing faces of bereavement is weak (Andriessen et al., 2019). Research is most often concluding the same future considerations, which invite other scientific researchers, and therapeutic intervention development to consider more patient-centered approaches to bereavement and grief aid (Enez, 2018). This misconception that the need for fellowship, support or community resources disappears when the addict dies is one of many case points for research to be conducted with this

population sample. Studies unanimously discuss that trauma and stress experience are at a terrifying increased proportion in the country today, nearing the highest ever (Everly & Lating, 2013).

Evaluating the needs of this population of people in need allows for the advancement and education of specified counseling professionals in both addiction centers and grief trauma with the intention of developing therapeutic tools applicable for healing in the face of such traumatic loss (Astramovich & Hoskins, 2013). The few previous studies although lacking in their completion of inquiry to this specific population of bereaved individuals, do support the need to develop specialized support for the emotional health of people in the wake of such traumatic grief (Gall et al., 2014). Grief at the core is an experience all share with cultural concepts of mourning or expression of this grief that is to be considered for the counseling professional to best serve bereaved people as the act of grieving is a personal process (Groot-Alberts, 2012). As research pursuits seek to engage a vulnerable population of grieving people, the integrity of therapeutic connection for practitioners is crucial to assess, engage and understand what these hurting people need so that creative intervention, tools, and counsel is tailored to the previously unmet needs (Groot-Alberts, 2012). Specific interventions then hopefully can be developed and tailored to the family, friends and loved ones left behind who desire to heal (van Wormer, 2008). Not only are the developing styles of qualitative interviews changing the depth of data collecting for this methodology but also the assessment and interaction between the interviewer and interviewee almost act as an additional tool to successfully gather results with validity without manipulation the data for desired outcomes (Paraskevopoulou-Kollia, 2019).

Entwined Methodology

Regarding the practice of the study's design methodology, there is still limited research prove the benefits of using rigorously developed intermingled aspects of both qualitative and quantitative styles of interview or survey style discussion prompting for purposes of accurate data collection. Employing qualitative interview methodology grants just as solid foundation as statistical comparison (Turk & Kalarchian, 2014). Personalizing a strong interview guide with vulnerable people who have much to teach us will openly allow the participant opportunities to feel welcomed to relay this intimate and vulnerable experience with overdose bereavement and feel seen to speak on their behalf through their grief that culturally is often stigmatized, unwelcomed, or isolating to recover from (Yeong et al., 2018).

With the availability to engage both in-person and potentially the digital-video platform for inclusive interviews with a diverse sample or research participants, the woven methods of conducting the interviews for the purpose of the current research will allow for expanded inclusivity both in the current global health climate as well as for the connection that many online platforms use for subcategory grief groups such as those dealing with addiction and overdose losses (Upadhyay & Lipkovich, 2020). The growing nature of online technologies seeking to achieve diverse collections of participants has strengthened and contributed to recent research findings especially with qualitative research methods thus strengthening the practical nature of the growing research field (Upadhyay & Lipkovich, 2020). Understanding emotional distress and intrusive symptoms are aided through limited literature by the developing inquiries used in interview and survey techniques to understand grief and trauma responses (Boelen & Smid, 2017).

Putting into practice within the realm of traumatology, as there is a greater chance that as this growing field is based on **the multifacetedness of** the exposure and the individual's response to such exposure than it would stand to reason that to best meet this population of hurting people where they are, counseling professionals and therapeutic researchers need to be proactively developing interwoven intervention strategies that meet the complexity of specified trauma recovery (Grim et al., 2006; Roberts, 2020). The population sought for this current study exemplifies the layered needs by hinting the perceived influences of secondary trauma carried into their grief journey all commonly connected to the realm of addiction (Ting et al., 2005).

The pursuit of this study was to begin laying the foundational pieces, brick by brick as you will, beginning with engaging those who have suffered the loss of a loved one by overdose while considering the lingering influences and exposures that the life of loving someone with addiction or opioid influence prove present within their current traumatic grief. The best ways to meet the complexities of these individuals even for data collection is to be as fiercely complex with the approach in the interview setting (Grim et al., 2006). With previous limitation on methodological design for evaluating secondary traumatic stress, the push to put into practice various qualitative steppingstones using stylized questions based in secondary traumatization evaluation will be crucial for the development of intervention in the field of Traumatology (Misouridou, 2016). This practice will add to the positive evidence for interwoven interview practice and prove in addition to the unmet needs of this bereaved population, that the practice proves positive for researchers and counseling professionals and will encourage fortified and carefully considered pairing of intervention techniques if for nowhere else that the area of trauma (Andriessen et al., 2019; Cohen et al., 2006; Grim et al., 2006).

Creating Advocates

Seeking to meet and unearth the needs of this specified population of left behind individuals in the wake of an increasingly occurring death, engaging survivors of overdose bereavement will prove to not only heal a vast majority of those impacted throughout every community, but will in turn provide advocates against the opioid crisis (Vincenzenes et al., 2019). Hope is the goal for launching both the exploration of this study's purpose and the realistic expectation of change and healing occurring in the lives of the bereaved (Hanna & Cardona, 2013). Assessing the level of resiliency of those mourning their loved one's stigmatized and often traumatic death will allow for a foundation to grow, create, and develop means and research benefitting complicated grief symptoms, traumatic exposure and grow bereavement research as this qualitative study engages those grieving their loved one's life of addiction and loss due to overdose (Burke et al., 2014). Applying knowledge already established yet restricted in its practical application as well as literature expansion, the current study hopes to prompt the engagement and further intentional discussion and development for those friends and families suffering overdose bereavement with assessment and evaluation used for our own responders and trauma professionals as their traumatic grief experiences prove to present the same needs in the aftermath of this sudden loss of a beloved (Berg et al., 2016).

Studying the context of emerging topics is a procedure that is applicable to the current unknown and scarcely reviewed space in literature which is focusing on those who are hurting with such grief trauma after a loved one's overdose (Turk & Kalarchian, 2014). Current research proves applicable to this space in ways that are adaptable and yet there is almost zero implementation or engagement of this specified bereaved population thus stalling any ability to advance intervention development, support, or advocacy for addiction (Turk & Kalarchian,

2014). As limited as evaluation of a few communities-based intervention programs have reviewed, geographically for instance, there is great need to create and ignite a company of healing. Understanding research-based assessment will not only benefit for multicultural integrity of a very stigmatized grief area of study but provides professional practice to launch additional empirical variations into the parameters of need to overdose bereavement (Comans et al., 2013).

Summary

There were gaps to be filled in the literature, which evaluated and presented little of the needs of this population of bereaved survivors. As deaths skyrocket daily due to opioids and polysubstance overdose, these people leave behind almost triple the numbers of loved ones affected with unimaginable trauma. This study sought to engage the parameters of need for loved ones of addicts following overdose bereavement. This qualitative study pursued the needs of those under the stigmatized bereavement of losing a loved one to overdose or overdose related circumstances most prevalently connected to a previous life of addiction. Although the term addict or addiction overdose is a broad evaluation the narrowing focus of opioid overdose, the variety of empirical and polysubstance influenced overdose deaths the most prevalent in research today are focused on opioid influence. This notation is to add advance clarity to the literature review, which is chosen for both its framework and noticeable gaps of care or focus of needs for those in and around an addict's sphere of influence (Van Horne et al., 2021). Although the increasing deaths due to opioids and overdose climb, researchers continue to resound with the sentiments that there is quite a sizeable extent to improve understanding and knowledge base in this area (Disley et al., 2014). Much of the literary discussion is focused on the ways friends and family members in the life of an addict can aid, educate, or engage in recovery during the life of

the addicted loved one rather than how to support or engage the family members after an addict dies from overdose (Bradshaw et al., 2016).

The literature reviewed and collected for the purposes of this design proves the presence of gapping inconsistencies with any follow-up or continual support of families and friends of addicts especially after the addict overdoses (Roth, 2010). With the almost non-existent momentum in such empirical research review, engaging or creating ways to meet the needs of mourner's experience with drug-related grief these friends, family and loved ones are left unknown with grief trauma and residual fatigue from both the life and extreme loss of their loved one (Feigelman et al., 2020). Current discussion is showing scarce or timid pursuit of crucial questions, needs or considerations for the mental health counsel, psychological needs, or traumatic grief of those individuals surrounding an addict throughout their life and is notably gapping in extension of intervention or direction for those within the intimate sphere of influence left in the emotional and traumatic wake of overdose bereavement. While reviewing the capability to expand strong evaluation and discussion into a population unmet, rarely has empirical or even discussion of future considerations done justice to reference friends and families within of the realm of addiction as anything other than a footnote in research summation of a growing problem with an even faster growing population left behind as overflow in the observations of a critical epidemic (Holbeck, 2017). The illness of addiction is not just a problem of the addict but the impact of those in the addict's life and sphere of influence who are left without direction, empirical notation, research consideration or intervention development allowing them to be seen and known. Meeting the needs of this population of traumatically bereaved people not only will grant practical tools for psychological healing but will allow for crucial stepping stones to be laid in the pursuit of understanding the fullness and

multifacetedness of opioid addiction, the secondary nature of the exposure for those alongside their loved one suffering addiction and most importantly engage the left behind in the wake of their grief trauma to strengthen and improve the evident gaps in therapeutic practice (Linde et al., 2017).

Leaning into the creative next-steps of elevating grief counseling standards in traumatic grief care as well as working with the opioid crisis will strengthen and equip strong crisis intervention and move mental health professionals forward as they care for individuals and communities burdened by the layers of pain caused by the crisis of overdose deaths (Talebreza-May, 2015). The increase in complex grief review is easy to understand when there are many facets of bereavement left unattended to, understood or acknowledged as having a multifacetedness to them worthy of empirical pursuit. As Addiction is a case sensitive topic, the continuation of aftercare development to meet the needs of those suffering traumatic grief due to overdose related deaths is open for discussion (Brand, 2018; Holbeck, 2017). The benefits to positively engaging and healing these individuals with continued resources even after an addict passes address personal psychological distress such as unresolved guilt and grief all the way to creating compassionate survivors of traumatic death may turn brokenhearted families and friends into passionate advocates against the opioid crisis.

CHAPTER THREE: METHODS

Overview

The purpose of this exploratory non-experimental design for the bereaved population was to examine the activity (or proven lack of activity) of resources continuing to aid and engage friends and families of addicts after the traumatic loss of their loved one due to overdose. The war on drugs is never ending and it is yielding more horrific results than even before. Those nearest them experience the psychological trauma the life of an addict experiences as well. This secondary trauma is unresolved when the substance abuser overdoses and is suddenly no longer present. What is left for those who journeyed alongside their loved one and friend through addiction and recovery? This methodology reviewed and discussed the planning and preparation of this researcher's design to engage and hopefully assess the needs of an often very lonely and forgotten group of people with a very specific burden. The initial hope was to layer scientific procedure upon one another to bring a multifaceted approach to interview styled-survey research collection. Utilizing the population desired for study: Individuals suffering overdose related grief and bereavement as the case study population, the ability to consider future therapeutic development will be intrinsically fruitful.

Design

This qualitative exploration employed practical, probing, open-ended interview questions in the hopes of deepening individual narratives for gaining fuller evidence in pursuit of intervention development for the multifaceted needs of those who have experienced the loss of a loved one to overdose, considering the influences of secondary trauma brought unknowingly into their grief journey (Weller et al., 2018). The intricate design of this qualitative study teases similarities to an almost mixed-method design but is the case only due to the combination of both

interview prompts with request to rate survey strategies numerically after very clear open-ended inquiries which allow for the participants unfiltered testimonials making it qualitative in framework but suggests the smooth ability to quantify potential assessment later (Ponto, 2015). The design of the research pursuit is appropriate for the concerned population as it allows the participant the openness of their story for the absorption of unedited information for foundational pursuit of needs for the overdose bereaved. Seeking the parameters of need in those left-behind after the loss of a loved one due to overdose and opioid-related circumstances is a crucial population that must be met where they are or have ended up after suffering a sudden and traumatic loss of a loved one to overdose. Due to the sensitivity of stigmatized drug-related deaths and traumatic grief and seemingly lack of discussion and follow-up support, the primary concern for this bereaved population is assessment of need through interview facilitation as the primary tool (Paraskevopoulou-Kollia, 2019). To directly collect and assess the parameters of need of this subcategorized group of bereaved individuals, survey research questionnaires are the appropriate design for creating a foundational understanding and stronghold for therapeutic development.

The nature of qualitative methodology allows interview style discussion to be facilitated to include both unstructured introductory questions following with structured open-ended questions focused on the desired research inquiry but clear and flexible enough to allow the comfort and freedom of the participant to speak without being led by the researcher's desired response outcome (Roberts, 2020). The style of qualitative interview often desires a foundational interpersonal connection to guide the semi-structure prompts when evaluating things like meaning-making or understanding that the experiences are a privilege of the researcher who

collects the various individual perspectives in pursuit of understanding and creating ways to serve and help vulnerable populations of people (Roberts, 2020; Wojtkowiak et al., 2019).

Incorporating elements of qualitative structure or emphasis within qualitative interview it has growing potential to draw a fullness of knowledge to the discussion (Grim et al., 2006). This ability to facilitate in a qualitative fashion but with the added stronghold of strategically pinned framework that doesn't confuse mix-methodologies can in many ways allow for integration of survey style work previously verified empirically to benefit the open interview style of data collection with proper balance of quantitative elements (Grim et al., 2006). This newly explored practice has shown to enhance and benefit not just the analysis of the response facilitated but shows participant assessment to be more engaging and positive when taking advantage of designed naturally flowing interview facilitation for the purpose of gaining insight without losing validity to manipulation or researcher influence (Grim et al., 2006).

Such a practice is engaged with the probing aspect of the balanced open-ended style interview because naturally the topic at hand is of a subjective and specific nature requiring a preliminary qualification of this specific bereavement. In and of itself it begins with a requirement that hints at a quantitative characteristic although the process and design is primarily qualitative questionnaires facilitated through interview allowing perception and natural flow of personal testimony to not be limited. The shared experience of engaging individuals with strict, prepared integrative influence over the natural qualitative process allows the participant to feel both welcome to unpack their experience without feeling pressure to favor the unsaid need of the researcher and protects from the researcher's bias or manipulation of the final analysis (Grim et al., 2006).

Research Questions

This study begins addressing the gaps in literature by gathering data from individuals who have lost a loved one due to overdose. The study aims to introduce and address the following developing inquiries throughout qualitative interview discussion. Developing and refining research questions include:

1. What desired needs are not being met in the aftermath of opioid bereavement?
2. Is there evidence of secondary trauma procured from exposure to life with a loved one suffering from addiction?
3. Do friends and family of opioid addicts and overdose grief suffer vicarious traumatization in the same way as professionals?
4. Were there substantial resources available for friends and families of addicts during the life of the now deceased loved one?
5. Would the bereaved engage and support specified continued resources for loved ones of addicts even after death?

Setting

The personal connections with multiple grief support groups and the planned recruitment through bridge building with addiction centers and limited bereavement community outreach, the goal will be to reach these participants under this specific characteristic and loss. As the ongoing influences of small businesses, crisis and regulations ever fluctuating due to the global health crisis, the distinction of interviews collected from each space will be noted but the researcher does not believe much influence of location will be evident other than the clear characteristic differences between all in person interviews and those engaged through the secondary online platform. For the context of this research, the downtown area of Louisville, Kentucky is the

defined 'localized area' as it resides buffering the communities in and around the Kentucky and Indiana border. Being near various recovery centers and easily accessible for serious respondents, this individualized space was chosen as it takes both the current health climate as well as the vulnerability of responding participants into account with its professional and intimate balance for a qualitative interview assessment. However, the online platform for data and participation collection, the same through qualitative interview methodology, is not limited to any specific region although the potential varying information will be noted and evaluated through final demographic analysis once collected.

Primary: Local Business Studio Space + Church Atrium Seating

The primary location(s) for meeting individuals elicited and called to participate from permissive platforms of campaigning will be split between a local business studio space and a church seating area for the added protection of any changes to the ongoing regulations from the global health crisis. The location of procuring research data and conducting the structured interviews for the benefit of the dissertation design will be one of two locations both considered for their availability, atmosphere, and location in relationship to the participant population this study engages.

Local Business Studio Space. The primary location will be at a local studio space off a main street in the local downtown area of Louisville, KY. The rationale of this location is that it is both a centralize space for inner city and high economic populations with presence in the citywide grief bereavement community. Another added benefit of the location for the participants consideration grants a safe, personable studio space, welcoming with parking availability yet nestled tucked inside an open style building space granting ease when relying on respondents to come to a separate location willingly before the interview begins. This location is

also geographically nearer to non-profit locations for anonymous drug recovery spaces, information offices, as well as blocks from various drug and alcohol related ministry and mission locations providing presence within walking distance of potential last minute, additional respondents who are screened prior to extending the call to participate. This primary location (PL) will be referred to as such with the interchangeable pseudonym initials PLS representing 'Primary Location – Studio' (PLS). The researcher provides another setting in preparation of shut down, the change in safe, available in person location will be organized and structured at the prepared, yet back up setting, a local church atrium which will be referred to with interchangeable pseudonym initials (PLC) for 'Primary Location – Church.'

Preparation in Response to CDC and Future Global Health Crisis Mandates: New Primarily Location Needed* - Church

The backup primary location will be a local church with granted permission to meet with willing participants and facilitated the interviews with the primary objective of data collection. The space will be one of two suggested seating spaces, safe and structured, granted for potential responses to local or national mandates concerning Covid distancing indoors, undisturbed discussion and with an organized environment for the interview data collection.

Church Café Seating.

The paralleled, yet conditional primary location split between the original procured local studio space, reevaluated throughout any or all COVID-19 related mandates and shutdowns is a local church's open seating atrium space used for familiarity and flexibility of the overflow of support and recovery groups funneled near from the tri-state area. This interchangeable Primary Location (PLC) will be a safe and easily maneuvered change of setting in the event of disruption outside of the control of researcher and participants' ability to meet in person for the qualitative

interview and assessment process of the data collection method. The leadership and structure of this local church space with granted permission to meet with willing participants and facilitated the interviews is a beneficial space to have during the current unknowns of the global health crisis. As the primary objective of data collection in this qualitative study design desires the added influence from therapeutic relationship established in person rather than an online platform, the necessary measures and preparations are considered in the changing circumstances of government mandates or shutdowns leaving little room for the design process to suffer from such disruptions (DeJong et al., 2020; Ponto, 2015). The space will be one of two suggested café table seats granted for COVID distancing indoors, undisturbed discussion and the environment.

Secondary: Online Video/Digital Platform

The secondary location will be conducted via a digital platform thus requiring its interchangeable distinctions to be listed or referred to clearly as ‘Secondary Location – Digital’ or SLD. With the ever changing regulations and standards both state mandated and individually set by household due to the presence and intrusion of the COVID-19 virus and the ramifications that are accompanied with this influence, the inclusion of a video digital platform was included to provide a safe and easily directed option and rationale to engage with as many of the positive characteristics that accompany in-person interviews with a video conference setting for visual connection, participant autonomy and obedience to mandates in the current circumstances (Fisher, 2020). Utilized now more than ever before, the most effective technological communication which replicates as close as it can to the organic face to face interview model is video conferencing platforms with Skype and Zoom the most widely used (Krouwel et al., 2019).

This setting will be evaluated and observed throughout the same interview structure with notation of the understood differences created by digital detachment in regard to its influence on

the interview process ahead of implementation. Although this site option will be an available site tool for data collection and interview process, the hope is to limit the usage or scapegoat to the online platform to pursue the interview connection with overdose bereaved individuals in person for the overall pursuit of this qualitative study. The hesitancy to present this interview setting as primary is provided with the hope that it will be utilized as a relief option for the bereaved respondent rather than an avoidant option thus aiding in the emotional bridge building between the researcher and participant prior to the interview process. The golden standard for qualitative interview collection is the natural face-to-face communion between researcher and participant (Krouwel et al., 2019). This consideration is monitored and established both prior and will be constantly self-assessed by the researcher within the role so as not to inadvertently manipulate the data collection process between the two distinctively different institutional settings available at the time of the study.

The addition of an online interview setting via a digital platform conducive to the willing participant is largely due to the concerns, health, or availability of the subjects due to the on-going changes and flocculation's of the COVID-19 health concerns, distancing requests and government mandates or quarantine protocols. Adding the option for tele-interview and digital interview discussion is not initially revealed in the call for participants but is offered so as not to deter vital testimony and data collection from any persons influenced by the outside pressures of in person interview and discussion (Roberts, 2020). This online setting is conducted with the same structure and professionalism as is upheld by the primary research settings including both assessment and evaluation by the researcher's discernment throughout the established and accepted qualitative interview design structure for the purposes of this study's pursuit (Wa-Mbaleka & Pedro Costa, 2020).

Participants

Utilizing approved advertising flyer formatting for IRB stylized call for participants along with IRB approved interview structure, the participants sought after to interview and observe through guided set interview questions, will fall under the primary requirement of having experienced the death of a loved one to overdose, eagerly specified by opioid overdose, although this characteristic is understandably a restrictive quality for the time constraints of the research evaluation. Recruitment, once approved by the Institutional Review Board, utilizes an advertising flyer critically created and interpreted to call individuals into the current study (Appendix A; Bronson, 2015). The same formatted image is then utilized for digital recruitment with the added template for social media platforms to advertise the call to participate across virtual accessibility, as an online interview option is the articulated secondary setting for the methodology (Paraskevopoulou-Kollia, 2019). This digital presence also aids in the depth of connection as the current climate of recruitment to in person may be challenged by the influence of changing mandates all under constant reassessment by the researcher in accordance with the CDC's recommendations (Upadhyay & Lipkovich, 2020).

Primarily the desired sample pool is to speak, understand and gather important data from those within the sphere of influence of an addict and evaluate the parameters of need, including those unmet by those left in the wake of addiction and overdose bereavement. Participants will be given notice, require permission for interview discussion both transcribed and perceived by the researcher, and will be granted debriefing to include current local support and recovery options available to them, should they so desire. Respondents are selected by minimally two basic criteria for foundational inclusion:

1. loss of a loved one/friend to overdose

2. loss of a loved one who was an addict (death not by overdose - differentiated)

The participants will be interviewed with open-ended and semi structures questions to facilitate discussion of the relationship of the loved one now deceased and to evaluate the influences of both the vicarious nature of caring for someone with addiction in life and the complexities of overdose bereavement. Respondents were broken down by demographics in a table listed as well as to include the relationship with their loved one lost and a characteristic of the nature of the overdose if variation requires expansion of demographics (Gall et al., 2014; Ponto, 2015).

Procedures

The desire to conduct in person interviews to include perception and willingness of participation without preemptive constraints whether due to the topic sensitivity or outward circumstances such as comfort or availability due to individual COVID circumstances is ideal but not the only platform in which recruitment was sought. A digital survey utilizing the interview questions, probing and demographic, is created prior to research for validity and verbatim presentation on both digital and in person deliberation. If interview comments or subjective responses are navigated outside of the initial prompts by the participants, the researcher will make note and transcribe this additional information as well as allow for expansion in discussion on the digital platforms as well. All interviews were facilitated and conducted by a single researcher as well as audio recorded and data points transcribed if needed to maintain and reference the information retrieved from a consistent interview method (Kassam et al., 2019).

The Researcher's Role

It is worth addressing that at the time of this research study's implementation that the role of the research suffered greatly in the initial stages of the development due to the COVID-19

pandemic which impacted interaction and personal relationships due to the importance of quarantine and distance protocols. As the role of the researcher was originally to be used as a primary tool and instrument to engage and bring forth information, the potential for setting change required a comprehensive evaluation of the role of the researcher in any variation of data collection through qualitative interview. The researcher's role is to establish strength in the dual relationship for an intimate topic evaluation for individuals who often refrain from full truths in interview or testimony for research basis which often leads to flat results or responses mediated on the limitations of discomfort when discussing personal needs (e.g., emotional, physical, mental, etc.). The gift of the researcher's role was approachability, credibility, and was beneficial for the chosen design of data collection by personal and structured interview woven with survey evaluation for such an intimate topic as overdose. Due to the nature of trauma to be subjective and individualistic the implication of the researcher's influence would not extend beyond professional relationship development as a purposeful advocate for the individual participants to feel fully seen, heard and available to respond honestly to the open-ended prompts as well as the background evaluation. The implications of the concern for influence and bias are guarded against through the engagement and direction of each interview with a noted debrief statement from myself to assess emotional bias or nonverbal influences.

The researcher's role and relationship are to maintain therapeutic professional strength, to bring comfort and adapt the purpose, trust, and bridge building often development across multiple sessions well enough into the research design to maintain ethical integrity while maintaining a depth of response. This position is maintained by constant self-assessment as well as verbal and nonverbal check ins throughout the interview process following Institutionally Reviewed consent signatures, verbal consent to proceed and the conclusion of the interview

process maintained with ethical integrity and the highest mandate of therapeutic professionalism as well as academic excellence (Ponto, 2015; Weller et al., 2018).

Data Collection

Interviews

There is the option of standardized digital survey and interview discussion via platforms such as videoconference as influenced by the current climate of the 2020 Corona Virus Pandemic and the parameters both by government and personal comfort levels of in-person meetings. This influence is noted when implemented and the researcher does not see this impacting the quality of the facilitation for data collection. Along with the data collected by interview questions developed prior to engaging respondents, there will also be the considerations of the researcher's assessment, non-verbal perceptions and notes included in the analysis and conclusion.

Standardize Open-Ended Semi-Structured Questions

1. Introduce yourself to me as if we are just meeting (for distinction of audio recorded interviews).
2. Tell me about who in your life was lost due to overdose (illegal drug/opioids)?
3. What was your relationship to that person?
4. Can you describe and please walk me through the circumstances of your loss.
5. Tell me about your experience with addiction.

5(b) Expand a little bit about your role or experience alongside a loved one with addiction?

6. What do you feel was the hardest thing for you as someone on the outside of your loved one's journey through addiction?

6(b). Was there any change after their death?

7. Tell me about your experience with grief.
8. What are some ways you felt needs were not met for you as a friend/family member of an addict?
9. What are some ways you felt isolated in this grief journey of overdose loss?

If you could rate the following statements I read from [1 – 5] with 1 being NEVER and 5 being OFTEN tell me how frequent these feel true having experienced this kind of loss of a loved one who suffered with addiction:

10. I feel/felt emotionally numb
11. I am discouraged about the future
12. I have/had trouble sleeping/nightmares
13. I avoid people, places, or things that remind me of my loved one
14. Thank you for your vulnerability and all of the valuable information. Is there anything else you would like to add before we end?

Beginning with calmly extended open-ended questions, invitations one through four, allow for a repertoire and almost therapeutic relationship to be presented to the respondent which provides a quick route to fortifying feelings of safety to unpack some of their personal experience well enough to be more malleable for semi-structured questions later that focus on the purposes of the research study. Utilizing compiled and controlled interview questions and facilitating open ended discussion points, the ability to utilize probing style questions will increase the depth and saturation of discussion through a vulnerable topic (Weller et al., 2018). This repertoire development is the extension and ground laying foundation of the first four questions and introductions. Some unstructured questions in this interview will allow the researcher to seek answers from the position of a secondary point of view in the life of an addict

from the perspective of the loved one left behind. Including primarily unstructured questions within the field of study with the inclusion and preparation of listed structured questions for the purpose of facilitating the interview processes will benefit the overall evaluation of the needs of overdose bereaved individuals and their experience with traumatic grief woven with their experiences through addiction vicariously alongside their loved one's life and traumatic death (Cosden et al., 2016).

Questions five, six and seven prioritize the ease of introduction and saturation of the vulnerable topic under evaluation without risking over exposure of sensitive triggers to personal experience to guard the participant as well as the data collection strategy from creating an uncomfortable interpersonal relationship between interviewer and participant (Weller et al., 2018). The potential follow-up prompts are also clear yet unstructured expansion on the segment of inquiry where trust is built and now building upon (Meyers, 2020). Inviting the participant to reflect on their experience with the focus on their needs during and through the current aftermath of overdose bereavement is an unmet focus in current research and is likely to be an immediate point of view for the individual to unpack. Most research focuses on the reflection of the life of the addict with regards to ways to prevent the overdose circumstances not at all focusing on the needs of those with secondary trauma impact or those left in the wake of this specific and stigmatized grief journey (Weller et al., 2018). Establishing the connection through interview styles that act more as therapeutic dialogue takes a directive from researchers as far back as Piaget, recognizing that this facilitated discussion style bears fruit in a field such as trauma and grief related trauma (Roberts, 2020). Asking standard open-ended questions saturated with relevance to the topic of overdose bereavement and the depth of experience alongside a loved one through their addiction will frame the likelihood of fuller responses and more honest variety

productively gathered with minimal researcher directive is in review of the final data analysis (Weller et al., 2018).

Following those almost dual questions with prompts eight and nine, these inquiries acknowledge that the participant's story is worth more than description, but also is deserving of understanding and that is why asking for the pieces that feel lacking is crucial to comprehend. These are some of the finer points within the qualitative interview questions which grant the open door towards gathering the specific needs unknown and unapproachable before now. There is a specific loss after living life alongside an addict and those around the addict experience the intrusion of the journey just as heavily. The desired research questions to meet and evaluate would be what are those left behind after a loved one's overdose given any help? Do they feel left in limbo? Is there evidence of secondary trauma (Templeton et al., 2017)? Grief trauma? The evaluation of resources and lack of therapeutic aid for those loving an addict are especially needed when overdose leaves many with more questions than answers. As semi-structure interview questions can allow for fluidity of trajectory, this researcher effectively facilitates the interview's detailed direction with a balance of direct and semi direct questions prepared for facilitating the interaction with the bereaved and the researcher (Yeong et al., 2018).

Towards the second half of the exploratory discussion, questions ten through thirteen facilitate a lighter but considerably significant group of prompts with a small rating scale for the interviewee to engage with. Uniquely pairing grief inventory to aid the focus of specified aftermath needs, the data will demonstrate empirical quality and prove evidence of specified parameters of need to this specific population of individuals left behind in the wake of overdose bereavement. By doing so this researcher seeks to highlight a great need and prove the positive outcome that will surface when tending to and developing follow-up for the addiction and

overdose bereaved is just as an important part of the opioid fight and war on drugs as ever (Boelen & Smid, 2017). As most grief inventory and the secondary scale questionnaire include division of three main characteristics such as intrusion, avoidance and arousal, the selection of scale questions presented and recorded for each participant grants a foundational inquiry which projects the hope to provide evidence for avenues yielding practical and empirical data for future research (Boelen & Smid, 2017; Bride et al., 2004).

Many of the questions chosen appear both overlapping in the grief self-assessment inventory and the secondary trauma scale for individual scoring. For the purposes of this interview the primary variations of questions were adapted for interview style methodology and facilitated discussion with the understanding that the responses from participants will hold validity for future research comparison when conducting more quantitative review of overdose bereavement (Boelen & Smid, 2017; Ting et al., 2005). The rationale behind using a select few questions adapted from the Secondary Trauma Stress Scale is to grant an introductory exposure to empirical survey tools with current validity to both aid in the presentation of evidence and presence of secondary trauma in families of individuals who lived and died in a traumatic way thus exposing their family, friends or loved ones to traumatic stress vicariously (Cosden et al., 2016). This consideration proves the expansion of the depth of influence that traumatic lifestyle or exposure can be considered and not limited to the influence of a relational proximity outside evaluation of the therapeutic profession (Kosminsky, 2017).

As literature reviews, most always secondary trauma is scaled and evaluated for levels of counseling and mental health professionals to assess and evaluated their levels of strain or exhaustion due to their professional circumstance and to avoid things such as burnout (Hendron et al., 2014). It has not been utilized to assess the orientation of an individual's measurable grief

trauma reaction or symptoms as anything other than short lived similarity to vicarious traumatization that lasts in balance with the relationship to the loved one lost to overdose (Prigerson et al., 1995). The rationale for applying this lens of assessment and evaluation to overdose bereaved respondents is to open the discussion for developing strategies of healing for future clients or communities suffering similar trauma responses that have until recently been reserved for professional evaluation and assessment (Miller & Rollnick, 2013).

The final question or closing statement by the research interviewer should not only bring closure to the discussion, as the topics unpacked will vary in vulnerability due to the nature of the research study, but it should also allow for the interviewee to feel they have some power in the conclusion of the discussion having very fiercely shared glimpses of their grief trauma and possible comprehensive understandings of their indirect exposure experience (Horesh, 2016). This question gives the overdose survivor a way to share any final opinions or thoughts on the interview, their reflection and allows them to be guided to a close without disruption or abruptly ending the interview (Yeong et al., 2018). Taking time to review and request feedback and interest in the participant's individual experience through the interview process allows for hope-focused exploration for research assessment but also lays opportunity to gain knowledge about each interview experience, all influencing the success of the outcome of qualitative methodology (Yeong et al., 2018). As there may be times when the circumstances or testimonial brings the interviewer to digress the interview questions to add a new one from time to time, this will be noted as well as recorded for evidence of distinction (Turk & Kalarchian, 2014). This rare but possible chance is granted allowance within the fluidity of the open-ended sections of questions more so than the more direct inquires shaped by limited survey research. Along with the lists of questions, a digital recorder collected all interviews for review, data collection, and reflection.

Observation

As this qualitative design seeks to engage a vulnerable population of traumatic grief survivors, the observational insights, evaluations, and common therapeutic information discerned and absorbed through counselor and interview assessment will be additionally important information woven through the data collection of this research design (Krouwel et al., 2019; Paraskevopoulou-Kollia, 2019). The use of computers for secondary option of interview design is an open and concrete qualitative tool for the interview style methodology (Paraskevopoulou-Kollia, 2019). As the ability to observe in real time will still allow audible and visual assessment, the research collection, both from participant response as well as the discerning non-verbal assessment gathered and noted by the researcher in both the primary and secondary interview designs, the interactions should not hinder the facilitation of interview discussion as the primary research tool (Paraskevopoulou-Kollia, 2019).

Credibility

Making sure this research design aligns the interview and open-ended inquiries with the research question grants increase credibility to the study as the discussion and conversation naturally align with the desire to meet the needs of the intended population sample all while following interview protocol for validity and integrity (Yeong et al., 2018). There are practical implications for the limited yet promising review of study that begin the discussion of linking overdose suicide related deaths and grief trauma with specified intervention and counsel. Although these ideals are primarily still in the stages of highlighting the gap more, the hope in this additional work is to move from acknowledgement of the gaps and present valid foundation for future research to be spurred on for intervention, successful discussion, and active hope focused treatment for individuals of overdose bereavement (Linde et al., 2017).

Ethical Considerations

The components and self-assessment measure throughout the interview process allow for consistency for ensuring the information is comprehensive, ethically received and effectively understood to be beneficial to the relevance of the research experience (Yeong et al., 2018). In addition to the natural consideration for ethical excellence when conducting qualitative study and facilitating interviews with participants there is one other ethical consideration to account for and that is the aftermath influence of the COVID-19 pandemic (Wa-Mbaleka & Pedro Costa, 2020). The reality is that there is potential for assessing new guidelines or polices that did not exist before. Whether these are local mandates that come from changing governmental rule, or household comfort expressed by respondents within the sample pool, the prioritizing of CDC safety, individual respect of distancing within sanitized locations and provision of masks for the interview process are ethical standards that are not only considered in the study's development and analysis but will be maintained and thoroughly assessed throughout the study (Wa-Mbaleka & Pedro Costa, 2020).

Summary

In review of the research methodology to engage and understand the parameters of needs surrounding the influences and impact of loving someone through addiction and just as importantly navigating the specific and often stigmatized grief journey through overdose bereavement seeks to proactively engage and campaign for the unknowns and unmet needs of this population of those left behind in the wake of traumatic loss. As often research focuses on the point of view of the addict via the secondary influences and loved ones surrounding their recovery journey, there is little to no discussion or attendance for those in care giving proximity who not only suffer vicariously alongside their loved one but are left with unattended to grief

trauma specific to overdose bereavement. By providing the opportunity to speak, reach and unpack the needs of those carrying both the weightiness of their experience alongside their loved one's life through addiction into their isolated grief journey in the aftermath of their loved one's death due to overdose, this research not only stands to gain foundational fortification for further research but will begin bridge building between therapeutic professionals and a population of individuals in need of care. Through ethical and structured qualitative interviews as well as strong facilitation of open-ended discussion questions, the strength of this study will prove to yield insightful responses and quality data analysis for the effective development and continual pursuit of intervention techniques to meet the grief recovery needs and ignite investigation into secondary reviews of this population of bereaved individuals with multifaceted characteristics to their grief such as the secondary trauma influences gathered unknowingly throughout the life of their loved one's battle with addiction. Developing the distinction of this population in need by evaluating the parameters of their grief trauma will provide support and validity to further researcher development of practical tools for support and recovery through overdose bereavement.

CHAPTER FOUR: FINDINGS

Overview

The reiteration of this study is to articulate, discuss and assess the crucial information gleaned from the needs, requirements, and clear absences of aid for those in the wake of bereaving as traumatic as overdose. This next chapter presents the data at value, concise themes and visual tools aiding in the presentation of every individualized story unearthed and woven through the order of research collection through the diligent interview process. This chapter will direct the reader along a clear overview of the people and themes generated through this study's pursuit with the goal of presenting a glimpse into the realm of needs for a specified group of individuals as well as the parameters of the crucial information presented through qualitative engagement (Upadhyay & Lipkovich, 2020). This chapter details the participants, under assigned pseudonyms with no ethically conflicting characteristics. In addition to the concise participant descriptions the findings will review the developing themes cultivated through manual coding and thorough comprehensive analysis by the researcher. The developed themes under the established research questions prove to bring intriguing details from participant responses providing cohesive reflection in the following narrative review.

Participants

The current study's participant pool was built from selective data campaign cleared by the Institutional Review Board for engaging and receiving those meeting the criteria for bereaved individuals of overdose loss (Paraskevopoulou-Kollia, 2019). Primarily listed are the secured and completed interviews, which met all requirements and completed the fullness of the interview data collection process as set by the approved research method. In this pursuit the demographic and crucial detailed notations of each individual interview are collected in the participant details

below. In addition to the selected participants for analysis and data review for this qualitative study, later review will note the presence of multiple participant inquiries and levels of interview which did occur but were not prevalent to the final data analysis and research findings for this study (Turner, 2017).

It is noteworthy to include the interest in the participant collection even with data roadblocks and trouble shooting in methodologies due to several outside factors; however, this is noted more for the limitations and purpose of future direction in Chapter Five. Participant explanations and details provide directive for the analysis and reverence for future quotations or subjective application later in review of this study's findings when addressing the established research questions. Thorough reflection of the sample participant pools, the data collection provides is as follows under each participant pseudonym for protective analysis of the crucial information gleaned from such distinctive qualitative research practice. Along with the demographic and distinguishing themes relevant for discussion and review in this present study, additional notation of the researcher's observations credible to comprehensive qualitative analysis are included in the participant details.

The following narrative details for all interview participants pseudonyms grants not just breath to the charted data of collected details from the participants pools, but gives partial summaries of the perceptions, researcher interpretations and assessment. This participant narrative also gives a deeper glimpse into the gravity of their individual responses throughout the qualitative interview process. Comprehensive narratives utilize no identifying characteristics and refer to the pseudonym strictly as such, a randomly assigned participant number, or their coded gender identification, which were all given willingly for the purpose of demographic analysis.

These short participant narratives provide rich and meaningful information that influenced theme development and the synthesizing of all data collected for this present study.

Selah

Female participant, 33 years of age consented to in-person interview for this present research study. This individual was eager and openly enthusiastic to the pursuit of the researcher goal and theoretical framework. The individual additionally to their interview, engaged and sought to elicit other individuals who they believed would benefit not only the researcher's participant call but would additionally benefit from, "talking with you about this kind of loss and how to understand it's difference" for themselves. This individual recounted, emotionally, their experience with grief, the signature of the overdose factor in their personal loss and scaled their responses to the rated questions rather median feeling emotionally numb with grief influencing sleep and nightmares in the wake of loss.

Keegan

Male participant chose to withhold age range, discusses the loss of his sibling, sister. Keegan's perspective brought "Meat and potatoes" as he says in his interview, to facets of those in the wake of bereavement of a loved one who suffered with addiction during their life. He himself walked through recovery at an unspecified overlap of his sibling's loss and not only granted the hindsight of what it means to love someone without enabling suffering, but he goes on to expand upon the need for support, understanding or having connection because "we are all social creatures." He understands that his original protective move to detach from his sibling's addictions, which lead to her overdose, may be a facet he would redo if he could go back again. This participant's story is one of a couple that add influence and presence of a bereaved loved

one who not only experienced life alongside an addict, but personally survived their own struggles adding perspective to their grief and an even deeper compassion to their grief trauma.

Cheyenne

Cheyenne is a 38-year-old female who lost her friend whom she describes as, ‘as close as a sibling.’ Her loved one’s loss was the traumatic circumstance of a relapse specific overdose. As Cheyenne walked through her interview, there were many moments of vulnerability that her feel like it was a constant review of checking the boundaries of how to both love someone who retreats when they are using and secretive, to then also require standard of living without pushing them away. The turmoil of choosing a balance of loving their struggling loved on well enough to not engage them when they were destructive, but also support their desire to get help felt like a manipulation of the relationship constantly. Cheyenne’s story included the sphere of influence of her friend and friend’s family, which at some points were navigated poorly.

Sydney

Sydney is a male identifying participant is 33 years of age. She lost her older sibling to an overdose. Her story is full of details of the honest winding roads of inconsistencies and fluctuating levels of relationship within a familial unit when having someone so near, be experiencing the facets of drug addiction. From theft, to arrests, sporadic recovery requiring her and family member to tailor their routines to serve and aid him, Sydney’s story is both compounded by the details and avenues of life before losing her sibling to overdose and not an uncommon experience. Her perspective is threaded through a deep understanding of family and generational trauma, and it saturates her desire for growth. Her overdose loss experience was not her only familial loss, which expanded both her fatigue with those outside of her circumstances

who did not benefit her grief but also nurtured her personal compassion for others in similar situations in the future because grief is not the same for everyone or every loss.

Twyla

Female, age 54 years lost her father to overdose related circumstances. Although not a direct result of opioid overdose, but rather alcohol, her desire to be heard and understood in the wake of overdose bereavement allowed her insights and perspectives to benefit the qualitative data. Her life circumstances were not only impacted by the loss of her father, but they were woven into how she conducted herself personally and professionally forward. Having been raised by generations suffering addiction, it has led to a strict lifestyle of sobriety for Twyla. She detailed a familiar understanding that there seemed to be a clear unmet emotional connection as she felt more of a burden than a loved one and this detachment surfaced in the aftermath of her father's death. Twyla's detail in the shock and lack of knowledge of addiction's multifacetedness laid a rocky road in her grief journey leading to a warped sense of unmet needs that she didn't realize should have been met.

Kiana

Female, 44 years of age, lost husband to overdose after a slow descent through addiction. Kiana's reflection, beginning with her own familiarity of substance recovery, at first aided her endurance alongside her partner who escalated their abuse leading up to his overdose. Her insights in unpacking details addressing the primarily research questions that there is a failure to support loved ones of in the aftermath of overdose with the secrecy, isolation, and stigma with opioid bereavement.

Meryl

Meryl is a female, specified her age to be in her 50s and lost her sister to an overdose after her struggle with addiction. Meryl's comprehension of the experience alongside her sibling into the overdose shock of her death aligned with many research perspectives granting strength and validity to this present study's pursuit of understanding the parameters of needs for each of these participants. The insights gleaned from her reflection of her bereavement unearthed the presence of previous hurt, trauma exposure and fatigue from events due to the addiction factor in her sibling's life and felt as though they would dictate how she was too ultimately grieve their loss even without the support system she believed would remain in the aftermath.

Jesse

Jesse is a male participant, age 52 who lost their younger brother to an overdose. This participants' succinct yet powerful story engages even further insights of the mental health needs consistent through before, during, and after the experience of an overdose loss. The increased necessity for professional help with the traumatic exposure of a sudden loss such as an overdose impacts many individuals with preexisting conditions and what this study benefits from multiple participants stories is the struggle to navigate such complicated grief as well as tend to their own needs also. Jesse's discussions filled the desired of researchers to prioritize the drive of future development of interventions for those compounded by traumatic grief such as an overdose in addition to their own emotional and mental unmet needs.

Talia

Talia is a male participant, age 51 who had several significant losses but primarily responded with the loss of her husband to an overdose. Talia's engagement in the interview process allowed for depth of comprehensive responses to questions due to her history with

recovery as well. As a fair few of participants may share similarities in their personal histories, not only as a survivor of overdose loss, but with additional diagnostic needs, they each prove to show compounded needs prior to and quite evident in the wake of an overdose loss. The layers of desired intervention hoped for encourages this researcher as the present study means to unpack the parameters of needs for those with this loss, understanding that it would illuminate the wide array of facets to each participants depth of experience.

Soleil

Soleil is a male participant, age 33 who describes her overdose bereavement experience after the loss of her mother. The insights gleaned from Soleil's story and history with addiction surrounding her circumstances provided details to considerations of the vicarious nature and exposure of living and loving someone with addiction and taking into consideration the unresolved of those things when the individual overdoses. The complex messiness of her shock in the wake of this loss leads her to hiding her grief and granted the researcher details of her rated experience when she felt even still now, frequently emotionally numb, and discouraged about the future. Her honesty and transparency of her state of emotional vulnerability at the time of the interview allowed for a peak at the direct aftermath of a loss so new that this present study reviewed value from the parallels throughout the combination of interview analysis.

This study's interpretation of each participant's story benefits not only the data collectively but with the oversaturation of details and answers to research inquires, the participants granted more than sufficient detail, direction, and depth in their qualitative interviews.

Table 1*Participant Demographic Percentages*

Variable	n	%
Total	10	100
Gender Identity		
Female (she/her)	8	80
Male (he/him)	2	20
Loss		
Familial		
Parent	2	20
Partner/Spouse	2	20
Sibling	4	40
Friend	2	20

N = 10

In addition to a percentage charted demographic, a more detailed continuation is included with the observation of relationship of loss to each participant as well as the distinguishing of each participant ID with their coded pseudonym.

Table 2*Participant Demographic Details*

Participant ID				# OD Losses
(Pseudonym)	Gender	Age	Relationship of Loss	Experienced*
(P1) Selah	F	36	Friend (F)	2+
(P2) Keegan	M		Sister	1
(P3) Cheyenne	F	38	Friend	2+
(P4) Sydney	F	33	Brother	1
(P5) Twyla	F	54	Father	1
(P6) Kiana	F	44	Husband	1
(P7) Meryl	F	'50's'	Sister	2
(P8) Jesse	M	52	Brother	1
(P9) Talia	F	51	Husband	3+
(P10) Soleil	F	33	Mother	2

*Total at time of interview.

Results

Threshold of survivors' needs and the reported details and perceptions reported from the study's interview process exceeded this researcher's original baseline for seeking to understand the parameters of needs for those participants interviewed in this present study. Without overcomplicating the analysis of the interview findings, review of the discussion and the observation of themes within this present study, the benefit of qualitative analysis brings meaning to the data and illuminates' direction as insights are developed and interpreted for continuing research (Maher et al., 2018). The results of the initial review of the interview

findings play back like musical notes, often missed the first time it is played through. The layering of desire to be seen and known shroud the pointed answers to developed questions and although the desired structure remains anchored to the interview process, the almost natural ability to unpack deeper needs and discussions unearthed by the well-structured interview prompts and openness of the qualitative approach surprisingly doesn't saturate the research with non-sense but builds strong presence of responses and grants even more insight for future analysis of even this present data.

Developing Themes

Developing themes through immediate review of the data provides insight into the camaraderie of responses of strangers to a very real and shared traumatic experience, losing a loved one to overdose (Bottomley et al., 2023; Templeton et al., 2017). The subtle and even remote parallels begin to arise subconsciously in the researcher's mind and are solidified to be true throughout review and analysis. Three major themes elevated in this research study broken down below are isolation and lack of support for survivors, secondary trauma on complex grief, and the need for support and therapeutic intervention. As Table 3 provides a broader list of themes that surfaced under the collection of this present study's primary research questions assessed through manual coding techniques, the data succinctly illuminates three primary themes that parallel with both the theoretical and practical values detailed in Chapter Two. Manual coding was beneficial to the present study's analysis to streamline interpretation of the findings for the data collected as the totaled interview pool during the time allotted for collection was a smaller group sample than desired (Bodine, 2021; Maher et al., 2018). Although the data analysis was small, the rate at which saturation was met benefits the continuation of discussion the parameter of needs of loved ones of overdose loss (Bodine, 2021).

Isolation

The isolation theme was a surprising notion that crept up during interviewing and engaging the population's needs in the aftermath of overdose bereavement. The reason this grew to a noteworthy theme is that much of the participant discussion would reiterate, return to or references the isolation of knowing, supporting or caring for a loved one who suffered addiction while still alive and that was a burden easily recalled when reviewing their unconsidered needs in this traumatic aftermath: "no one talked about it" (Multiple Participants) and "outside looking in...feeling like an observer not part of [anything]" (P7).

In the life of an addict, the lack of support as a secondary care giver to a loved one struggling through addiction is evident in the menial tools or short fused resources presented as standard information for families of addicts in some, not all, rehabilitation centers (Baharudin et al., 2014). The practical values are missing with limited to zero education, equipping, to even a limited number of available options for resources or aid for those loved ones and additional individuals stigmatized within the sphere of influence that addiction covers (Sharma et al., 2019).

Complex Grief Trauma

The pinnacle of these arched themes that began with the culminated isolation during the life of the participants' loved one through a life of addiction, unearthed evidence of facets left unmet by those left behind. These issues were left to ruminate and festered, building infectious complications looming over their individual grief journey when impacted by the loss of a loved one to overdose. The lack of support for individuals walking through life alongside an addict is notably a burden that stigmatizes the individuals to seek community, aid or fellowship, and this shamed circumstance is only heightened in overdose bereavement (Sharma et al., 2019). "It was harder to lose my [friend] to addiction because there was other emotions there than just grief.

There was a lot of like anger and frustration and like what if...” (P3). As loving an individual with substance abuse is its own difficulty to navigate during the life of the loved one prior to death, this in turn adds a layer of difficulty to the grief journey of those in the wake of sudden loss due to overdose. “I started grieving the day [they] shot up” (P6). This study builds off many past discussions and previous work finding that the complexities of navigating such grief trauma require professional help and tailored therapeutic intervention (Feigelman et al., 2020).

Need For Support / Therapeutic Intervention

As the theme review takes its unique pathway connecting the full picture of those bereaved by overdose and the complexities of what their needs may be and how we can move to meet them in the therapeutic relationship the final prevalent theme would be the obvious need for support. This support is not simply supporting group based or cultural de-stigmatization, but rather being diligent about facilitating the trauma discussion and not allowing research to stall when the need is growing steadily (Arıdağ & Ernumcu, 2017). These themes elevated themselves and brought an intriguing thread of connection. They each act upon and follow one another almost as steppingstones to bring this discussion of overdose bereavement into a clearing above the unknown and leave us with the major take-away’s which will guide and influence the future research pursuit of continued study and the pursuit of intervention strategies for those with specified grief trauma (Bottomley et al., 2023).

A change in past participation limitations noted in even recent literature discussion (Sterling et al., 2022) is the evidential assertion that people want to talk about this now. Individuals prove eager not just from the noted assessment of the researcher and non-verbal, but the incredibly obvious eagerness and desire to talk about the stories, experiences, and their needs in the wake of overdose bereavement, but as one individual repeated in an interview setting for

this current study, they are just not being asked about it. This is an encouraging assessment for the future of research in an area riddled with unexplored holes, not just evident gaps in literature discussion.

Research Question Responses

As the research questions were proven distinctive prior to the data collection through intense personal interview and analysis the developed prompts and outline questions for each interview allowed for focus on research questions responses to be illuminated without being so pointedly given and allowed the fuller themes to cultivate when audio recordings were reviewed in qualitative analysis (Roberts, 2020). As themes arose threaded specifically in part with the foundational research questions for this present study, it allowed for the correlations to have distinctive pairings and thus strengthened the purpose of this qualitative research study.

Table 3

Emergent Themes & Research Questions

Research Question	Themes that Address Question	Quotes Acknowledging Research Question / Themes
RQ1: What desired needs are not being met in the aftermath of (<i>opioid</i>) bereavement?	Theme 1: Isolation in the Aftermath of loss Theme 2: No Help, No Support or Connection Outlet for Answers for Overdose Grief	“There was no one”
RQ2: Is there evidence of	Theme 3: Measurable	“Felt like cellophane over my

Research Question	Themes that Address Question	Quotes Acknowledging Research Question / Themes
secondary trauma procured from exposure to life with a loved one suffering from addiction?	Trauma Symptoms Present; Warped Relationships, Depression, Survivor's Guilt, PTSD, Complicated Grief, etc.	mouth" (P7)
RQ3: Do friends and family of opioid addicts and overdose grief suffer vicarious traumatization in the same way as professionals?	* <i>Resurface of Theme 3</i> Theme 4: Compassion Fatigue, Retraumatization & Triggers In Life Along Side Addict & Aftermath of Loss	"Feeling like an observer" "I cannot enable you" "Constantly rehashing or replaying the 'What-Ifs?'"
RQ4: Were there substantial resources available for friends and families of addicts during the life of the now deceased loved one?	Theme 5: Stigma* Kept Needs Hidden In Addiction – No Support or Sympathy After Loss; Emotional Needs Never Met	"No one talks" "There was no one"
RQ5: Would the bereaved	Theme 6: There Is A	"What would that be like?"

Research Question	Themes that Address Question	Quotes Acknowledging Research Question / Themes
engage and support specified continued resources for loved ones of addicts even after death?	Desire For This Particular Support; Some Found Support in Faith Communities, Many Created Their Support On Their Own Because Unable To Find It.	“I loved your topic, I thought this did not exist yet”

Note. * Detailed themes collected from term grouping for repetitive statements throughout audio transcript review of interview data. Additional themes subcategorized under the resulting developing themes subheading for more detail.

Examining patterns and understanding the cohesion of the data interpreted in this present design leads us to discuss patterns or themes amplified when interpreting the responses to the research questions (Magnusson & Marecek, 2015). In regard to the table above, each of the research questions established posed not just distinguishable considerations for the topic of overdose bereavement as well as those who experience it, but they together flowed to move from curious development into desired future consideration ending with the hope focused idea that this population of bereaved would respond to the benefits of future developing intervention and resources of loved ones of addicts even after the loss of their loved one to overdose. As this present study is framed as a qualitative research analysis utilizing interviews as the primary data collection for understanding the needs of those in the wake of overdose bereavement, the

researcher is a creative component in information collection (Maher et al., 2018). Attitude of approachability engaged more of the interview participants than originally thought and throughout analysis of the audio transcript review, multiple participants felt eager to unpack their story because they had not had the opportunity to be asked before (Bradfield et al., 2023). The participants felt they could finally talk about their full perspective.

RQ1: What desired needs are not being met in the aftermath of (*opioid*) bereavement?

Much of the participant analysis from the interview formatting allows for narrative responses to fit under the previously established research questions for the study. The primary question sought to gather how wide reaching or gapping was the field of need of those suffering overdose bereavement and what could be gained through hearing the stories of vulnerable individuals in this bereaved population. “Not being able to tell the people around me that were closest to me” (P3).

The details of lacking in emotional needs, lingering feelings of guilt and a fervor to reconcile gaps in understanding their loved one’s struggle with addiction in their life as they sit from a position of bereavement now. The stigma surrounding the inapproachability of such traumatic death like overdose lead to many participants noting isolation in their grief initially whether self-restrained or requested by those who avoid the still stigmatized realm of addiction. “survivors’ guilt was intense—what could I have done?” (P5) and “no one understands the depths and details of addiction” (P2).

There is a constant unmet gap in a survivor of overdose that seems to be at incredible depths in the wake of grieving their loss, but some participants concluded that the lack of support and the intensity of life alongside a loved one with addiction just made facets of unmet needs feel exacerbated by the sudden loss from overdose.

RQ2: Is there evidence of secondary trauma procured from exposure to life with a loved one suffering from addiction?

Similarly in collecting the stories of the participants interviewed the highlighted responses that meet this research question deal on range from triggers to the repetitive nature of issues with the law that their loved one suffered while enduring their struggle with addiction and these translated onto those who were interviewed for this present study. “I’ll drive you here, but not somewhere sketchy...” (P3) and “We had to have strict boundaries ... he stole pain meds from me at one point” (P4)

The presence of secondary trauma is evident in a few ways one being the detailed examples of resetting boundaries or emotional whiplash for caring with a loved one suffering substance issues prior to their overdose. Protecting themselves from inconsistencies, withdrawal and seclusion and the manipulation of asking for help by their loved one with motive made the complexities of their grief strange to navigate and a tangled combination of unmet and misunderstood trauma responses.

RQ3: Do friends and family of opioid addicts and overdose grief suffer vicarious traumatization in the same way as professionals?

The verbiage used by APA in one of the definitions of vicarious trauma includes words such as exposure or residue of stories or influence. That residue is like something accidental, a splash or offensive addition to a person near another. Many of the participants disclosed examples of detailed weightiness that were rather familiar to professional exposure and proved evident in their holding on to such secondary trauma characteristics seen in the detailing of their hurt and overdose loss experience. “I still feel shock” (P7).

However, these individuals, unlike professionals who are educated, equipped and much better prepared for the work, discernment, protection, and reality of the impact potential of vicarious traumatization, not only have zero tools to help them, but many are unaware they are even carrying this exposure to begin with. Additionally, it is notable that this exposure is often gathered early on during the life of their loved one with addiction and is not resolved before entering overdose bereavement.

RQ4: Were there substantial resources available for friends and families of addicts during the life of the now deceased loved one?

By loving individuals through addiction, there is a lack of preparedness that is easy to review in hindsight of bereavement. Individuals throughout the interview process would discuss the failures of their role in their loved one's life, often feeling guilt at their lack of tools, understanding or ability to understand the entirety of the realm of addiction. This hindsight feels unimportant yet unresolved when prioritizing the grief aspects of traumatic loss with overdose bereavement. Many individuals sought to explore understanding and had to create their own support because there was nowhere to find or be met with readily available education during their loved one's struggle with addiction.

RQ5: Would the bereaved engage and support specified continued resources for loved ones of addicts even after death?

Most surprising of all in the interview data, many participants alluded to having to create support from which they were not available or even fathomable. Additionally, participants responded to the call for participants initially with such enthusiastic interest not just for this study of those having suffered overdose bereavement, but they felt surprised that there was any resource particular to their circumstances warranting research via interviews. The unanimous

response to help either for aftermath care for this area of bereavement was positive, eager, and celebratory. Whether for emotional check-ins on days that were unbearable, or for those that may experience overdose loss in the future, since they had no idea of such resources available, they responded that a need is certain and growing.

Summary

These findings from the intensified and detailed interview process allowed for not only cohesive themes to be seen and reviewed, but for the highlights of both repetitive notions and personal hopes of the varying participants to build a comprehensive bridge when reviewed through transcript and data analysis. The current data analysis lays out detailed discussion and strong generalized points for qualitative review. Tangible analysis with non-digital tools are assessed to be a valid method for exploring the nuances and perspectives gleaned from the researcher who in qualitative research, is required to be as immersive and grounded enough to provide the findings which may include observation of micro expressions, notes and perceptions that woven with the literature, design valid analysis for discussion (Maher et al., 2018). For this chapter's direction, the findings not only consist of the relational factors of the participant's reason for bereavement qualification, but also illuminate the curious and otherwise missed details that bring weightiness to the finding's validity and depth of research analysis. As the process to analyze and synthesize qualitative research data saturates avenues of discussion this present study did positively maintain a connection from the study's initial literary values and observations connecting to the top themes, which in turn will feed directly into the final Chapter's conclusion and major takeaways. Purposefully finding meaningful ideas in the interpretation of the participant responses to research questions proved to expand the fullness of this study's construct (Magnusson & Marecek, 2015). The ability to weed out the similarities of

a widespread selection of voluntarily hopeful participants in this qualitative study proved more of a foundation for statistical growth than even originally considered. Meeting the research questions with depth, as well as consider blatant needs of those in overdose bereavement, naturally elicited the stories of griever of overdose loss proving additionally that we have been failing to listen to a very large population under grief trauma care. The review of this present study strongly lays foundation across the gaps in literature not only with pride, but with the hope that continuing research development and intervention will take root and strength both empirically and therapeutic practice for those in need after overdose bereavement.

CHAPTER FIVE: CONCLUSION

Overview

This study opens the gates for responses and genuine reception to those in the unique grief experience as overdose bereavement. The success of this qualitative study is anchored in the substantial results from interview analysis which brought detailed responses, cohesive themes and future considerations just from the depth of answers to the developed research questions as well as the drive to pursue further considerations and ignite wonder into a field of immense possibility for research validity and therapeutic development. This final chapter reiterates the implications; observations and practicalities of analysis all before humble review the study's limitations. Following the refinement of the research process and data collection, in addition to summarizing what was learned and the importance of this qualitative review this researcher implores the reader to engage and consider the availability for intervention development and broad scope of future research opportunities to be launch from this study's foundational framework.

Discussion of Findings

Qualitative research grants details to the multifacetedness of loss in a complicated realm of addiction and the lifespan of that influence in overdose bereavement. Therapeutic professionals need to confidently move with the pairing of secondary trauma influence on grief trauma to understanding and improve care for the parameters of needs to this subsection of bereavement (Bottomley et al., 2022). These pieces are funneled into focus to this research as it is set to direct a clearer focus to a prevalent problem. The role this research created was the connecting piece of the future action. This present study sheds new light on the multifacetedness of grief trauma even in the design to elicit parameters of needs for survivors of overdose. The

concrete illuminations brought from the consistent themes, details, and unmapped connections that this research begins to piece together allows for past research to seem more closely knit with the added foundations beginning to be laid in the gaps previously discussed. This study not only confirmed much of the initial failures to unpack or even pursue this topic previously from both quotations of participants to simply the amount of detail procured from the qualitative analysis of interview design. There is such an incredible momentum for developing theory for counseling intervention to expand on and hopefully beginning to extend the previous research towards therapeutic development. The contribution of even asking a question that was not previously asked of survivors of overdose, to simply speak of their needs, will change recovery for not only survivors of such grief trauma but strength those within the sphere of influence of a loved one suffering addiction (Roberts, 2020).

Empirical Impact

Only recently have scholars sought to explore and develop directives of interests and development of the before, during and small glimpses into the after of the current these of stigmatized loss (Sterling et al., 2022). It seems we as researchers have been stuck in what Bottomley and Smigelsky (2023) articulated as the space that acknowledges the modest efforts to understand survivors of sudden loss placing constraints that limit the pursuit of multiple avenues of generalized findings. Essentially, we are repeating the conclusion that this issue exists but this present study proved that not only have the research questions been brilliantly answered, it almost is as if they have never been asked in the first place. Without the strength of qualitative research pursuits, the foundation of all other literature bridge building will remain stalled and fostering growth for those needing advanced grief care will remain isolated and parameters of needs misunderstood (Bradfield et al., 2023; Yeong et al., 2018). Qualitative evaluation

highlights the sensitivity not only of the therapeutic nature of intervention strategies for subcategories of bereavement care and grief trauma but also illuminates the process of interview participant data collection in trauma populations (Bradshaw et al., 2016; Paraskevopoulou-Kollia, 2019). The few sprouting research growing alongside this present study are benefiting the exposure and slow growing body of research for grief experiences of overdose loss (Sterling et al., 2022).

Theoretical Connections

As noted previously in Chapter Two, this present study sought and successfully illuminated the influences of exhaustion and lingering guilt within the population of overdose bereaved. The rates of overdose deaths have continued to exacerbate their own rates each year previous and in turn, leave at minimum four to six individuals impacted and left behind with complicated bereavement journey ahead of them (Bottomley et al., 2022). Amongst the growing importance of trauma care development, we must recognize as well as pursue the variables of bereavement related needs (Bottomley et al., 2022). This present study took the offensive to engage the population of those suffering overdose bereavement and build foundation to bridge gaping holes in the current literature. As the increase of grief trauma discussion begins to overflow into the influence and refinement of therapeutic practice, the marriage of empirical weight and theoretical influences for the future of research allow us to understand and identify bereavement related needs with both practical and academic rigor (Bottomley & Smigelsky, 2023).

Practical Implications

The research questions established met observation, which yielded depths of mental health vulnerabilities for those in the wake of this specific bereavement (Bottomley et al., 2022).

There are qualitative adverse mental health experienced and unmet for those who experienced overdose loss as a surviving loved one (Bottomley et al., 2022). Seeking a population stigmatized by life alongside an addict even before suffering overdose bereavement proves challenging. The barriers to research participation are in a lot of advanced studies seeking critical information on well-being for filling literary gaps and understanding the pursuit of aiding isolation populations for qualitative intervention development (Bradfield et al., 2023).

Hope-Focused Interpretation

As many facets of grief recovery are detailed and discussed through mot literature in addition to this present study, hope-focused perspective, whether faith and religiously based or otherwise, this has seen to be note only a positive influence on recovery from traumatic experiences but often an added perspective from most all interview participants. Although this study did not seek to specifically factor in any religious or Christian worldview directive in this study, in accordance with the university considerations of Christian worldview interpretations, there are still interesting notions perceived, and collected form the researcher and interview transcript which surfaced when exploring the meaning making comments or responses of the interviewed participants (Ghesquiere & Bagaajav, 2020). With implications on hope-focused or biblical interpretations of traumatic bereavement, there is purposeful notation with almost every individual who spoke that within the details of the complex grief aftermath, they could not pretend that relief was not present as well. One participant's unprovoked comment detailing their faith-filled perspective suggested an additional understanding to the considerations of those in the aftermath of such a sudden and traumatic loss such as overdose: "I know that a Christian perspective is going to be different" (Selah, P1). Other individuals in this present study made mention of vague hope focused desires for their loved on beyond the turmoil of their earthly

struggle with addiction, citing relief, hope of calm now that “they are no longer struggling with this.” Inferring that they desire a better place for their loved one who was lost in such a sudden manner.

Without specifically seeking a particular afterlife requirement, hope-focused perspective or Christian worldview to inform the participant data of this particular study, the vastness of this topic’s core need and developmental focus in the realm of grief trauma is available to researchers and professional to pursue endlessly as grief, and loss do not discriminate. Loss is a universal suffering experienced by all in many ways (Gonzalez & Bell, 2016). This present qualitative study does however grant foundational development for therapeutic professionals, and various leaders to engage these aspects in relations to the topic of grief trauma beyond the focus of those left behind by overdose bereavement. This study, although successful in its scope and focus, does still work within limitations and restrictions that must be reviewed and considered for advancement of research.

Delimitations and Limitations

There are variables and potential for respondents to have reactions that are not valid for research development and analysis as the openness of qualitative research design allows for the superb success or lack of depth in the response from volunteer participants in any research study (Turner, 2017). Lack of response or unforeseen reaction to the interview process that allows for participant flexibility may unfortunately leave room for incomplete responses failing to meet data collection requirements. This present study notes an over representation of female respondents in collecting final qualitative interviews for assessment (Feigelman et al., 2020). The present study’s results are limited to a timeframe collection within academic pursuit and although extended well beyond original timeframe, did land with a small population sample with

discussion. Often interviews may only yield the minimum thorough nonverbal observation by the researcher when responses to interview prompts yield nothing noteworthy or even in contradiction to the developing themes observed in reexamination (Turner, 2017).

As mentioned in Chapter Four, summary of participant details, beyond the critical data which brought this study's research question responses to a valid saturation, there were outliers and failed interviews which began with eager interest however ceased due to unforeseen circumstances or the personal request of the interviewee. The few respondent's apologetic for their discontinuation of the participant interview were cohesively due to heightened emotion contributing to a request to cease and dismiss from the voluntary interview. These interview collections are of course not included in data analysis but are not unimportant for discussion in future consideration. Group sizing can vary which can call into view the depth of information and purpose brought to data by everyone, as small groups do not inherently mean less influential observations for data analysis (Kenny et al., 2002). With the changes and seemingly uncertain changes to in person research that were placed into practiced since the global crisis of 2020, the changing evaluations of what used to be easily approachable conversations for the sake of research development both impacted the salesmanship of the researcher's participation collection and the veil of additional hesitancy placed on participant populations (Fisher, 2020). Although there is argument for the detached nature of digital interviews research does praise the evidence of approachability especially with topics that are sensitive in nature (Archibald et al., 2019). This potential was acknowledged early in the development and preparation of the qualitative interview process.

Recommendations for Future Research

Throughout the creation, implementation, and assessment of this study's research collection, in the time it takes to tend to the fullness of qualitative research, many intelligible and valuable whispers of discussion arose within the same realm of this researcher's desired study point. As does most research development, the aim is for the growth and development of therapeutic practice for those in need of aid and just as importantly, for those who require ethical and professional obligation to maintain a continuing practice of educating, elevating and equipping themselves on behalf of the populations they serve through therapeutic practice. Many of the gaps are still present and, in some ways, make the direction of this research realm more confusing, as the pieces of a path do not quite prove as cohesive as practitioners and researchers would hope to achieve. Previous studies have all concluded similarly in their proposed future research that there is intricate value in creating care programs for relatives and friends of addicts (Templeton et al., 2017). Grief trauma, newly in its presence in reception, review and response in therapeutic practice has with it a myriad of multifaceted avenues for discussion and research pursuit. The struggles of those with added influence over their bereavement emotions or reactions due to the impact of addiction have proven to desire and hope for developing therapeutic practices to meet their individual needs with adapted interventions; especially in such a stigmatize discussion surrounding overdose loss (Bottomley et al., 2023; Vincenzes et al., 2019).

The future of research not only requires us to move with wonder as well as urgency in bridging literary gaps along with creative therapeutic development, but also extends the curiosity in facing questions such as, 'What now?' as we reflect and review. What can counseling professionals, treatment centers, and specialists within both grief and addictions spheres of care

be doing to meet the multifaceted needs of those suffering from overdose bereavement? The eagerness of this discussion has resonated with each participant that was reviewed for analysis as well as those whose interest did not lead to fully completed interviews. In summary of every inquiry to this present study's focus, there is a desire for being seen and known when in the wake of isolation, especially one so compounded by first a life of depth and detail unresolved when loving someone with addiction and the influence of unmet care over the grief journey within overdose bereavement. Often the discussion of care prior to an overdose is solely focused on the care for the individual suffering addiction and as we've reviewed, very little care is directed to the needs of those within an addict's sphere of influence or care (Bradshaw et al., 2015; Larochelle et al., 2021). Beyond simplistic awareness or light education of addiction in general, or the treatment facilities and plans for someone suffering addiction, pursuit of development for loved one care would prove beneficial to those alongside an individual with substance abuse in the same ways caregivers require focused aid and emotional endurance care. This before-hand care may not be what hinders or stops an overdose tragedy but fortifying the emotional care of those surrounding a loved one suffering addiction can only better engage and equip them if faced with the complicated grief trauma aftermath of an overdose death of a loved one. This study confidently laid foundations for continued discussion into the avenues to move into the future of what is next or what now for this population of individuals who prior, were not sought after (Sterling et al., 2022).

One continued hope for future research is the continuation of inquiry after examination. Research itself ignites with an idea but then ceases to explore once validity is met for the sake of an idea. This study hopes that not only will therapeutic professionals more willingly develop opportunities for those suffering specified bereavement trauma such as overdose loss, but

additionally encourages research to look and the elevated themes as interest points. As psychiatric study proves the increases evidence of mental health burden on loved ones of substance issues, this qualitative data analysis deepens the need to create connection to a population of hurting individuals which is almost triple the number per overdose loss and develop ways to meet these family members or care givers both in life alongside their loved one as well (Sharma et al., 2019). Perhaps additional consideration for the practicalities of care for those within the sphere of influence of an addict will grow, bettering the standards for loved ones and care givers of substance sufferers before overdose.

Summary

The two primary take away's from this present study were the basic need to pursue empirical collection of needs for the complex bereavement populations such as those engaged as this present study began. Evaluating the complexities of grief will move to understand and equip not just those in traumatic grief journeys but will benefit therapeutic professionals and lead researchers to focus better on development of aftercare in grief trauma. The counter for individuals bereaved by overdose is wearing out even as numbers continue to climb. Multiple study's discussions are noting the same in their recent reviews that there is in fact a mental health concern for anyone associated or impacted by the loss of someone in this way (Bottomley et al., 2023). This study in its time frame to develop, collect and discuss the important additions to the gapping literature is please to also note some presence of similar affirmation from sparse researcher development alongside this present study's crucial findings (Bottomley et al., 2023). As this present study has brought critical information to the table and data to be considered in filling the literature holes as well as responding to crucial research questions, the hope for father development does not and cannot stand alone on the shoulders of only one study. The continued

design development, intervention strategizing, and therapeutic practice must grow to meet the specific needs of a suffering population left behind. The needs of after care are new discussion in the therapeutic realm both as launching points for discussion and highlights of vacancies in current counseling intervention. This is the gap space we not only need to be having and bringing new perspective to the table for but developing interventions for areas such as grief trauma therapy as it correlates to overdose loss (Bottomley et al., 2022). Moving past the theory prior research has established, proven vacant and alluded to in need, this comprehensive summary takes the new additions to this field of sparse literary discussion and not only lays down foundations between gaps in the picture, but humbly leaves the continued exploration and research queries open to those who follow.

References

- Aadil, M., & Ameer, M. A. (2021). The Covid-19 pandemic and the opioid crisis in United States of America. *Khyber Medical University Journal*, 13(1), 49.
<https://doi.org/10.35845/kmu.j.2021.21043>
- Altmaier, E. M. (2011). Best practices in counseling grief and loss: Finding benefit from trauma. *Journal of Mental Health Counseling*, 33(1), 33–45.
<https://doi.org/10.17744/mehc.33.1.tu9wx5w3t2145122>
- American Psychiatric Association (APA). (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.
- Andriessen, K., Krysiniska, K., Hill, N. T. M., Reifels, L., Robinson, J., Reavley, N., & Pirkis, J. (2019). Effectiveness of interventions for people bereaved through suicide: A systematic review of controlled studies of grief, psychosocial and suicide-related outcomes. *BMC Psychiatry*, 19(1), 1–15. <https://doi.org/10.1186/s12888-019-2020-z>
- Aoun, S. M., Breen, L. J., Howting, D. A., Rumbold, B., McNamara, B., & Hegney, D. (2015). Who needs bereavement support? A population based survey of bereavement risk and support need. *PloS ONE*, 10(3), e0121101. <https://doi.org/10.1371/journal.pone.0121101>
- Archibald, M. M., Ambagtsheer, R. C., Casey, M. G., & Lawless, M. (2019). Using zoom videoconferencing for qualitative data collection: Perceptions and experiences of researchers and participants. *International Journal of Qualitative Methods*, 18, 160940691987459. <https://doi.org/10.1177/1609406919874596>
- Arıdağ, N. Ç., & Ermumcu, E. (2017). Examinations of perceived family functions, resilience and substance abuse of university students. *International Online Journal of Educational Sciences*, 9(2), 486–499. <https://doi.org/10.15345/ijoes.2017.02.014>

- Astramovich, R. L., & Hoskins, W. J. (2013). Evaluating addictions counseling programs: Promoting best practices, accountability, and advocacy. *Journal of Addictions & Offender Counseling, 34*(2), 114–124. <https://doi.org/10.1002/j.2161-1874.2013.00019.x>
- Baharudin, D. F., Mohd Hussin, A. H., Sumari, M., Mohamed, S., Zakaria, M. Z., & Sawai, R. P. (2014). Family intervention for the treatment and rehabilitation of drug addiction: An exploratory study. *Journal of Substance Use, 19*(4), 301–306. <https://doi.org/10.3109/14659891.2013.799239>
- Baker, A. W., Keshaviah, A., Horenstein, A., Goetter, E. M., Mauro, C., Reynolds, C. F., Zisook, S., Shear, M. K., & Simon, N. M. (2016). The role of avoidance in complicated grief: A detailed examination of the grief-related avoidance questionnaire (GRAQ) in a large sample of individuals with complicated grief. *Journal of Loss & Trauma, 21*(6), 533–547. <https://doi.org/10.1080/15325024.2016.1157412>
- Berg, G. M., Harshbarger, J. L., Ahlers-Schmidt, C. R., & Lippoldt, D. (2016). Exposing compassion fatigue and burnout syndrome in a trauma team: A qualitative study. *Journal of Trauma Nursing, 23*(1), 3–10. <https://doi.org/10.1097/JTN.0000000000000172>
- Bodine, F. (2021). *Coding qualitative data*. GEO Poll. <https://www.geopoll.com/blog/coding-qualitative-data/>
- Boelen, P. A., de Keijser, J., & Smid, G. (2015). Cognitive-behavioral variables mediate the impact of violent loss on post-loss psychopathology. *Psychological Trauma: Theory, Research, Practice and Policy, 7*(4), 382–390. <https://doi.org/10.1037/tra0000018>
- Boelen, P. A., & Smid, G. E. (2017). The traumatic grief inventory self-report version (TGI-SR): Introduction and preliminary psychometric evaluation. *Journal of Loss and Trauma, 22*(3), 196–212. <https://doi.org/10.1080/15325024.2017.1284488>

- Bottomley, J. S., Campbell, K. W., & Neimeyer, R. A. (2022). Examining bereavement-related needs and outcomes among survivors of sudden loss: A latent profile analysis. *Journal of Clinical Psychology, 78*(5), 951–970. <https://doi.org/10.1002/jclp.23261>
- Bottomley, J. S., Campbell, K. W., Titlestad, K. B., Feigelman, W., & Rheingold, A. A. (2023). Predictors of stigma, guilt, and shame among adults bereaved by fatal overdose. *Omega, 1*. <https://doi.org/10.1177/00302228231194208>
- Bottomley, J. S., Feigelman, W. T., & Rheingold, A. A. (2022). Exploring the mental health correlates of overdose loss. *Stress and Health, 38*(2), 350–363. <https://doi.org/10.1002/smi.3092>
- Bottomley, J. S., & Smigelsky, M. A. (2023). Bereavement in the aftermath of suicide, overdose, and sudden-natural death: Evaluating a new measure of needs. *Assessment, 30*(4), 1052–1064. <https://doi.org/10.1177/10731911221081139>
- Bradfield, O. M., Spittal, M. J., & Bismark, M. M. (2023). “I’m really glad that you’re doing this research”. Qualitative research involving doctors with lived experience of mental health or substance use challenges in Australia and Aotearoa New Zealand. *International Journal of Qualitative Methods, 22*, 160940692311828. <https://doi.org/10.1177/16094069231182874>
- Bradshaw, S. D., Shumway, S. T., Wang, E. W., Harris, K. S., Smith, D. B., & Austin-Robillard, H. (2015). Hope, readiness, and coping in family recovery from addiction. *Journal of Groups in Addiction & Recovery, 10*(4), 313–336. <https://doi.org/10.1080/1556035X.2015.1099125>
- Bradshaw, S. D., Shumway, S. T., Wang, E. W., Harris, K. S., Smith, D. B., & Austin-Robillard, H. (2016). Family functioning and readiness in family recovery from addiction. *Journal*

of Groups in Addiction & Recovery, 11(1), 21–41.

<https://doi.org/10.1080/1556035X.2015.1104644>

Brand, J. (2018). The opioid epidemic as collective trauma: An introduction to the crisis. *Group: Journal of the Eastern Group Psychotherapy Society*, 42(4), 291–309.

<https://doi.org/10.13186/group.42.4.0291>

Brason, F. W., Roe, C., & Dasgupta, N. (2013). Project Lazarus: An innovative community response to prescription drug overdose. *North Carolina Medical Journal*, 74(3), 259–261.

<https://pubmed.ncbi.nlm.nih.gov/23940903/>

Bride, B. E., Robinson, M. M., Yegidis, B., & Figley, C. R. (2004). Development and validation of the secondary traumatic stress scale. *Research on Social Work Practice*, 14(1), 27–35.

<https://doi.org/10.1177/1049731503254106>

Briere, J., & Scott, C. (2015). *Principles of trauma therapy: DSM 5 update*. Sage.

Bronson, C. E. (2015). Scholarly writing and collaboration: A book review on writing groups for doctoral education and beyond. *Qualitative Report*, 20(11), 1823–1825.

<https://doi.org/10.46743/2160-3715/>

Brown, S., & Lewis, V. M. (1995). *The alcoholic family: A developmental model of recovery*. Jossey-Bass.

Burke, L. A., Neimeyer, R. A., Young, A. J., Bonin, E. P., & Davis, N. L. (2014). Complicated spiritual grief II: A deductive inquiry following the loss of a loved one. *Death Studies*,

38(1–5), 268–281. <https://doi.org/10.1080/07481187.2013.829373>

Büyüköztürk, Ş., Yılmaz, S., Özbay, Y., Eşici, H., Tomar, İ. H., Aliyev, R., Hos, H. Y.,

Senfarah, S., Sarac, M. U., Ceyhan, G., & Akyılmaz, F. D. (2019). The effectiveness of addiction prevention training program of Turkey on improved acquisition of knowledge

- and emotional awareness about addiction. *Addicta: The Turkish Journal on Addictions*, 6(1), 115–131. <https://doi.org/10.15805/addicta.2019.6.1.0005>
- Cacciatore, J., Lacasse, J. R., Lietz, C. A., & McPherson, J. (2013). A parents TEARS: Primary results from the traumatic experiences and resiliency study. *Omega: Journal of Death & Dying*, 68(3), 183–205. <https://doi.org/10.2190/OM.68.3.a>
- Cash, A., & Weiner, I. B. (2006). *Wiley concise guides to mental health: Posttraumatic stress disorder*. John Wiley & Sons.
- Castro, S., & Rocha, J. (2013). The moderating effects of previous losses and emotional clarity on bereavement outcome. *Journal of Loss & Trauma*, 18(3), 248–259. <https://doi.org/10.1080/15325024.2012.687327>
- Center for Disease Control and Prevention [CDC]. (2019). *Opioid overdose: Drug overdose deaths*. CDC. <https://www.cdc.gov/drugoverdose/data/statedeaths.html>
- Center for Disease Control and Prevention [CDC]. (2023). *Drug overdose deaths*. CDC. <https://www.cdc.gov/drugoverdose/deaths/index.html>
- Cerel, J., Padgett, J. H., Conwell, Y., & Reed, G. A. (2009). A call for research: the need to better understand the impact of support groups for suicide survivors. *Suicide & Life-Threatening Behavior*, 39(3), 269–281. <https://doi.org/10.1521/suli.2009.39.3.269>
- Chan, W. C. H., Wong, B., Kwok, T., & Ho, F. (2017). Assessing grief of family caregivers of people with dementia: Validation of the Chinese version of the Marwit-Meuser caregiver grief inventory. *Health & Social Work*, 42(3), 151–158. <https://doi.org/10.1093/hsw/hlx022>
- Choate, P. W. (2015). Adolescent alcoholism and drug addiction: The experience of parents. *Behavioral Sciences (2076-328X)*, 5(4), 461–476. <https://doi.org/10.3390/bs5040461>

Cisney, J., & Ellers, K. (n.d.). *Loss grievors: Helping people through unrecognizable loss*.

Liberty University.

Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*. Guilford Publications.

Comans, T., Visser, V., & Scuffham, P. (2013). Cost effectiveness of a community-based crisis intervention program for people bereaved by suicide. *Crisis, 34*(6), 390–397.

<https://doi.org/10.1027/0227-5910/a000210>

Copello, A., Templeton, L., Orford, J., Velleman, R., Patel, A., Moore, L., MacLeod, J., & Godfrey, C. (2009). The relative efficacy of two levels of a primary care intervention for family members affected by the addiction problem of a close relative: A randomized trial.

Addiction (Abingdon, England), 104(1), 49–58. [https://doi.org/10.1111/j.1360-](https://doi.org/10.1111/j.1360-0443.2008.02417.x)

[0443.2008.02417.x](https://doi.org/10.1111/j.1360-0443.2008.02417.x)

Corden, A., & Hirst, M. (2013). Economic components of grief. *Death Studies, 37*(8), 725–749.

<https://doi.org/10.1080/07481187.2012.692456>

Cosden, M., Sanford, A., Koch, L. M., & Lepore, C. E. (2016). Vicarious trauma and vicarious posttraumatic growth among substance abuse treatment providers. *Substance Abuse, 37*(4), 619–624.

<https://doi.org/10.1080/08897077.2016.1181695>

Dasgupta, N., Beletsky, L., & Ciccarone, D. (2018). Opioid crisis: No easy fix to its social and economic determinants. *American Journal of Public Health, 108*(2), 182–186.

<https://doi.org/10.2105/AJPH.2017.304187>

da Silva, E. A., Noto, A. R., & Formigoni, M. L. O. S. (2007). Death by drug overdose: Impact on families. *Journal of Psychoactive Drugs, 39*(3), 301–306.

<https://doi.org/10.1080/02791072.2007.10400618>

- da Silva, M. P., Netto de Oliveira, A. M., da Silva, P. A., Algeri, S., & Flores Soares, M. C. (2019). Family orientation group as a strategy for care in chemical codependency. *Investigacion y Educacion En Enfermeria*, 37(3).
<https://doi.org/10.17533/udea.iee.v37n3e08>
- Dayton, T. (2005). The use of psychodrama in dealing with grief and addiction-related loss and trauma. *Journal of Group Psychotherapy, Psychodrama & Sociometry* (15453855), 58(1), 15–34. <https://doi.org/10.3200/JGPP.58.1.15-34>
- DeJong, C. A. J., Verhagen, J. G. D., Pols, R., Verbrugge, C. A. G., & Baldacchino, A. (2020). Psychological impact of the acute COVID-19 period on patients with substance use disorders: We are all in this together. *Basic & Clinical Neuroscience*, 11(2), 207–216.
<https://doi.org/10.32598/bcn.11.covid19.2543.1>
- Dickov, A., Meduric, Z., Dickov, V., Kajtez, M., & Brkic-Jovanovic, N. (2016). The impact of family resources and stressful events in the progression of drug addicts in the process of change. *Anatolian Journal of Psychiatry / Anadolu Psikiyatri Dergisi*, 17(4), 278–284.
<https://doi.org/10.5455/apd.193472>
- Disley, E., Mulcahy, A. W., Pardal, M., Rubin, J., & Ruggeri, K. (2014). Development of a framework to estimate the cost of opioid dependence. *Rand Health Quarterly*, 3(4), 2.
https://www.rand.org/content/dam/rand/pubs/research_reports/RR400/RR406/RAND_R406.pdf
- Drabwell, L., Eng, J., Stevenson, F., King, M., Osborn, D., & Pitman, A. (2020). Perceptions of the use of alcohol and drugs after sudden bereavement by unnatural causes: Analysis of online qualitative data. *International Journal of Environmental Research and Public Health*, 17(3). <https://doi.org/10.3390/ijerph17030677>

- Drescher, K., & Foy, D. (2010). When horror and loss intersect: Traumatic experiences and traumatic bereavement. *Pastoral Psychology, 59*(2), 147–158.
<https://doi.org/10.1007/s11089-009-0262-2>
- Dyer, J. E. T., & Hagedorn, W. B. (2013). Navigating bereavement with spirituality-based interventions: Implications for non-faith-based counselors. *Counseling & Values, 58*(1), 69–84. <https://doi.org/10.1002/j.2161-007X.2013.00026.x>
- Edwards, M., Best, D., Irving, J., & Andersson, C. (2018). Life in recovery: A families' perspective. *Alcoholism Treatment Quarterly, 36*(4), 437–458.
<https://doi.org/10.1080/07347324.2018.1488553>
- Enez, Ö. (2018). Complicated grief: Epidemiology, clinical features, assessment and diagnosis. *Current Approaches in Psychiatry / Psikiyatride Guncel Yaklasimlar, 10*(3), 269–279.
<https://doi.org/10.18863/pgy.358110>
- Essakow, K. L., & Miller, M. M. (2013). Piecing together the shattered heirloom: Parents' experiences of relationship resilience after the violent death of a child. *American Journal of Family Therapy, 41*(4), 299–310. <https://doi.org/10.1080/01926187.2012.701590>
- Everly, G. S., Jr., & Lating, J. M. (2013). *A clinical guide to the treatment of the human stress response* (3rd ed.). Springer.
- Ewer, P. L., Teesson, M., Sannibale, C., Roche, A., & Mills, K. L. (2015). The prevalence and correlates of secondary traumatic stress among alcohol and other drug workers in Australia. *Drug & Alcohol Review, 34*(3), 252–258. <https://doi.org/10.1111/dar.12204>
- Feigelman, W., Feigelman, B., & Range, L. M. (2020). Grief and healing trajectories of drug-death-bereaved parents. *Omega, 80*(4), 629–647.
<https://doi.org/10.1177/0030222818754669>

- Feigelman, W., Jordan, J. R., & Gorman, B. S. (2011). Parental grief after a child's drug death compared to other death causes: Investigating a greatly neglected bereavement population. *Omega*, 63(4), 291–316. <https://doi.org/10.2190/OM.63.4.a>
- Fields, S. A., Johnson, W. M., Mears, J., & Johnson, W. M. (2018). How to treat complicated grief. *Journal of Family Practice*, 67(10), 637–640. <https://cdn.mdedge.com/files/s3fs-public/Document/October-2018/JFP06710637.PDF>
- Fisher, C. (2020, June 2). Counseling connoisseur: Death and bereavement during COVID-19. *Counseling Today*. <https://ct.counseling.org/2020/06/counseling-connoisseur-death-and-bereavement-during-covid-19/>
- Fraser, M., & Plescia, M. (2019). The opioid epidemic's prevention problem. *American Journal of Public Health*, 109(2), 215–217. <https://doi.org/10.2105/AJPH.2018.304859>
- Furr, S. R., Johnson, W. D., & Goodall, C. S. (2015). Grief and recovery: The prevalence of grief and loss in substance abuse treatment. *Journal of Addictions & Offender Counseling*, 36(1), 43–56. <https://doi.org/10.1002/j.2161-1874.2015.00034.x>
- Gall, T. L., Henneberry, J., & Eyre, M. (2014). Two perspectives on the needs of individuals bereaved by suicide. *Death Studies*, 38(6–10), 430–437. <https://doi.org/10.1080/07481187.2013.772928>
- Germain, A., Shear, K. M., Walsh, C., Buysse, D. J., Monk, T. H., Reynolds, C. F., Frank, E., & Silowash, R. (2013). Dream content in complicated grief: A window into loss-related cognitive schemas. *Death Studies*, 37(3), 269–284. <https://doi.org/10.1080/07481187.2011.641138>

- Ghesquiere, A., & Bagaajav, A. (2020). "We take care of people; What happens to us afterwards?": Home health aides and bereavement care in hospice. *Omega: Journal of Death & Dying*, 80(4), 615–628. <https://doi.org/10.1177/0030222818754668>
- Glauser, W. (2014). "High-functioning addicts": Intervening before trouble hits. *CMAJ: Canadian Medical Association Journal*, 186(1), 19. <https://doi.org/10.1503/cmaj.109-4667>
- Gonzalez, C. L., & Bell, H. (2016). Child-centered play therapy for Hispanic children with traumatic grief: Cultural implications for treatment outcomes. *International Journal of Play Therapy*, 25(3), 146–153. <https://doi.org/10.1037/pla0000023>
- Grim, B. J., Harmon, A. H., & Gromis, J. C. (2006). Focused group interviews as an innovative quanti-qualitative methodology (QQM): Integrating quantitative elements into a qualitative methodology. *Qualitative Report*, 11(3), 516–537. <https://scholarworks.montana.edu/xmlui/handle/1/2971>
- Groot-Alberts, L. (2012). The lament of a broken heart: Mourning and grieving in different cultures. How acceptance of difference creates a bridge for healing and hope. *Progress in Palliative Care*, 20(3), 158–162. <https://doi.org/10.1179/1743291X12Y.0000000024>
- Gruber, D., & Boyd, S. (2017). Substance abuse: A crisis in need of disruption. *Journal of Health Care Compliance*, 19(5), 13–51. <https://www.alvarezandmarsal.com/insights/substance-abuse-crisis-need-disruption>
- Gruber, K. J., & Taylor, M. F. (2006). A family perspective for substance abuse: Implications from the literature. *Journal of Social Work Practice in the Addictions*, 6(1-2), 1–29. https://doi.org/10.1300/J160v06n01_01

- Hanna, F. J., & Cardona, B. (2013). Multicultural counseling beyond the relationship: Expanding the repertoire with techniques. *Journal of Counseling & Development, 91*(3), 349–357.
<https://doi.org/10.1002/j.1556-6676.2013.00104.x>
- Hays, D. G., & Erford, B. T. (2014). *Developing multicultural counseling competence: A systems approach* (2nd ed.). Pearson.
- Hendron, J. A., Irving, P., & Taylor, B. J. (2014). Clergy stress through working with trauma: A qualitative study of secondary impact. *The Journal of Pastoral Care & Counseling, 68*(4), 1–14. <https://doi.org/10.1177/154230501406800404>
- Hibberd, R., Elwood, L. S., & Galovski, T. E. (2010). Risk and protective factors for posttraumatic stress disorder, prolonged grief, and depression in survivors of the violent death of a loved one. *Journal of Loss & Trauma, 15*(5), 426–447.
<https://doi.org/10.1080/15325024.2010.507660>
- Holbeck, M. (2017). The impact of the opioid epidemic and overcoming addiction. *South Dakota Medicine: The Journal of the South Dakota State Medical Association, 70*(10), 437.
<https://doi.org/10.1111/j.1526-4637.2008.00500.x>
- Horesh, D. (2016). The reconstruction of criterion A in DSM-5: Is it a true incorporation of secondary traumatization into the PTSD diagnosis? *Journal of Loss & Trauma, 21*(5), 345–349. <https://doi.org/10.1080/15325024.2015.1072016>
- Horowitz, M. J. (2015). Effects of trauma on sense of self. *Journal of Loss & Trauma, 20*(2), 189–193. <https://doi.org/10.1080/15325024.2014.897578>
- Jacobs, E. E., Schimmel, C. J., Masson, R. L., & Harvill, R. L. (2015). *Group counseling: Strategies and skills* (8th ed.). Cengage Learning.

Jen Der Pan, P., Deng, L.-Y. F., Tsai, S. L., Chen, H.-Y. J., & Yuan, S.-S. J. (2014).

Development and validation of a Christian-based grief recovery scale. *British Journal of Guidance & Counselling*, 42(1), 99–114. <https://doi.org/10.1080/03069885.2013.852158>

June, L. N., & Black, S. D. (2011). *Counseling for seemingly impossible problems. A biblical perspective*. Zondervan.

Kassam, F., Cheong, A. R., Evans, D., & Singhal, A. (2019). What attributes define excellence in a trauma team? A qualitative study. *Canadian Journal of Surgery. Journal Canadien de Chirurgie*, 62(6), 450–453. <https://doi.org/10.1503/cjs.013418>

Keene, E. A., Hutton, N., Hall, B., & Rushton, C. (2010). Bereavement debriefing sessions: An intervention to support health care professionals in managing their grief after the death of a patient. *Pediatric Nursing*, 36(4), 185–189. <https://www.hopkinsmedicine.org/-/media/som/documents/appointments/bereavement-debriefing-sessions.pdf>

Kenny, D. A., Mannetti, L., Pierro, A., Livi, S., & Kashy, D. A. (2002). The statistical analysis of data from small groups. *Journal of Personality and Social Psychology*, 83(1), 126–137. <https://doi.org/10.1037/0022-3514.83.1.126>

Kosminsky, P. (2017). Techniques of grief therapy: Assessment and intervention. *Omega: Journal of Death & Dying*, 75(3), 300–305. <https://doi.org/10.1177/0030222816663410>

Kropf, N. P., & Jones, B. L. (2014). When public tragedies happen: Community practice approaches in grief, loss, and recovery. *Journal of Community Practice*, 22(3), 281–298. <https://doi.org/10.1080/10705422.2014.929539>

Krouwel, M., Jolly, K., & Greenfield, S. (2019). Comparing Skype (video calling) and in-person qualitative interview modes in a study of people with irritable bowel syndrome - An

- exploratory comparative analysis. *BMC Medical Research Methodology*, 19(1), 219.
<https://doi.org/10.1186/s12874-019-0867-9>
- Laboy-García, G. M., Cruz-Bermúdez, N. D., & Sosa-Arrufat, R. (2016). Parents' perspectives about their sons' drug addiction and rehabilitation process. *Puerto Rican Journal of Psychology / Revista Puertorriqueña de Psicología*, 27(1), 148–164.
<https://www.repsasppr.net/index.php/reps/article/view/283>
- Larochelle, M. R., Slavova, S., Root, E. D., Feaster, D. J., Ward, P. J., Selk, S. C., Knott, C., Villani, J., & Samet, J. H. (2021). Disparities in opioid overdose death trends by race/ethnicity, 2018–2019, from the HEALing Communities Study. *American Journal of Public Health*, 111(10), 1851–1854. <https://doi.org/10.2105/AJPH.2021.306431>
- Linde, K., Treml, J., Steinig, J., Nagl, M., & Kersting, A. (2017). Grief interventions for people bereaved by suicide: A systematic review. *PLoS ONE*, 12(6), e0179496.
<https://doi.org/10.1371/journal.pone.0179496>
- Loxterkamp, D. (2006). Helping “them”: Our role in recovery from opioid dependence. *Annals of Family Medicine*, 4(2), 168–171. <https://doi.org/10.1370/afm.518>
- McArdle, E. A., & Stull, L. G. (2018). Anxiety and depression in family members of people struggling with addiction. *Modern Psychological Studies*, 23(2), Article 10.
<https://scholar.utc.edu/mps/vol23/iss2/10>
- Magnusson, E., & Marecek, J. (2015). *Doing interview-based qualitative research: A learner's guide*. Cambridge University Press.
- Maher, C., Hadfield, M., Hutchings, M., & de Eyto, A. (2018). Ensuring rigor in qualitative data analysis: A design research approach to coding combining NVivo with traditional

- material methods. *International Journal of Qualitative Methods*, 17(1), 160940691878636. <https://doi.org/10.1177/1609406918786362>
- Matthews, L. R., Bohle, P., Quinlan, M., & Rawlings-Way, O. (2012). Traumatic death at work: Consequences for surviving families. *International Journal of Health Services: Planning, Administration, Evaluation*, 42(4), 647–666. <https://doi.org/10.2190/HS.42.4.e>
- Meyers, L. (2020, October 26). Addiction: Paving the way to recovery: The road to recovery is rarely smooth, but counselors can help clients process the pitfalls that led them to addiction and avoid the potholes that can lead to relapse. *Counseling Today*, 63(5), 26. <https://ct.counseling.org/2020/10/addiction-paving-the-way-to-recovery/>
- Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). The Guilford Press.
- Misouridou, E. (2016). Trauma and addiction: Implications for practice. *Rostrum of Asclepius / Vima Tou Asklipiou*, 15(3), 207–222. <https://doi.org/10.5281/zenodo.56816>
- Neimeyer, R. A., & Currier, J. M. (2009). Grief therapy: Evidence of efficacy and emerging directions. *Current Directions in Psychological Science*, 18(6), 352–356. <https://doi.org/10.1111/j.1467-8721.2009.01666.x>
- Newsom, C., Schut, H., Stroebe, M. S., Wilson, S., & Birrell, J. (2016). Initial validation of a comprehensive assessment instrument for bereavement-related grief symptoms and risk of complications: The indicator of bereavement adaptation—Cruse Scotland (IBACS). *PLoS ONE*, 11(10), 1–20. <https://doi.org/10.1371/journal.pone.0164005>
- Niles, J. K., Gudin, J., Radcliff, J., & Kaufman, H. W. (2021). The opioid epidemic within the COVID-19 Pandemic: Drug testing in 2020. *Population Health Management*, 24, S-43–S-51. <https://doi.org/10.1089/pop.2020.0230>

- Norris, F. H. (1992). Epidemiology of trauma: Frequency and impact of different potentially traumatic events on different demographic groups. *Journal of Consulting and Clinical Psychology, 60*(3), 409–418. <https://doi.org/10.1037/0022-006X.60.3.409>
- Ober, A. M., Granello, D. H., & Wheaton, J. E. (2012). Grief counseling: An investigation of counselors' training, experience, and competencies. *Journal of Counseling & Development, 90*(2), 150–159. <https://doi.org/10.1111/j.1556-6676.2012.00020.x>
- Orford, J., Copello, A., Velleman, R., & Templeton, L. (2010). Family members affected by a close relative's addiction: The stress-strain-coping-support model. *Drugs: Education, Prevention & Policy, 17*(1), 36–43. <https://doi.org/10.3109/09687637.2010.514801>
- Orrù, G., Marzetti, F., Conversano, C., Vaghegini, G., Miccoli, M., Ciacchini, R., Panait, E., & Gemignani, A. (2021). Secondary traumatic stress and burnout in healthcare workers during COVID-19 outbreak. *International Journal of Environmental Research and Public Health, 18*(1). <https://doi.org/10.3390/ijerph18010337>
- Palumbo, F. B., & Holmes, L. P. (2019). Culpability in the opioid crisis: All parties must remain vigilant and establish best practices to address the epidemic. *Journal of Health Care Compliance, 21*(1), 5–10. <https://www.coursehero.com/file/151925549/Opioid-Crisis-Healthcare-Policy-NR-506docx/>
- Paraskevopoulou-Kollia, E. A. (2019). Methodology of qualitative research: Interviews and online interviews. *Open Education-The Journal for Open and Distance Education and Educational Technology, 15*(2), 24–37. <https://www.scirp.org/reference/referencespapers?referenceid=2251559>

- Ponto, J. (2015). Understanding and evaluating survey research. *Journal of the Advanced Practitioner in Oncology*, 6(2), 168–171.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4601897/>
- Prigerson, H. G., Maciejewski, P. K., Reynolds, C. F., Bierhals, A. J., Newsom, J. T., Fasiczka, A., Frank, E., Doman, J., & Miller, M. (1995). Inventory of complicated grief: A scale to measure maladaptive symptoms of loss. *Psychiatry Research*, 59(1–2), 65–79.
[https://doi.org/10.1016/0165-1781\(95\)02757-2](https://doi.org/10.1016/0165-1781(95)02757-2)
- Rice, A. (2015). Common therapeutic factors in bereavement groups. *Death Studies*, 39(3), 165–172. <https://doi.org/10.1080/07481187.2014.946627>
- Roberts, R. E. (2020). Qualitative interview questions: Guidance for novice researchers. *Qualitative Report*, 25(9), 3185–3203. <https://doi.org/10.46743/2160-3715/2020.4640>
- Roth, J. (2010). Addiction as a family disease. *Journal of Groups in Addiction & Recovery*, 5(1), 1–3. <https://doi.org/10.1080/15560350903547189>
- Schäfer, G. (2011). Family functioning in families with alcohol and other drug addiction. *Social Policy Journal of New Zealand*, (37), 135–151. <https://msd.govt.nz/documents/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj37/10-schaefer.doc>
- Schenk, R. (2018). *Parents share stories of children lost to addiction*. Southeast Outlook.
http://www.southeastoutlook.org/news/features/article_072fb908-8ab6-11e8-af77-23ac03bf86f6.html
- Scott, V., & Wolfe, S. (2015). *Community psychology. Foundations for practice*. Sage.

- Sharma, A., Sharma, A., Gupta, S., & Thapar, S. (2019). Study of family burden in substance dependence: A tertiary care hospital-based study. *Indian Journal of Psychiatry*, *61*(2), 131–138. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_123_15
- Stebbins, J. (2015). Reciprocal impact of personal and professional experiences on bereavement practice. *Grief Matters: The Australian Journal of Grief & Bereavement*, *18*(2), 30–32. <https://doi.org/10.3316/informit.554707684772345>
- Stephenson, J. (2020). Drug overdose deaths head toward record number in 2020, CDC warns. *JAMA Health Forum*, *1*(10). <https://doi.org/10.1001/jamahealthforum.2020.1318>
- Sterling, P. B., Muruthi, B. A., Allmendinger, A., Thompson-Cañas, R., Romero, L., & Tung, J. (2022). The grieving process of opioid overdose bereaved parents in Maryland. *Omega (Amityville, N.Y. Online)*. <https://doi.org/10.1177/00302228221124521>
- Tal, I., Mauro, C., Reynolds, C. F., Shear, M. K., Simon, N., Lebowitz, B., Skritskaya, N., Wang, Y., Qiu, X., Iglewic, A., Glorioso, D., Avanzino, J., Wetherell, J. L., Karp, J. F., Robinaugh, D., & Zisook, S. (2017). Complicated grief after suicide bereavement and other causes of death. *Death Studies*, *41*(5), 267–275. <https://doi.org/10.1080/07481187.2016.1265028>
- Talbreza-May, J. (2015). Cultural trauma in the lives of men in northern New Mexico. *Journal of Men's Studies*, *23*(2), 119–132. <https://doi.org/10.1177/1060826515582521>
- Templeton, L. (2009). Use of a structured brief intervention in a group setting for family members living with substance misuse. *Journal of Substance Use*, *14*(3-4), 211–220. <https://doi.org/10.1080/14659890802695832>
- Templeton, L., Valentine, C., McKell, J., Ford, A., Velleman, R., Walter, T., Hay, G., Bauld, L., & Hollywood, J. (2017). Bereavement following a fatal overdose: The experiences of

- adults in England and Scotland. *Drugs: Education, Prevention & Policy*, 24(1), 58–66.
<https://doi.org/10.3109/09687637.2015.1127328>
- Thomas, S. (2021). *Overdose*. American Addiction Centers.
- Ting, L., Jacobson, J. M., Sanders, S., Bride, B. E., & Harrington, D. (2005). The secondary traumatic stress scale (STSS): Confirmatory factor analyses with a national sample of mental health social workers. *Journal of Human Behavior in the Social Environment*, 11(3-4), 177–194. https://doi.org/10.1300/J137v11n03_09
- Titlestad, K. B., Stroebe, M., & Dyregrov, K. (2020). How do drug-death-bereaved parents adjust to life without the deceased? A qualitative study. *Omega: Journal of Death & Dying*, 82(1), 141–164. <https://doi.org/10.1177/0030222820923168>
- Turk, M., & Kalarchian, M. (2014). What makes a good qualitative research article? *Bariatric Surgical Practice and Patient Care*, 9(1), 26–28. <https://doi.org/10.1089/bari.2014.9964>
- Turner, D. (2017). *Making the most of bad qualitative data*.
<https://www.quirkos.com/blog/post/making-the-most-of-bad-qualitative-data/>
- Upadhyay, U. D., & Lipkovich, H. (2020). Using online technologies to improve diversity and inclusion in cognitive interviews with young people. *BMC Medical Research Methodology*, 20(1), 1–10. <https://doi.org/10.1186/s12874-020-01024-9>
- Valentine, C., Bauld, L., & Walter, T. (2016). Bereavement following substance misuse. *Omega: Journal of Death & Dying*, 72(4), 283–301. <https://doi.org/10.1177/0030222815625174>
- Van Horne, B. S., O’Neil, M., Keefe, R. J., & Mandell, D. (2021). It’s not just opioids: Polysubstance overdose deaths in Harris County, Texas 2013–2018. *Texas Public Health Journal*, 73(4), 35–39.

- van Wormer, K. (2008). Counseling family members of addicts/alcoholics: The stages of change model. *Journal of Family Social Work, 11*(2), 202–221.
<https://doi.org/10.1080/10522150802174319>
- Vincenzes, K. A., McMahon, B., Lange, J., & Forziat-Pytel, K. (2019). Systemic issues in the opioid epidemic: Supporting the individual, family, and community. *International Journal of Mental Health & Addiction, 17*(5), 1214–1228.
<https://doi.org/10.1007/s11469-018-0041-3>
- Wa-Mbaleka, S., & Pedro Costa, A. (2020). Qualitative research in the time of a disaster like COVID-19. *Revista Lusofona de Educacao, 48*(48), 11–26.
<https://doi.org/10.24140/issn.1645-7250.rle48.01>
- Weitkamp, K., Daniels, J. K., & Klasen, F. (2014). Psychometric properties of the questionnaire for secondary traumatization. *European Journal of Psychotraumatology, 5*(1), 21875.
<https://doi.org/10.3402/ejpt.v5.21875>
- Weller, S. C., Vickers, B., Bernard, H. R., Blackburn, A. M., Borgatti, S., Gravlee, C. C., & Johnson, J. C. (2018). Open-ended interview questions and saturation. *PLoS ONE, 13*(6), 1–18. <https://doi.org/10.1371/journal.pone.0198606>
- Whitfield, N., & Kanter, D. (2014). Helpers in distress: Preventing secondary trauma. *Reclaiming Children & Youth, 22*(4), 59–61.
<https://files.eric.ed.gov/fulltext/EJ1038554.pdf>
- Wilson, D. M., MacLeod, R., & Houttekier, D. (2016). Examining linkages between bereavement grief intensity and perceived death quality: Qualitative findings. *Omega: Journal of Death & Dying, 74*(2), 260–274. <https://doi.org/10.1177/0030222815598442>

Wojtkowiak, J., Vanherf, N. C., & Schuhmann, C. M. (2019). Grief in a biography of losses: Meaning-making in hard drug users' grief narratives on drug-related death. *Death*

Studies, 43(2), 122–132. <https://doi.org/10.1080/07481187.2018.1456708>

Yeong, M. L., Ismail, R., Ismail, N. H., & Hamzah, M. I. (2018). Interview protocol refinement:

Fine-tuning qualitative research interview questions for multi-racial populations in Malaysia. *Qualitative Report*, 23(11), 2700–2713.

<https://core.ac.uk/download/pdf/215367007.pdf>

APPENDIX A: Call for Participants**CALL FOR PARTICIPANTS!****Parameters of Need for Loved Ones of Addicts Following
Overdose Bereavement**

- Are you 18 years of age or older?
- Have you suffered the loss of a loved one due to overdose or overdose-related circumstances? Or,
- Have you suffered the loss of a loved one who was suffering from addiction, but not due to an overdose?

If you answered **yes**, you may be eligible to participate in a research study about survivors of overdose bereavement.

The purpose of this research study is to understand the impact of loving someone through substance abuse and the grief associated with loss due to overdose.

Participants will be asked to discuss their loved ones, themselves, and their grief experience.

In-person interviews will be conducted at 920 Blankenbaker Pkwy, Louisville, KY 40243. The alternative option for the interview to be conducted via Zoom is available for participants upon request.

Adrienne Weiss, a doctoral candidate in the School of Community Care and Counseling at Liberty University, is conducting this study.

Please contact Adrienne Weiss at aweiss1@liberty.edu for more information about the study and consent.



APPENDIX B: Scaled Interview Question Response Scores**Chart 1.** Scaled Interview Question Response Scores

CHARTED INFORMATION RATED SCALE [1-5]

NAME (pseudonym)	QUESTION 1	QUESTION 2	QUESTION 3	QUESTION 4
Selah	3	1	3	2
Keegan	5	4-5	3	1
Cheyenne	4	3	4	2
Sydney	5	3	3	4
Twyla	5	2	1	3
Kiana	5	2	2	3*
Meryl	1	1	5	5
Jesse	1 *	5	5	1
Talia	1	3	5	1
Soleil	4	3	5	4
Avg:	3.4	2.75	3.6	2.6

APPENDIX C: Institutional Review Board

December 8, 2022

Adrienne Weiss
Laurel Shaler

Re: IRB Exemption - IRB-FY21-22-851 PARAMETERS OF NEED FOR LOVED ONES OF ADDICTS FOLLOWING OVERDOSE BEREAVEMENT

Dear Adrienne Weiss, Laurel Shaler,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office