



# PROJECT ECHO: OD-FIT

Overdose Fatality Investigation Techniques

## Managing Difficult Workplace Experiences and Stress for Medical Examiners and Coroners

Traumatic and stressful experiences can negatively affect medical examiners, coroners, and others within the death investigation field, as well as the families and communities with whom they work. Therefore, it is imperative to have a trauma-informed, resilience-oriented, equity-focused approach when interacting with colleagues, families of decedents, and community members. Being culturally sensitive to distress, using non-stigmatizing language, respecting differences, actively listening, and being compassionate are some practices that can be integrated into daily work interactions to create a collaborative, safe, and empowered work environment.

### Relevant Terminology

- **Trauma:** Possible outcome of exposure to adversity that occurs when a person perceives an event or set of circumstances as extremely frightening, harmful, or threatening.
- **Trauma-informed:** Acknowledges that an individual may have experienced trauma that may impact their current experience and response.
- **Adversity:** Wide range of circumstances or events that pose a serious threat to a person's physical or psychological well-being.
- **Toxic stress:** Can occur when an individual experiences adversity that is extreme, long-lasting, and severe without adequate support, and the stress response system becomes overactivated.
- **Adverse Childhood Experiences (ACEs):** Potentially traumatic events that occur in childhood.
- **Culture:** The shared values, traditions, arts, history, folklore, and institutions of a group of people that are unified by race, ethnicity, nationality, language, religious beliefs, spirituality, socioeconomic status, social class, sexual orientation, politics, gender, age, disability, or any other cohesive group variable.
- **Attunement:** The reactivity we have to another person.
- **Burnout:** A general exhaustion and lack of interest or motivation regarding one's work.
- **Compassion fatigue:** The negative emotions that individuals feel from helping others at work.
- **Resilience:** The process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress. It can mean "bouncing back" after a difficult experience.

### Key Takeaways

- There is a dose-response relationship between the number of ACEs someone has and health outcomes across the lifespan, including obesity and heart disease. This dose-response relationship underscores that disease is not randomly distributed.
- A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of

This project and publication were supported by the cooperative agreement number, CDC-RFA-OT18-1802, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

trauma in staff, families of decedents, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.

- When people have experienced severe stress and/or trauma, it will shape how they perceive future experiences. Trauma is a personal belief – some individuals will perceive an experience as traumatic, and others won't. Their responses to the trauma will differ as well. For some, the response may be physical whereas for others it's emotional, or a combination of responses.
- When interacting with family and friends of a decedent, it is important to use trauma-informed language, actively listen, speak slowly and clearly, and attend to distress in the way they define it. It is also important for the death investigation workforce to practice self-care and resilience-building strategies to combat burnout and compassion fatigue.

To learn more about managing difficult workplace experiences, check out the session slides or email [odfitecho@astho.org](mailto:odfitecho@astho.org) for more information.

**About the Presenter:** Laura Leone, DSW, MSSW, LMSW, has worked in the mental health and substance use services field for more than 20 years. She has provided training and consultation on integrated care, mental health, substance use, suicide prevention, evidence-based practices, value-based payment readiness and other health care topic areas. Dr. Leone has extensive experience in bidirectional integration, engaging primary care in mental health partnerships and in specific clinical treatment modalities. She has published and presented nationally and has held leadership, clinical, administrative, supervisory, research and publication positions at a Federally Qualified Health Center; in private practice; at an in-patient psychiatric hospital; and at McLean Hospital's OCD Institute. Dr. Leone is a licensed social worker who obtained her doctorate in Social Work from the University of Southern California and obtained her Master of Science in Social Work from Columbia University's School of Social Work.



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