

Tuesday, May 7, 2013

In Re: Hearing on HB 2950/Bereavement Leave

Dear Chair Beyer, Vice-Chair Starr, and Committee Members Edwards, Girod, Monroe, and Thomsen:

I am submitting testimony today to express my strong support for HB 2950, which would add Bereavement Leave to the Oregon Family Medical Leave Act. I want to thank Representative Keny-Guyer for its introduction and members of the House for their support, and hope your committee will move the bill to the Senate floor for a vote.

I have been the Bereavement Coordinator for Kaiser Permanente Hospice in Portland for 10 years. As the second largest hospice in the state, we support 1100 families a year after the death of a loved one through our bereavement program. During this time, I have worked with countless bereaved individuals as they struggle to adapt to significant loss. It is a process measured in months, and sometimes years, but certainly not days.

In addition, I serve on the Professional Education Committee of the National Hospice and Palliative Care Organization, and am adjunct faculty in both the Portland State University School of Social Work and The University of Portland Department of Social and Behavioral Sciences. I have conducted local and national trainings on grief and loss, and helped to begin a bereavement support program for children and families in Clatsop County. I conducted my dissertation research at The Dougy Center, the renowned support center for grieving children and families in Portland, examining adolescent adjustment after the death of a parent. I share this professional information merely to explain the background that I bring to this topic.

Loss of a significant loved one to death is commonly recognized as one of the most stressful of human experiences, an assault on our sense of meaning and security in the world (Attig, 1996; Bowlby, 1980; Holmes & Rahe, 1967; Neimeyer, 2001; Shaver & Fraley, 2008; Wolfelt, 2003). Grief – the intensely painful suffering we encounter following close loss – is our natural, albeit disruptive and often long-lasting, response to the severance of a close bond (Bowlby, 1980). For these reasons, bereaved persons confront numerous difficulties attempting to resume work soon after a loss.

Acute grief compromises functioning on every level - emotional, cognitive, behavioral, social, and physical. Early responses may include shock and numbness, alongside a sense of disbelief that the loss has occurred. Emotional lability; significant anxiety and sadness; poor concentration and attention; disjointed, preoccupied and cloudy thinking; disrupted appetite and sleep; overall fatigue and lethargy; and exacerbation of chronic health conditions or susceptibility to new physical maladies are but a few of the common symptoms of significant grief. The daily functioning that we take for granted often takes more energy and effort than recently bereaved persons can summon.

It should be noted that functional impairment in grief accompanies both losses that are expected, such as those that follow protracted illness, as well as those for which there is no preparation – an accident, heart attack, or other sudden event. This risk is amplified if the loss is violent (i.e. homicide or suicide): when trauma compounds grief, the degree of cognitive disbelief and emotional overwhelm pose substantial risk for routine functioning.

All of these experiences make optimal performance in a work environment tremendously difficult for the recently bereaved. In such a state, managing one's emotions, staying focused, and interacting professionally with coworkers often become unachievable goals. In some environments, such as those involving physical labor, machinery/equipment operation, or attending to the welfare or care of others, the impediments of grief may actually prove dangerous, as the deficits in attention, concentration, and organized thinking preclude successful, safe task completion.

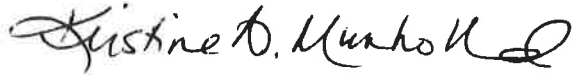
Employed individuals affected by a close loss are rarely in the right frame of mind to return to work soon after a death. There are of course exceptions, persons for whom the distraction of work serves as a balm, an opportunity to temporarily forget the pain of their loss. But for many, the competing demand of work responsibilities alongside the unavoidable disruption of grief is truly an unreasonable burden. That we had the foresight as a nation to allow individuals 90 days in which to care for a dying loved one was truly commendable; permitting them only 3 days of bereavement leave at their employer's discretion is simply inadequate. At a time when employees most need consideration and compassion, our current policy (or lack thereof) offers them no protection.

The proposed legislation adds no time to existing Family Leave Protection, as the 2 weeks must count towards the existing total of 12. It is also unpaid. Thus, not every bereaved individual will qualify if they have exhausted their leave, while others simply cannot endure the loss of income. But for those impaired enough by their acute grief or the practical demands of their newfound responsibilities to need respite, the extra time allowed for some degree of recovery while their employment remains protected would be a welcome source of support. It would also allow employers to know grieving individuals return to their workforce better prepared to meet their professional obligations.

As a society, we do not make bereavement adaptation particularly easy. The customs and traditions that once made mourning a recognized time of healing have long since given way to the everyday demands of the workplace. **This legislation, if adopted, would evidence a sensible, proactive approach to making that adaptation a bit more humane.** It is my most sincere hope that Oregon might be an example to the rest of the nation, paving the way for other communities to make the world a tiny bit better for persons who grieve.

If I can serve in any capacity in support of this legislation beyond this testimony, it would be my honor to be available.

Thank you most sincerely for your consideration.



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