

Episode 162-- Grief, and Growth, After Military Suicide Loss...

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SPEAKERS

Dr. Carla Stumpf-Patton, JJ Janflone, Kelly Sampson



JJ Janflone 00:08

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JJ Janflone 00:37

Hey, everybody. This is JJ.



Kelly Sampson 00:40

And this is Kelly.



JJ Janflone 00:41

And together, we are hosts of this podcast, Red, Blue and Brady. Welcome.



Kelly Sampson 00:47

Yeah, and we are so excited. That may sound odd given the context, but we are. We're excited to bring the final episode for now and our theories about grief and loss.



JJ Janflone 00:57

One of the terrible realities of learning about gun violence and gun violence prevention is that we lose over 100 people a day. And so talking about how to deal with that loss, and then even how to prevent future losses is so so important, but sometimes a really hard conversation.

K

Kelly Sampson 01:16

Yeah, and one of the consistent themes that come up in all of our conversations about grief and loss is how important it is to remember that grieving and mourning are not one size fits all. Everyone brings their whole selves, their whole life to the table. And so today's guest is going to help us understand some of the nuances involved with grieving and loss and mourning in the military context.



JJ Janflone 01:40

Yes, our guest Dr. Carla Stumpf-Patton, who is the Senior Director of suicide postvention programs (we're going to talk a lot about that) at TAPS, the Tragedy Assistance Program for Survivors, did, I think, an amazing job breaking down what life is like for military families after a suicide loss.

K

Kelly Sampson 01:59

Yeah, and I think this episode is important for all of us, even those of us who aren't in a military context, or don't even know anyone in a military context, because there are some lessons that we can all take away when we are faced with a loss ourselves or when we're supporting someone who is grieving. So I think this is a really important episode.



JJ Janflone 02:17

Absolutely.

D

Dr. Carla Stumpf-Patton 02:21

Hi, everyone. My name is Dr. Carla Stumpf-Patton, and I'm coming to you today with TAPS, Tragedy Assistance Program for Survivors. We are a national nonprofit organization. We have been around since 1994. And our mission is to support all of those who are grieving the death of a military loved one or service member who ever served in the US armed forces. My role at TAPS is as the Senior Director and I oversee all of our suicide postvention programs and services.

K

Kelly Sampson 02:53

And as far as you're comfortable, I'm wondering if you could share with us what brought you to working with TAPS?

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Dr. Carla Stumpf-Patton 02:59

Well, I am a survivor myself. I lost my first husband, drill instructor Sergeant Richard Stumpf. He was a United States Marine and he died by suicide back in 1994. He was a Gulf War combat veteran at the time and a drill instructor. And we were, he was 24 years old at the time. We were expecting our first child when he died by suicide a few days before our baby was to be born. So that was 27 years ago. But my place now at TAPS is being the support for those family members who are now dealing with those losses and coming to TAPS for support. So as a survivor myself, you know, I am honored to be there for those who are now starting this journey. And at TAPS many of us who work there are either survivors or from a military family or they might be a veteran or servicemember themselves.

K

Kelly Sampson 03:56

Well, sorry for your loss. That sounds really, really difficult. I mean, don't really have the right words for it. But yeah, I'm just, thank you for sharing that. And I'm wondering, you know, what are some particularities around serving military communities in this way that may be different from civilian populations?

D

Dr. Carla Stumpf-Patton 04:17

Sure. In terms of bereaved individuals, you know, we're an organization founded by a survivor, run by survivors, with services for survivors. So a large part of what we do is based on peer-based support, to support those who are grieving a loss. And so it is very specific, of course, around what we do around the military culture. The aspect of grief and loss are those, those components are really universal, but the pieces around the military community are more unique and very specific to the military culture. And so it's very helpful to be able to maintain a connection to the military community. There are kind of unique circumstances that it's hard for civilian people to perhaps understand what military individuals, their loved ones, their family members go through in service, as well as after they die. So it's very helpful to have a community of those of us who have been through that who understand the military culture, so people can feel like they are not alone, and they connect to people who have been there and who can understand.



JJ Janflone 05:26

I wonder, you know, could you tease that out a little bit more? Like, what are some of the things that are sort of unique to that? I think as you're speaking, obviously, Kelly and I are two civilians, we're from civilian family. So you know, what, what is that?

D

Dr. Carla Stumpf-Patton 05:37

Oh, sure. There are so many things from just the language within the culture, as far as you know, every branch of service can sometimes be different, the unique nature of the occupations, the many different specialty occupations that people hold, you know, the

challenges that perhaps a military family has to go through that maybe civilians might not understand, and, you know, having your loved one be deployed, or in combat operations, or in high risk positions, perhaps in situations where you might not even be able to have the information because they can't disclose that. So, you know, there are just a lot of, a lot of individual, you know, within each case that can kind of be specific, but within the military community, there can be things that the family member is challenged with, as the service member, you know, and of course, these are some of the challenges before a death has occurred, you know. And so, that also can vary depending on the service member when they are active duty versus if they have been discharged or separated from the military and now they are transitioning back into the civilian community, which can be a very challenging and difficult transition in itself. So you can understand from active duty to a veteran status to, each, you know, circumstance, it can really kind of bring up unique challenges.



JJ Janflone 07:02

Thank you for clarifying, because it just seems like everything, from just culturally to like, logistically, it's a lot.



Dr. Carla Stumpf-Patton 07:08

Right, right.



Kelly Sampson 07:10

Yeah, and I think speaking of unique challenges, one of the things that TAPS does, brilliantly, is sort of lay out how, when you're grieving someone who died by suicide, that grief may be different from grief after another sort of loss. And I'm wondering if you could unpack why that is and what that looks like.



Dr. Carla Stumpf-Patton 07:28

Sure. And just to clarify, at TAPS, we support those who are coping with all causes of death, where their loved one regardless of the duty status, so whether they're active duty, or regardless of when they served, where they served, all branches of service. And we support all relationships and loved ones, all the way to colleagues and battle buddies to immediate next of kin. So in that regard, you know, we have a tall order to fill. And it's not about, you know, one loss being worse than or different or I should say worse than another, but it is different. And so when it comes to suicide death, it does have its unique challenges and things that make that loss different. And it is very helpful for, for the bereaved individual to know that they're not alone and that there are people, unfortunately, who have been through this, but unfortunately, can't offer them encouragement and support that they can survive this. You know, with other causes of death, culturally, and in society, oftentimes, you know, people are regarded. They might have parades for them and streets named after them and parks in their honor. And unfortunately, with suicide, historically, that hasn't been the case.

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Dr. Carla Stumpf-Patton 08:40

And I will say, being a very long term survivor, that is finally starting to change, because we're really, we're addressing the stigma that has often been associated with suicide. It shouldn't be different, but it is different. You know, if people you know, are battling an illness, many times they're looked at, you know, for, for fighting a very heroic battle against this illness that they lost their fight with, whereas people oftentimes look at suicide in a different light. And so, you know, I would challenge people to look at it actually, very similarly, that people who died by suicide, oftentimes were struggling and maybe battling things that we were not aware of, perhaps some that we might have been aware of, and to view them with compassion, the way we would any other person who might have been suffering and died as a result of something that may or may not have been treated, or they didn't seek help for, for example. Some of the specifics around that that might be unique, as I mentioned, might be some of the stigma associated with that, whether that's the person internally dealing with stigma or coming from outside society and friends and family members who don't know how to talk about that. Oftentimes, it's even where a family member or a loved one might have had concerns or might have even been aware that their loved one was struggling. It's still a tremendous shock. It's oftentimes unexpected. It's a death that's oftentimes graphic in nature, unexpected, where there is really very little warning.

D

Dr. Carla Stumpf-Patton 10:09

And even if there, there are circumstances, when people had concerns, it's still tremendously shocking and unbelievable that this could happen. You know, people think that their loved one just made this choice to do something. And it might mean that they didn't love them. And that's just not the case when it comes to suicide. It's not about a measure of, of the person not loving people or us not loving them enough. It's really about the measure of pain that they were experiencing that they saw no other way to escape that pain. And so the unique challenges for the bereaved who are dealing with this is coming to terms in some way to understand that. Oftentimes, it's shocking. There's a lot of trauma associated with that death. There are many questions that survivors have about why this happened. You know, how this could have happened? Why didn't my loved one ask for help? Why didn't I know better? Why didn't somebody else do something? You know, they knew we loved them. Why wasn't that enough? You know, it's, there's an endless amount of questions around the why. There's a lot of questions around if, if only and we would have, and we could have, we should have, whether that's internally or externally. And there are also a lot of other concerns around survivors who are now dealing with a suicide loss who could be at risk themselves, if they're not given adequate care around that, all the way to how do I talk about this? How am I going to tell my children about what happened? And how do we have those conversations? So that, you know, the list could go on and on about some of those unique challenges, those are just a couple to touch on.



JJ Janflone 11:52

Well, and that's going to be very hard I imagine, when you have people, you have a whole lot of people who are grieving who, who know the lost person in different ways, right? Like you've got battle buddies, you've got people who were, you know, in their units who have spent an incredible amount of time with them, you've got families, there's just all these people that have been impacted.

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Dr. Carla Stumpf-Patton 12:08

And thank you for acknowledging that, because we do often think about, you know, in the military, we might refer to it, as you know, next of kin. But oftentimes, we think about the most immediately people impacted, such as a spouse, parents, children, siblings, grandparents. But we're in the bigger picture. Particularly I think, again, you know, in the military culture, one thing that makes it very unique, it is a very tight knit community. And it's, you know, the brotherhood, the sisterhood, this camaraderie, you know, they're oftentimes just as close if not closer than sometimes with a blood relation. So when an individual in the military dies by suicide, we oftentimes overlook other people who could be grieving that loss. And many times those, that's, in the veteran community, you know, they they've lost a comrade, a colleague, a battle buddy to suicide. They are grieving that loss too so it's really important that we acknowledge that and include them in the circle of care and support so that they are not overlooked as what we might call a disenfranchised griever. Again, because people who have lost somebody to suicide can be at increased for suicide risk themselves, if they are vulnerable or struggling with any mental health concerns. So that's one thing that we want to try to identify, people who have been impacted by the loss, to make sure that they're connected with the support and the resources that could be helpful for them.

K

Kelly Sampson 13:35

And just to pick up on what you just shared, disenfranchised griever. Because I think it would be important, as we have been having a series of episodes about grief, could you explain what a disenfranchised griever is? And, and how to kind of identify that?

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Dr. Carla Stumpf-Patton 13:51

Yeah, I think just kind of simply put, it's oftentimes somebody that might be overlooked, and not being as relevant as somebody else. So if, you know, for example, you know, I lost a husband to suicide. So as the spouse, you know, people are gonna think that I'm, you know, going to be the one that's most impacted. And, of course, you know, in my world, I am the one that's most impacted. But I also would acknowledge that there are many other people in the ripple effect, who are all impacted by that, that death, right. And so, in some cases, people who might have known my husband who were grieving him as a person, there might have been people who worked with him who might not have been particularly close or had an emotional attachment to him, but they were still impacted by that loss. And there are people who might not have had, had maybe a close emotional relationship with him, but maybe who were still grieving him. So oftentimes, the people on like the outliers or on the outskirts might be overlooked and they might themselves think, you know, who am I to be grieving? I wasn't the sibling or the parent or the spouse. So my grief is not as important as theirs. But you know, I'm the first to say that I would never want to overlook anybody else who was struggling with that loss or grieving that individual because they're going through something in their own right that they might need support around. So this could be other family members who might experience that. It could be coworkers and colleagues, people who had a relationship with the person who died, and maybe other people weren't even aware that they existed. So essentially, it's oftentimes individuals that might be overlooked, whether that's intentionally or unintentionally.

So it's helpful to acknowledge them, and to let them know that they're not alone. That can be very validating for people to hear, just to acknowledge that they might be going through something that they need support with.



JJ Janflone 15:43

Yeah, it makes me think about, you know, so often, because when we lose someone to gun violence, right, like we talked about that, like the first people who are impacted, but then also our communities are impacted-



Dr. Carla Stumpf-Patton 15:51

Sure.



JJ Janflone 15:52

-too. So like, there's this whole spectrum of people that are sort of left, left reeling after this, this trauma. And, and sort of in the vein of, you know, post, so, so unfortunately, dealing with a loss. One of the things that TAPS has that I think is so interesting is you call it the suicide postvention model. And I'm wondering if we can talk about what that is, because I think it's so, it's so interesting, you know, I went on a deep dive on their, on your website. We'll include a link to it in the bio, everyone can go check it out. But.



Dr. Carla Stumpf-Patton 16:21

Thank you. Well, first of all, thank you so much for doing your homework and asking that question. That's something that's really important to me and to the work that we do. And it's something that a lot of people might not have heard about. So I'll kind of break it down a little bit. You know, when we talk about suicide, there's usually three components of it. Prevention is before suicides happen, when we're becoming informed and educated about that. Intervention is usually in the middle of a crisis, when we're trying to, during a suicide crisis, trying to help somebody to stop that from happening. Postvention refers to the services and the support that has happened, usually, it's usually after a suicide death, sometimes after a suicide attempt. So that's after a suicide. So the work that we do at TAPS primarily is focused around postvention. It's a term that's really unique and specific to in the world of suicide.



Dr. Carla Stumpf-Patton 17:12

But what I want to highlight about that, it is preventative in nature. So what I would say is suicide postvention must be a critical component of any suicide prevention strategy. And as I mentioned previously, because those who have been impacted by a suicide can be at increased for suicide themselves, if postvention, quality postvention care is not offered, is why it makes it so critical. And then when we do offer that quality postvention, that in itself becomes preventative for those who could have been at risk for suicide themselves. We see this every day in the work that we do at TAPS between, you know, the services and the support and the

programs that we offer, where people share with us on a daily basis, how not only has their life been changed, but literally was probably saved because of the supports that they went through. Many times the grief can feel so overwhelming that the pain of that feels unimaginable. And for some people that can lead to increased thoughts of suicide, that we want to make sure people are getting connected to care and support around.

K

Kelly Sampson 18:23

I think that's pretty profound, what you just said that people have given you feedback that the postvention work has saved their lives, because I think sometimes the perception can be that there's nothing you can do to prevent someone from dying by suicide. So that's pretty amazing evidence that that's not the case. And one of the things around veteran suicide in particular, is that more than two thirds of them involve a firearm. And so I'm wondering, how does that issue come up in the conversations that TAPS had in the intervention and postvention that TAPS has as well?

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Dr. Carla Stumpf-Patton 19:00

Boy, yeah, you know, and it's such, that's a whole podcast in itself, right. That's a whole nother conversation. Firearms. That's certainly, of course, reflected in what we see. Suicide is one of the leading causes of death for the, for the referrals of why people come to TAPS for support, you know. Within the military community, probably much like law enforcement too, you know, firearms are very much a core part of that occupation. And the one thing that's a vital part of their occupation and what they do to protect and to serve, in the right setting, of course, personally, in the moment of crisis, you know, can become lethal. And so when it comes to firearms, they are such a highly lethal method, that it brings up even more concern. And so, I would say in the context of this conversation, it's not something that you want to wait to be in the middle of a crisis to learn about and to talk about. These are things that are important to talk about in a preventative, kind of proactive, fashion.

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Dr. Carla Stumpf-Patton 20:06

And just like we would with any other lethal means or dangerous, potentially, you know, dangerous equipment, we talk about safety, right. We have a dialogue around that, whether it's up, you know, equipment, cars, and automobiles, and even medications. We talk about, you know, safe usage, safe storage, and safety around that. And so within the military, of course, you know, there's extensive training around, you know, firearm safety and everything for how to use that, how to clean that, but what about how to address that in a mental health crisis, for example. And so oftentimes, family members feel very ill equipped around this. Of course, in our circumstance, it's too late. And it can be very, that in itself can be very fearful, it can be very daunting, and not knowing what to do with that. And so having conversations around this is absolutely critical. You know, if we look at the survivors who have been impacted, you know, what are the ramifications about that, now having firearms in the house, if they have other individuals who could be, you know, at risk that we have concerns about.

D

Dr. Carla Stumpf-Patton 21:11

So I would just say, you know, in general, we want to talk about, it's not about, you know, no usage or having people feel like, you know, you can't take my firearm away from me. You know, in the military culture, this is also something very specific. That's something that gives them great security. You know, that's something that protects them in a dangerous, perhaps a dangerous situation, you know, in a combat zone, for example. But on the homefront, you know, now there's a transition that they have to look at this in a different light. And so taking that away is something you know, taking that away from a veteran is something that's going to be very hard for them to imagine. But perhaps in the moment, or during a time of crisis, you know, having a conversation about what that looks like, which might be something along the lines of, you know, can you give your weapon to a trusted friend, in the meantime, just temporary, temporarily until you get some help, and the crisis passes. So it's not something that's readily available, you know, we want to talk about having safe storage around that. We want to talk about having some space and some distance and some time between a person who's struggling with suicide and lethal means.

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Dr. Carla Stumpf-Patton 22:26

If, and if that means, you know, separating the ammunition from the gun, having the gun locked, having it in a safe setting, and ultimately, if somebody is unwilling to give that up, what you know, how can we store it in a safe way, in the meantime, to keep them safe? And if that means putting some obstacles or some barriers between themselves, and in this case, you know, if it's a firearm, but really that could be any lethal means, so that they have to go through multiple steps instead of impulsively going to that, where they might have been able to think through that a little bit. And even if that is, you know, before you reach for a weapon, you know, what can you do first? Can you call a trusted family member or friend, you know, text the Crisis Text Line, you know, call the Veterans' Crisis Line? So there are other things in place before that becomes the first go to response.

D


Dr. Carla Stumpf-Patton 23:21

So, you know, it's, it's a pretty in depth conversation. I think there are a lot of facets to that. But talking about it, I think, proactively giving people, equipping them with knowledge about having this discussion, kind of like coaching them around what are some of the things that you can do in talking about this? Because that's part of what we would refer to as safety planning. If somebody is having thoughts of suicide, or might be struggling with a suicide crisis, what are the things that we can come up with a safety plan to keep them safe? And one of the things we want to talk about is if they have a plan? And if they have a plan, what method might that involve? And once they talk about that, what are some of the things that we can either do to disable that plan, or put some obstacles in place so that it doesn't, so it could become less lethal? If that makes sense? And I know, I'm really just kind of touching on the the the topic there. But hopefully, that's a beginning of a conversation.



JJ Janflone 24:18


Well, and I think one of the things that TAPS teases out really well, too, is that there are things that are universal, but then there are things that might be unique to the military community when a trauma like this happens.

 Dr. Carla Stumpf-Patton 24:30

There are a lot of other things on this list of unique concerns. You know, depending on the circumstances. That might be investigations and dealing with authorities and police and funerals and burials. You know, within the military community, there are some, some specific things around like benefits, for example, and how that's going to impact the family. There are oftentimes financial issues, legal issues, relationship issues. What does this mean, you know, in the work setting? So there are a lot of things that kind of come up on, on a case by case basis that we want to identify, you know, what are they struggling with most right now? If the suicide occurred in the home, for example, there might have been, in some cases, there might have been any structural damage. There might be a need for biohazard cleanup or repair. There might be cases where the family members either don't feel safe or can't live in the home. So are they safe? Do they have a place that, that they can be staying at, if there's a cleanup needed? We don't want family members to have to be exposed to that, you know. Can we get them identified and get them connected to the resources that can help around around that? So getting them connected to the services, the supports, you know, the things that are most pressing, and once that happens, then we want to move into the next phase, which would be able to kind of let them kind of process the deeper level of the grief. But it's very hard to do that when these most immediate issues are kind of in disarray and unstable. So the most critical piece in postvention is we want to first stabilize that situation.

 JJ Janflone 26:11


I think you did, you just did like a beautiful job in detailing how. No really, like how messy and complex and like individual-

 Dr. Carla Stumpf-Patton 26:21

Yes.

 JJ Janflone 26:21


-the response has to be.


 Dr. Carla Stumpf-Patton 26:23


That's right.


 JJ Janflone 26:24


Because everyone's experience and everyone's then grief is going to be different. And so I think that that's so key. There's a whole lot here.


 Dr. Carla Stumpf-Patton 26:32
That's right.

 JJ Janflone 26:32
That is not commonly talked about, you know. I think this is, Kelly, we've, we've done over 160 episodes now on on gun violence. I think this is the first time we've talked about like the need, maybe for, cleanup. Right?

 Kelly Sampson 26:45
Right.

 JJ Janflone 26:46
So that's it's, it's difficult. It's a hard, it's a hard topic.

 Dr. Carla Stumpf-Patton 26:50
It is. It's, it's difficult, it's, it can be daunting, it can be fearful. But these are the things that we have to ask about and address. Because when we don't, what we have found is survivors just be like, Okay, this happened to me, I, I guess I have to clean this up myself, or, you know, I have to have my, my loved one, my family member. This is now inflicting additional trauma on a survivor that we want to try to avoid. These are some of the things that kind of go back to that original question about what is kind of unique and different about suicide. These are things that many times other people don't have to think about, or maybe they hadn't experienced, or maybe to such a degree. I mean, they might have had a loved one die at home but the circumstances might have also been different. Also within the military community, we know that, statistically speaking, that many of these deaths are occurring, oftentimes on the home front, or in that of a friend's home, or in the workplace with colleagues. So this means that the people who are most connected to that person who has died are the ones who are being directly impacted, where they are either witnessing the death, or unfortunately have found their loved one, which is a horrible burden to have to carry, really hard for many people to even imagine how difficult that must be. And it adds another layer to the grief, which is the complexity of the trauma around that. So our goal with, another goal, I should say with postvention, is we want to minimize additional trauma anywhere we can and try to mitigate that. So you know, somebody who's already been through so much, what can we do to possibly avoid any secondary or additional trauma that might be resulting from what has happened?

 JJ Janflone 28:42
Well, and we even hear folks, too, all the time, like one of the focuses of our End Family Fire Program is trying to make people feel comfortable having that conversation who aren't, you know. firearms experts? Because it's not to be hard. right? That if you're not a military member.

not even a member of a military community, to have these conversations with a loved one about, you know, who am I to tell you what to do with your guns, right?

D

Dr. Carla Stumpf-Patton 29:05

That's right. And we often think like, who am I to ask that question? Who am I to, you know, be the police here to tell them what they should or shouldn't do? And ultimately, it's going to, every situation is going to be different. You know, ultimately, if it comes down to saving somebody's life, and it means that we have to ask the question, most people that have been through this and have lost somebody would say, you know, I would much rather have asked the question ahead and have them be mad at me than to not ask at all. And that doesn't mean that in itself would have changed everything. But it's oftentimes just something that as you mentioned earlier, it's kind of daunting people. It's fearful. You know, they think, Oh, who might ask that? I don't want to get into that. What if they say yes, then what do I do? You know, I don't have all of the answers. And I would just say that I would encourage anybody that, you know, you don't have to be highly trained in this area. You don't necessarily have to be a clinician and have the background.

D

Dr. Carla Stumpf-Patton 30:02

You have to care and be well intended. And I think the most, sometimes the most simple conversation of just letting people know, I care. Hey, I'm concerned, you know, you mentioned that you, you have a firearm, and you said, you were struggling? And that kind of concerns me, can we talk about it? You know, what can we do just to keep you safe for now and the time being? And I think it does say a lot about empowering the person who might be in crisis that they have some say-so here so that they don't feel that this is, you know, being done against their will and stripping them of their dignity. They can make some choices and be proactive about ways to keep themselves safe.

D

Dr. Carla Stumpf-Patton 30:42

You know, I give a lot of people credit who have, who have, you know, talked about that openly. We have learned a lot about people who have shared their first hand accounts of their struggles, perhaps suicide attempts and struggles around that, about the things that worked for them, and what didn't work for them, and keeping them safe, you know, for the moment. You know, I can't figure out what's going to happen in a month or a year. But for right now, for today, what you know, can we talk about something that would keep you safe. And when people share those experiences, it teaches us a lot, you know, from what they went through, what we can do better to support them. Because most people, particularly if they had a suicide attempt, will often share that, you know, they instantly kind of regretted that or wish that somebody would have done something more or could have intervened. And so I would say that no act is too small. Ask the question. And if you're not comfortable with that, you know, you don't have to solve it all yourself. You know, if you're worried about somebody, you just have to get them connected to somebody who can maybe take it to the next step. So if it's fearful or daunting, there are some great resources to learn about that to have those conversations, and anybody can be a part of that.



JJ Janflone 32:03

Well, I think that's an excellent note to end on, you know, a reminder to us all. And we absolutely, Carla, you got to come back. But I, you know, I feel like I'd be really remiss if I didn't plug for, at least two giant resources that people have access to, obviously Brady's End Family Fire, you know, all of our resources that you can find at endfamilyfire.org, but then also the phenomenal resources that TAPS has and how folks can find you at TAPS.org although obviously, we'll link to all these in description.



Kelly Sampson 32:33

Well, I don't know about you, JJ. But I feel like I learned a lot. And there are so many things that Carla shared that are just complete reframes in thinking through grief and loss. And I mean, I know we both talked about the postvention idea as an example of a reframe, but what about you?



JJ Janflone 32:52

So I think for me this week, what I'm going to take away from this conversation with Carla, you know, how this is going to change my life, is I'm going to try really hard to stop putting myself sort of into a knowledge box. And what I mean by that is, even though Carla's specialty and TAPS's specialty, obviously is dealing with with military context, so much of what she shared with us is applicable to everyone who might be going through a loss. And I think sometimes even with things like our End Family Fire content, I get into this, well, you know, if you don't own a firearm in the home, is this really applicable?



Kelly Sampson 33:26

Yeah.



JJ Janflone 33:26

To you? Right, but it absolutely is, because we all know people. We all interact with folks who are in these situations. And so I'm really going to look at all of the resources out there as a, not that this is a resource necessarily for X community, but no, like, this is a resource for humans, and we should be aware of it.



Kelly Sampson 33:46

Yeah, I think that's completely vibes with what I was thinking too. And I know for me, another takeaway, in addition to what you shared, is really honing in on this idea of disenfranchised grief. And this idea that when there is a loss or a death, that person's loss can reverberate in ways that may not be obvious. And, you know, especially when we work with gun violence and we talk about this all the time that, when someone is shot and killed, or shot and injured, that

reverberates for every single person who knew them, and sometimes the people who are just alone, because they're the coworker that no one really knew was close to that person. Those people need help too. And so I think that's something that I'm going to incorporate in my outlook is, that doesn't mean that the spouse or the best friend or the sibling doesn't need support, but also to be thinking through that a person's loss can be just as real for people who we may not think about.



JJ Janflone 34:47

I think it just goes to show how, like just how devastating gun violence is.



JJ Janflone 34:55

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Kelly Sampson 35:09

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