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Aaron Weis

Loma Linda University, aaweis@llu.edu

Julie D. Kugel

Loma Linda University, jkugel@llu.edu

Heather Javaherian-Dysinger

Loma Linda University, hjavaherian@llu.edu

Jessica Nicole De Brun

Loma Linda University, jdebrun@llu.edu

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Life After Losing an Adult Child to a Drug Overdose: A Kawa Perspective

Abstract

Background: Limited research is available to occupational therapy practitioners focusing on parents' abilities to cope with the loss of an adult child to a drug overdose. We examined the unique experiences of grieving parents from a Kawa model perspective to identify potential implications for occupational therapy.

Methods: We used a qualitative approach in which 11 participants completed Kawa drawings and participated in semi-structured interviews.

Results: Following a Kawa model analysis themes emerged: volatile nature of flow, support from inner circle and connection with outer circle, lonely islands, personal attributes of positivity and economics, and enhancing my river's flow.

Conclusion: The loss of an adult child to a drug overdose presents health care professionals with a unique set of grieving circumstances, including changes in life roles and abilities to participate in occupations, which can be challenging to address. As a result, this study suggests the Kawa model is an effective assessment tool that should be considered for use when working with those grieving the loss of a child to a drug overdose.

Keywords

drug overdose, KAWA, parental grief, occupational therapy

Cover Page Footnote

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Credentials Display

Aaron Weis, OTD, MOT, OTR/L; Julie Kugel, OTD, MOT, OTR/L; Heather Javaherian, OTD, OTR/L; Jessica De Brun, OTD, MOT, OTR/L

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The incidence of death from drug overdose has skyrocketed in the US over the last decade (Centers for Disease Control and Prevention [CDC], 2016), leading the United States Department of Health and Human Services to declare the opioid crisis a public health emergency (2017). Prescription opioids are the most frequent drug involved in overdose deaths, but heroin and synthetic opioids (mainly fentanyl) are increasingly common (Peterson et al., 2016; Rudd, Seth, David, & Scholl, 2016). Nearly half of all opioid deaths in 2016 involved fentanyl (Jones, Einstein, & Compton, 2018). Among the deaths in 2016 related to synthetic opioid overdose, 79.7% involved alcohol or another drug (Jones et al., 2018). It has been reported that “the most common co-involved substances were another opioid (47.9%), heroin (29.8%), cocaine (21.6%), prescription opioids (20.9%), benzodiazepines (17.0%), alcohol (11.1%), psychostimulants (5.4%), and antidepressants (5.2%)” (Jones et al., 2018, p. 1819).

While health professionals have struggled to develop a comprehensive strategy to address awareness and services for this public health emergency, families, parents, and loved ones are left to face the aftermath of their losses alone, sometimes with no understanding of the resources available to them. The death of a child is often considered one of the most stressful and traumatic life events a person may experience, and the grieving process associated with the death of a child, whether young or old, because of a drug overdose is complex (Bergstraesser, Inglin, Hornung, & Landolt, 2015; Rostila, Saarela, & Kawachi, 2012) and can leave parents in a state of pain that can never truly heal (Giannini, 2011). It is a dyadic stressor that affects the parents individually as well as the relationship between the parents as they grieve (Oliver, 1999). Many parents grieve long after the overdose death of a child, as they are unexpectedly forced to erase the hopes and dreams they had for them (Alam, Barrera, D’Agostino, Nicholas, & Schneiderman, 2012). Many parents who experience the unexpected drug overdose death of an adult child are often seen as being at fault for the child’s death (Guy, 2004). As a consequence, the shock and grief of the parent’s loss is often clouded by social and moral stigma, secrecy, shame, and denial, in addition to feelings of anger, helplessness, and guilt (Da Silva, Noto, & Formigoni, 2007).

Bereavement refers to the intense period of grief that many people experience after losing a loved one. During bereavement, it is common to experience anxiety, depression, and other illnesses (Hendrickson, 2009; Li, Laursen, Precht, Olsen, & Mortensen, 2005; Rostila et al., 2012). Parents who lose a child to a drug overdose may experience all of these symptoms along with disruptions in their physical, social, and mental health. As parents struggle to live with the challenges of losing a child to a drug overdose, there remains little research devoted to identifying the unique bereavement needs of this underserved population (Feigelman, Jordan, & Gorman, 2011; Rogers, Floyd, Seltzer, Greenberg, & Hong, 2008).

Theoretical Model

Occupations are “everyday activities that people do as individuals, in families, and with communities to occupy time and bring meaning and purpose to life” (American Occupational Therapy Association [AOTA], 2014, p. S5). These daily activities are the foundation of who we are as occupational beings. Occupation can be used as a therapeutic tool when working with those who have lost a family member (Hoppes & Segal, 2010). The Kawa model uses the metaphor of a river consisting of water (life energy or life flow), river sides and a bottom (social and physical contexts), rocks (circumstances impeding life flow), and driftwood (personal attributes and resources) to visualize the person’s life story, which is comprised of many occupations (Iwama, 2006). The Kawa model can be used in any setting to guide occupational therapy intervention planning. Gregg, Howell, Quick, and

Iwama (2015) used the Kawa model to provide care for military members with psychosocial needs. They concluded that the model may help promote recovery efforts that increase occupational performance, health, and well-being in military service members. Leadley (2015) piloted the Kawa model in a forensic mental health setting and outlined the significance of the Kawa model to occupational therapy, despite a limited amount of published literature on its use in practice. Given the model’s use to address psychological elements, it was chosen for this study to allow a unique way for parents to kinesthetically express their journeys via drawing and as a foundation for the interview questions.

There is a scarcity of literature focused on parents’ abilities to cope with the loss of a child to a drug overdose from an occupational therapy perspective. The purpose of this qualitative study was to understand the experience of parental loss as the result of an adult child’s drug overdose from a Kawa perspective and to identify potential implications for the profession of occupational therapy.

Method

Study Design

This qualitative study used semi-structured interview questions and a Kawa drawing to gain a better understanding of the parents’ loss and its impact on their life roles (Creswell, 2014). Semi-structured interview questions were developed through the lens of the Kawa model, as the participants were asked to visualize, draw, and reflect on their metaphorical river prior to the interviews. Using Kawa drawings as a qualitative data source allowed the participants to share sensitive information and strong emotions more easily during the semi-structured interviews. Institutional review board approval for this graduate student study was received prior to recruitment and data collection.

Participants

Snowball sampling was used to recruit 11 English speaking parents (see Table 1) from various social media outlets ranging from Facebook to a grief blog. The participants were considered a child’s parent if they accepted and fulfilled a parental role to help raise the child who lost his or her life to a drug overdose. Therefore, biological parents, stepparents, adopted parents, foster parents, legal guardians, and appropriate family members were considered for inclusion in this study; however, all of the participants fell into the biological parent category. Ten of the participants were female and one was male. The participants ranged in age from 48 to 83 years, with a mean age of 61.6 years. The ages of the participants’ adult children at the time of death ranged from 21 to 45 years, with a mean age of 30.1 years. All of the participants reported losing their son or daughter in the last 8 years.

Table 1

Participant Demographics and Description of Child

Parent Participant	Gender	Age	Time Since Loss of Child	Gender of Child	Age of Child at Time of Overdose	Primary Drug(s) Related to Overdose
Erin	F	60	2 years	Male	37	Unknown
Steve	M	49	< 1 year	Male	23	Heroin and Fentanyl
Susan	F	66	< 1 year	Male	35	Heroin and Fentanyl
Tanya	F	61	3 years	Male	24	Heroin and Cocaine
Ema	F	64	2 years	Male	32	Heroin

Michelle	F	60	2 years	Female	21	Heroin
Alexandra	F	83	2 years	Male	45	Alcohol
Jessica	F	48	< 1 year	Male	25	Methadone
Jennifer	F	62	7 years	Female	28	Heroin
Beth	F	67	8 years	Male	26	Heroin
Jeanette	F	58	< 1 year	Male	35	Pending toxicology

Procedures

The participants completed the Kawa drawings prior to the 60-min, audio-recorded semi-structured interviews. After consenting to participate, the participants received detailed instructions on how to draw their rivers, including an example. The participants mailed and faxed their drawings to the researcher, and then the Zoom videoconference interviews were scheduled. This allowed the researcher to ask specific questions using Zoom videoconferencing and for the participants to explore their drawings and shed light on their experiences. No revisions to the original drawings or additional drawings were done. All semi-structured interviews were completed via Zoom videoconferencing. Field notes were written immediately following the completion of the interviews. Transcript analysis began during the data collection process and pseudonyms were assigned to maintain confidentiality.

Instruments

This study used a 1-hr, audio-recorded, semi-structured interview and a Kawa river drawing. The Kawa drawing was a subjective experience that took approximately 30 min to complete and was used to identify what activities, roles, and/or processes were occurring in each parent's life in the context of loss (Teoh & Iwama, 2015). Completed Kawa drawings were used to illustrate the parents' lives prior to and after experiencing the loss of a child. Kawa drawings also served as a tool to facilitate discussion during the semi-structured interviews. The open-ended semi-structured interview questions were developed based on a review of the literature and input from the research team and other professionals with experience working with parents who have lost an adult child to a drug overdose. Kawa-focused semi-structured interview questions were designed to explore the following: (a) effective coping mechanisms, (b) occupations used throughout the bereavement process, (c) resources and social systems available to support the grieving parent, (d) challenges throughout the grieving process, and (e) the effect of loss on the parent's life roles. Example semi-structured interview questions included:

1. Your river is representative of your life flow and priorities. If your life was a river, what does your river look like? How would you describe the flow of your river before, at the moment of, and after the loss of your child?
2. The rocks in your river represent obstacles and challenges. What difficulties did you face shortly after losing your child? What difficulties do you face today?

Data Analysis

Data from the 11 semi-structured interviews were transcribed verbatim and pseudonyms were given to all of the participants. Transcriptions were coded individually and then reviewed and coded by the research team using Dedoose (2016), a cross-platform application used for data analysis in qualitative and mixed methods research. Codes were then confirmed during the peer debriefing process, a form of investigator triangulation (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014; Creswell, 2014). First cycle coding used descriptive coding followed by second cycle coding to group the codes into meaningful categories (Miles, Huberman, & Saldana, 2014). The research team then used

concept mapping and code application to further narrow the relationships of the categories and identify themes (Creswell, 2014; Harris & Zha, 2017). In addition to the interview, triangulation was completed using the Kawa drawings to help develop a comprehensive understanding of the parents' experiences following loss.

Results

The concept map identified categories that were broken down into core themes. Five core themes were discovered in the components of the Kawa model to describe the parents' experiences surrounding their loss: (a) volatile nature of flow, (b) river sides and bottoms: support from inner circle and connection with outer circle, (c) rocks: lonely islands, (d) driftwood: personal attributes of positivity and economics, and (e) enhancing my river's flow.

Volatile Nature of Flow

The river flow is meant to represent one's life flow and priorities. The parents were asked to describe their rivers' flow prior to their loss and on the day of their loss and to describe their rivers' current flow.

Nine of the 11 participants used descriptors such as "still, calm, smooth, choppy and rough" to describe their flow prior to their loss. Steve detailed his flow prior to his loss, stating, "Although we didn't know he was using, he came to us and told us, but then we look back and we're like we know why it was choppy, because he was in an active addiction." Many of the current flow conditions and the conditions prior to their loss expressed by the parents were less traumatic than the expression of flow on the day of their loss.

Ten of the 11 participants described their rivers' flow on the day of their loss as a flood, rough, full of waves, nasty, choppy, no flow, deep, or tsunami-like. Tanya reflected, "I found his lifeless body, and so that in itself was very traumatic for me, it was a very traumatic experience. So that part, the river should be really, really rough." She described the debilitating nature of her flow, "Right after he died, you know, I didn't do anything. I couldn't work, I couldn't get out of bed, I didn't shower, I didn't eat, I slept, I'd sleep for days. You know, I was just a complete mess." Another parent, Erin, expressed, "When he passed, it was, I mean it's like an ocean. It was just like one big wave hitting me over and over again." The loss of their adult children was unexpected, leaving the parents struggling to understand what had happened. The traumatic experiences that each parent endured produced painful memories of his or her child's death that some parents reported can never be forgotten. When describing the painful memories and the uncertainty of her ability to cope with her loss, Erin said, "I hope that the rest of my life isn't gonna be as painful as these last two years have been, but I don't know."

The participants' experiences varied when describing their current flow. Five of the 11 parents described their current flow as smooth, gentle, calm, or quiet, while four parents described their flow following their loss as choppy or rough. Steve described his current flow stating, "It's not choppy anymore, it's to where it's actually kind of calm." Jeanette revealed that she was shocked to be living: "You realize you have to keep going. You're, you're shocked that you're still alive, you know, and that you're still moving and that you're still functioning." Their rivers' flow had found a new rhythm since the turbulent day their adult children died. Since their loss, these parents have experienced a more calming flow that consists of an environment that facilitates healing by receiving support from those described in their river sides and bottoms.

Four of the participants described their flow as choppy or rough as they continued to face challenges connecting with those they once relied on for friendships and social opportunities. Jennifer

reflected on the breakdown of her friendships: “But, even they [friends] kind of think, ‘Aren’t you over it yet? I mean, seems like you should be getting over this’ and I can tell you it’s something you never, I know, never get over.” The lack of support reported by Ema impacted her ability to establish a calmer life flow. She reported the inconstant nature of her flow, stating, “I think the waves come but not as often, but I still see it being rough.”

River Sides and Bottoms: Support from Inner Circle and Connection with Outer Circle

The bottom and sides of the river are representative of one’s environment and contexts that may be social or physical in nature. These may be supportive or challenging. The river bottom, which is foundational for the river to flow, involved the participants’ perceived support systems. All of the parents included spouses, friends, extended families, or pets as being present in their river sides and bottoms. They described the elements of their river bottoms and sides as belonging to an inner circle and outer circle. Tanya described the role her sister has played in her grieving process, stating, “She was always there for me and always trying to give advice and always trying to help, so she’s been a constant in my life from before Berry died to after he died, to now.” When describing who she turned to for friendship support, Jennifer stated, “The friends that I have are either parents who’ve gone through this or the couple of friends that I’m able to share with, ah, that I play tennis with.” Pets were also important in the participants’ support system. Erin stated, “My dogs, they give me a purpose . . . people will say oh, it’s just a dog. Well, I got news for you, I saved them, and they saved me back.” She explained the significance of her pets in a social context: “They would sit on the couch with me nights that I couldn’t sleep and they’d lick the tears off my face . . . it’s crazy how they are always there and I don’t feel alone in the house.” These inner circle elements played a critical role in the parents’ abilities to cope with their tragedies when thoughts of pain and discouragement were at their peaks.

Six of the 11 participants also identified a number of items in their river sides and bottoms not considered to be a part of their inner circles. A connection with an outer circle of individuals and activities, including support groups, Facebook, community resources, or volunteering, were commonly identified as pieces that made up their social and physical environments and contexts. Susan described the important role her support group played in her life, sharing, “We missed a meeting of one of the groups last week . . . we really were sorry because it really is our life line.” Another parent, Alexandra, further explained why participating in a support group can be helpful for grieving parents, stating, “My daughter and I are going to one every other week. And, it is helpful . . . I don’t know why it’s comforting to be with people who are in the same boat, but it is.” Some of the parents expressed that they felt isolated and different, concluding that only those that share their experiences of loss can truly understand what life is like following an unexpected loss. Susan explained, “You just can’t comprehend it unless it’s happened to you.” Six of the participants expressed that support groups provided an opportunity to connect and to be comforted in a way that others could not provide.

Rocks: Lonely Islands

Rocks represent obstacles and challenges that impede river flow. The participants drew and identified different feelings and emotions as rocks. Half of the participants identified depression as a rock and five of the participants struggled with feelings of loneliness. Jennifer reflected on her current mental state: “I just feel since that’s happened I suffer much more from loneliness than I ever have before.” Ema described the collection of rocks in her river, “Okay, so I do have sadness and depression. I have immobilized . . . afraid, sometimes I feel afraid. Umm, angry . . . I feel really different. Umm, I do have guilt and pain as my rocks . . . loss of hopes and dreams.” Three of the participants reported

experiencing feelings of guilt, with Erin sharing, “Well, my rocks are missing Ron, the grief, the loneliness, guilt, lots of guilt, loss of friendships, and then emptiness.” Five of the participants identified loneliness and depression as challenging rocks that impacted the ability to heal. Most of the participants, including Beth, found that these debilitating feelings altered their everyday roles and routines. She expressed, “Everything was a challenge at the time of his death. I mean, getting dressed and going out was a challenge, cooking dinner was a challenge, everything was a challenge.”

Another rock commonly mentioned by the participants was a lack of family and friend support. Five of the participants agreed that at some point family and friends have been an obstacle rather than a support. Erin reported, “I felt like I was just drowning and I should have just died with him, because there was nothing left, everybody just kind of walked away . . . They forget, and that’s very painful.” Seven of the parents reported family and friends as individuals present in their environments and individuals that they frequently spend time with, but also individuals that impeded their rivers’ flow. These circumstances present the grieving parent with an environment that is less conducive to healing, as Susan explained, “They don’t want to be around somebody who’s had such a tragic loss because they don’t know what to say, and they’re afraid I’m going to start crying.”

Driftwood: Personal Attributes of Positivity and Economics

Driftwood are internal to the person and include special skills, assets, and liabilities that influence the parents’ lives. Eight of the participants reported personal attributes of positivity as driftwood present in their rivers. Positive personal attributes included having empathy for others and being informed, spiritual, educated, generous, compassionate, and optimistic. Beth commented, “I’m a fairly optimistic person, the cup is always half full. So, I think that’s, I think that’s a blessing.” Despite her rocks, which included a pressing need to return to work, her friends’ lack of understanding, and challenges with participating in meaningful activity, Beth, like other participants, relied on positivity to overcome her loss.

Five of the participants reported their economic status as driftwood. Four of those participants noted that their current economic situations provided them with the opportunity to access the supports and resources necessary to heal and give back. Jennifer commented, “And then we’re fortunate enough to have enough money to put into this education and into the support group.” Financial stability also provided opportunities for parents to mourn their loss without having the worry of needing to return to work. Additional benefits resulting from economic stability reported by the parents included the ability to travel to see supportive family members and the ability to participate in activities supporting the healing process. One participant, Jessica, felt her economic status was a liability: “I think the only liability I have is, is money issues.” A lack of financial stability prevented Jessica from mourning her loss without having the worry of how she would take care of her financial obligations. She returned to work prematurely, and shortly after she chose to resign, realizing she could not adequately fulfill her job requirements like she could previously.

Enhancing My River’s Flow

According to the Kawa model, spaces between the rocks in one’s river are spaces where life’s energy continues to flow between the rocks, driftwood, river sides, and the bottom. These spaces are important to identify, as they can be relied on as a source of strength and recovery. The participants described these spaces as opportunities to enhance river flow. The participants noted that support from others, personal attributes of positivity, and participation in meaningful activity were ways to enhance their rivers’ flow. Two participants reported that support from others helped enhance the flow of their

rivers. Ema stated, “Umm me and my friends, I think they help, that I don't stay stuck there with the rocks, that helps it kind of flow.” This moving of rocks by friends played a critical role in helping her feel a sense of normalcy during a time filled with many challenges and obstacles.

Five of the participants shared that spirituality helped their rivers' flow by bringing calmness to the space between the rocks. Praying and attending church were identified as spiritual activities used to increase river flow. Tanya shared, “I pray about being able to keep moving and to keep going on. Um, I pray that I'm able to reach people and be able to help people. I pray for my son.” Tanya felt a sense of connectedness with other grieving parents and with her son through prayer that encouraged flow in her river. Jennifer expounded on a spiritual activity that has helped her cope with loss, “We would release balloons and say a prayer for her in . . . like the anniversary of her death each year. On her birthday . . . and certain holidays.” For these participants, spiritual rituals provided a sense of connectedness with their children even without their physical presence.

Participating in meaningful activities was the most common form of flow enhancement. These ranged from volunteering for support groups to organizing drug overdose public awareness events. When reflecting on what has worked to enhance her life flow, Alexandra noted, “I'll get out and work in the yard.” Beth went into further detail while describing her flow-enhancing strategies, stating, “I have hobbies . . . that makes – make me forget things. I made a little baby dress for my, my granddaughter. I play some golf. I bicycle. I like to hike . . . my hobbies are important to me.” Beth described the importance of creating an everlasting presence, a memorialization, of her child to enhance her flow, sharing, “So, that's part of, you know, the flow. It would make my life flow a lot better, I think, or a lot more meaningful if I could find a way to, to do something . . . to remember him by.” These meaningful activities provided the participants with opportunities to experience hope following the initial grieving period. These flow-enhancing activities were difficult to resume during the stages of traumatic life flow when loss processing and survival were the focus.

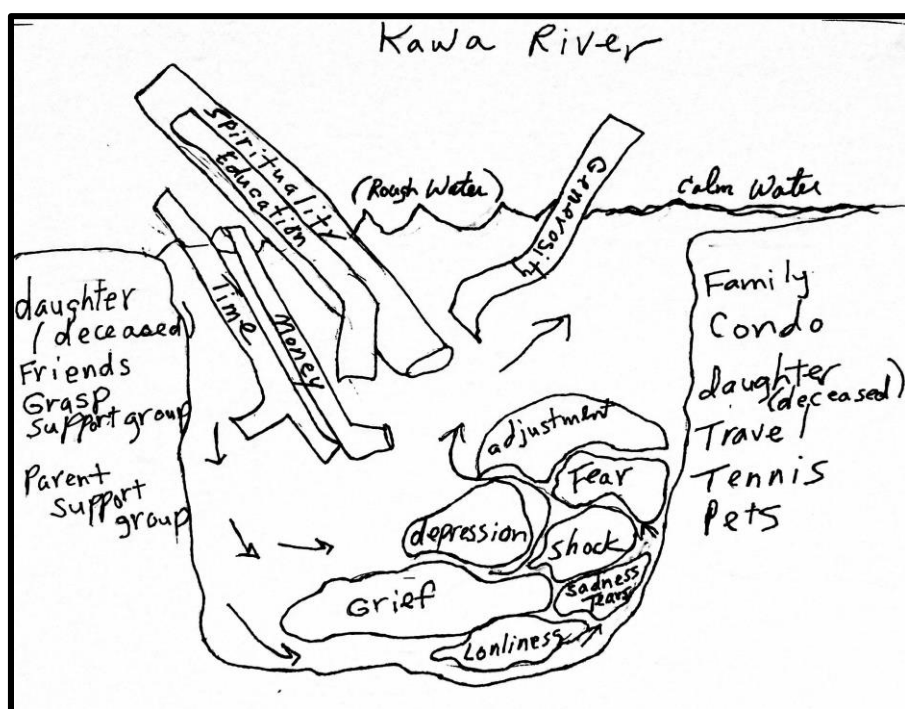


Figure 1. Example of a Kawa drawing.

Discussion

Parents grieving the loss of an adult child as the result of the adult child's drug overdose are faced with many challenges as they grieve, cope, and strive to resume their lives. The Kawa drawings provided grieving parents with a platform to communicate their thoughts, feelings, and experiences through drawings when words did not always come easy or when it felt overwhelming to start (see Figure 1). In a similar way, Carmody and colleagues (2007) found that the Kawa model helped patients to express their values, beliefs, and life experiences when living with multiple sclerosis. Kawa drawings used in conjunction with interviews allowed the participants to share their stories in a unique way. Erin reflected on her experience of completing the Kawa drawing, stating, "I really like this drawing, I think as part of maybe grief work it would be really helpful to have." The drawing provided the participants a medium to express their inner most feelings about their lived experiences with loss, as they viewed it from a broader perspective. As they drew their rivers, they analyzed and reflected on their foundations, support systems, and inner strengths and liabilities.

Using a social science perspective to describe how families experience and recover from stress and crises, Weber (2011) developed the double ABC-X model based on previous research by Hill (1958). The model identifies periods of precrisis, crisis, and postcrisis that families experience in stressful events. This model aligns with the therapeutic approach of the Kawa model; however, the Kawa model provides the client with a direct way to reflect on his or her resources, coping strategies, and perceptions. The participants drew and described their flow prior to loss (precrisis), flow day of loss (crisis), and flow following loss (postcrisis), including the stressors and resources associated with their loss and coping strategies and the ability to adapt to their new lives without their children. The stressor event, the loss of an adult child, was unexpected, leading to a series of events that increased levels of stress and challenges impacting the grieving parent's ability to manage his or her new, unwelcomed circumstances. The inability to cope with the loss of an adult child may result in parents neglecting their own overall health and well-being, which could lead to an increase in overall family stressors and stress accumulation. The resources used by the grieving parents were identified in their river sides and bottoms and their driftwood. The many resources identified by the parents were used to diminish the effects of the stressors and the loss of their adult children and to normalize their life flow. The perceptions in the double ABC-X model represent the meaning that the parent and family has assigned to the stressor event. The day of loss, the moment of crisis, was outlined by the participants' flow on the day of their loss and the rocks present in their rivers. The parents' ability to cope, adjust, and adapt was described by the aspects in their lives that increases their life flow.

The participants' descriptions of their rivers' flow the day of their adult children's death was volatile. The parents used traumatic flow descriptors of "waves" and "tsunami," indicating an experience that was destructive in nature. These results support the findings of Benjet and colleagues (2016), who found that the unexpected death of a loved one is the most commonly reported traumatic experience in cross-national surveys. The waves that each participant encountered created wounds that some parents would argue do not heal with time (Neimeyer, Baldwin, & Gillies, 2006).

The participants in this study found that the deep wounds continued to heal, though their children's birthdays, death dates, other holidays, and past shared experiences would forever be a constant reminder of the tsunami that hit their lives. The wounds made it physically challenging to participate in meaningful activities and life roles, including the role of a husband or wife and worker. Roles provide structure, time orientation, meaning, and purpose to our lives. The participants in this

study all experienced disruption and many lost roles. Research shows that parents report struggles in their relationships with their spouses that may be attributed to ongoing differences in communication (Alam et al., 2012). Some, however, found new roles in advocacy, which appeared to be a significant coping strategy.

The people and things identified in the participants' river sides and bottoms included their spouses, families, friends, pets, support groups, and those with whom they volunteered. The grieving parents depended on those to support them. Losing an adult child to a drug overdose generates a stigma that impacts a parent's life roles and relationships with others commonly identified to be present in his or her environment (Hoppes & Segal, 2010). The stigma associated with this form of loss presented parents with challenging circumstances that often prevented them from connecting socially with those they considered a part of their social circle.

Drawing the river appeared to create a safe place where the participants could openly talk about their rocks or the barriers they faced. Common rocks identified by the parents were a lack of family and friend support and debilitating feelings. Family and friends were identified not only as the participants' river sides and bottoms, but also as their rivers' rocks. The participants realized that their support system often became small as relationships were clouded with questions of stigma and guilt. These feelings represented a majority of the participants' rocks. Other studies have found that the loss of a child leaves parents struggling to overcome emotional barriers, including anxiety, guilt, and fear (Keim et al., 2017; Rogers et al., 2008).

Parents should be encouraged to surround themselves with family and friends who enhance river flow by replacing the parent's debilitating feelings with those that are uplifting and hopeful in nature. These debilitating thoughts and feelings that participants had internalized, treated with medications, or sought psychotherapy treatment for, could also be addressed through participation in support groups and by spending quality time with close family and friends. Laakso and Paunonen-Ilmonen (2002) examined mothers' experiences of social support following the loss of a child and similarly found that family, friends, and fellow grievers provided emotional support, informational and instrumental support, and consolation and caring.

Personal attributes of positivity and economics were commonly identified as driftwood in the parents' rivers. Unlike the reporting on rocks, the parents were more inclined to focus on optimistic thoughts, their assets, rather than liabilities, when describing the driftwood present in their rivers. Several of the participants channeled their loss into positive experiences by becoming advocates, volunteers, and supporters of others who have lost loved ones to a drug overdose. These participants were motivated to connect with their communities to ensure their children's names were not forgotten and that they did not die in vain.

Economic security and work were interesting findings in the participants' driftwood and rocks. Economic wealth allowed some of the participants the option of not having to return to work. Rather, they could focus on bereavement to facilitate healing. Others had to return to work while still deeply involved in the grieving process and experiencing anger, sadness, pain, regret, depression, stigma, blame, grief, and fear. A study by Dussel and colleagues (2011) suggested that the death of a child can lead to significant financial hardship, as many people feel inclined to quit their jobs due to experiencing a variety of work disruptions. Some of the participants in this study reported not being in the right "head space" to work, an inability to provide acceptable levels of effort, and not being able to return to work due to an inability to concentrate and think clearly. Other studies have found that individuals who are

grieving may experience memory impairment similar to those who experience major depressive episodes (Corruble, Falissard, & Gorwood, 2011; Gorwood, Corruble, Falissard, & Goodwin, 2008).

The participants enhanced the flow of their rivers by receiving support from others, practicing spirituality, and participating in meaningful activities. Creating or enhancing the space available for the river to flow is achieved by the process of doing (Hasselkus, 2011). Kryszynska, Andriessen, and Corveleyn (2014) found that people often turn to spirituality immediately following the loss of a loved one from suicide when composing memorials. Participating in meaningful activities and spiritual practices may be easier said than accomplished when the rocks identified by parents include debilitating thoughts and feelings that prevent engagement. Participation in meaningful activity and spirituality with those who are grieving can help restore a parent's flow to normalcy (Mattock & McIntyre, 2016). Spiritual assessments and tools can be used by occupational therapists to initiate discussions about spiritual needs and identify which spiritual interventions may be beneficial for the grieving parent (Hawthorne, Youngblut, & Brooten, 2017; Hemphill, 2015).

Implications for Occupational Therapy Practitioners

The day of loss for parents who lose a child, young or old, to a drug overdose, is life altering. The responsibilities of a parent may change as his or her child grows older, but no parent, regardless of his or her child's age, is prepared to deal with the hardship that comes with the unexpected loss of a child. Whether the child is young or old at the time of his or her death, the challenges presented to each parent remain the same. For many, their life flow is abruptly transformed from smooth to rough. Life's simpler tasks, such as returning to work, volunteering, sleeping, and managing health and daily routines, are disrupted. As they work through the psychological effects of the loss, their self-esteem may also be affected, further limiting their ability to participate in activities that bring enjoyment, health, and meaning (AOTA, 2014). For some, this tsunami-like experience lasts for months; for others, it could be years. Our findings suggest that the Kawa model can be used by occupational therapy practitioners to identify and explore the psychosocial impact loss may have on grieving parents. The Kawa model appears to offer a space in which the parent can pause and reflect through drawing. The occupational therapy practitioner can then collaboratively explore the drawing through interview questions to identify meaningful goals and client-centered interventions. Occupational therapy practitioners are uniquely qualified to assist each parent in attaining a normal life flow by exploring and teaching coping skills that promote physical and mental health and enable him or her to engage in meaningful roles and occupations. The process of returning to a more normalized flow is different for each parent. Occupational therapy's vision may enable us to help those who have experienced the loss of an adult child by providing a holistic approach that includes a focus on the grieving parent's physical and mental health as well as his or her social contexts to facilitate a healing environment.

Semi-structured interview questions developed through a Kawa lens coupled with Kawa drawings can be used by occupational therapy practitioners as a tool to develop client-centered interventions to help increase life flow, such as developing collaborative goals to address their rocks. Once these goals are identified, occupational therapy practitioners can help enhance the grieving parents' life flow and help them fulfill their life roles by providing opportunities for the parents to incorporate the participation of meaningful activities into their daily routines.

Occupational therapy practitioners can guide grieving parents in the identification of their assets and liabilities as well as their environmental supports that may help contribute to a more tolerable life flow. Collaborating with grieving parents to identify these important aspects of their river drawing may

produce the results that can be challenging for parents to express verbally. Once drawings are interpreted, assets and liabilities, as well environmental supports, may be further examined and used to aid in the development of short- and long-term goals focused on the use of assets and supports to effectively manage the challenging circumstances with which they are presented.

Limitations

Data were collected from 11 participants residing in four different states, including Wisconsin, Indiana, Pennsylvania, and Delaware. As a result, findings may not be generalized due to a limited geographical sample and small sample. Semi-structured interview data was limited to one interview. Data collected from a second interview would have provided the researchers and participants the opportunity to clarify data collected during the first interview. Future research should focus on examining the therapeutic benefits of the Kawa drawing for those grieving the loss of a child as the result of the child's drug overdose. In addition, further research is needed to examine the effectiveness of occupational therapy interventions for those grieving the loss of a loved one.

Conclusion

As the drug overdose epidemic continues to grow exponentially in the US, loved ones are left behind searching for answers, resources, and support. As the number of these grieving parents continues to increase at alarming rates, health care professionals, politicians, and community members have an emergent need for literature addressing the holistic health needs of this population. Each loss strips a parent of his or her future life plans, hopes, and dreams, leaving them questioning how to find meaning and purpose in an environment that may be dark and depressing.

Vision 2025 encourages occupational therapy practitioners to meet the needs of a changing society by maximizing health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living (AOTA, 2017). The loss of an adult child to a drug overdose is complex and devastating, and it impacts all aspects of parents' lives. Occupational practitioners have a unique perspective in using a client-centered, engaging approach, such as the Kawa model, to explore and identify meaningful goals and interventions to support the parent's occupational participation and overall health. Our distinct value of using occupation, and our understanding of roles, positions occupational therapy as part of the team in supporting parents as they cope with the loss of their adult children to a drug overdose.

The loss of an adult child to a drug overdose presents parents with barriers that may initially appear impenetrable. Occupational therapy practitioners can assist grieving parents in the formulation of goals designed to establish an environment necessary to overcome those barriers. These findings may provide occupational therapy practitioners with a foundational understanding of the grieving parent's barriers and lived experiences that is needed to ensure that the *Vision 2025* becomes a reality for this changing society.

Aaron Weis, OTD, MOT, OTR/L, is a recent graduate of the doctor of occupational therapy program at Loma Linda University. He has been an occupational therapist for 3 years and enjoys working in the inpatient rehabilitation and home health settings.

Julie Kugel, OTD, MOT, OTR/L, is an associate professor and program director of the doctor of occupational therapy program at Loma Linda University. Her teaching emphasis involves program development, community practice, disability studies, occupational justice, leadership, and research. Dr. Kugel has been an occupational therapist for over 11 years with a clinical background that includes inpatient rehabilitation, acute care, out-patient hand therapy, and school-based practice. Areas of interest include health and wellness, pediatrics, education, research, and advocacy.

Heather Javaherian, OTD, OTR/L, FAOTA, has been practicing in occupational therapy for over 20 years. In 2004, she received her doctorate in occupational therapy with a focus in domestic violence from Creighton University. Dr. Javaherian is currently an associate professor and program director of the master of occupational therapy program at Loma Linda University. Her teaching emphasis involves research, EPB, education, community program development, and end of life care. Dr. Javaherian enjoys community practice and supervises interns and oversees various program development projects in domestic violence, lifestyle and health, and mental health. She has extensive experience presenting at regional, state, and national conferences.

Jessica De Brun, OTD, MOT, OTR/L, is an assistant professor for the master's of occupational therapy and the doctor of occupational therapy programs at Loma Linda University. She received her doctorate in 2014 from Loma Linda University after completing her research and program development with an emphasis on maternal-child co-occupations in a domestic violence shelter. She has been practicing early intervention, trauma informed care as an occupational therapist for nearly nine years. Her practice area relates to young children and their families struggling with substance abuse, domestic violence, and other forms of trauma that may impact a young child's occupational performance.

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