

TRIBAL OPIOID RESPONSE WEBINAR SERIES

Permission to Grieve — A Guide to Coping with Uncomfortable Feelings

Opioid Response Network • CASAT, University of Nevada, Reno

Friday, September 11, 2026

9:30–11:30 AM Pacific • Zoom Webinar

Cassandra (Cas) Stouder, Indigenous Wellness Consultant



Opioid
Response
Network



Working with communities.

- ✧ The SAMHSA-funded *Opioid Response Network (ORN)* assists states, tribes, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- ✧ *ORN* accepts requests for education and training.
- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



Substance Abuse and Mental Health Services Administration (SAMHSA)

- ✧ The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- ✧ Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.

Funding for this initiative was made possible (in part) by grant no. 1H79TI088037 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



Contact the Opioid Response Network

✦ To ask questions or submit a technical assistance request:

- Visit www.OpioidResponseNetwork.org
- Email orn@aaap.org
- Call 401-270-5900



Honoring the Land & Its Peoples

We gather virtually today from many homelands, and we acknowledge the Indigenous peoples of every land we join from — including the Numu (Northern Paiute), Newe (Western Shoshone), Wa She Shu (Washoe), and Nuwu (Southern Paiute) peoples of what is now Nevada.

- ✧ We honor the elders, knowledge keepers, and communities — past, present, and emerging — whose resilience makes this work possible.
- ✧ We also honor those we have lost, whose memory walks with us into this gathering.



Purpose & Disclosure

Combine science and tradition to make room for grief — and for the healing that follows

I am a person in long-term recovery and not a medical professional.



About This Morning

- ✧ What grief is — and what it is not
- ✧ How grief lives in the body, the mind, and the heart
- ✧ The four tasks of mourning (Worden, 2010)
- ✧ Grief that goes unnamed: disenfranchised, prolonged, and collective grief
- ✧ Grief and substance use — including loss after overdose
- ✧ Coping: body, ceremony, culture, and connection
- ✧ Breakout circles — practicing permission together



Permission

- ✧ Grief is love with nowhere familiar to go — it is not weakness, and it is not a disorder.
- ✧ Many of us were taught to be strong, stay busy, and keep it in.
- ✧ Today we practice something different: giving ourselves — and our relatives — permission to grieve.
- ✧ Permission sounds like: “Your loss is real. Your feelings make sense. You do not have to carry this alone.”



What Is Grief?

- ✧ Grief is the natural response of a whole person to losing someone or something that mattered.
- ✧ It is not an illness to cure — it is an experience to be carried, witnessed, and honored.
- ✧ Grief and mourning are different: grief is what we feel; mourning is what we do with it (Worden, 2010).
- ✧ Every culture has always known how to mourn — those ways are medicine, not history.



Loss Is Bigger Than Death

- ✧ We grieve deaths — and we also grieve losses no funeral is held for:
- ✧ Loss of land, language, and ceremony
- ✧ Loss of health, roles, work, or a marriage
- ✧ Loss of the drinking or using life and the relatives who are still in it — sobriety includes grief
- ✧ Loss of safety after violence or removal of children
- ✧ If it mattered to you, the grief is real.



Grief Lives in the Body

- ✧ Deep tiredness, heaviness, or restlessness
- ✧ Tight chest, knotted stomach, aches with no clear cause
- ✧ Sleep that will not come — or will not stop
- ✧ Appetite changes; getting sick more easily
- ✧ “Grief fog”: trouble focusing, remembering, deciding
- ✧ None of this means something is wrong with you — the body is doing grief work.



Grief in the Mind and Heart

- ✧ Sadness and longing — waves that arrive without warning
- ✧ Anger: at the loss, at systems, at the person, at ourselves
- ✧ Guilt and “if only” thinking
- ✧ Numbness, disbelief, or feeling far away from everything
- ✧ Relief — common after a long illness or a hard relationship, and nothing to be ashamed of
- ✧ All of these can visit the same person in the same hour.



There Is No One Right Way to Grieve

- ✧ Grief does not move in tidy stages — it comes in waves and circles, and that is normal.
- ✧ Two people in one family can grieve in opposite ways, and both are grieving.
- ✧ Some talk, some work, some pray, some go quiet, some laugh — style is not depth.
- ✧ Timelines are personal: grief is not something to “get over,” it is something we learn to carry.



The Four Tasks of Mourning (Worden, 2010)

- ✧ Task 1 — Accept the reality of the loss
- ✧ Task 2 — Process the pain of grief
- ✧ Task 3 — Adjust to a world without what was lost
- ✧ Task 4 — Find an enduring connection with what was lost while moving forward in life
- ✧ Tasks, not stages: we work them in any order, and return to them as long as we need.



Grief That Goes Unnamed — Disenfranchised Grief

- ✧ Disenfranchised grief is grief that others do not acknowledge or make room for (Doka, 2002).
- ✧ Loss to overdose or suicide — silenced by stigma
- ✧ Loss of someone incarcerated, estranged, or still alive but changed
- ✧ Miscarriage and infant loss; loss of an ex-partner; loss of a pet
- ✧ When no one names the loss, the griever mourns alone.
- ✧ Our job: say the name, name the loss, make the grief speakable.



When Grief Gets Stuck — Prolonged Grief

- ✧ For most people, grief softens with time, support, and mourning — it never disappears, but it becomes carryable.
- ✧ For some (roughly 1 in 10 bereaved people), grief stays stuck: intense yearning, disbelief, and shutdown that do not ease over many months (Shear, 2015).
- ✧ Signs: unable to function, avoiding every reminder, feeling life is over, deep guilt that will not move.
- ✧ Stuck grief responds to help — specialized grief support and counseling work.
- ✧ Noticing stuck grief in a relative is a reason to walk with them toward help, never a judgment.



Historical and Collective Grief

- ✧ Our communities carry griefs that are shared and inherited: boarding schools, removals, lost land and language, relatives taken too soon.
- ✧ Collective loss deserves collective mourning — this is why gatherings, memorials, and ceremony matter.
- ✧ Today's losses can awaken old ones; a single passing can carry a whole history with it.
- ✧ Naming historical grief honors the ancestors and lightens what each person carries alone.



Grief and Substance Use

- ✧ Unmourned grief is one of the most common reasons people drink or use — numbing is a way of not feeling a loss.
- ✧ Grief is also a tender time in recovery: anniversaries, funerals, and fresh losses can shake sobriety.
- ✧ A compassionate question: “Who did you lose?” often opens more than “Why do you use?”
- ✧ Making room for grief — in programs, in families — is overdose prevention.
- ✧ Plan for grief in recovery: name the hard dates, add support around them, grieve in company.



After an Overdose Loss

- ✧ An overdose death leaves a particular grief: shock, stigma, guilt, anger, and endless “what ifs.”
- ✧ Families and helpers often replay the last days — compassion for ourselves is part of mourning.
- ✧ Speak of the person, not only the death: they were a whole relative, not their last day.
- ✧ Support the circle: parents, children, friends in recovery, and the responders who were there.
- ✧ Grief support after overdose loss protects the living — isolation is the danger, connection is the medicine.



Supporting a Grieving Relative

- ✧ Show up — presence matters more than perfect words.
- ✧ Say the name. Say “I’m sorry. I’m here. Tell me about them.”
- ✧ Avoid: “At least...”, “They’re in a better place”, “Be strong”, “It’s time to move on.”
- ✧ Feed people. Sit with people. Come back after the crowd goes home — week six matters more than day one.
- ✧ Ask twice: “How are you really?”
- ✧ Let them grieve their way — witness, don’t fix.



Helpers Grieve Too

- ✧ Crisis workers, health staff, and peer supporters carry loss after loss — often with no pause between.
- ✧ Cumulative grief is real: unmourned professional losses stack up in the body.
- ✧ Signs: numbness at work, dread, irritability, feeling nothing at the news of a death.
- ✧ Helpers deserve the same permission: debrief, memorialize clients, take grief leave when it is offered.
- ✧ You cannot pour from a dry vessel — mourning is part of staying in this work.



Coping: Caring for the Body

- ✧ Grief is physical work — the body needs water, food, and rest even when appetite is gone.
- ✧ Move gently: walking, stretching, being on the land.
- ✧ Slow breathing settles a grieving nervous system: in for four, out for six.
- ✧ Keep routines small and kind — one next thing, not a whole plan.
- ✧ Go easy on caffeine and screens at night; grief sleep is fragile.
- ✧ Tears are release, not weakness — the body knows how to grieve.



Coping: Ceremony, Culture, and Connection

- ✧ Our cultures already hold complete technologies for mourning: song, story, fire, water, feasts, giveaways, memorials.
- ✧ Talking circles give grief a place to be witnessed without being fixed.
- ✧ Water carries grief — tears, rivers, washing, an offered cup.
- ✧ Tell their stories; cook their food; speak their name in the way your people do.
- ✧ Connection is the strongest medicine we know — grieve in company whenever you can.
- ✧ If ceremony was taken from your family, borrowing from the community while you find your way home is honorable.



When and Where to Get More Help

- ✧ More help is wise when grief is stuck, sleep and function collapse, substance use rises, or hope disappears.
- ✧ 988 Suicide & Crisis Lifeline — call or text 988 (24/7); ask for supports for Native callers.
- ✧ Grief counseling, grief groups, and culturally grounded healing programs can be combined — science and ceremony work together.
- ✧ For programs: build a local grief-support list before you need it, and make warm handoffs — a person, not just a number.
- ✧ Asking for help with grief is a form of mourning — it honors the one who was lost.



Breakout Circles

- ✧ Small circles, about 15 minutes. The right to pass is sacred — silence is participation.
- ✧ 1. What is one loss your community carries that rarely gets named out loud?
- ✧ 2. What has helped you — or someone you love — carry grief?
- ✧ 3. What is one way your program or family could make more room for grief?
- ✧ Choose one voice to bring a single idea back to the big circle.



Wrap-Up — Taking Permission With You

Reflection — one idea you're taking from today

- ✧ Share it in the chat, or simply carry it with you.
- ✧ Permission, spoken aloud
- ✧ Your losses are real. Your feelings make sense. Grief is not weakness — it is love, looking for a place to go.
- ✧ You do not have to carry it alone, and neither do the relatives you serve.



HOW TO CONNECT WITH ME

CASANDRA (CAS) STOUDER
Indigenous Wellness Consultant

Email: casandrastouder@gmail.com

**Delivered through the Opioid Response Network
Tribal Opioid Response Webinar Series with
CASAT**



REFERENCES:

- ✧ Center, H. D., Jr. — Dealing with Grief. Opioid Response Network training materials.
- ✧ Worden, J. W. (2010). Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner (4th ed.). Springer.
- ✧ Doka, K. J. (Ed.) (2002). Disenfranchised Grief: New Directions, Challenges, and Strategies for Practice. Research Press.
- ✧ Shear, M. K. (2015). Complicated grief. New England Journal of Medicine, 372(2), 153–160.
- ✧ Substance Abuse and Mental Health Services Administration (SAMHSA). Tips for Survivors: Coping with Grief After a Disaster or Traumatic Event. HHS Publication SMA-17-5035.
- ✧ 988 Suicide & Crisis Lifeline — call or text 988; 988lifeline.org.



ORN Evaluation Survey

The grant that provided funding for this training requires that we request you to complete the brief survey linked below. Your feedback is important and provides support for this type of work to continue.

Survey link (also shared in the Zoom chat):

<https://lanitek.com/P?s=342934>

